***Mediclaim Policy Exclusions***

* OPD treatment not covered in the policy.

**4.4.1** War Invasion, Act of Foreign enemy, War like operations, Nuclear weapons, Ionizing Radiation, Contamination by radio activity, by any other 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 or inoculation

**4.4.4** Cost of brace, equipment or external prosthetic devices, non-durable implants, eyeglasses, cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medial equipment’s.

***Note –*** *Multi focal lens are not paid for Cataract under our Mediclaim Policy. Only Mono-Focal lens will be paid.*

**4.4.5** Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalisation.

**4.4.6** Convalescence, general debility; run-down condition or rest cure, obesity treatment and its complications, including morbid obesity, defects or anomalies, treatment relating to all psychiatric and psychometric disorders, Sterility, use of intoxication 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, attempted suicide, 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 disease, any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphotropathy 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 examinations not consistent with or incidental to the diagnosis of positive existence and treatment 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 diseases as certified by the attending medical practitioner.

**4.4.14** Naturopathy Treatment.

**4.4.15** instrument used in treatment of Sleep Apnea 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 related treatment.

**4.4.17** Domiciliary Hospitalization.

**4.4.18** Treatment taken outside India.

**4.4.19** Experimental Treatment, Unproven Treatment.

**4.4.20** Change of treatment from one system to another unless recommended by the consultant/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 the 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

**To be included for Parental policy**

**Kindly note:**

***3.35 CUSTOMARY & REASONABLE******CHARGES****- means the charges for health care, which is consistent with the prevailing rate in an area or charged in a certain geographical area for identical or similar services.*