

THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001

STANDARD GROUP JANATA MEDICLAIM POLICY

IRDA/NL-HLT/NIA/P-H/V.I/343/13-14

WHEREAS The Insured designated in the Schedule hereto has by a Proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to THE NEW INDIA ASSURANCE COMPANY LTD. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

- 1.0 COVERAGE:** NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any Insured Person shall contract any Illness (herein defined) or sustain any Injury (herein defined) and if such Illness or Injury shall require any such Insured Person, upon the advice of a duly qualified Medical Practitioner/ surgeon to incur Hospitalisation Expenses (herein defined) for Medical Expenses/Surgery at Hospital / Day Care Centre (herein defined) in India as an Inpatient, the Company will pay to the Hospital / Day Care Centre or reimburse the Insured person the following expenses that are Medically Necessary incurred for the treatment of such Illness or Injury.
- 2.0** Cost of treatment taken in General Ward of the Hospital/ Day-Care Centre per day maximum charges Rs. 450/-.
- 2.1** Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- 2.2** Surgeon, Anaesthetist, Medical Practitioner, Consultants' Specialist fees.
- 2.3** Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory/Diagnostic test, X-Ray etc.
- 2.4** Pre-Hospitalisation medical Expenses up to 30 days.
- 2.5** Post-Hospitalisation medical Expenses up to 60 days, subject to maximum of 10% of hospital bill.
- 2.6 AYUSH:** Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment are admissible up to 25% of the Sum Insured provided the treatment for Illness or Injury, is taken in a Government Hospital or in any institute recognized by Government and /or accredited by Quality Council Of India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures.
- 2.7** Ambulances services – actual expenses for transportation of patient (insured) or Rs 1000/- whichever is less in case patient has to be shifted from residence to Hospital for admission in Emergency Ward or ICU or from one Hospital to another Hospital by fully equipped ambulance for better medical facilities.

2.8 Hospitalisation expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the Insured person. The Company's liability towards expenses incurred on the donor and the Insured recipient shall not exceed the sum insured of the Insured person receiving the organ.

2.9 The total amount payable under this policy during the period of insurance will in no case exceed the Sum Insured and will be subject to the limits shown in the following schedule or actual whichever is less.

2.10 SCHEDULE OF PAYMENT FOR SPECIFIED DISEASES

(Amount in Rupees)

| Name of Illness/Operation | Maximum Charges Inclusive of Room / ICU / OT Charges / Surgeons, Anesthetist, doctors' fees, medicines, internal appliances and other charges incurred during Hospitalization period |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cataract with imported foldable lens | 10800/- |
| Hysterectomy | 22500/- |
| Appendicectomy | 16200/- |
| Cheolecystectomy | 18000/- |
| TURP | 18000/- |
| Hemia-Inguinal | 16200/- |
| Hernia- Ventral/Incisional | 19800/- |
| Septoplasty | 9000/- |
| Haemorrhoidectomy | 8100/- |
| Fissurectomy | 9000/- |
| Fistulectomy | 10800/- |
| Angiography | 12000/- |
| Angioplasty (imported stent single) | Actual or Sum Insured whichever is less |
| CABG | Actual or Sum Insured whichever is less |
| Total Knee replacement | Actual or Sum Insured whichever is less |
| Total hip replacement | Actual or Sum Insured whichever is less |
| Tonsillectomy | 7200/- |
| Tympanoplasty | 13500/- |
| Kidney stone/lithotripsy | 13500/- |
| Arthroscopy | 10800/- |
| PID-Disectomy | 31500/- |
| Mastectomy (Radical) | 36000/- |
| Exploratory Laprotomy | 13500/- to 27000/- |

Actual expenses for Other Surgeries/Hospitalisation or given hereunder whichever is less:

| PER DAY CHARGES | |
|---------------------------------------------------------|--------|
| Room Rent (inclusive of nursing / treatment charges) | 450/- |
| Minor Surgery (as defined) / Day care Room Rent per day | 450/- |
| Operation Theatre Charges | 1260/- |
| Anesthesia | 630/- |
| Anesthetist Fees | 945/- |
| Surgeon fees | 3150/- |

| INTERMEDIATE SURGERY | |
|---------------------------------------------------------------------------|---------|
| Room Rent | 450/- |
| Operation Theatre Charges | 1764/- |
| Anesthesia | 882/- |
| Anesthetist Fees | 1323/- |
| Surgeon fees | 4410/- |
| MAJOR SURGERY | |
| Room Rent | 450/- |
| Operation Theatre Charges | 2520/- |
| Anesthesia | 1260/- |
| Anesthetist Fees | 1890/- |
| Surgeon fees | 6300/- |
| SUPRA MAJOR SURGERY | |
| Room Rent | 450/- |
| Operation Theatre Charges | 5040/- |
| Anesthesia | 2520/- |
| Anesthetist Fees | 3780/- |
| Surgeon fees | 12600/- |
| ICU Charges (per day with all intensive care infrastructure & facilities) | 1800/- |
| Ventilator Charges (Per day) | 450/- |
| Visit Charges (Per day irrespective of number of visits) | 360/- |

3.0 DEFINITIONS:

- 3.1 ACCIDENT:** An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 3.2 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.
- 3.3 CANCELLATION:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days.
- 3.4 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.
- 3.5 CONDITION PRECEDENT:** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 3.6 CONGENITAL ANOMALY** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

3.6.1 CONGENITAL INTERNAL ANOMALY means a Congenital Anomaly which is not in the visible and accessible parts of the body.

3.6.2 CONGENITAL EXTERNAL ANOMALY means a Congenital Anomaly which is in the visible and accessible parts of the body

3.7 CO-PAYMENT: A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder / insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

3.8 CONTRIBUTION: Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.

3.9 DAY CARE TREATMENT: Day Care treatment refers to medical treatment, and/or surgical procedure which are:

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

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

3.10 DEDUCTIBLE: A deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

3.11 DENTAL TREATMENT: Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

3.12 DOMICILIARY HOSPITALISATION: Domiciliary hospitalization means medical treatment, for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- The patient takes treatment at home on account of non-availability of room in a hospital.

3.13 HOSPITAL: A hospital means any institution established for Inpatient Care and Day Care Treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said act OR complies with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;

- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

3.14.1 HOSPITALISATION means admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

| | |
|--------------------------------------------------|--------------------------------------------------|
| Anti-Rabies Vaccination | Hysterectomy |
| Appendectomy | Inguinal/Ventral/Umbilical/Femoral Hernia repair |
| Coronary Angiography | Lithotripsy (Kidney Stone Removal) |
| Coronary Angioplasty | Parenteral Chemotherapy |
| Dental surgery following an Accident | Piles / Fistula |
| Dilatation & Curettage (D & C) of Cervix | Prostate |
| Eye surgery | Radiotherapy |
| Fracture/dislocation excluding hairline fracture | Sinusitis |
| Gastrointestinal Tract system | Stone in Gall Bladder, Pancreas, and Bile Duct |
| Haemo-Dialysis | Tonsillectomy, |
| Hydrocele | Urinary Tract System |

OR any other Surgeries / Procedures agreed by TPA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology.

3.14.2 DAY CARE CENTRE: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:

- 1) Has qualified nursing staff under its employment;
- 2) Has qualified medical practitioner/s in charge;
- 3) Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- 4) Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

3.15 ID CARD means the Identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

3.16 ILLNESS: 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.

3.17 INJURY: 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.

3.18 INPATIENT CARE: Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

- 3.19 INTENSIVE CARE UNIT (ICU)** means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 3.20 MATERNITY EXPENSES:** Maternity expense shall include:
- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation),
 - b. Expenses towards lawful medical termination of pregnancy during the Policy Period.
- 3.21 MEDICAL ADVICE:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 3.22 MEDICAL EXPENSES:** 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.
- 3.23 MEDICALLY NECESSARY** treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 3.24 MEDICAL PRACTITIONER:** A Medical Practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a state Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
- Note:** The Medical Practitioner should not be the insured or close family members.
- 3.25 NETWORK HOSPITAL:** All such Hospitals, Day Care centers or other providers that the insurance company/TPA has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the insurer/TPA and subject to amendment from time to time.
- 3.26 NON-NETWORK HOSPITAL:** Any Hospital, Day Care centre or other provider that is not part of the Network.

- 3.27 OPD TREATMENT:** 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 day care or in-patient.
- 3.28 PERIOD OF INSURANCE** means the period for which this Policy is taken as specified in the Schedule.
- 3.29 PRE-EXISTING CONDITION/DISEASE:** Any condition, ailment or injury or related condition(s) for which the insured 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.
- 3.30 PRE-HOSPITALISATION MEDICAL EXPENSES** mean 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 Hospitalization was required, and
 - ii. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 3.31 POST-HOSPITALISATION MEDICAL EXPENSES** mean Medical Expenses incurred immediately after the Insured Person is discharged from the hospital provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
- 3.32 PORTABILITY:** Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 3.33 QUALIFIED NURSE:** 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.
- 3.34 REASONABLE AND CUSTOMARY CHARGES:** Reasonable charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- 3.35 RENEWAL:** Renewal defines 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.
- 3.36 ROOM RENT:** Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (24 hours) basis and shall include associated medical expenses.
- 3.37 SUM INSURED** is the maximum amount of coverage opted for each Insured Person and shown in the Schedule.
- 3.38 SURGERY:** Surgery 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.

1. **SUPRA MAJOR SURGERY:** Surgery that involves operations on vital organs or expensive radical surgeries, which in normal course endangers the life of patient.
2. **MAJOR SURGERY:** any surgical procedure that requires anaesthesia or respiratory assistance. It involves openings into the great cavities of the body; Major Joint replacement, Major Multiple Fractures, all operations in the course of which hazards of severe haemorrhage are possible.
3. **INTER MEDIATE SURGERY:** Surgery involving the incision of deep fascia or deeper structures but not endangering the life of patient in normal circumstances. It may or may not be done in General Anaesthesia.
4. **MINOR SURGERY:** Surgical procedure that does not involve anaesthesia or respiratory assistance.

3.39 TPA: Third Party Administrators or TPA means any person who is licensed under the IRDA (Third Party Administrators - Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.

3.40 UNPROVEN/EXPERIMENTAL TREATMENT: Treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

4.0 EXCLUSIONS:

The Company shall not be liable to make any payment under this policy in respect of:

4.1 PRE-EXISTING DISEASES/CONDITION BENEFITS will not be available for any condition(s) as defined in the policy, until 48 months of continuous coverage have elapsed, since inception of the first policy with us.

This exclusion will be deleted after four consecutive claim free policy year provided there was no hospitalisation for the pre-existing disease/ailment/condition/injury during the said four years of insurance with our Company.

COMPULSORY COVERAGE FOR PRE-EXISTING CONDITIONS: On payment of additional premium, which is compulsory for persons suffering from the pre-existing conditions of Diabetes and Hypertension these specific pre-existing conditions only are covered in the following manner:

| | |
|------------------------------|---------------------------------------------------------------------|
| 1 st year | No claim |
| 2 nd year | No claim |
| 3 rd year | 50% of admissible claim or 50% of the sum insured whichever is less |
| 4 th year | 75% of admissible claim or 75% of the sum insured whichever is less |
| 5 th year onwards | 100% of admissible claim or sum insured whichever is less |

4.2 30-DAY EXCLUSION: Any disease other than those stated in clause 4.3 below, contracted by the insured person during first 30 days from the commencement date of

the policy. This exclusion will not apply if the policy is renewed with our Company without any break. The exclusion does not also apply to treatment for accidental injuries.

4.3 WAITING PERIOD FOR SPECIFIED DISEASES/AILMENTS/CONDITIONS: From the time of inception of the cover, the policy will not cover the following diseases/ailments/conditions for the duration shown below. This exclusion will be deleted after the duration shown, provided the policy has been continuously renewed with our Company without any break.

| S No | Name of Disease/Ailment/Surgery not covered for | Duration |
|------|-------------------------------------------------------------------------------------------------|------------|
| 1 | Any Skin disorder | Two years |
| 2 | All internal & external benign tumors, cysts, polyps of any kind, including benign breast lumps | Two years |
| 3 | Benign Ear, Nose, Throat disorders | Two years |
| 4 | Benign Prostate Hypertrophy | Two years |
| 5 | Cataract & age related eye ailments | Two years |
| 6 | Diabetes mellitus | Two years |
| 7 | Gastric/ Duodenal Ulcer | Two years |
| 8 | Gout & Rheumatism | Two years |
| 9 | Hernia of all types | Two years |
| 10 | Hydrocele | Two years |
| 11 | Hypertension | Two years |
| 12 | Hysterectomy for Menorrhagia/Fibromyoma, Myomectomy and Prolapse of uterus | Two years |
| 13 | Non Infective Arthritis | Two years |
| 14 | Piles, Fissure and Fistula in Anus | Two years |
| 15 | Pilonidal Sinus, Sinusitis and related disorders | Two years |
| 16 | Prolapse Inter Vertebral Disc unless arising from Accident | Two years |
| 17 | Stone in Gall Bladder & Bile duct | Two years |
| 18 | Stones in Urinary Systems | Two years |
| 19 | Unknown Congenital internal disease/defects | Two years |
| 20 | Varicose Veins and Varicose Ulcers | Two years |
| 21 | Age related Osteoarthritis & Osteoporosis | Four years |
| 22 | Joint Replacements due to Degenerative Condition | Four years |

4.4 PERMANENT EXCLUSIONS: Any medical expenses incurred for or arising out of:

4.4.1 War invasion, Act of foreign enemy, War like operations, Nuclear weapons, ionising radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.

4.4.2 Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat Injury or Illness.

4.4.3 Vaccination & Inoculation

- 4.4.4** Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.
- 4.4.5** All types of Dental treatments except arising out of an Accident.
- 4.4.6** Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, congenital external disease/defects or anomalies, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, use of intoxicating drugs/alcohol, use of tobacco leading to cancer.
- 4.4.7** Bodily injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat, or arising out of non-adherence to medical advice.
- 4.4.8** Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind.
- 4.4.9** Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.
- 4.4.10** Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphotrophy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.4.11** Diagnosis, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- 4.4.12** Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner.
- 4.4.13** Maternity Expenses, Except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of ultra Sonographic Report and Certification by Gynaecologist that it is a life threatening.
- 4.4.14** Naturopathy Treatment
- 4.4.15** Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.
- 4.4.16** Genetical disorders and stem cell implantation / surgery.
- 4.4.17** Domiciliary treatment
- 4.4.18** Treatment – taken outside India.
- 4.4.19** Experimental and unproven treatment.
- 4.4.20** Change of treatment from one system of medicine to another unless recommended by the Medical practitioner / Hospital under whom the treatment is taken

4.4.21 Any expenses relating to cost of items detailed in Annexure I.

4.4.22 Service charges or any other charges levied by hospital, except registration/admission charges.

4.4.23 Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

5.0 CONDITIONS:

5.1 CONTRACT: The proposal form, declaration, Health Certificate, and policy issued shall constitute complete contract of insurance.

5.2 COMMUNICATION: Every notice or communication to be given or made under this Policy other than that relating to claim shall be delivered in writing at the address of the policy issuing office as shown in the schedule. The claim shall be reported to the TPA appointed for providing health care services as per the procedure mentioned in the guidelines circulated by the T.P.A. to the policyholders. In case TPA services are not availed then claim shall be reported to policy issuing Office.

5.3 PREMIUM PAYMENT: The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under the Policy, no waiver of any terms, provision, conditions and endorsement of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

5.4 PHYSICAL EXAMINATION: Any Medical Practitioner authorized by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged disease/illness/injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of his/her claim.

5.5 FRAUD, MISREPRESENTATION, CONCEALMENT: The policy shall be null and void and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his / her behalf.

5.6 CONTRIBUTION: If two or more policies are taken by the Insured Person during a period from one or more insurers to indemnify treatment costs, the Company shall not apply the contribution clause, but the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his policies.

1. In all such cases the Company shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the policy.
2. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the Insured Person shall have the right to

choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.

3. Except in benefit policies, in cases where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the policy.

The Condition shall not apply for health check-up benefit.

Note: The insured Person must disclose such other insurance at the time of making a claim under this Policy.

- 5.7 CANCELLATION CLAUSE:** The Company may at any time cancel this Policy by sending the Insured 30 days' notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. The company shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

| PERIOD ON RISK | RATE OF PREMIUM TO BE CHARGED |
|----------------------|-------------------------------|
| Up to one-month | 1/4th of the annual rate |
| Up to three months | 1/2 of the annual rate |
| Up to six months | 3/4th of the annual rate |
| Exceeding six months | full annual rate |

- 5.8 DISCLAIMER OF CLAIM:** If the TPA / Company shall disclaim liability to the Insured for any claim hereunder and if the insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA / Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

- 5.9** All Medical Expenses/Surgery under this policy shall have to be taken in India.

- 6.0 RENEWAL OF POLICY:** The Company sends renewal notice as a matter of courtesy If the insured does not receive the renewal notice it will not amount to deficiency of service.

The Company shall not be responsible or liable for non-renewal of the policy due to non-receipt /delayed receipt of renewal notice or due to any other reason whatsoever.

The Company shall be entitled to decline renewal if:

1. Any fraud, moral hazard/misrepresentation or suppression by the Insured or any one acting on your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person, or
2. The Company has discontinued issue of the Policy, in which event the Insured shall however have the option for renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy, or

3. The Insured fails to remit Premium for renewal before expiry of the Period of Insurance. The Company may accept renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of renewal, the Company, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy

7.0 LOW CLAIM DISCOUNT: A low claim discount at the following rates will be allowed on the renewal premium, if the incurred claims of the group in the preceding three completed years, excluding the year immediately preceding the renewal is as below:

| Incurred Claim Ratio | Discount % |
|----------------------|------------|
| Not Exceeding 60% | 5 |
| Not Exceeding 50% | 15 |
| Not Exceeding 40% | 25 |
| Not Exceeding 30% | 35 |
| Not Exceeding 25% | 40 |

If the policy has been in force for a period less than 3 completed years, such shorter period, excluding the year immediately preceding the renewal will be considered.

HIGH CLAIM LOADING: if the incurred claim ratio of the group for three years (or for lesser period, if the cover has not been in force for three years), excluding the year immediately preceding the date of renewal exceeds 70%, premium for renewal of the policy will be loaded as per scale below:

| Incurred Claim Ratio | Loading % |
|-----------------------|----------------------|
| Between 70% and 100% | 25 |
| Between 101% and 125% | 55 |
| Between 126% and 150% | 90 |
| Between 151% and 175% | 120 |
| Between 176% and 200% | 150 |
| Over 200% | Cover to be reviewed |

8.0 MATERNITY EXPENSES BENEFIT EXTENSION (OPTIONAL COVER): This is an optional cover, which can be obtained on payment of 20% of the total basic premium for all the insured person under the policy. Total basic premium means the total premium computed before applying Group discount and or High claim ratio loading, Low claim discount.

Option of maternity benefit has to be exercised at the inception of the policy period and no refund is allowable in case of insured's cancellation of this option during the currency of the policy.

The maximum benefit allowable under this clause will be 10% of Sum Insured for normal delivery subject to maximum of Rs. 7,500/-. Under Caesarean section, benefit will be 20% of sum insured subject to maximum of Rs. 15,000/-

Special conditions applicable to Maternity Benefit:

1. These benefits are admissible only if the expenses are incurred in Hospital as in patient in India.
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by Accident or other medical emergency.
3. Claim in respect of delivery for only first two children and for operation associated there with will be considered in respect of any one insured person covered under the policy or any renewal thereof. Those Insured Person who is already having two or more living children would not be eligible for this benefit.
4. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
5. Pre-natal and post-natal expenses are not covered unless admitted in Hospital and treatment is taken there.

Note: When Group Policy is extended to include maternity expenses benefit, the exclusion 4.4.13 of the policy stands deleted.

9.0 MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS: If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

10.0 COMPANY'S LIABILITY: The Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured including Cumulative Bonus.

11.0 NOTICE OF CLAIM: Preliminary notice of claim with particulars relating to Policy Numbers, name of insured person in respect of whom claim is to be made, nature of illness/injury and Name and Address of the attending medical practitioner/Hospital/Nursing Home should be given to the Insurance Company/TPA within 7 days from the date of hospitalization in respect of reimbursement claims.

Final claim along with hospital receipted original Bills/Cash memos, claim form and list of documents as listed below etc. should be submitted to the Policy issuing Office/TPA not later than 30 days of discharge from the hospital. The insured may also be required to give the Company/TPA such additional information and assistance as the Company/TPA may require in dealing with the claim.

1. Bill, Receipt and Discharge certificate / card from the Hospital.
2. Cash Memos from the Hospitals (s) / Chemists (s), supported by proper prescriptions.
3. Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests /pathological
4. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.
5. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.
6. Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.

Waiver: Waiver of period of intimation may be considered in extreme cases of hardships where it is proved to the satisfaction of the Company/TPA that under the Circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

12.0 PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICE: Claims in respect of Cashless access services will be through the agreed list of network of hospital / nursing home and is subject to pre-admission authorization. The TPA shall upon getting the related medical information from the insured person /network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorization letter / guarantee of payment letter to the hospital /nursing home mentioning the sum guaranteed as payable also the ailment for which the person is seeking to be admitted as a patient. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details as required by the TPA. The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his /her treating doctor's advice and later on submit the full claim papers to the TPA for reimbursement

13.0 REPUDIATION OF CLAIMS: A claim, which is not covered under the Policy conditions, can be rejected. All the documents submitted to TPA shall be electronically collected by the Company for settlement and denial of the claims by the appropriate authority.

With Our prior approval Communication of repudiation shall be sent to You, explicitly mentioning the grounds for repudiation, through Our TPA.

14.0 FREE LOOK PERIOD: The free look period shall be applicable at the inception of the policy.

The Insured will be allowed a period of fifteen days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

If the Insured has not made any claim during the free look period, then he/she shall be entitled to:

1. A refund of the premium paid less any expenses incurred by the Company on medical examination and the stamp duty charges or;
2. where the risk has already commenced and the option of return of the policy is exercised by the Insured, a deduction towards the proportionate risk premium for period on cover or;
3. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

15.0 PROTECTION OF POLICY HOLDERS' INTEREST: This policy is subject to IRDA (Protection of Policyholders' Interest) Regulation, 2002.

16.0 GRIEVANCE REDRESSAL: In the event of Insured has any grievance relating to the insurance, the Insured may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact details of the office of the Insurance Ombudsman are provided in the Annexure II.

17.0 PAYMENT OF CLAIM: The insurer shall settle the claim, including rejection, within thirty days of the receipt of the last necessary document.

On receipt of the duly completed documents either from the insured or hospital the claim shall be processed as per the conditions of the policy. Upon acceptance of claim by the insured for settlement, the insurer or their representative (TPA) shall transfer the funds within seven working days. In case of any extra ordinary delay, such claims shall be paid by the insurer or their representative (TPA) with a penal interest at a rate which is 2% above the bank rate at the beginning of the financial year in which the claim is reviewed.

All admissible claims shall be payable in Indian Currency.

18.0 ARBITRATION: If the Company admits liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration.

The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

No reference to Arbitration shall be made unless the Company has Admitted liability for a claim in writing.

If a claim is declined and within 12 calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

19.0 PORTABILITY CLAUSE: This policy is subject to portability guidelines issued by IRDA.

20.0 PERIOD OF POLICY: This insurance policy is issued for a period of one year.

ANNEXURE I: LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")

| SNO | LIST OF EXPENSES EXCLUDED ("NON-MEDICAL") | SUGGESTIONS |
|--------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS | | |
| 1 | HAIR REMOVAL CREAM | Not Payable |
| 2 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | Not Payable |
| 3 | BABY FOOD | Not Payable |
| 4 | BABY UTILITES CHARGES | Not Payable |
| 5 | BABY SET | Not Payable |
| 6 | BABY BOTTLES | Not Payable |
| 7 | BRUSH | Not Payable |
| 8 | COSY TOWEL | Not Payable |
| 9 | HAND WASH | Not Payable |
| 10 | M01STUR1SER PASTE BRUSH | Not Payable |
| 11 | POWDER | Not Payable |
| 12 | RAZOR | Payable |
| 13 | SHOE COVER | Not Payable |
| 14 | BEAUTY SERVICES | Not Payable |
| 15 | BELTS/ BRACES | Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine. |
| 16 | BUDS | Not Payable |
| 17 | BARBER CHARGES | Not Payable |
| 18 | CAPS | Not Payable |
| 19 | COLD PACK/HOT PACK | Not Payable |
| 20 | CARRY BAGS | Not Payable |
| 21 | CRADLE CHARGES | Not Payable |
| 22 | COMB | Not Payable |
| 23 | DISPOSABLES RAZORS CHARGES (for site preparations) | Payable |
| 24 | EAU-DE-COLOGNE / ROOM FRESHNERS | Not Payable |
| 25 | EYE PAD | Not Payable |
| 26 | EYE SHEILD | Not Payable |
| 27 | EMAIL / INTERNET CHARGES | Not Payable |
| 28 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | Not Payable |
| 29 | FOOT COVER | Not Payable |
| 30 | GOWN | Not Payable |
| 31 | LEGGINGS | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable. |
| 32 | LAUNDRY CHARGES | Not Payable |
| 33 | MINERAL WATER | Not Payable |
| 34 | OIL CHARGES | Not Payable |
| 35 | SANITARY PAD | Not Payable |
| 36 | SLIPPERS | Not Payable |
| 37 | TELEPHONE CHARGES | Not Payable |
| 38 | TISSUE PAPER | Not Payable |
| 39 | TOOTH PASTE | Not Payable |
| 40 | TOOTH BRUSH | Not Payable |
| 41 | GUEST SERVICES | Not Payable |
| 42 | BED PAN | Not Payable |

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| 43 | BED UNDER PAD CHARGES | Not Payable |
| 44 | CAMERA COVER | Not Payable |
| 45 | CLINIPLAST | Not Payable |
| 46 | CREPE BANDAGE | Not Payable/ Payable by the patient |
| 47 | CURAPORE | Not Payable |
| 48 | DIAPER OF ANY TYPE | Not Payable |
| 49 | DVD, CD CHARGES | Not Payable (However if CD is specifically sought by In surer/TPA then payable) |
| 50 | EYELET COLLAR | Not Payable |
| 51 | FACE MASK | Not Payable |
| 52 | FLEXI MASK | Not Payable |
| 53 | GAUSE SOFT | Not Payable |
| 54 | GAUZE | Not Payable |
| 55 | HAND HOLDER | Not Payable |
| 56 | HANSAPLAST/ADHESIVE BANDAGES | Not Payable |
| 57 | INFANT FOOD | Not Payable |
| 58 | SLINGS | Reasonable costs for one sling in case of upper arm fractures should be considered |
| ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES | | |
| 59 | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES | Not Payable |
| 60 | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC., | Not Payable |
| 61 | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION | Not Payable |
| 62 | HORMONE REPLACEMENT THERAPY | Not Payable |
| 63 | HOME VISIT CHARGES | Not Payable |
| 64 | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE | Not Payable |
| 65 | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY | Not Payable |
| 66 | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS | Not Payable |
| 67 | CORRECTIVE SURGERY FOR REFRACTIVE ERROR | Not Payable |
| 68 | TREATMENT OF SEXUALLY TRANSMITTED DISEASES | Not Payable |
| 69 | DONOR SCREENING CHARGES | Not Payable |
| 70 | ADMISSION/REGISTRATION CHARGES | Not Payable |
| 71 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE | Not Payable |
| 72 | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED | Not Payable |
| 73 | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not Payable |
| 74 | STEM CELL IMPLANTATION/ SURGERY and storage | Not Payable |
| ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS | | |
| 75 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charges, not separately |
| 76 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS | Rental charged by the Hospital payable. Purchase of Instruments Not Payable. |

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| 77 | MICROSCOPE COVER | Payable under OT Charges, not separately |
| 78 | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER | Payable under OT Charges, not separately |
| 79 | SURGICAL DRILL | Payable under OT Charges, not separately |
| 80 | EYE KIT | Payable under OT Charges, not separately |
| 81 | EYE DRAPE | Payable under OT Charges, not separately |
| 82 | X-RAY FILM | Payable under Radiology Charges, not as consumable |
| 83 | SPUTUM CUP | Payable under Investigation Charges, not as consumable |
| 84 | BOYLES APPARATUS CHARGES | Part of OT Charges, not separately |
| 85 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 86 | Antiseptic or disinfectant lotions | Not Payable - Part of Dressing Charges |
| 87 | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES | Not Payable - Part of Dressing charges |
| 88 | COTTON | Not Payable -Part of Dressing Charges |
| 89 | COTTON BANDAGE | Not Payable- Part of Dressing Charges |
| 90 | MICROPORE/ SURGICAL TAPE | Not Payable – Part of Dressing Charges |
| 91 | BLADE | Not Payable |
| 92 | APRON | Not Payable |
| 93 | TORNIQUET | Not Payable |
| 94 | ORTHOBUNDLE, GYNAEC BUNDLE | Not Payable, Part of Dressing Charges |
| 95 | URINE CONTAINER | Not Payable |
| ELEMENTS OF ROOM CHARGE | | |
| 96 | LUXURY TAX | Actual tax levied by government is payable. Part of room charge for sub limits |
| 97 | HVAC | Part of room charge, Not Payable separately |
| 98 | HOUSE KEEPING CHARGES | Part of room charge, Not Payable separately |
| 99 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of room charge, Not Payable separately |
| 100 | TELEVISION & AIR CONDITIONER CHARGES | Part of room charge, Not Payable separately |
| 101 | SURCHARGES | Part of room charge, Not Payable separately |
| 102 | ATTENDANT CHARGES | Part of room charge, Not Payable separately |
| 103 | IM IV INJECTION CHARGES | Part of nursing charge, Not Payable separately |
| 104 | CLEAN SHEET | Part of Laundry / Housekeeping, Not Payable separately |

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| 105 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by Hospital is payable |
| 106 | BLANKET/WARMER BLANKET | Part of room charge, Not Payable separately |
| ADMINISTRATIVE OR NON - MEDICAL CHARGES | | |
| 107 | ADMISSION KIT | Not Payable |
| 108 | BIRTH CERTIFICATE | Not Payable |
| 109 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | Not Payable |
| 110 | CERTIFICATE CHARGES | Not Payable |
| 111 | COURIER CHARGES | Not Payable |
| 112 | CONVENYANCE CHARGES | Not Payable |
| 113 | DIABETIC CHART CHARGES | Not Payable |
| 114 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | Not Payable |
| 115 | DISCHARGE PROCEDURE CHARGES | Not Payable |
| 116 | DAILY CHART CHARGES | Not Payable |
| 117 | ENTRANCE PASS / VISITORS PASS CHARGES | Not Payable |
| 118 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | Payable under Post-Hospitalisation where admissible |
| 119 | FILE OPENING CHARGES | Not Payable |
| 120 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | Not Payable |
| 121 | MEDICAL CERTIFICATE | Not Payable |
| 122 | MAINTENANCE CHARGES | Not Payable |
| 123 | MEDICAL RECORDS | Not Payable |
| 124 | PREPARATION CHARGES | Not Payable |
| 125 | PHOTOCOPIES CHARGES | Not Payable |
| 126 | PATIENT IDENTIFICATION BAND / NAME TAG | Not Payable |
| 127 | WASHING CHARGES | Not Payable |
| 128 | MEDICINE BOX | Not Payable |
| 129 | MORTUARY CHARGES | Payable up to 24 hrs, shifting charges not payable |
| 130 | MEDICO LEGAL CASE CHARGES (MLC CHARGES) | Not Payable |
| EXTERNAL DURABLE DEVICES | | |
| 131 | WALKING AIDS CHARGES | Not Payable |
| 132 | BIPAP MACHINE | Not Payable |
| 133 | COMMODE | Not Payable |
| 134 | CPAP/ CAPD EQUIPMENTS | Device not payable |
| 135 | INFUSION PUMP – COST | Device not payable |
| 136 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 137 | PULSEOXYMETER CHARGES | Device not payable |
| 138 | SPACER | Not Payable |
| 139 | SPIROMETRE | Device not payable |
| 140 | SPO2 PROBE | Not Payable |
| 141 | NEBULIZER KIT | Not Payable |
| 142 | STEAM INHALER | Not Payable |
| 143 | ARMSLING | Not Payable |
| 144 | THERMOMETER | Not Payable |
| 145 | CERVICAL COLLAR | Not Payable |
| 146 | SPLINT | Not Payable |
| 147 | DIABETIC FOOT WEAR | Not Payable |
| 148 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |
| 149 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER | Not Payable |
| 150 | LUMBOSACRAL BELT | Payable for surgery of lumbar |

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| | | spine. |
| 151 | NIMBUS BED OR WATER OR AIR BED CHARGES | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day |
| 152 | AMBULANCE COLLAR | Not Payable |
| 153 | AMBULANCE EQUIPMENT | Not Payable |
| 154 | MICROSHEILD | Not Payable |
| 155 | ABDOMINAL BINDER | Essential and should be paid in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
| ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION | | |
| 156 | BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC | Not Payable |
| 157 | PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES Post hospitalization nursing charges | Not Payable |
| 158 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES DIET CHARGES | Patient Diet provided by hospital is payable |
| 159 | SUGAR FREE Tablets | Payable -Sugar free variants of admissible medicines are not excluded |
| 160 | CREAMS POWDERS LOTIONS | Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 161 | Digestion gels | Payable when prescribed |
| 162 | ECG ELECTRODES | One set every second day is Payable. |
| 163 | GLOVES Sterilized | Gloves payable / unsterilized gloves not payable |
| 164 | HIV KIT | payable Pre-operative screening |
| 165 | LISTERINE/ ANTISEPTIC MOUTHWASH | Payable when prescribed |
| 166 | LOZENGES | Payable when prescribed |
| 167 | MOUTH PAINT | Payable when prescribed |
| 168 | NEBULISATION KIT | If used during Hospitalisation is Payable reasonably |
| 169 | NOVARAPID | Payable when prescribed |
| 170 | VOLINI GEL/ ANALGESIC GEL | Payable when prescribed |
| 171 | ZYTEE GEL | Payable when prescribed |
| 172 | VACCINATION CHARGES | Routine Vaccination not Payable / Post Bite Vaccination Payable |
| PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE | | |
| 173 | AHD | Not Payable - Part of Hospital's internal Cost |
| 174 | ALCOHOL SWABES | Not Payable - Part of Hospital's internal Cost |
| 175 | SCRUB SOLUTION/STERILLIUM | Not Payable - Part of Hospital's internal Cost |

| OTHERS | | |
|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| 176 | VACCINE CHARGES FOR BABY | Not Payable |
| 177 | AESTHETIC TREATMENT / SURGERY | Not Payable |
| 178 | TPA CHARGES | Not Payable |
| 179 | VISCO BELT CHARGES | Not Payable |
| 180 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable |
| 181 | EXAMINATION GLOVES | Not payable |
| 182 | KIDNEY TRAY | Not Payable |
| 183 | MASK | Not Payable |
| 184 | OUNCE GLASS | Not Payable |
| 185 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not payable |
| 186 | OXYGEN MASK | Not Payable |
| 187 | PAPER GLOVES | Not Payable |
| 188 | PELVIC TRACTION BELT | Payable in case of PIVD requiring traction |
| 189 | REFERAL DOCTOR'S FEES | Not Payable |
| 190 | ACCU CHECK (Glucometry/ Strips) | Not payable Pre Hospitalisation or Post Hospitalisation / Reports and Charts required / Device not payable |
| 191 | PAN CAN | Not Payable |
| 192 | SOFNET | Not Payable |
| 193 | TROLLY COVER | Not Payable |
| 194 | UROMETER, URINE JUG | Not Payable |
| 195 | AMBULANCE | Payable |
| 196 | TEGADERM / VASOFIX SAFETY | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs |
| 197 | URINE BAG | Payable where Medically Necessary - maximum 1 per 24 hrs |
| 198 | SOFTOVAC | Not Payable |
| 199 | STOCKINGS | Payable for case like CABG etc. |

ANNEXURE II: CONTACT DETAILS OF INSURANCE OMBUDSMEN

| Office of the Ombudsman | Contact Details | Areas of Jurisdiction |
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| AHMEDABAD | Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com | Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu |
| BHOPAL | Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in | Orissa |
| CHANDIGARH | Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in | Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh |
| CHENNAI | Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 / 5284 Fax : 044-24333664 Email: Chennaiinsuranceombudsman@gmail.com | Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry) |

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| NEW DELHI | Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email: iobdelraj@rediffmail.com | Delhi & Rajasthan |
| GUWAHATI | Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: ombudsmanghy@rediffmail.com | Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |
| HYDERABAD | Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email: insombudhyd@gmail.com | Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry |
| KOCHI | Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email: iokochi@asianetindia.com | Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry |
| KOLKATA | Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email: iombsbpa@bsnl.in | West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim |

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| <p>LUCKNOW</p> | <p>Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com</p> | <p>Uttar Pradesh and Uttaranchal</p> |
| <p>MUMBAI</p> | <p>Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com</p> | <p>Maharashtra , Goa</p> |

