

14. Hospitalisation for evaluation/ diagnostic purpose
15. Expenses for investigation/ treatment irrelevant to the disease for which admitted or diagnosed
16. Any expenses when the patient is diagnosed with retro virus and/or suffering from HIV/ AIDS etc. is detected directly or indirectly
17. Stem cell implantation/ surgery and storage
18. War and nuclear related causes
19. All non-medical items such as registration charges, admission fees, telephone, television charges, toiletries, etc.
20. A waiting period of 30 days from inception of policy is normally applicable in most policies for making any claim. This however will not be applied for hospitalization due to an accident

Waiting periods: This is applicable for diseases for which typically treatment can be delayed and planned. Depending on the product, waiting periods of one / two / four years apply for diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital internal disease, Fistula in anus, piles, Sinusitis and related disorders, Gall Bladder Stone removal, Gout and Rheumatism, Calculus Diseases, gout and rheumatism, age related osteoarthritis, osteoporosis

COVERAGE OPTIONS AVAILABLE

- i. **Individual coverage**
An individual insured can cover himself along with family members such as spouse, dependent children, dependent parents, dependent parents in law, dependent siblings etc.
- ii. **Family floater**
In the variant known as a family floater policy, the family consisting of spouse, dependent children and dependent parents are offered a single sum insured which floats over the entire family.

Sub limits and Disease specific capping

Some of the products have disease specific capping e.g. cataract. A few also have sub limits on room rent linked to sum insured e.g. per day room rent restricted to 1% of sum insured and ICU charges to 2% of sum insured. As expenses under other heads such as ICU charges, OT charges and even surgeon's fees are linked to the type of room opted for, room rent capping helps in restricting expenses under other heads also and hence the overall hospitalization expenses.

Co-payment (popularly called Co-pay)

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.

Deductible

Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and