

**List of Expenses Generally excluded in Hospitalisation Policy**

**List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy**

| S No  | NAME OF THE NON MEDICAL ITEM                        | REMARKS  |
|---|---|--|
| <b>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b> |   |  |
| 1   | ANNE FRENCH CHARGES                                 | Not Payable  |
| 2   | BABY CHARGES (UNLESS SPECIFIED/INDICATED)           | Not Payable  |
| 3   | BABY FOOD   | Not Payable  |
| 4   | BABY UTILITES CHARGES                               | Not Payable  |
| 5   | BABY SET  | Not Payable  |
| 6   | BABY BOTTLES  | Not Payable  |
| 7   | BOTTLE  | Not Payable  |
| 8   | BRUSH   | Not Payable  |
| 9   | COSY TOWEL  | Not Payable  |
| 10  | HAND WASH   | Not Payable  |
| 11  | MOISTURISER PASTE BRUSH                             | Not Payable  |
| 12  | POWDER  | Not Payable  |
| 13  | RAZOR   | Payable (Only disposable razor charges are payable)  |
| 14  | TOWEL   | Not Payable  |
| 15  | SHOE COVER  | Not Payable  |
| 16  | BEAUTY SERVICES                                     | Not Payable  |
| 17  | BELTS/ BRACES                                       | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine. |
| 18  | BUDS  | Not Payable  |
| 19  | BARBER CHARGES                                      | Not Payable  |
| 20  | CAPS  | Not Payable  |
| 21  | COLD PACK/HOT PACK                                  | Not Payable  |
| 22  | CARRY BAGS  | Not Payable  |
| 23  | CRADLE CHARGES                                      | Not Payable  |
| 24  | COMB  | Not Payable  |
| 25  | DISPOSABLES RAZORS CHARGES ( for site preparations) | Payable (In surgical hospitalization case only)  |
| 26  | EAU-DE-COLOGNE / ROOM FRESHNERS                     | Not Payable  |
| 27  | EYE PAD   | Not Payable  |
| 28  | EYE SHEILD  | Not Payable  |

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| 29 | EMAIL / INTERNET CHARGES                          | Not Payable   |
| 30 | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED) | Not Payable   |
| 31 | FOOT COVER  | Not Payable   |
| 32 | GOWN  | Not Payable   |
| 33 | LEGGINGS  | Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.<br>(Disposable payable in mentioned surgeries only) |
| 34 | LAUNDRY CHARGES                                   | Not Payable   |
| 35 | MINERAL WATER                                     | Not Payable   |
| 36 | OIL CHARGES                                       | Not Payable   |
| 37 | SANITARY PAD                                      | Not Payable   |
| 38 | SLIPPERS  | Not Payable   |
| 39 | TELEPHONE CHARGES                                 | Not Payable   |
| 40 | TISSUE PAPER                                      | Not Payable   |
| 41 | TOOTH PASTE                                       | Not Payable   |
| 42 | TOOTH BRUSH                                       | Not Payable   |
| 43 | GUEST SERVICES                                    | Not Payable   |
| 44 | BED PAN   | Not Payable   |
| 45 | BED UNDER PAD CHARGES                             | Not Payable   |
| 46 | CAMERA COVER                                      | Not Payable   |
| 47 | CARE FREE   | Not Payable   |
| 48 | CLINIPLAST  | Not Payable   |
| 49 | CREPE BANDAGE                                     | Not Payable   |
| 50 | CURAPORE  | Not Payable   |
| 51 | DIAPER OF ANY TYPE                                | Not Payable   |
| 52 | DVD, CD CHARGES                                   | Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)   |
| 53 | EYELET COLLAR                                     | Not Payable   |
| 54 | FACE MASK   | Not Payable   |
| 55 | FLEXI MASK  | Not Payable   |
| 56 | GAUSE SOFT  | Not Payable   |
| 57 | GAUZE   | Not Payable   |
| 58 | HAND HOLDER                                       | Not Payable   |
| 59 | HANSAPLAST/ ADHESIVE BANDAGES                     | Not Payable   |

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| 60  | LACTOGEN/ INFANT FOOD   | Not Payable  |
| 61  | SLINGS  | Reasonable costs for one sling in case of upper arm fractures may be considered<br>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES |
| <b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>  |   |  |
| 62  | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES   | Exclusion in policy unless otherwise specified   |
| 63  | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS  | Not Payable  |
| 64  | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE   | Not Payable  |
| 65  | HORMONE REPLACEMENT THERAPY   | Exclusion in policy unless otherwise specified   |
| 66  | HOME VISIT CHARGES  | Exclusion in policy unless otherwise specified   |
| 67  | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION  | Exclusion in policy unless otherwise specified   |
| 68  | OBESITY (INCLUDING MORBID OBESITY) TREATMENT  | Exclusion in policy unless otherwise specified   |
| 69  | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS   | Exclusion in policy unless otherwise specified   |
| 70  | CORRECTIVE SURGERY FOR REFRACTIVE ERROR   | Exclusion in policy unless otherwise specified   |
| 71  | TREATMENT OF SEXUALLY TRANSMITTED DISEASES  | Exclusion in policy unless otherwise specified   |
| 72  | DONOR SCREENING CHARGES   | Exclusion in policy unless otherwise specified   |
| 73  | ADMISSION/REGISTRATION CHARGES  | Exclusion in policy unless otherwise specified   |
| 74  | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC  | Exclusion in policy unless otherwise specified   |
| 75  | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED   | Not Payable - Exclusion in policy unless otherwise specified   |
| 76  | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS | Not payable as per HIV/AIDS exclusion  |
| 77  | STEM CELL IMPLANTATION/ SURGERY   | Not Payable except Bone Marrow Transplantation where covered by policy   |
| <b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b> |   |  |
| 78  | WARD AND THEATRE BOOKING CHARGES  | Payable under OT Charges, not payable separately   |
| 79  | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS   | Rental charged by the hospital payable. Purchase of Instruments not payable.   |
| 80  | MICROSCOPE COVER  | Payable under OT Charges, not separately   |
| 81  | SURGICAL BLADES,HARMONIC SCALPEL,SHAVER   | Payable under OT Charges, not separately   |
| 82  | SURGICAL DRILL  | Payable under OT Charges, not separately   |
| 83  | EYE KIT   | Payable under OT Charges, not separately   |
| 84  | EYE DRAPE   | Payable under OT Charges, not separately   |
| 85  | X-RAY FILM  | Payable under Radiology Charges, not as consumable   |

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| 86   | SPUTUM CUP  | Payable under Investigation Charges, not as consumable                                     |
| 87   | BOYLES APPARATUS CHARGES  | Part of OT Charges, not separately   |
| 88   | BLOOD GROUPING AND CROSS MATCHING OF DONORS                           | Part of Cost of Blood, not payable   |
| 89   | SAVLON Not  | Payable-Part of Dressing Charges   |
| 90   | BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES,                    | Not Payable - Part of Dressing charges   |
| 91   | COTTON  | Not Payable-Part of Dressing Charges   |
| 92   | COTTON BANDAGE  | Not Payable- Part of Dressing Charges  |
| 93   | MICROPORE/ SURGICAL TAPE  | Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 94   | BLADE   | Not Payable  |
| 95   | APRON   | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU chatges      |
| 96   | TORNIQUET   | Not Payable (service is charged by hospitals, consumables cannot be separately charged)    |
| 97   | ORTHOBUNDLE, GYNAEC BUNDLE  | Part of Dressing Charges   |
| 98   | URINE CONTAINER   | Not Payable  |
| <b>ELEMENTS OF ROOM CHARGE</b>               |   |  |
| 99   | LUXURY TAX  | Actual tax levied by government is payable.Part of room charge for sub limits              |
| 100  | HVAC  | Part of room charge not payable separately   |
| 101  | HOUSE KEEPING CHARGES   | Part of room charge not payable separately   |
| 102  | SERVICE CHARGES WHERE NURSING CHARGE ALSO                             | Part of room charge not payable separately   |
| 103  | TELEVISION & AIR CONDITIONER CHARGES                                  | Payable under room charges not if separately levied  |
| 104  | SURCHARGES  | Part of Room Charge, Not payable separately  |
| 105  | ATTENDANT CHARGES   | Not Payable - Part of Room Charges   |
| 106  | IM IV INJECTION CHARGES   | Part of nursing charges, not payable   |
| 107  | CLEAN SHEET   | Part of Laundry/Housekeeping not payable separately  |
| 108  | EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by hospital is payable   |
| 109  | BLANKET/WARMER BLANKET  | Not Payable- part of room charges  |
| <b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b> |   |  |
| 110  | ADMISSION KIT   | Not Payable  |
| 111  | BIRTH CERTIFICATE   | Not Payable  |
| 112  | BLOOD RESERVATION CHARGES AND ANTE NATAL                              | Not Payable  |

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| 113                             | CERTIFICATE CHARGES                              | Not Payable   |
| 114                             | COURIER CHARGES                                  | Not Payable   |
| 115                             | CONVENYANCE CHARGES                              | Not Payable   |
| 116                             | DIABETIC CHART CHARGES                           | Not Payable   |
| 117                             | DOCUMENTATION CHARGES / ADMINISTRATIVE           | Not Payable   |
| 118                             | DISCHARGE PROCEDURE CHARGES                      | Not Payable   |
| 119                             | DAILY CHART CHARGES                              | Not Payable   |
| 120                             | ENTRANCE PASS / VISITORS PASS CHARGES            | Not Payable   |
| 121                             | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE    | To be claimed by patient under Post Hosp where admissible                   |
| 122                             | FILE OPENING CHARGES                             | Not Payable   |
| 123                             | INCIDENTAL EXPENSES / MISC. CHARGES (NOT         | Not Payable   |
| 124                             | MEDICAL CERTIFICATE                              | Not Payable   |
| 125                             | MAINTAINANCE CHARGES                             | Not Payable   |
| 126                             | MEDICAL RECORDS                                  | Not Payable   |
| 127                             | PREPARATION CHARGES                              | Not Payable   |
| 128                             | PHOTOCOPIES CHARGES                              | Not Payable   |
| 129                             | PATIENT IDENTIFICATION BAND / NAME TAG           | Not Payable   |
| 130                             | WASHING CHARGES                                  | Not Payable   |
| 131                             | MEDICINE BOX                                     | Not Payable   |
| 132                             | MORTUARY CHARGES                                 | Payable upto 24 hrs, shifting charges not payable.<br>(In death claim only) |
| 133                             | MEDICO LEGAL CASE CHARGES (MLC CHARGES)          | Not Payable   |
| <b>EXTERNAL DURABLE DEVICES</b> |  |   |
| 134                             | WALKING AIDS CHARGES                             | Not Payable   |
| 135                             | BIPAP MACHINE                                    | Not Payable   |
| 136                             | COMMODE  | Not Payable   |
| 137                             | CPAP/ CAPD EQUIPMENTS                            | Device not payable  |
| 138                             | INFUSION PUMP - COST                             | Device not payable  |
| 139                             | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable   |
| 140                             | PULSEOXYMETER CHARGES                            | Device not payable  |
| 141                             | SPACER   | Not Payable   |
| 142                             | SPIROMETRE                                       | Device not payable  |
| 143                             | SPO2 PROBE                                       | Not Payable   |

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| 144 | NEBULIZER KIT  | Not Payable   |
| 145 | STEAM INHALER  | Not Payable   |
| 146 | ARMSLING   | Not Payable   |
| 147 | THERMOMETER  | Not Payable (paid by patient)   |
| 148 | CERVICAL COLLAR  | Not Payable   |
| 149 | SPLINT   | Not Payable   |
| 150 | DIABETIC FOOT WEAR   | Not Payable   |
| 151 | KNEE BRACES ( LONG/ SHORT/ HINGED)   | Not Payable   |
| 152 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER  | Not Payable   |
| 153 | LUMBO SACRAL BELT  | Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.  |
| 154 | NIMBUS BED OR WATER OR AIR BED CHARGES   | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day                                       |
| 155 | AMBULANCE COLLAR   | Not Payable   |
| 156 | AMBULANCE EQUIPMENT  | Not Payable   |
| 157 | MICROSHEILD  | Not Payable   |
| 158 | ABDOMINAL BINDER   | Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
|     | <b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>  |   |
| 159 | BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC                     | May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital   |
| 160 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  | Post hospitalization nursing charges not Payable  |
| 161 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES /   | Patient Diet provided by hospital is payable  |
| 162 | ALEX SUGAR FREE  | Payable -Sugar free variants of admissible medicines are not excluded   |
| 163 | CREAMS POWDERS LOTIONS (Toiletries are not payable,only prescribed medical pharmaceuticals | Payable when prescribed   |
| 164 | DIGENE GEL/ ANTACID GEL  | Payable when prescribed   |
| 165 | ECG ELECTRODES   | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.   |
| 166 | GLOVES   | Sterilized Gloves payable / unsterilized gloves not payable   |

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| 167   | HIV KIT   | Payable - payable Pre operative screening   |
| 168   | LISTERINE/ ANTISEPTIC MOUTHWASH   | Payable when prescribed   |
| 169   | LOZENGES  | Payable when prescribed   |
| 170   | MOUTH PAINT   | Payable when prescribed   |
| 171   | NEBULISATION KIT  | If used during hospitalization is payable reasonably  |
| 172   | NEOSPRIN  | Payable when prescribed   |
| 173   | NOVARAPID   | Payable when prescribed   |
| 174   | 17 VOLINI GEL/ ANALGESIC GEL  | Payable when prescribed   |
| 175   | ZYTEE GEL   | Payable when prescribed   |
| 176   | VACCINATION CHARGES   | Routine Vaccination not Payable / Post Bite Vaccination Payable   |
| <b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b> |   |   |
| 177   | AHD   | Not Payable - Part of Hospital's internal Cost  |
| 178   | ALCOHOL SWABES  | Not Payable - Part of Hospital's internal Cost  |
| 179   | SCRUB SOLUTION/STERILLIUM   | Not Payable - Part of Hospital's internal Cost  |
| <b>OTHERS</b>                                       |   |   |
| 180   | VACCINE CHARGES FOR BABY  | Not Payable   |
| 181   | AESTHETIC TREATMENT / SURGERY   | Not Payable   |
| 182   | TPA CHARGES   | Not Payable   |
| 183   | VISCO BELT CHARGES  | Not Payable   |
| 184   | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable   |
| 185   | EXAMINATION GLOVES  | Not Payable   |
| 186   | KIDNEY TRAY   | Not Payable   |
| 187   | MASK  | Not Payable   |
| 188   | OUNCE GLASS   | Not Payable   |
| 189   | OUTSTATION CONSULTANT'S/ SURGEON'S FEES                                       | Not payable, except for telemedicine consultations where covered by policy                                |
| 190   | OXYGEN MASK   | Not Payable   |
| 191   | PAPER GLOVES  | Not Payable   |
| 192   | PELVIC TRACTION BELT  | Should be payable in case of PIVD requiring traction as this is generally not reused                      |
| 193   | REFERAL DOCTOR'S FEES   | Not Payable   |
| 194   | ACCU CHECK ( Glucometry/ Strips)  | Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable |

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| 195 | PAN CAN                   | Not Payable  |
| 196 | SOFNET                    | Not Payable  |
| 197 | TROLLEY COVER             | Not Payable  |
| 198 | UROMETER, URINE JUG       | Not Payable  |
| 199 | AMBULANCE                 | Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable |
| 200 | TEGADERM / VASOFIX SAFETY | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs  |
| 201 | URINE BAG                 | Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs                                     |
| 202 | SOFTOVAC                  | Not Payable  |
| 203 | STOCKINGS                 | Essential for case like CABG etc. where it should be paid.   |