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**Preamble**

We will provide Insurance coverage to the Insured Person(s) under this Policy up to Sum Insured and/or Sub-limits subject to Terms, Conditions, Exclusions, waiting period, and other limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. The Coverage under this Policy is subject to statements of Policyholder and/or Insured Person(s) in the Proposal form/enrollment form, declaration and/or medical reports, and the terms and conditions of this Policy.

Disclaimer: The Description mentioned under "In Simple Terms" throughout this Policy is only to aid understanding of the offered cover. In case of dispute, the Terms and Conditions detailed in the Policy Document shall prevail.

SECTION A. DEFINITIONS

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable you to identify that particular word has a specific meaning for which You need to refer below Definitions

I. Standard Definitions

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

Def. 2 AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner (s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 3 AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the

following criterion:

- i.** Having at least 5 in-patient beds;
- ii.** Having qualified AYUSH Medical Practitioner in charge round the clock;
- iii.** Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iv.** Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 4 Cumulative Bonus means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.

Def. 5 Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).

Def. 6 Hospital means any institution established for In-patient Care and Day Care Treatment of Illness and/or injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in 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. 7 Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 8 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 Dental Medical Practitioner.

Def. 9 Inpatient Care means treatment for which the insured person has to stay in a hospital for more



than 24 hours for a covered event.

Def. 10 Medically Necessary treatment means any dental treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Dental Illness or Injury or Condition 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 Dental Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 11 Network Provider means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility

Def. 12 Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

Def. 13 Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

Def. 14 Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods

Def. 15 We/Our/Us means the HDFC ERGO General Insurance Company Limited

Def. 16 You/Your/Insured means the Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.

II. Specified Definitions

Def. 1 AYUSH Treatment refers to the medical and/or hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

Def. 2 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/Health Service Provider or by the insurer to the extent pre-authorization is approved

Def. 3 Break in policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

Def. 4 Commencement Date means the date of commencement of insurance coverage under the Policy as specified in the Policy Schedule/Certificate of Insurance.

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Def. 5 Dental Clinic means places where dentists provide dental care with no inpatient facilities.

Def. 6 Dental hospital means places where dentists provide outpatient dental care with inpatient facilities

Def. 7 Dental Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for dental treatment on the advice of a Dentist, 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 dental hospitals/dental clinics or dentists in the same locality would have charged for the same dental treatment.

Def. 8 Dentist/Dental Medical Practitioner means a person who is registered with (i) the Dental Council of India, (ii) State Dental Councils, (iii) Joint State Dental Councils or any other Dental council recognized as per Dentists Act, 1948 and its subsequent amendments thereof.

Def. 9 Dental treatment means a medically necessary treatment related to teeth or structures supporting teeth, performed by a dentist and as mentioned in your Policy Schedule/Certificate of Insurance

Def. 10 Dentistry includes—

- the performance of any surgical procedure on, and the treatment on any disease, deficiency or lesion of, human teeth or jaws, and the performance of radiographic work in connection with human teeth or jaws or the oral cavity;
- the giving of any anaesthetic in connection with any such operation or treatment;
- the mechanical construction or the renewal of artificial dentures or restorative dental appliances;
- the performance of any surgical procedure on, or the giving of any treatment, advice or attendance to, any person preparatory to, or for the purpose of, or in connection with, the fitting, inserting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances, and the performance of any such operation and the giving of any such treatment, advice or attendance, as is usually performed or given by dentists;

Def. 11 Endorsement means a written amendment to the Policy that the Company makes (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original Policy.

Def. 12 Family members means any one or more of the following family members of the Insured Person:

- i. Legally wedded spouse
- ii. Parents and parents-in-law
- iii. Dependent Children
- iv. Dependent Siblings

Def. 13 Health Service Provider means any person or entity providing dental care services/treatments in individual capacity, or through an aggregator under "Health Service Provider Agreement"

Def. 14 Health Service Provider Agreement means an agreement prescribing the terms and conditions of the services which may be rendered to the Insured Persons under this Policy, and may be entered into between Health Service Provider and Us.

Def. 15 Insured Person/You means the persons named in the Policy Schedule/Certificate of Insurance

Def. 16 Non-instalment Premium Payment refers to payment of premium for the entire policy period made in advance as a single premium.

Def. 17 Policy means Policyholders and Insured Persons statements in the proposal form and Enrolment form, this Policy wording (including endorsements and Clauses if any), Policy Schedule and Certificate of Insurance (as the same may be amended from time to time) to which this Policy is attached.

Def. 18 Policyholder means Person who has proposed the Policy and in whose name the Policy is issued.

Def. 19 Policy Period means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule/Certificate of Insurance.

Def. 20 Policy Schedule means the document accompanying and forming part of the Policy that gives Insured's details and of insurance cover, Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time.

Def. 21 Pre-existing Dental Condition means any dental condition or injury

- a) That is/are diagnosed by a dental medical practitioner within 12 months prior to the effective date of the policy issued by the insurer or its reinstatement , or
- b) For which medical advice or treatment was recommended by, or received from, a dental medical practitioner within 12 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Def. 22 Premium means the amount Insured pay the Company for this insurance. The Policy Schedule/Certificate of Insurance shows the amount of premium for the Policy Period and all other taxes and levies.

Def. 23 Sum Insured means the amount shown in the Policy Schedule/Certificate of Insurance which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year

Def. 24 Waiting Period means a period from the inception of this Policy during which specified dental treatments are not covered. On completion of the Waiting Period, dental treatments shall be covered provided the Policy has been continuously renewed without any break or within the grace period.

III. Simplified Dental Definitions

Dental Terms	In Simple Terms
Bridges	A fixed prosthesis for missing teeth. Bridges can be supported by natural teeth, implants or a combination of teeth and implants.
Complete Dentures	A complete denture is a removable appliance used when all teeth within a jaw have been lost and need to be prosthetically replaced. In contrast to a partial denture which have few teeth missing in the jaw, a complete denture is constructed when there are no more teeth left in an arch or jaw
Crowns	A crown is a tooth-shaped cover placed over a tooth that is badly damaged or decayed. A crown is made to look like and function like a tooth
Curretage	A surgical process to treat gum related problems, where the gum is first cleaned to remove tartar ,then cleaning and removal of inflammation under the gum tissue down to the root of the teeth from bacterial infections
Cyst Enucleation	It means removal or cleaning of the cyst by using laser or excavation method to destroy the further growth or damage to the underlying structures.
Extraction	The removal of a broken or decayed tooth from the socket in the bone.
Filling	means a process of dental restoration in which the dentist first removes the decayed tooth material, cleans the affected area, and then fills the cleaned out cavity with a filling material.
Fracture of Jaws and Other facial bones	It means discontinuity with joints due to injury or accidents causing the fractures or dislocation of facial bone.
Gingival Flap Surgery or Osseous Surgery	It is a procedure that gets rid of bacteria living in pockets. During the procedure, a dentist cut open your gums, removes the bacteria, and repairs damaged bone and grafting to regenerate the lost tissue and bone
Gingivectomy or Gingivoplasty	It is a surgical procedure to treat pockets cause by gum disease , remove the diseased tissue and reshape or recontouring the marginal and proximal gingival tissue
OSMF (Oral Submucous Fibrosis)	Excision of Bands cause ddue to irritation due to tobacco or vitamin deficiency casuing difficulty in opening the mouth
Partial Dentures	Partial dentures are dental appliances worn by people who have lost one or more teeth in an area in the mouth. The replacement teeth are attached to a metal framework or resin frame work covered by a plastic pink base colored to look like the gum tissue along with the attached clasps or rings to hold
RCT (Root Canal Treatment)	A treatment to remove damaged or diseased tooth pulp. Once removed, the remaining space is cleaned and the tooth is sealed off with the thermoplastic material and closed with permanent filling.
Space Infections	It is when the dental infections spread to the sinus or spaces or lymph nodes causing swelling and enlargement of lymph nodes causing pain and suffocation.
Temporomandibular joint Surgeries (TMJ)	It is the surgery of joint which helps in opening, closing of mouth and chewing the food due to lateral movements
Tumor Excision	It means removal of the excessive growth tissue or cancer site removal

SECTION B. DENTAL TREATMENT COVERS

We will pay for the Covers opted by Insured/Insured person up to the limits specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

a) Restorative Treatment Cover

In Simple Terms: Teeth are not capable of self-healing and hence damage caused to teeth due to a chip, crack or cavity requires treatments like fillings. Under this benefit you will be covered for restorative treatments mentioned below.



If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental Medical Expenses upto the Sum Insured.

Each payment under the Policy will be subject to per claim payout, number. of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
<p>1. Fillings of any of the below material type including Pulp Capping will be covered</p> <ul style="list-style-type: none"> (a) Silver Amalgam; OR (b) GIC (Glass Ionomore Cement) Cement; OR (c) Composite; OR (d) GIC (Glass Ionomore Cement) Light Cure 	<ul style="list-style-type: none"> • General Exclusions as specified in Section D

b) Periodontal Treatment Cover

In Simple Terms: Gums and bone around your teeth are like the foundation of a house. Just like a house, the foundation must be strong regardless of the beauty of the home. Similarly, bacterial infections in your gums and supporting structures should be kept at bay to keep that beautiful smile. Under this benefit you will be covered for gum related treatments mentioned below.



If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental

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Medical Expenses upto the Sum Insured.

Each payment under the Policy will be subject to per claim payout, number of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
<ol style="list-style-type: none"> 1. Gum Related Treatments mentioned below will be covered- <ol style="list-style-type: none"> (a) Curettage – manual or laser (b) Gingivectomy or gingivoplasty - manual (c) Gingivectomy for Orthodontic - laser (d) Gingival flap procedure/Osseous surgery (including root planning) - manual (e) Crown Lengthening – manual or laser 	<ul style="list-style-type: none"> • General Exclusions as specified in Section D • Curretage treatment followed by an extraction which is not claimed under this Policy is not covered • Cost of Bone Graft is not covered under Gingival flap procedure/Osseous surgery

c) Endodontic Treatment Cover

In Simple Terms:

Because, there is nothing more painful than a dental bill you did not expect

When you have a toothache, it can make life pretty miserable. Root Canal Treatment is, in short, a treatment for tooth pain that involves removing the infection from the root which is causing the pain. The cleaned tooth is then protected using a crown. We can help ease your pain, under this benefit you will be covered for below treatments

If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental Medical Expenses upto the Sum Insured.

Each payment under the Policy will be subject to per claim payout, number of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
<ol style="list-style-type: none"> 1. Root Canal Treatment of below type will be covered <ul style="list-style-type: none"> – Anterior or Posterior Tooth 2. Crowns of below material type will be covered <ul style="list-style-type: none"> – Metal or Ceramic material 	<ul style="list-style-type: none"> • General Exclusions as specified in Section D • Re Root Canal Treatment done on incomplete or faulty treatment done before the commencement of this Policy will not be covered • Crowns followed by a Root Canal Treatment which is not

	claimed under this Policy will be excluded <ul style="list-style-type: none">• Repair of Crowning done before commencement of this Policy or during the Waiting Period will not be covered
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d) Prosthetic Treatment Cover - Bridges

In Simple Terms:

If any of your teeth are missing or damaged, your dentist may recommend "bridging" the gap to replace that missing tooth/teeth with a false tooth/teeth. Under this benefit you will be covered for getting your tooth "SUBSTITOOTHED" (substituted)

If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental Medical Expenses upto the Sum Insured.

Each payment under the Policy will be subject to per claim payout, number of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
Bridges of below material type will be covered - Metal or Ceramic Material	General Exclusions as specified in Section D

e) Prosthetic Treatment Cover – Partial Dentures

In Simple Terms:

If any of your teeth are missing or damaged, your dentist may recommend putting dentures to replace that missing tooth/teeth with a false tooth/teeth. Under this benefit you will be covered for getting your tooth "SUBSTITOOTHED"

If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental Medical Expenses upto the Sum Insured.

Each payment under the Policy will be subject to per claim payout, number of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
Partial Dentures of below type will be covered- Cast Partial Denture	<ul style="list-style-type: none">• General Exclusions as specified in Section D

f) Prosthetic Treatment Cover – Complete Dentures



In Simple Terms:

If any of your teeth are missing or damaged, your dentist may recommend putting dentures to replace that missing tooth/teeth with a false tooth/teeth. Under this benefit you will be covered for getting your tooth "SUBSTITOOTHED"

If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental Medical Expenses upto the Sum Insured.

Each payment under this Policy will be subject to per claim payout, number of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
Complete dentures of below type will be covered- - Indian or Imported Material	<ul style="list-style-type: none">General Exclusions as specified in Section DComplete Dentures required other than due to Accidental Injury will not be coveredComplete Dentures required due to medical illness or age or degenerative disease will not be covered

g) Minor Surgical Procedures

In Simple Terms: Under this benefit you will be covered for small operations like removing wisdom teeth, grossly decayed teeth etc.

If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental Medical Expenses upto the Sum Insured

Each payment under this Policy will be subject to per claim payout, number of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
Minor Surgeries of below type will be covered- a) Normal Extraction, or b) Molar including Soft Tissue Impaction, or c) Surgical Extraction, or d) Impaction – completely bony e) Cyst Enucleation	General Exclusions as specified in Section D

h) Major Surgeries Cover

In Simple Terms: Under this benefit you will be covered for dental surgeries requiring hospitalization

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(including In-patient care AYUSH treatment in an AYUSH Hospital)

If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental Medical Expenses upto the Sum Insured.

Each payment under this Policy will be subject to per claim payout, number of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
<p>Major Surgeries as mentioned below will be covered-</p> <ul style="list-style-type: none"> a) Fracture of Jaws and Other facial bones b) Tumor Excision c) Space Infections d) OSMF (Oral Submucous Fibrosis) -Excision of Bands e) Temporomandibular joint Surgeries (TMJ) 	<ul style="list-style-type: none"> • General Exclusions as specified in Section D • Treatment of listed major surgeries which does not lead to hospitalization will not be covered • Treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking • Treatment of tumors which are malignant will not be covered

i) Accidental Major Surgeries Cover

In Simple Terms: Under this benefit you will be covered for dental surgeries arising out of an accident and requiring hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital)

If Insured Person undergoes below Dental Treatment(s), during the Policy Period, We will pay Dental Medical Expenses upto the Sum Insured.

Each payment under this Policy will be subject to per claim payout, number of claims in a year, network type and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

What is Covered?	What is not Covered?
<p>Major Surgeries arising as a result of an accidental injury as mentioned below will be covered-</p> <ul style="list-style-type: none"> a) Fracture of Jaws and Other facial bones b) Temporomandibular joint Surgeries (TMJ) 	<ul style="list-style-type: none"> • General Exclusions as specified in Section D • Major Surgeries required other than due to Accidental Injury will not be covered • Treatment of listed accidental major surgeries which does not lead to hospitalization will not be covered • Treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking • Treatment required as a result of routine

	<ul style="list-style-type: none">body movements such as stooping, twisting, bending• Cost of damage to prosthetic devices will not be covered
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SECTION C. VALUE ADDED SERVICES

In Simple Terms:

A stitch in time saves nine!

With these value added services you can get your teeth examined and cleaned that in turn can help you avoid a mouthful of tooth problems in future

Following value added services are offered to You through Our Health Service Provider subject to number of claims in a year and Waiting Period as specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. Value added services taken at a non-listed Health Service Provider will not be covered.

a) Preventive Consultation

The service provided under this shall include unlimited physical and video dental consultations through Our Health Service Provider

b) Preventive Investigation

The service provided under this shall include 5 (five) Intraoral Periapical (IOPA) X-ray through Our Health Service Provider

c) Preventive Cleaning

The service provided under this shall include 1 (one) prophylactic cleaning through Our Health Service Provider

SECTION D. WAITING PERIODS AND EXCLUSIONS

In Simple Terms: The time span in months, after the purchase of the policy during which you cannot claim any benefit

I. Specific Waiting Period

- a)** Waiting Period as specified in Your Policy Schedule/Certificate of Insurance shall apply basis chosen Dental Treatments
- b)** Waiting Period of 12 months shall apply on Pre-existing dental condition for all Dental Treatments
- c)** In case of enhancement of sum insured the waiting period shall apply afresh to the extent of sum insured increase.
- d)** The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e)** No waiting period will be applicable for Accidental Claims



In Simple Terms: To keep things transparent, here is a list of things we don't cover

II. Standard Permanent Exclusions

We will not pay for any claim which is caused by, arising from or attributable to:

a) Hazardous or Adventure sports : Code- Excl09

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

b) Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

c) Excluded Providers : Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

d) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12

e) Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

III. Specific Permanent Exclusions

- a)** Claims arising during waiting period as specified in Your Policy Schedule/Certificate of Insurance
- b)** Any claim related to a dental treatment for which Medical Advice or treatment was recommended by a Dental Medical Practitioner 12 months before Policy Period
- c)** 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
- d)** Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- e)** 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 of a professional or semi-professional nature.
- f)** Congenital external diseases, defects or anomalies,
- g)** Treatment rendered by unlicensed Dental Medical Practitioner



- h)** Treatments rendered by a Dental Medical Practitioner who is a member of an Insured Person's family, or stays with him.
- i)** dental consumables, including but not limited to toothbrushes, toothpaste, mouthwash and dental floss
- j)** Costs for any treatment required due to the actions of a third party, whether accidental or not, where in the capacity of their work the third party should have professional indemnity insurance to meet any costs for which they are liable
- k)** Any treatment that is in a trial stage, or Treatment using any material, instrument, device, or medical supply that is in a trial stage or any Treatment not recognized as dental practice by the Ministry of Health or by Dental Council of India or any competent foreign authority
- l)** Prescription drugs and medications that need to be taken post treatment
- m)** Intentional injury by the policy holder to the Insured Person
- n)** Any treatment or part of a treatment that is not of a Reasonable and Customary charge and is not a Medically Necessary treatment.
- o)** Any Claim arising due to Non-disclosure of Pre-existing Dental issues or Material fact as sought to be declared on the Proposal form
- p)** Any claims arising caused by participating in any contact sport unless you were wearing a protective gum shield at the time of the accident;
- q)** Any other dental service or treatment not specifically listed on the Policy Schedule/Certificate of Insurance
- r)** Any dental treatment which is done for cosmetic purposes only or performed mainly for aesthetic purposes, including the transformation or extraction and replacement of healthy teeth in order to modify appearance.
- s)** dental treatment required as a result of tooth or mouth jewellery
- t)** Any costs for claims arising from pandemics/endemics
- u)** Treatment of an Injury arising whilst You are engaged in a brawl or fight, or taking part in inciting a brawl or fight.
- v)** Treatment of an Injury sustained while repairing/ restoring or replacing dental restorations
- w)** Charges for transportation costs; or professional advice given on the phone (except under Value Added Services)
- x)** Charges for sterilization of equipment, disposal of medical waste or other requirements mandated by regulatory agencies and infection control
- y)** Temporary, transitional or interim dental services or treatments
- z)** Treatment of insured person who use consume tobacco in any form including but not limited to cigarettes / bidi/ e- cigarettes/ paan masala/ betel leaf/ gutkha/ khaini and mawa. This exclusion will not be applicable to claims arising out of accidents.



aa) Treatment of insured person who has undergone for following treatments/conditions/procedure within 12 months before the policy commencement date

- Fillings/ Replacements of fillings
- Complete/Partial dentures
- Root Canal Treatment/Dental crowns / Inlay/ Onlay
- Gum Treatment
- Bridge/s
- Braces
- Implant/s
- Missing Tooth/Teeth

bb) Claims arising out of any of the following pre-existing diseases or their treatment, complications, recurrence if diagnosed on or before policy commencement date

- Cancer / Leukemia /Oral Cancer
- Parkinson's Disease
- Angina
- Cerebral attack (infarction/ hemorrhage)
- Congenital Dental Deformity /Disorder
- Leukoplakia
- Epilepsy

SECTION E. TERMS & CONDITIONS

1. Standard General Conditions

1.1. Disclosure of Information

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

1.2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person/policyholder for the Company to make any payment for claim(s) arising under the policy.

1.3. Claim Settlement (provision for Penal Interest)

- a.** The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- b.** In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of intimation to the date of payment of claim at a rate 2%



above the bank rate.

1.4. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Dental Hospital/ Dental Clinic, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

1.5. Multiple Policies

- a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- b. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy / policies even if the Sum Insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this Policy.
- c. If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.
- d. Where the Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

1.6. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

1.7. Fraud

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person/Policyholder or by his agent or the hospital/doctor/dentist/any other party acting on



behalf of the Insured Person/Policyholder, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent.

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

1.8. Free look Period

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

- a. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- b. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

1.9. Renewal of Policy:

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause:

- i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- iii. No loading shall apply on renewals based on individual claims experience
- iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- v. Renewal premium due can be paid prior to the due date as per norms set out by the Company.

1.10. Cancellation



The Policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

Note: For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

- a. The Company may cancel the Policy at any time on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud or non-disclosure or misrepresentation
- b. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- c. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

1.11. Premium Payment in Instalments

If the Policyholder/Insured Person has opted for payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- a. Grace Period as mentioned in the table below would be given to pay the instalment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 Days

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- b.** If premium is paid in instalments then coverage will be available during the grace period also. (Note: In case of non-instalment premium payment, coverage shall not be available for the period for which no premium is received).
- c.** The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period
- d.** No interest will be charged If the instalment premium is not paid on due date
- e.** In case of instalment premium due not received within the Grace Period, the Policy will get cancelled
- f.** In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- g.** The Company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

1.12. Instalment Premium payment through Auto Debit/ECS Facility

- a.** If premium payment is opted for by instalments through auto debit/ECS facility, a separate authorization form shall be submitted by Policyholder/Insured Person specifying the frequency chosen for premium to be debited.
- b.** Where there is a change either in the terms and conditions of the coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh.
- c.** The Policyholder/Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable.
- d.** No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode.

1.13. Possibility of Revision of terms of the Policy including the Premium Rates

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

1.14. Withdrawal of Policy

- a.** In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person/Policyholder about the same 90 days prior to expiry of the policy.
- b.** Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

1.15. Nomination

The Insured Person is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is



no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

1.16. Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through:

First Point of Contact	Call us at 022 6158 2020 / 022 6234 6234 / www.hdfcergo.com
Level 1	<p>For lack of a response or if the response provided does not meet your expectation, you can:</p> <ol style="list-style-type: none"> 1. Write to The Complaints & Grievance Cell (C&G Cell) HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to grievance@hdfcergo.com 3. Call on 18002677444 (operational Monday - Saturday 9AM to 6PM)
Level 2	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <ol style="list-style-type: none"> 1. Write to the Chief Grievance Officer HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra 2. You can also write an email to cgo@hdfcergo.com
Level 3	<p>In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in</p>

Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	022 6158 2026
Women	-	022 6158 2055

You may also refer the Grievance Redressal Escalation matrix on our website
<https://www.hdfcergo.com/customer-voice/grievances>

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

Grievance may also be lodged at IRDAI Integrated Grievance Management System -
<https://bimabharosa.irdai.gov.in>

2. Specific General Conditions

Policy Wording**CHOMP**

- A.** In the event of any difference of opinion between our dentist and your dentist, our dentist's opinion shall prevail
- B.** If there are treatment materials and methods recognized by the company as being similar or equivalent to the above dental materials, the treatment methods will also be compensated.
- C.** Geography

This Policy provides coverage throughout the territory of India

D. Endorsements

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

E. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the following:

- a.** The Policyholder's, at the address/ e-mail address specified in the Policy Schedule.
- b.** To the Company, at the address specified in the Policy Schedule.
- c.** Insurance agents, brokers, other person or entity is/are not authorized to receive any notice on the behalf of the Company, unless stated in writing by the Company.

F. Claim Procedure

On the occurrence of any event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

i. Claims through Health Service Provider

Insured Person will have to follow below steps to avail claim through Our Health Service Provider for covered benefits.

Visit our Portal at www.hdfcergo.com or mobile application through link provided in the certificate or on the website. for notification of claim and booking an appointment for dental treatment.

Applicable for all benefits except "Major Surgeries" cover and "Accidental Major Surgeries" cover.

ii. Claims other than Health Service Provider**a) Notification of a Claim**

Notice with full particulars shall be sent to the Company as under:

- Within 24 hours from the date of emergency Hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

b) Cashless Claims**1) Procedure for Cashless Claims**

- Treatment may be taken in a Network Provider and is subject to pre authorization by



the Company.

- Cashless request form is available with the Network Provider.
- The Network Provider shall obtain the relevant information from the Insured Person / Policyholder and send a Cashless Facility request to the Company for authorization.
- The Company upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue pre-authorization letter to the Network Provider after verification.
- At the time of discharge, the Insured Person shall verify and sign the discharge papers along with final bill, pay for non-medical and inadmissible expenses.
- The Company reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.

2) Conditions for obtaining Cashless facility for Hospitalization claims

- i. Applicable only for "Major Surgeries" cover and "Accidental Major Surgeries" cover
- ii. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers is available on Our website and can be obtained by contacting Us.
- iii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.
- iv. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Dental treatment, including dates, Hospital and locations match with the details as per Cashless authorized.
- v. We will make payment for the Cashless authorized amount directly to the Network Provider.
- vi. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

c) Reimbursement Claims

Procedure for Reimbursement claims

For reimbursement of claims, the Insured Person shall submit the necessary documents to the Company within 30 days of date of discharge from the Hospital

iii. List of documents required for a Claim

1. Duly completed and signed claim form
2. Photo ID and Age Proof
3. Policy Number
4. KYC document, if claim amount is more than 1 Lakh
5. Name of the Insured Person(s) named in the Policy Schedule/Certificate of insurance availing



treatment

6. Name and address of the attending Dental Medical Practitioner/Hospital
7. MLC / FIR Copy – in Accident cases only
8. History of alcohol consumption or any intoxication certified by first treating doctor in case of Accident cases,
9. Pre and Post Procedure Dental X-rays and Photographs (wherever applicable)
10. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
11. Legal heir/succession certificate, wherever applicable
12. Any other relevant document required by Company for assessment of the claim
13. For Hospitalization claims, additional documents required
 - Copy of the Hospital's Registration Certificate/Hospital Registration number in case of Hospitalization in any non-Network Provider of the Company or certificate from Hospital authorities providing facilities available including number of beds
 - Discharge Card / Day Care Summary / Transfer Summary
 - Final Hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
 - All previous consultation papers indicating history and treatment details for current Illness and advice for current Hospitalization

Note:

- The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
- If requested by the Company, at the Company's cost, the Insured Person must submit to medical examination by Medical Practitioner appointed by the Company as often as it is considered reasonable and necessary and Company's representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment, and to investigate the circumstances pertaining to the claim.

Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

We reserve the right to modify, add or restrict any Network Provider/Health Service Provider for Cashless facility at Our sole discretion. We will make payment for the Cashless authorized amount directly to the Health Service Provider.

Policy Wording**CHOMP**

In no event shall HDFC ERGO be liable for any direct, indirect, punitive, incidental, special consequential damages or any other damages whatsoever caused to the Policyholder/Insured of HDFC ERGO while receiving the services from Health Service Provider

Contact Us

For any claim related query, intimation of claim and submission of claim related documents, You can contact HDFC ERGO General Insurance Limited through:

Claim Intimation:	Customer Service No. 022-62346234 /0120- 62346234 Email: healthclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh

ANNEXURE A**Ombudsman Details**

The contact details of the Insurance Ombudsman offices are as below-

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESWAR	Odisha.

Office Details	Jurisdiction of Office Union Territory, District)
<p>Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	
<p>CHANDIGARH Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<p>CHEENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in</p>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in</p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in</p>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.</p>	Rajasthan.



Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	
KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annex, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annex, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.



Office Details	Jurisdiction of Office Union Territory, District)
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: bimalokpal.thane@cioins.co.in	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai , M/East, M/West, N, S and T."

Annexure I –

List I – Items for which coverage is not available in the policy

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES
22	TELEVISION CHARGES	56	GLOVES

23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sr No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET



26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

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

List IV – Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES

5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER& STRIPS
18	URINE BAG