

## AapKe Liye- Bihar & Jharkhand Policy Wordings

UIN-BAJHLIP26048V012526

### SECTION A) PREAMBLE

Whereas the Insured/ proposer has made a Proposal to Bajaj Allianz General Insurance Company Limited (hereinafter referred to as the "Company") which is hereby agreed to be the basis of this Policy and in consideration of payment of Premium, as specified in the Schedule, by You and realized by Us, the Company agrees, subject to the following terms, conditions, exclusions, definitions, and limitations of the Policy, and to indemnify Insured Person(s)/make payment, in excess of the amount of the Deductible and subject to the Sum Insured and/or Limit of Indemnity, in the manner and to the extent as provided herein.

### SECTION B) DEFINITIONS- STANDARD DEFINITIONS

#### 1. Accident, Accidental

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

#### 2. Any one illness

Any one illness means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

#### 3. AYUSH Hospital

An 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:

- Central or State Government AYUSH Hospital; or
- Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy ; or
- AYUSH Hospital, standalone or co-located with in-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:
  - Having at least 5 in-patient beds;
  - Having qualified AYUSH Medical Practitioner in charge round the clock;
  - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
  - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

#### 4. AYUSH Day Care Centre

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center 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:

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

#### 5. Cashless facility

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 of pre-authorization is approved.

#### 6. Condition Precedent

Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

#### 7. Congenital Anomaly

Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
- External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body.

#### 8. Co-Payment

A co-payment means 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.

#### 9. Cumulative Bonus

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

in premium

#### **10. Day Care Centre**

A day care center means any institution established for day care treatment of Illness and / or injuries or a medical set-up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:-

- i. has qualified nursing staff under its employment,
- ii. has qualified medical practitioner(s) in charge,
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

#### **11. Day Care Treatment**

Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hrs because of technological advancement, and
- ii. Which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

#### **12. Deductible**

Deductible means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified amount (in INR) in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured. Deductible will be applicable either per year (Aggregate Deductible) or per claim, as specified in the Policy Schedule.

#### **13. Dental Treatment**

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

#### **14. Disclosure to information norm**

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

#### **15. Domiciliary Hospitalization**

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:

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

#### **16. Emergency Care**

Emergency care means management of an Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured's health.

#### **17. Grace Period**

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, Insurer shall provide coverage during the grace period if you make an instalment payment.

#### **18. Hospital**

A 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:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.

#### **19. Hospitalization**

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.

**20. Illness**

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b. Chronic condition – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
  - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
  - ii. it needs ongoing or long-term control for relief of symptoms
  - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  - iv. it continues indefinitely
  - v. it recurs or is likely to recur.

**21. 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.

**22. In-Patient Care**

In-Patient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

**23. Intensive Care Unit**

Intensive care unit 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.

**24. ICU Charges**

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**25. Kidney Failure Requiring Regular Dialysis**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a Specialist Medical Practitioner.

**26. Maternity expenses**

Maternity expenses means;

- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- ii. Expenses towards lawful medical termination of pregnancy during the Policy Period.

**27. Medical Advice**

Medical advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

**28. Medical Expenses**

Medical Expenses means those expenses that an Insured 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 had not been insured and no more than other Hospitals or Medical Practitioners in the same locality would have charged for the same Medical Treatment

**29. Medical Practitioner/Doctor/Physician**

Medical Practitioner means 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 or Ayurvedic and or such other authorities 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 its scope and jurisdiction of license and acceptable to Us.

**30. Medically Necessary Treatment/Medical Treatment**

Medically necessary treatment/Medical Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

- i. is required for the medical management of the illness or injury suffered by the Insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a Medical Practitioner,
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community

in India

**31. Migration**

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions/diseases and specific waiting periods from one health insurance policy to another with the same insurer.

**32. Portability**

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions/diseases and specific waiting periods from one insurer to another insurer.

**33. Network Provider**

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.

**34. Non-Network Provider**

Non-Network Provider means any Hospital, day care center or other provider that is not part of the network.

**35. Notification of Claim**

Notification of claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

**36. OPD treatment**

OPD treatment means 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.

**37. Pre-Existing Disease:**

Pre-existing disease means any condition, ailment or injury or disease

- a. That is/are diagnosed by a Physician within 36 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 physician/Medical Practitioner within 36 months prior to the effective date of the Policy issued by the Insurer or its reinstatement.

**38. Pre-hospitalization Medical Expenses**

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the Hospitalization of the Insured Person, provided that:

- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurer.

**39. Post-hospitalization Medical Expenses**

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the Hospital provided that:

- a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
- b. The In-Patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**40. Qualified Nurse**

Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**41. Reasonable and Customary charges**

Reasonable and Customary charges mean 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.

**42. Renewal**

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.

**43. Room rent**

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**44. Specific waiting period**

Specific waiting period means a period up to 24 months from the commencement of Policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

#### **45. Surgery or Surgical Procedure**

Surgery or Surgical Procedure 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 from suffering and prolongation of life, performed in a hospital or day care center by a medical practitioner.

#### **46. Unproven/Experimental treatment**

Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

### **SECTION B) DEFINITION- SPECIFIC DEFINITIONS**

#### **1. Act of Terrorism**

Means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are committed or proclaimed to be committed for political, religious or ideological purposes, whether such person or group(s) of persons or organisation(s) or association(s) are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intent to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

#### **2. Aggregate Deductible**

Aggregate Deductible means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified amount (in INR) in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits/claims are payable by the Insurer. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards Hospitalisation expenses incurred during the Policy Period.

#### **3. AYUSH treatment-** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

#### **4. Bajaj Allianz Network Hospitals / Network Hospitals/Network Providers**

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empaneled by the Insurer as per the latest version of the list of Hospitals maintained by the Insurer, which is available to You on request. For updated list please visit Our website.

#### **5. Bajaj Allianz Diagnostic Centre**

Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empaneled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

#### **6. Dependent child**

A child is considered a dependent for insurance purposes provided he is financially dependent on the proposer/Insured.

#### **7. Disappearance**

Disappearance means the event of the disappearance of the Insured Person, following a forced landing, stranding, sinking or wrecking of a conveyance in which such Insured Person was known to have been travelling as an occupant, it shall be deemed after twelve (12) months, subject to all other terms and conditions of this Policy, that such Insured Person shall have died as the result of an Accident.

#### **8. Endorsement**

Endorsement means any writing on a Policy Schedule or Policy, in addition to its normal wording which supplements or modifies its terms. It may be added when Policy is prepared, or subsequently. Provided however any Service Level Agreement [SLA] or Agreement/MOU laying down various service levels shall not be treated as Endorsement.

#### **9. Family or Family Members**

For the purpose of Individual Sum Insured Policy- includes the Insured; his/her lawfully wedded spouse/ Live-in Partner and dependent children, dependent parents, dependent Sister, dependent Brother, dependent Parents-in- law, dependent Aunt, dependent Uncle, dependent Grandchildren.

For the purpose of Family Floater policy- includes the Insured; his/her lawfully wedded spouse and dependent children.

For Parents/ Parents in law separate floater Policy can be taken.

#### **10. General Practitioner**



General practitioner is a Medical Practitioner 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 license.

**11. Life threatening situation:**

Life Threatening situation shall mean a serious medical condition or symptom resulting from Injury or Illness which is not Pre-Existing Disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

**12. Limit of Indemnity**

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per Insured person and collectively for all Insured Persons mentioned in the Schedule during the Policy Period and in the aggregate for the Insured Person(s) named in the Schedule during the Policy Period, and means the amount stated in the Schedule against each Cover.

**13. Medical Consumable**

Medical consumables and equipment includes syringes, needles, sutures, staples, packaging, tubing, catheters, medical gloves, gowns, masks, adhesives and sealants for wound dressing and a whole host of other devices and tools used with a hospital or surgical environment.

**14. Named Insured/ Insured/Insured Person-** means the persons, or Family Members named in the Policy Schedule who are insured under the Policy and in respect of whom the applicable premium has been received.

**15. New Born Baby**

New Born baby means baby born during the Policy Period and is aged up to 90 days.

**16. Nominee**

Nominee means a person designated by You to receive the proceeds of this Policy upon Your/Insured Persons death.

**17. Obesity**

Obesity means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index. Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m<sup>2</sup>). The WHO definition is:

- BMI greater than or equal to 25 is overweight
- BMI greater than or equal to 30 is obesity

**18. Proposal**

Proposal means the proposal form (in physical form or digital form), containing certain undertakings, declarations, information/particulars and statements, and all other information, and documents including medical reports etc. provided to us in any mode of communication for/in considering whether and on what terms to offer this insurance.

**19. Policy or Contract**

Policy or Contract means the Proposal, the Policy Schedule, along with these Policy Wordings/Terms and Conditions issued to the Insured and any annexures and/or Endorsements attaching to and/or forming part thereof either at the commencement of Policy Period or during the Policy Period.

**20. Policy Schedule or Schedule**

Policy Schedule or Schedule means the policy schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period etc. and the Sub-limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then latest in time.

**21. Policy Period**

**Policy Period** means the period between the risk commencement date under Policy and either the expiry date specified in the Schedule or the effective date of cancellation of this Policy, whichever is earlier..

**22. Policy Year**

Policy Year means the period of 12 months. In case of long-term Policy for more than one year, then each year viz. 1<sup>st</sup> year, 2<sup>nd</sup> year, 3<sup>rd</sup> year, shall be treated as a separate Policy Year.

**23. Service Provider/s**

Service Provider means the service provider/s engaged / named by the Company for providing the services as covered in this Policy.

**24. Standard A/C room**

Standard A/c room means a single occupancy air-conditioned room with an attached washroom/toilet and it excludes a suite.

## **25. Specialist**

Specialist Consultant means a Medical Practitioner who holds a medical post graduate or higher degree in the specific line of treatment under Allopathic medicine.

## **26. Sum Insured**

Sum Insured means the amount specified in the Schedule which is Our maximum, total and cumulative liability under this Policy for any and all claims arising under this Policy in a Policy Year in respect of the Insured Person(s).

## **27. You, Your, Yourself, Your Family** named in the Policy Schedule means the Insured or Insured's Family Members who are beneficiaries that We insure as set out in the Schedule.

## **28. We, Us, Our, Ours, Insurer, Company** means the Bajaj Allianz General Insurance Company Limited.

## **SECTION C) COVERAGE**

### **Tenure of Policy:**

1 Year, 2 Years, 3 Years

### **Scope of cover:**

The Company hereby agrees to indemnify Insured in respect of Reasonable and Customary expenses in an admissible claim, for any or all of the following covers as opted, subject to the Sum Insured ("SI"), limits, Deductibles, co-payment, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

### **1. In-patient Hospitalisation Treatment**

If You are Hospitalized for In-Patient Care on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify you against Reasonable and Customary Medical Expenses incurred for:

- a) Room and Boarding expenses as Standard a/c room, specified on the Policy Schedule
- b) If admitted in ICU, the Company will pay up to ICU expenses at actuals.
- c) Nursing Expenses as provided by the Hospital.
- d) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- e) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances.
- f) Medicines & Drugs, Medical Consumables, Dialysis, Chemotherapy, Radiotherapy, physiotherapy.
- g) Cost of prosthetic devices and other devices or equipment if implanted internally like pacemaker during a surgical process.
- h) Relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary prescribed by the treating Medical Practitioner.

### **Note**

- a) In case of admission to a room at rates/category exceeding the opted limits/category as mentioned under this cover, the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, Medical consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.
- b) Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.

### **2. Pre-Hospitalisation Medical Expense**

We will indemnify You against the Reasonable and Customary Medical Expenses incurred up to 30 days as specified on the Policy Schedule up to "In-Patient Hospitalization Treatment" Sum Insured, for a specific period immediately before the Insured Person was Hospitalized, provided that

- a) Such Medical Expenses were incurred for the same Illness/Injury for which subsequent Hospitalization was required,
- b) The Company has accepted an In-Patient Care and Day Care claim under "In-patient Hospitalization treatment".

### **3. Post-Hospitalisation Medical Expense**

We will indemnify You against the Reasonable and Customary Medical Expenses incurred up to 60 days as specified on the Policy Schedule, up to "In-Patient Hospitalization Treatment" Sum Insured, for a specific period immediately after the Insured Person was discharged post Hospitalization provided that

- a) Such Medical Expenses are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required,
- b) The Company has accepted an In-Patient Care and Day Care claim under "In-patient hospitalization Treatment".

### **4. Day Care Treatment**

We will indemnify You against the Reasonable and Customary Medical Expenses up to "In-Patient Hospitalization Treatment" Sum Insured for Day care procedures / surgeries taken as an In-Patient in a Hospital or Day care center but not in the Outpatient department.

Indicative list of Day Care Treatments is given in Annexure I of this Policy document.

## **5. Organ donor expenses**

We will indemnify You against the expenses incurred towards organ donor's treatment for harvesting of the donated organ up to In-Patient Hospitalization Treatment Sum Insured, provided that,

- The organ donor is any person whose organ has been made available in accordance and in compliance with Transplantation of Human Organs and Tissues Act, 1994, and any amendments therein and
- We have accepted an In-patient Hospitalization treatment claim for the Insured Person under "In-patient Hospitalization Treatment".
- We will pay if Insured Person is the receiver of the organ.

### **Specific Exclusion:**

- Pre and Post-Hospitalization expenses, and any other consequential medical expenses in respect of donor are not payable.
- Sum Insured Reinstatement Benefit will not be applicable and available for this 'Organ donor expenses' cover.

## **6. AYUSH Hospitalization Cover**

If You are hospitalized in an AYUSH Hospital for a period not less than 24 hours on the advice of a Medical Practitioner because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will indemnify You against Reasonable and Customary Medical Expenses incurred for AYUSH treatment up to "In-patient Hospitalization Treatment" Sum Insured.

The following expenses are payable under this cover:

- Room rent, boarding expenses as per the Room limit/category specified on the Policy Schedule for "In-patient Hospitalization Treatment"
- Nursing Expenses as provided by the Hospital
- Consultation and Surgeon fees
- Medicines, drugs and Medical consumables,
- AYUSH treatment procedures

### **Specific Exclusion**

- The Illness/Injury & the procedure performed on the Insured on Out-patient basis will not be payable.
- Comfort treatment involving steam bath/sauna/oil massages are excluded. Such treatments being combined with any stay packages at resorts where the treatment forms a part of an overall leisure package shall not be payable.

## **7. Road Ambulance**

We will indemnify You against the Reasonable and Customary expenses up to the "In-patient Hospitalization Treatment" Sum Insured specified on the Policy Schedule, incurred on a road ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency

We will also reimburse the expenses incurred on a road ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where You were admitted initially to another Hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- Such life-threatening emergency condition is certified by the Medical Practitioner, and
- We have accepted Your Claim under "In-patient Hospitalization Treatment" or "Day Care Procedures" section of the Policy.

## **8. Domiciliary Hospitalization**

We will indemnify You against Reasonable and Customary Medical Expenses for Medical Treatment for an Illness/disease/injury up to "In-patient Hospitalization Treatment" Sum Insured, which in the normal course, would require care and treatment at a Hospital but, on the advice of the attending Medical Practitioner, is taken whilst 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 moved to a Hospital, or
- The patient takes treatment at home on account of non-availability of room in a hospital.
- Domiciliary Hospitalization should exceed 3 days.

However, this coverage/benefit shall not cover the following

- Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
- Arthritis, Gout and Rheumatism,
- Chronic Nephritis and Nephritic Syndrome,
- Diarrhea and all type of Dysenteries including Gastroenteritis,
- Diabetes Mellitus and Insipidus,
- Epilepsy,
- Hypertension,
- Psychiatric or Psychosomatic Disorders of all kinds,
- Pyrexia of unknown origin
- Vector-borne diseases



## **9. Modern Treatment Methods and Advancement in Technologies**

We will indemnify You against all the eligible Reasonable and Customary Medical Expenses incurred if You undergo procedures as listed below, maximum up to "In-Patient Hospitalization Treatment" Sum Insured.

- Uterine Artery Embolization and HIFU
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra-vitreous injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchial Thermoplasty
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Please Note- Sum Insured Reinstatement Benefit and Cumulative Bonus will not be applicable and available for this cover.

## **10. Cumulative Bonus**

Cumulative Bonus ("CB") will be increased by 10% of base Sum Insured per annum subject to maximum up to 100%, as specified in the Policy Schedule in respect of each claim free Policy Year (no claims are reported), provided the Policy is renewed with the Company without a break. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, base Sum Insured will be maintained and will not be reduced in the Policy Year.

### **Note:**

- In case where the Policy is on individual basis, the CB shall be added and available individually to the Insured person if no claim has been reported. CB shall reduce only in case of claim from the same Insured person.
- In case where the Policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
- CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
- If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn

## **11. Walk to Win**

At each renewal of AapKe Liye- Bihar & Jharkhand Policy with Us, You will be entitled for a wellness discount, subject to below mentioned criteria being fulfilled by You during the preceding Policy Year. Steps can be tracked through Our mobile application.

Parameter Achieved	Discount
7,500 steps daily for 24 days of every month, for minimum 9 months in a policy year	5%
10,000 steps daily for 24 days of every month, for minimum 9 months in a policy year	10%

### **Eligibility Criteria:**

- This discount and criteria is applicable for member's age 21 years and above.
- In case of long term policy  
The criteria mentioned above has to be met by each Insured Person every year in a long term policy to be eligible for discount at renewal.
- In case of floater policy  
The criteria mentioned above has to be met by each eligible Insured Person every year to be avail the discount at renewal.

## **12. Festive Protect**

In the event of emergency Hospitalization due to an acute illness or accidental injury within 7 days immediately preceding the

day of the festival of Your state as per list specified in annexure IV, We will pay You an additional fixed amount of INR 1000 for each day of Hospitalization for maximum up to 10 days in a Policy Year.

**Note-**

- i. Treatment by a Doctor must start within 24 hours of the Emergency event.
- ii. Planned treatment and surgeries shall be excluded.

**OPTIONAL COVERS**

In consideration of payment of additional premium by the Insured Person to the Company and realization thereof by the Company, it is hereby agreed that We will indemnify/pay You against the Reasonable and Customary expenses, as the case may be, in respect of an admissible claim under any or all of the following Optional covers as opted subject to the Sum Insured, limits, Deductibles, co-payment, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

**1. Sum Insured Reinstatement**

The "In-patient Hospitalization Treatment" Sum Insured would be "reinstated" up to limit as opted by You, as specified in the Policy Schedule for the particular Policy Year subject to the below conditions,

- i. The reinstated Sum Insured will be available for utilization for subsequent claim made by the Insured Person provided that the subsequent hospitalization is after a gap of at least 2 days from the date of discharge. This 2 days period is not applicable if the subsequent claim is for the other Insured Person.
- ii. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in "In-Patient Hospitalization Treatment".
- iii. For any claim under this benefit, the maximum liability per claim shall not exceed the "In-patient Hospitalization Treatment" Sum Insured.
- iv. This benefit is applicable during each Policy Year and will not be carried forward to the subsequent Policy Year/ renewals.
- v. Sum Insured Reinstatement for floater policy will be at Policy level.
- vi. For individual Sum Insured policy, Sum Insured Reinstatement would be available on Insured Person level.
- vii. The Sum Insured reinstated under this 'Sum Insured Reinstatement' cover shall not be applicable and available for 'Organ donor expenses' and Modern Treatment Methods and Advancement in Technologies' cover.

Options available based on frequency –

1. Once in a Policy Year
2. Unlimited times in a Policy Year

**2. Procedure wise/ Disease wise- sublimit**

If this cover is opted, We shall limit the claim arising out of Hospitalization event including Pre and Post Hospitalization leading to Procedures including its complications up to sub-limits as mentioned in below table provided that claim(s) is admissible as "In-patient Hospitalization Treatment" under this policy.

If You opt for this coverage, You shall be eligible for a discount of 15% for age till 35 years and 20% for above 35 years on the premium payable under the base Policy

**Procedure wise/ Disease wise- Sublimit:**

The Procedure wise/ Disease wise- Sublimit as specified in below table shall be applicable basis the Sum Insured opted by Insured:

Ailment	500000 & 750000	1000000	1500000	2000000
Cataract (per eye)	40,000	45,000	50,000	55,000
Cardiac Surgeries*	2,00,000	2,50,000	3,00,000	3,50,000
Surgery on Joints** (per joint)	2,00,000	2,50,000	3,00,000	3,50,000
Infectious and Fever-Related Conditions***	45,000	55,000	65,000	75,000
All types of Hernia**** (limit applicable individually for each hospitalisation for uncomplicated Hernia including post-op complications)	75,000	1,00,000	1,25,000	1,50,000

All types of Calculi (All types of genito/urinary calculi)	75,000	1,00,000	1,25,000	1,50,000
Hysterectomy	75,000	1,00,000	1,25,000	1,50,000
Surgery of Gall Bladder*****	75,000	1,00,000	1,25,000	1,50,000
Surgery of Spine	75,000	1,00,000	1,25,000	1,50,000
Cancer	2,00,000	3,00,000	4,00,000	5,00,000
Chronic kidney disease	2,00,000	3,00,000	4,00,000	5,00,000
Chronic liver disease	2,00,000	3,00,000	4,00,000	5,00,000

\* **Cardiac Surgeries** includes, angioplasty, stent placements, bypass surgeries, pacemaker implantations, heart valve repairs or replacements, or any other interventional radiological procedures which includes neurological, vascular intervention etc, performed on the heart or related blood vessels, as indicated.

\*\***Surgery on Joints** includes, surgeries for joint replacement, reconstruction, repair, or arthroscopy.

\*\*\***Infectious and Fever-Related Conditions** includes Acute Gastroenteritis, all types of Fever caused by Viral/Bacterial/Fungal/Parasite/ Vector Borne, All acute Respiratory Infections

\*\*\*\***All types of Hernia includes** Inguinal Hernia, Femoral Hernia, Umbilical Hernia, Hiatal Hernia, Incisional Hernia, Epigastric Hernia, Spigelian Hernia, Ventral Hernia and Diaphragmatic Hernia.

\*\*\*\*\***Surgery of Gall Bladder includes** endoscopic procedures excluding ERCP.

Please Note:

- The sub-limits specified shall be applicable to "In-patient Hospitalization Treatment" expenses provided such sub-limits do not exceed the "In-patient Hospitalization Treatment" Sum Insured.
- The sub-limits specified shall be including Pre-Hospitalization and Post-Hospitalization expenses.
- Co-payment would not be applicable on claims for illness categories on which sub-limits are applicable.

### **3. Super Cumulative Bonus**

If this cover is opted, We will increase the Limit of indemnity i.e. Super Cumulative Bonus ("SCB") by specific amount as per option opted by You and specified in the Policy Schedule in respect of each claim free Policy year (no claims are reported) provided the Policy is renewed with Us.

If a claim is made in any Policy Year where a Super Cumulative Bonus has been applied, then the increased Limit of Indemnity in the Policy Period of the subsequent policy shall be reduced to previous slab as per the rate it was enhanced. However, the Base Sum Insured You opted would not be decreased.

#### **Specific Condition for Super Cumulative Bonus**

- In case where the Policy is on individual Sum Insured basis, the Super Cumulative Bonus shall be accrued and available individually to the Insured Person if no claim has been reported. In case of claim, Super Cumulative Bonus in respect of the Insured Person who has made the claim shall be reduced at the same rate at which it has accrued.
- In case where the Policy is on floater Sum Insured basis, the Super Cumulative Bonus shall be accrued and available to the Family on floater basis, provided no claim has been reported from any member of the Family. In case of claim, Super Cumulative Bonus shall be reduced at the same rate at which it has accrued.
- In case the accrued Super Cumulative Bonus reduces, the Base "In-patient Hospitalization Treatment" Sum Insured will be maintained and will not be reduced in the renewal Policy Year.
- Super Cumulative Bonus shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- If the Sum Insured has been reduced at the time of Renewal, the applicable Super Cumulative Bonus shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the Super Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.
- If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium then any awarded accrued Super Cumulative Bonus shall be withdrawn, subject to Point i. above.
- This clause does not alter the annual character of this insurance Policy.

#### **Options available for "Super Cumulative Bonus"**

- Option 1. 25% of Sum Insured every year up to 100% of SI
- Option 2. 25% of Sum Insured every year up to 200% of SI
- Option 3. 50% of Sum Insured every year up to 100% of SI

### **4. No Claim Discount**

If this cover is opted, at time of renewal, it is agreed that the Cumulative Bonus / Super Cumulative Bonus accrued shall

be forfeited and You will be entitled for renewal discount of 1.5%, provided that no claim is registered in the policy.

**Please Note-**

- Any Cumulative Bonus / Super Cumulative Bonus accrued till date will not be applicable and will be replaced with discount of 1.5%.
- Cumulative Bonus/ Super Cumulative Bonus will apply afresh, if they are to be re-opted at renewal.
- In case You have claimed in the preceding year, You will not be eligible for No claim discount at the time of renewal.

## **5. Cashless Discount**

If this cover is opted, then You are entitled for a discount of 5% on the premium payable under the base Policy, provided that claim is registered on cashless basis only. The list of hospitals where cashless treatment is available can be accessed on Our digital platform or website, subject to following criteria/ condition:

Co-payment of 20% for each and every claim payable under the In-patient Hospitalization Treatment section shall be applicable, in case Reimbursement claim availed. However, this co-pay shall not be applicable

- For Pre and Post-hospitalization expenses
- For Procedures/ Condition where sublimit is applicable

**Please Note-**

Kindly refer to Our website for list of cashless hospitals.

## **6. Accidental Death Cover**

If the Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in Death or Disappearance of the Insured person within 12 months from the date of the accident then, We agree to pay an amount equivalent to base "In-patient Hospitalization Treatment" Sum Insured as specified in the Policy Schedule to Your Nominee named in the Schedule.

This cover is only applicable and available for the proposer who is also the Insured Person, subject to he/she opting for the Policy prior to 50 years of age at first inception of AapKe Liye- Bihar & Jharkhand Policy with Us.

If at any time, after the payment of the Accidental Death benefit, it is discovered that the Insured Person is still alive, all payments made by Us under this cover shall be refunded by the Insured Person and beneficiary in full to the Company.

## **SECTION D) WAITING PERIOD AND EXCLUSIONS**

### **I. Waiting Period**

#### **1. Pre-Existing Disease Waiting Period (Excl01):**

- Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first AapKe Liye- Bihar & Jharkhand Policy and the Policy Schedule with Us. The PED waiting period as opted would be specified on the Policy Schedule.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increased.
- If the Insured is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the Policy after the expiry of the waiting period of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

#### **2. Specific Disease/Procedure Waiting Period (Excl02):**

- Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first AapKe Liye- Bihar & Jharkhand Policy and the Policy Schedule with Us. This exclusion shall not be applicable for claims arising due to an Accident. The Specified Disease/Procedure Waiting Period as opted would be specified on the Policy Schedule. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- If the Insured is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- List of specific diseases/procedures/ surgeries/treatments is as below

1. All types of Organ Transplantation	2. Cataract and posterior segment diseases
3. Any type of Anal Fistula, Piles, Fissure	4. All types of Hysterectomy
5. Open/Transurethral resection of Prostate	6. Hydrocele and Hernia of all types
7. Genitourinary calculi	8. Surgery for tonsils/adenoids/paranasal sinuses, DNS, non-traumatic conditions of ear and salivary glands

9. Benign tumours/cysts/nodules/polyps of any kind, including breast lumps	10. Cholecystectomy
11. All forms of Cirrhosis, Hepatitis, Benign Pancreatic-biliary disorders and IBD	12. Chronic Renal Dysfunction and Auto-immune Diseases
13. Surgery for Vascular Aneurysm, AVM, Fistula, Varicose Veins and Varicose Ulcers	14. All types of Arthroplasty and related procedures
15. Dementia, Alzheimer's Disease and degenerative vertebral joint diseases	16. Congenital internal anomalies, elective surgery for replacement of Cardiac Valves
17. Correction of Myopia greater or equal to 7.5 as recommended by Ophthalmologist for medical reasons	18. Bariatric Surgery

### 3. 30 Days Waiting Period (Excl03)

- Expenses related to the treatment of any Illness within 30 days as per the option specified in the Policy Schedule from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- This exclusion shall not, however apply if the Insured Person has continuous coverage for more than twelve months.
- The within referred Waiting Period is made applicable to extent of the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

## II. General Exclusions

### 1. Investigation & Evaluation (Code-Excl04)

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

### 2. Rest Cure, rehabilitation and respite care (Code-Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

### 3. Obesity/Weight Control (Code-Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI);
  - greater than or equal to 40 or
  - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - Obesity-related cardiomyopathy
    - Coronary heart disease
    - Severe Sleep Apnea
    - Uncontrolled Type2 Diabetes

### 4. Change-of-gender treatments (Code-Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

### 5. Cosmetic or plastic Surgery (Code-Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

### 6. 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.

### 7. 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.



**8. 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 Policy Holder/Insured Person 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.

**9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).****10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)****11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalisation claim or day care procedure. (Code-Excl14)****12. Refractive Error (Code-Excl15)**

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

**13. 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.

**14. Sterility and Infertility (Code-Excl17)**

Expenses related to sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational Surrogacy
- d) Reversal of sterilization

**15. Maternity: (Code Excl18)**

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Cover Period.

**III. Specific Exclusions**

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization.
2. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
3. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and similar expenses.
4. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
5. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
6. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
7. All non-medical Items as per Annexure II
8. Any medical treatment received outside India is not covered under this Policy.
9. Circumcision unless required for the treatment of Illness or Accidental bodily injury.
10. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies.

**IV. Specific Exclusions applicable for "Accidental Death Cover"**

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following

1. Accidental Bodily Injury that You named in the schedule, meets with/sustain-
  - a. Through suicide, attempted suicide or self-inflicted injury or illness.
  - b. While under the influence of liquor or drugs.
  - c. Arising or resulting from the Insured Person committing any breach of law with criminal intent.
  - d. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
  - e. As a result of any curative treatments or interventions that you carry out or have carried out on your body.
  - f. Arising out of your participation in any naval, military or air force operations whether in the form of military

- exercises or war games or actual engagement with the enemy, whether foreign or domestic.
- g. Whilst engaging in aviation or ballooning. Whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
2. Consequential losses of any kind or Insured Person's actual or alleged legal liability.
  3. Any injury/disablement/death directly or indirectly arising out of or contributed to any Pre-Existing Disease.
  4. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
  5. Nuclear energy, radiation.

## **SECTION E) GENERAL TERMS AND CONDITIONS – STANDARD GENERAL TERMS AND CONDITIONS**

### **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, misdescription or non-disclosure of any material fact by Policyholder/ Insured.

### **2. Condition Precedent to Admission of Liability**

The due observance and fulfilment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

### **3. Premium Payment in Installments**

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term policies only), Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. The Grace Period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- ii. If the Policy is renewed during Grace Period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the Policy shall be protected.
- iii. If the premium is paid in instalments during the Policy Period, coverage will be available for the Grace Period also.
- iv. 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.
- v. No interest will be charged if the instalment premium is not paid on due date.
- vi. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.
- vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- viii. The Company has the right to recover and deduct all the pending installments from the claim amount due under the Policy.

### **4. Multiple Policies**

- i. In case of multiple health policies taken by an Insured Person during a Policy Period from the same or one or more insurers to indemnify medical 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.
- ii. Insured Person having multiple policies shall also have the right to prefer claims under the 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 the Policy.
- iii. 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.
- iv. 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 chosen policy.

### **5. Claim Settlement (provision for Penal Interest)**

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest, to the Insured Person from the date of receipt of last necessary document to the date of payment of claim, at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 15 days, the Company shall be liable to pay interest, to the Insured Person, at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.  
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).

### **6. Renewal of Policy**

The Policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person provided the Policy is not withdrawn and also subject to Clause 11 (Moratorium Period). The Company is not bound to give notice that it is due for Renewal.

- i. Renewal of Policy shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding

**Policy Years.**

- ii. Request for Renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy Schedule. Coverage is not available during the Grace Period.
- iv. If not renewed within Grace Period after due Renewal date, continuity benefits will not be given or available to Insured.
- v. No loading shall apply on renewals based on individual claims experience.

**7. Cancellation**

**(A) Cancellation by the Policyholder**

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company shall refund the premium for the unexpired Policy Period as detailed below:

- Cancellation of Policy where full premium received at Policy inception -
- Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the Policy Year.
- Multi-year Policy:  
For any Policy Year where the risk date has not yet started, the premium will be refunded without any deduction.  
For any Policy Year where the risk has started, the premium will be refunded on a pro-rata basis for that Policy Year, provided no claim has been made during the Policy Year and in full for future Policy Years.
- Cancellation of Policy where Premium Received on Instalment Basis  
The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the Policy Year.

(B) Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

**(C) Cancellation by the Company**

The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/Insured Person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

**8. Portability**

The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the Policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Portability.

For Detailed Guidelines on Portability, kindly refer the link <https://irdai.gov.in/documentdetails?documentsId=393128> (Please note referred link is of the IRDAI website and subject to change from time to time.)

**9. Complete discharge**

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**10. Possibility of Revision of Terms**

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 affected.

**11. Moratorium Period**

After completion of sixty continuous months of coverage (including portability and migration) no look back would be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and 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. After the expiry of Moratorium Period no claim under this policy shall be contestable except on the ground of established fraud and permanent exclusions specified in the Policy. The policies would however be subject to all limits, sub limits, co- payments and deductibles as per the Policy.

**12. Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured about the same 90 days prior to expiry of the Policy.
- ii. 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.

**13. Fraud**

- i. If any claim made by the Insured Person, 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 or anyone acting on his/her behalf to obtain any benefit under the Policy, all benefits under the Policy and the premium paid shall be forfeited.
- ii. Any amount already paid against claims which are found fraudulent later under the Policy shall be repaid by all Insured person(s) named in Policy Schedule, who shall be jointly and severally liable for such repayment.
- iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the Insurer or to induce the Insurer to issue 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
- iv. The Company shall not repudiate the claim under Policy on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer. Onus of disproving is upon the Insured Person, if alive, or beneficiaries.

**14. Nomination**

The Insured/ Policyholder 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 Insured Person. 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. For Claim settlement under reimbursement, the Company will pay the Insured Person. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy/Policy Schedule/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

**15. Redressal of Grievance**

Grievance—In case of any grievance relating to servicing the Policy, the Insured Person may submit in writing to the Policy Schedule issuing office or regional office for redressal.

For updated details of Grievance officer, <https://bajajallianz.com/about-us/customer-service.html>

IRDAI Integrated Grievance Management System – <https://igms.irdai.gov.in/>

E-mail: a. Level 1: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in) and for senior citizens to [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in) b. Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at [ggro@bajajallianz.co.in](mailto:ggro@bajajallianz.co.in) c. Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back. 5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance

Insurance Ombudsman – The Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-V.

**16. Free Look Period**

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of Porting the Policy. The Insured Person shall be allowed a period of thirty 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 Person has not made any claim during the Free Look Period, the Insured Person shall be entitled to

- i. 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
- ii. where the risk has already commenced and the option of return of the Policy Schedule is exercised by the Insured Person, a deduction towards the proportionate risk premium for the period of cover, or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period of cover;

**SECTION E) GENERAL TERMS AND CONDITIONS – SPECIFIC TERMS AND CONDITIONS****1. Condition Precedent**

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

**2. Insured Person**

Only those persons named as the Insured Person(s) in the Policy Schedule shall be covered under the Policy. Cover under the Policy shall be withdrawn from any Insured Person upon such Insured Person giving 14 days written notice to be received by Us.

**3. Norms on Migration**

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company

by applying for migration of the Policy Schedule at least 30 days before the Policy renewal date as per IRDAI guidelines on Migration. If such Insured Person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. All revised guidelines of IRDAI from time to time as to Migration shall apply.

For Details Guidelines on Portability, kindly refer the link <https://irdai.gov.in/documentdetails?documents=393128> (Please note referred link is of the IRDAI website and subject to change from time to time)

**Note-** In case the sum insured/ sub-limit is higher than the expiring plan then the waiting periods shall apply afresh to the extent of sum insured/ sub-limit increase.

#### **4. Notice & Communication**

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured Person at the address or through any other electronic mode mentioned in the Policy Schedule.

#### **5. Endorsements (Changes in Policy)**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except by the Insurer. Any change that the Insurer make will be evidenced by a written Endorsement signed and stamped by the Insurer.

#### **6. Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

#### **7. Automatic change in Coverage under the Policy**

The coverage for the Insured Person(s) shall automatically terminate:

- i. In the case of his/ her (Insured Person) demise. However, the cover shall continue for the remaining Insured Beneficiaries till the end of Policy Period. The other Insured Beneficiaries may also apply to renew the Policy Schedule. In case, the other Insured Person is minor, the Policy Schedule shall be renewed only through any one of his/her natural guardian or guardians appointed by court. All relevant particulars in respect of such person (including his/her relationship with the Insured Person) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Person, pro-rata refund of premium of the deceased Insured Person for the balance period of the Policy Schedule will be effective.
- ii. Upon exhaustion of Sum Insured and cumulative bonus, for the Policy Year. However, the **Policy** is subject to Renewal on the due date as per the applicable terms and conditions.

#### **8. Arbitration**

Arbitration Clause shall not be applicable.

#### **9. Discounts**

- i. **Loyalty discount:** Discount of 5% shall be offered if the Insured Person is having any of the listed active Bajaj Allianz General Insurance Co. Ltd.'s retail policy of Motor, Health, Home, Personal Accident, Cyber and Pet Insurance with a minimum premium of INR 2500.
- ii. **Family Discount:** 10% family discount shall be offered if 2 eligible Family Members are covered under a single Policy and 15 % if more than 2 of any of the eligible Family Members are covered under a single Policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies. Family discount is not applicable to AapKe Liye- Bihar & Jharkhand Floater Policies.
- iii. **Employee Discount:** 20% discount on published premium rates will be applicable for the Company's employees and employees of group companies, employees of Corporate customers of Bajaj Allianz General Insurance Co. Ltd. provided the Policy is booked in direct code. This discount shall also be applicable to Intermediaries of Bajaj Allianz General Insurance Co. Ltd. for their own policies booked under Direct code, provided that the Intermediaries themselves are covered under the Policy and any other partner Viz. Bank, Financial Institutions.
- iv. **Online/Direct Business Discount:** Discount of 5% will be offered in this product for policies underwritten through direct/online channel.  
Note: this discount is not applicable for Employees who get employee discount.
- v. **Long Term Policy Discount:** applicable in case of where the entire premium amount is paid in single payment for Policy Period of more than one year
  - a. 4 % discount is applicable if Policy is opted for 2 years
  - b. 8 % discount is applicable if Policy is opted for 3 years
- vi. **Credit Score Based discounting**  
This discount is available at Inception and the same discount will continue for all subsequent renewals. This discount can be



availed only if proposer is also one of the insured under the policy. Credit Score discount is not applicable for NRIs/ OCIs. This will not apply to policies where premium is paid in instalments. This relativity is applicable only for Direct Business (excluding Employee where no commission is paid) basis the customer's Credit Score.

**vii. Voluntary Co-pay Discount:**

- If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is opted, then Insured Person will be eligible for discount 5% /10% / 15% or 20% on the Policy premium.
- If a claim has been admitted under Section C 1) In-patient Hospitalization Treatment then, the Insured Person shall bear 5%/ 10% / 15% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

**viii. Voluntary Aggregate Deductible Discount:**

- If opted voluntarily and mentioned on the Policy Schedule that an Aggregate Deductible is opted, then Insured Person will be eligible for discount on the policy premium as per the table below.
- If Voluntary Aggregate Deductible is opted, We hereby agree to pay Reasonable & Customary Medical Expenses in respect of an admissible Hospitalization claim in excess of the Annual Aggregate Deductible as opted by Insured Person subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise

Deductible	SI	Aggregate Deductible Discount %	Deductible	SI	Aggregate Deductible Discount %
10,000	5,00,000	8.8%	50,000	5,00,000	44.1%
10,000	7,50,000	7.8%	50,000	7,50,000	39.0%
10,000	10,00,000	7.0%	50,000	10,00,000	34.8%
10,000	15,00,000	6.4%	50,000	15,00,000	32.0%
10,000	20,00,000	6.1%	50,000	20,00,000	30.5%
20,000	5,00,000	17.6%	1,00,000	5,00,000	64.3%
20,000	7,50,000	15.6%	1,00,000	7,50,000	55.3%
20,000	10,00,000	13.9%	1,00,000	10,00,000	50.6%
20,000	15,00,000	12.8%	1,00,000	15,00,000	46.9%
20,000	20,00,000	12.2%	1,00,000	20,00,000	44.5%
30,000	5,00,000	26.4%	2,00,000	5,00,000	77.3%
30,000	7,50,000	23.4%	2,00,000	7,50,000	61.7%
30,000	10,00,000	20.9%	2,00,000	10,00,000	60.3%
30,000	15,00,000	19.2%	2,00,000	15,00,000	57.0%
30,000	20,00,000	18.3%	2,00,000	20,00,000	53.3%
40,000	5,00,000	35.3%	3,00,000	5,00,000	81.2%
40,000	7,50,000	31.2%	3,00,000	7,50,000	65.0%
40,000	10,00,000	27.8%	3,00,000	10,00,000	63.9%
40,000	15,00,000	25.6%	3,00,000	15,00,000	62.7%
40,000	20,00,000	24.4%	3,00,000	20,00,000	58.0%

Note: Voluntary Co-payment is not applicable if Voluntary Aggregate Deductible is opted.

**10. Pre-policy check-up**

Age of the person to be insured	PED Declaration	Medical Examination
Up to 50 years	NO Adverse history	No Medical Tests*(Subject to Nil PED)
	Health declaration/PED	Tele Health Verification. Further referral to VHC basis case specific criteria
Age 51 - 65 year	With/without adverse history	Tele Health Verification. Further referral to VHC basis case specific criteria
Age 66 year and above	With/without adverse history	Vital Health Check-up(VHC)

- Medical Tests listed under AapKe Liye- Bihar & Jharkhand VHC only will be 100% reimbursed if proposal is accepted.
- VHC consists of – Full Medical Report, ECG, Complete Blood Count, Erythrocyte Sedimentation Rate, Liver Function Test, Renal Function Test, Lipid profile.
- Cost of any other test advised for health risk evaluation shall be born by customer

#### **11. Medical Underwriting:**

The Company may add a risk loading to the premium applicable for the person to be insured, based on the information provided in the proposal form and the health status of those person to be insured.

- i. The maximum risk loading for any individual for all conditions put together will not exceed 200% per insured person.
- ii. Such loading will be intimated to the customer and consent shall be taken before Policy is issued.
- iii. This loading will take effect from the Policy's Commencement Date and will apply to any subsequent renewals with the Company.

#### **12. Sum Insured Enhancement:**

- i. The **Insured Person** can apply for enhancement of **Sum Insured** at the time of renewal. You can apply for enhancement of **Sum Insured** by submitting a fresh proposal form to the Company.
- ii. The acceptance of enhancement of **Sum Insured** would be at the discretion of the Company, based on the health condition of the **Insured Person(s)** & claim history of the Policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced **Sum Insured** limit from the effective date of enhancement of such **Sum Insured** considering such Policy Period as the first Policy with the Company.

#### **13. Inclusion of members under the Policy:**

Where an Insured Person is added to this Policy, either by way of Endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for that newly added Insured Person.

#### **14. Territorial Limits & Governing Law**

- i. We cover Medical Expenses for treatment availed within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an Endorsement on the Schedule.
- iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.
- iv. All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy/Policy Schedule shall be determined by the Indian court and according to Indian law.

#### **15. Paying a Claim**

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. If the Insurer, for any reasons decides to reject the claim under the Policy the reasons regarding the rejection shall be communicated to the Insured Person in writing within 30 days of the receipt of documents. The Insured Person may take recourse to the Grievance Redressal procedure stated under Policy.

#### **16. Basis of Claim Payment**

- i. If You suffer a relapse within 45 days from the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- ii. The day care procedures listed below in this Policy are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
- iii. We shall make payment in Indian Rupees only.
- iv. In-patient Treatment for Mental Illness: (As specified in Annexure III) shall be covered up to Base Sum Insured subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions.

#### **17. Cost Sharing and Sub limits**

- I. **Voluntary co-payment:** If opted voluntarily by You, You shall bear 5%/10%/ 15%/20% of co-payment for each and every claim payable under the “**In-Patient Hospitalization Treatment**” section and Our liability, if any, shall only be in excess of that sum. Voluntary Co-payment will not be applied on the claim related to procedures for which sublimit is already applied as per Policy terms and conditions

- II. **Voluntary Aggregate Deductible**

We shall pay Reasonable & Customary **Medical Expenses** in respect of an admissible Hospitalization claim in excess of the Annual Aggregate Deductible limit of 10000/ 20000/ 30000/ 40000/ 50000/ 1Lac/2Lacs /3Lacs, as opted by You, subject to the “**In-Patient Hospitalization Treatment**” section **Sum Insured**, terms, conditions and definitions, exclusions contained or otherwise. The deductible is applicable in aggregate towards all claims falling under “**In-Patient Hospitalization Treatment**” **Sum Insured** incurred during the policy period.

Note: Voluntary Co-payment is not applicable if Voluntary Aggregate Deductible is opted.

- III. **Cataract Limit**- Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 24 months period referred to in Exclusion 02) above, shall be restricted to 10% of the Sum Insured for each eye, subject to maximum of Rs 50,000/- for each of You.

Note: If Procedure Wise/ Disease Wise Sub-Limit cover is opted, the inbuilt sub limit for Cataract procedure will be null and void and the sub-limit as per optional cover shall be applicable.

**18. Nationality**

Indian nationals residing in India would be considered for this Policy

**SECTION E) GENERAL TERMS AND CONDITIONS – OTHER TERMS AND CONDITIONS**

**19. Claim Procedure**

All Claims will be settled by In house claims settlement team of the Company and no TPA is engaged. However the Company reserve its right to engage TPA at any time, at the sole discretion of the Company.

If You meet with any Accidental Bodily **Injury** or suffer an **Illness** that may result in a claim, then as a condition precedent to Our liability, You must comply with the following

**A. Cashless Claims Procedure**

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You:

- For planned treatment or Hospitalization, prior to taking treatment and/or incurring **Medical Expenses** at a Network Hospital, You or Your representative must intimate Us 48 hours before the planned Hospitalization and request pre-authorization by way of the written form.
- After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
- If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section C1-In-Patient Hospitalization Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for **Medical Expenses** and accordingly coverage will be determined according to the terms and conditions of this Policy.
- In case any treatment or procedure is to be taken on an Emergency basis, You or Your representative must intimate Us in writing immediately within 24 hours of hospitalization.

**B. Reimbursement Claim Procedure**

If Pre-authorization as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

- You or some one claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization
- You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost
- You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- In the event of the death of the Insured Person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days.
- If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted.

**\*Note:** In case You are claiming for the same event under an indemnity based Policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**\*\*Note:** Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

**List of Claim Documents**

- Claim form with NEFT details & cancelled cheque duly signed by **Insured Person**
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers, if available
- Original/Attested copies Final Hospital Bill with break up of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.

- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating **Medical Practitioner** certificate to transfer the Injured person to a higher medical Centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.

Please send the documents on below address Bajaj Allianz General Insurance Company Ltd. 2nd Floor, Bajaj Finserv Building, Behind Weikfield IT park,  
Off Nagar Road, Viman Nagar  
Pune 411014| Toll free: 1800-209-5858, 1800-209-0144

**Annexure I: List of Day Care Procedures:**

Ent	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty (Type I Tympanoplasty)	205 Incision Of A Pilonidal Sinus / Abscess
3 Revision Stapedotomy	206 Axillary Lymphadenectomy
4 Labyrinthectomy For Severe Vertigo	207 Wound Debridement And Cover
5 Stapedotomy Under Ga	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical Lymphadenectomy
7 Myringotomy With Grommet Insertion	210 Infected Sebaceous Cyst
8 Tympanoplasty (Type Iii)	211 Inguinal Lymphadenectomy
9 Stapedectomy Under La	212 Incision And Drainage Of Abscess
10 Revision Of The Fenestration Of The Inner Ear	213 Suturing Of Lacerations
11 Tympanoplasty (Type Iv)	214 Scalp Suturing
12 Endolymphatic Sac Surgery For Meniere's Disease	215 Infected Lipoma Excision
13 Turbinectomy	216 Maximal Anal Dilatation
14 Removal Of Tympanic Drain Under La	217 Piles
15 Endoscopic Stapedotomy	A)InjectionSclerotherapy
16 Fenestration Of The Inner Ear	B)Piles Banding
17 Incision And Drainage Of Perichondritis	218 Liver Abscess- Catheter Drainage
18 Septoplasty	219 Fissure In Ano- Fissurectomy
19 Vestibular Nerve Section	220 Fibro adenoma Breast Excision
20 Thyroplasty Type I	221 Oesophageal Varices Sclerotherapy
21 Pseudocyst Of The Pinna - Excision	222 Ercp - Pancreatic Duct Stone Removal
22 Incision And Drainage - Haematoma Auricle	223 Perianal Abscess I&D
23 Tympanoplasty (Type Ii)	224 Perianal Hematoma Evacuation
24 Keratosis Removal Under Ga	225 Fissure In Anosphincterotomy
25 Reduction Of Fracture Of Nasal Bone	226 Ugi Scopy And Polypectomyoesophagus
26 Excision And Destruction Of Lingual Tonsils	227 Breast Abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type Ii	229 Oesophagoscopy And Biopsy Of Growth Oesophagus
29 Tracheostomy	230 Ugi Scopy And Injection Of Adrenaline, Sclerosants - Bleeding Ulcers
30 Excision Of Angioma Septum	231 Ercp - Bile Duct Stone Removal
31 Turbinoplasty	232 Ileostomy Closure
32 Incision & Drainage Of Retro Pharyngeal Abscess	233 Colonoscopy
33 Uvulopalatopharyngoplasty	234 Polypectomy Colon
34 Palatoplasty	235 Splenic Abscesses Laparoscopic Drainage

35 Tonsillectomy Without Adenoidectomy	236 Ugi Scopy And Polypectomy Stomach
36 Adenoidectomy With Grommet Insertion	237 Rigid Oesophagoscopy For Fb Removal
37 Adenoidectomy Without Grommet Insertion	238 Feeding Jejunostomy
38 Vocal Cord Lateralisation Procedure	239 Colostomy
39 Incision & Drainage Of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral Incision And Drainage Of A Pharyngeal Abscess	241 Colostomy Closure
41 Tonsillectomy With Adenoidectomy	242 Submandibular Salivary Duct Stone Removal
42 Tracheoplasty Ophthalmology	243 Pneumatic Reduction Of Intussusception
43 Incision Of Tear Glands	244 Varicose Veins Legs - Injection Sclerotherapy
44 Other Operation On The Tear Ducts	245 Rigid Oesophagoscopy For Plummer Vinson Syndrome
45 Incision Of Diseased Eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision And Destruction Of The Diseased Tissue Of The Eyelid	247 Zadek's Nail Bed Excision
47 Removal Of Foreign Body From The Lens Of The Eye.	248 Subcutaneous Mastectomy
48 Corrective Surgery Of The Entropion And Ectropion	249 Excision Of Ranula Under Ga
49 Operations For Pterygium	250 Rigid Oesophagoscopy For Dilation Of Benign Strictures
50 Corrective Surgery Of Blepharoptosis	251 Eversion Of Sac
51 Removal Of Foreign Body From Conjunctiva	A) Unilateral
52 Biopsy Of Tear Gland	B) Bilateral
53 Removal Of Foreign Body From Cornea	252 Lord's Plication
54 Incision Of The Cornea	253 Jaboulay's Procedure
55 Other Operations On The Cornea	254 Scrotoplasty
56 Operation On The Canthus And Epicanthus	255 Surgical Treatment Of Varicocele
57 Removal Of Foreign Body From The Orbit And The Eye Ball.	256 Epididymectomy
58 Surgery For Cataract	257 Circumcision For Trauma
59 Treatment Of Retinal Lesion	258 Meatoplasty
60 Removal Of Foreign Body From The Posterior Chamber Of The Eye	259 Intersphincteric Abscess Incision And Drainage
<b>Oncology</b>	260 Psoas Abscess Incision And Drainage
61 Iv Push Chemotherapy	261 Thyroid Abscess Incision And Drainage
62 Hbi-Hemibody Radiotherapy	262 Tips Procedure For Portal Hypertension
63 Infusional Targeted Therapy	263 Esophageal Growth Stent
64 Srt-Stereotactic Arc Therapy	264 Pair Procedure Of Hydatid Cyst Liver
65 Sc Administration Of Growth Factors	265 Tru Cut Liver Biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
67 Infusional Chemotherapy	267 Excision Of Cervical Rib
68 Ccrt-Concurrent Chemo + Rt	268 Laparoscopic Reduction Of Intussusception
69 2d Radiotherapy	269 Microdochectomy Breast
70 3d Conformal Radiotherapy	270 Surgery For Fracture Penis
71 Igrt- Image Guided Radiotherapy	271 Sentinel Node Biopsy
72 Imrt- Step & Shoot	272 Parastomal Hernia
73 Infusional Bisphosphonates	273 Revision Colostomy
74 Imrt- Dmlc	274 Prolapsed Colostomy- Correction
75 Rotational Arc Therapy	275 Testicular Biopsy



76 Tele Gamma Therapy	276 Laparoscopic Cardiomyotomy( Hellers)
77 Fsrt-Fractionated Srt	277 Sentinel Node Biopsy Malignant Melanoma
78 Vmat-Volumetric Modulated Arc Therapy	278 Laparoscopic Pyloromyotomy( Ramstedt)
79 Sbrt-Stereotactic Body Radiotherapy	<b>Orthopedics</b>
80 Helical Tomotherapy	279 Arthroscopic Repair Of Acl Tear Knee
81 Srs-Stereotactic Radiosurgery	280 Closed Reduction Of Minor Fractures
82 X-Knife Srs	281 Arthroscopic Repair Of Pcl Tear Knee
83 Gammaknife Srs	282 Tendon Shortening
84 Tbi- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 Intraluminal Brachytherapy	284 Treatment Of Clavicle Dislocation
86 Electron Therapy	285 Arthroscopic Meniscus Repair
87 Tset-Total Electron Skin Therapy	286 Haemarthrosis Knee- Lavage
88 Extracorporeal Irradiation Of Blood Products	287 Abscess Knee Joint Drainage
89 Telecobalt Therapy	288 Carpal Tunnel Release
90 Telecesium Therapy	289 Closed Reduction Of Minor Dislocation
91 External Mould Brachytherapy	290 Repair Of Knee Cap Tendon
92 Interstitial Brachytherapy	291 Orif With K Wire Fixation- Small Bones
93 Intracavity Brachytherapy	292 Release Of Midfoot Joint
94 3d Brachytherapy	293 Orif With Plating- Small Long Bones
95 Implant Brachytherapy	294 Implant Removal Minor
96 Intravesical Brachytherapy	295 K Wire Removal
97 Adjuvant Radiotherapy	296 Pop Application
98 Afterloading Catheter Brachytherapy	297 Closed Reduction And External Fixation
99 Conditioning Radiotherapy For Bmt	298 Arthrotomy Hip Joint
100 Extracorporeal Irradiation To The Homologous Bone Grafts	299 Syme's Amputation
101 Radical Chemotherapy	300 Arthroplasty
102 Neoadjuvant Radiotherapy	301 Partial Removal Of Rib
103 Ldr Brachytherapy	302 Treatment Of Sesamoid Bone Fracture
104 Palliative Radiotherapy	303 Shoulder Arthroscopy / Surgery
105 Radical Radiotherapy	304 Elbow Arthroscopy
106 Palliative Chemotherapy	305 Amputation Of Metacarpal Bone
107 Template Brachytherapy	306 Release Of Thumb Contracture
108 Neoadjuvant Chemotherapy	307 Incision Of Foot Fascia
109 Adjuvant Chemotherapy	308 Calcaneum Spur Hydrocort Injection
110 Induction Chemotherapy	309 Ganglion Wrist Hyalase Injection
111 Consolidation Chemotherapy	310 Partial Removal Of Metatarsal
112 Maintenance Chemotherapy	311 Repair / Graft Of Foot Tendon
113 Hdr Brachytherapy	312 Revision/Removal Of Knee Cap
<b>Plastic Surgery</b>	313 Amputation Follow-Up Surgery
114 Construction Skin Pedicle Flap	314 Exploration Of Ankle Joint
115 Gluteal Pressure Ulcer-Excision	315 Remove/Graft Leg Bone Lesion
116 Muscle-Skin Graft, Leg	316 Repair/Graft Achilles Tendon
117 Removal Of Bone For Graft	317 Remove Of Tissue Expander
118 Muscle-Skin Graft Duct Fistula	318 Biopsy Elbow Joint Lining
119 Removal Cartilage Graft	319 Removal Of Wrist Prosthesis

120 Myocutaneous Flap	320 Biopsy Finger Joint Lining
121 Fibro Myocutaneous Flap	321 Tendon Lengthening
122 Breast Reconstruction Surgery After Mastectomy	322 Treatment Of Shoulder Dislocation
123 Sling Operation For Facial Palsy	323 Lengthening Of Hand Tendon
124 Split Skin Grafting Under Ra	324 Removal Of Elbow Bursa
125 Wolfe Skin Graft	325 Fixation Of Knee Joint
126 Plastic Surgery To The Floor Of The Mouth Under Ga	326 Treatment Of Foot Dislocation
<b>Urology</b>	327 Surgery Of Bunion
127 Av Fistula - Wrist	328 Intra Articular Steroid Injection
128 Ursl With Stenting	329 Tendon Transfer Procedure
129 Ursl With Lithotripsy	330 Removal Of Knee Cap Bursa
130 Cystoscopiclitholapaxy	331 Treatment Of Fracture Of Ulna
131 Eswl	332 Treatment Of Scapula Fracture
132 Haemodialysis	333 Removal Of Tumor Of Arm/ Elbow Under Ra/Ga
133 Bladder Neck Incision	334 Repair Of Ruptured Tendon
134 Cystoscopy & Biopsy	335 Decompress Forearm Space
135 Cystoscopy And Removal Of Polyp	336 Revision Of Neck Muscle ( Torticollis Release )
136 Suprapubiccystostomy	337 Lengthening Of Thigh Tendons
137 Percutaneous Nephrostomy	338 Treatment Fracture Of Radius & Ulna
139 Cystoscopy And "Sling" Procedure.	339 Repair Of Knee Joint Paediatric Surgery
140 Tuna- Prostate	340 Excision Juvenile Polyps Rectum
141 Excision Of Urethral Diverticulum	341 Vaginoplasty
142 Removal Of Urethral Stone	342 Dilatation Of Accidental Caustic Stricture Oesophageal
143 Excision Of Urethral Prolapse	343 Presacralteratomas Excision
144 Mega-Ureter Reconstruction	344 Removal Of Vesical Stone
145 Kidney Renoscopy And Biopsy	345 Excision Sigmoid Polyp
146 Ureter Endoscopy And Treatment	346 Sternomastoidtenotomy
147 Vesico Ureteric Reflux Correction	347 Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
148 Surgery For Pelvi Ureteric Junction Obstruction	348 Excision Of Soft Tissue Rhabdomyosarcoma
149 Anderson Hynes Operation	349 Mediastinal Lymph Node Biopsy
150 Kidney Endoscopy And Biopsy	350 High Orchidectomy For Testis Tumours
151 Paraphimosis Surgery	351 Excision Of Cervical Teratoma
152 Injury Prepuce- Circumcision	352 Rectal-Myomectomy
153 Frenular Tear Repair	353 Rectal Prolapse (Delorme's Procedure)
154 Meatotomy For Meatal Stenosis	354 Orchidopexy For Undescended Testis
155 Surgery For Fournier's Gangrene Scrotum	355 Detorsion Of Torsion Testis
156 Surgery Filarial Scrotum	356 Lap.Abdominal Exploration In Cryptorchidism
157 Surgery For Watering Can Perineum	357 Eua + Biopsy Multiple Fistula In Ano
158 Repair Of Penile Torsion	358 Cystic Hygroma - Injection Treatment
159 Drainage Of Prostate Abscess	359 Excision Of Fistula-In-Ano
160 Orchiectomy	<b>Gynaecology</b>
161 Cystoscopy And Removal Of Fb	360 Hysteroscopic Removal Of Myoma
<b>Neurology</b>	361 D&C
162 Facial Nerve Physiotherapy	362 Hysteroscopic Resection Of Septum

163 Nerve Biopsy	363 Thermal Cauterisation Of Cervix
164 Muscle Biopsy	364 Mirena Insertion
165 Epidural Steroid Injection	365 Hysteroscopicadhesiolysis
166 Glycerol Rhizotomy	366 Leep
167 Spinal Cord Stimulation	367 Cryocauterisation Of Cervix
168 Motor Cortex Stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic Resection Of Fibroid
170 Percutaneous Cordotomy	370 Lletz
171 Intrathecal Baclofen Therapy	371 Conization
172 Entrapment Neuropathy Release	372 Polypectomy Cervix
173 Diagnostic Cerebral Angiography	373 Hysteroscopic Resection Of Endometrial Polyp
174 Vp Shunt	374 Vulval Wart Excision
175 Ventriculoatrial Shunt	375 Laparoscopic Paraovarian Cyst Excision
<b>Thoracic Surgery</b>	376 Uterine Artery Embolization
176 Thoracoscopy And Lung Biopsy	377 Bartholin Cyst Excision
177 Excision Of Cervical Sympathetic Chain Thoracoscopic	378 Laparoscopic Cystectomy
178 Laser Ablation Of Barrett's Oesophagus	379 Hymenectomy( Imperforate Hymen)
179 Pleurodesis	380 Endometrial Ablation
180 Thoracoscopy And Pleural Biopsy	381 Vaginal Wall Cyst Excision
181 Ebus + Biopsy	382 Vulval Cyst Excision
182 Thoracoscopy Ligation Thoracic Duct	383 Laparoscopic Paratubal Cyst Excision
183 Thoracoscopy Assisted Empyema Drainage	384 Repair Of Vagina ( Vaginal Atresia )
<b>Gastroenterology</b>	385 Hysteroscopy, Removal Of Myoma
184 Pancreatic Pseudocyst Eus & Drainage	386 Turbt
185 Rf Ablation For Barrett'soesophagus	387 Ureterocoele Repair - Congenital Internal
186 Ercp And Papillotomy	388 Vaginal Mesh For Pop
187 Esophagoscope And Sclerosant Injection	389 Laparoscopic Myomectomy
188 Eus + Submucosal Resection	390 Surgery For Sui
189 Construction Of Gastrostomy Tube	391 Repair Recto- Vagina Fistula
190 Eus + Aspiration Pancreatic Cyst	392 Pelvic Floor Repair( Excluding Fistula Repair)
191 Small Bowel Endoscopy (Therapeutic)	393 Urs + LI
192 Colonoscopy ,Lesion Removal	394 Laparoscopic Oophorectomy
193 Ercp	<b>Critical Care</b>
194 Colonscopy Stenting Of Stricture	395 Insert Non- Tunnel Cv Cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert Picc Cath ( Peripherally Inserted Central Catheter )
196 Eus And Pancreatic Pseudo Cyst Drainage	397 Replace Picc Cath ( Peripherally Inserted Central Catheter )
197 Ercp And Choledochoscopy	398 Insertion Catheter, Intra Anterior
198 Proctosigmoidoscopy Volvulus Detorsion	399 Insertion Of Portacath
199 Ercp And Sphincterotomy	
200 Esophageal Stent Placement	
201 Ercp + Placement Of Biliary Stents	
202 Sigmoidoscopy W / Stent	
203 Eus + Coeliac Node Biopsy	

NOTE:

i. Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions.

ii. The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

**Annexure II:-**

**List 1: List of Non-Medical Items**

S No	Item
1	Baby Food
2	Baby Utilities Charges
3	Beauty Services
4	Buds
5	Carry Bags
6	Email / Internet Charges
7	Food Charges (Other Than Patient's Diet Provided By Hospital)
8	Laundry Charges
9	Mineral Water
10	Sanitary Pad
11	Telephone Charges
12	Guest Services
13	Diaper Of Any Type
14	Television Charges
15	Attendant Charges
16	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)
17	Birth Certificate
18	Certificate Charges
19	Courier Charges
20	Conveyance Charges
21	Medical Certificate
22	Medical Records
23	Photocopies Charges
24	Diabetic Foot Wear
25	Private Nurses Charges - Special Nursing Charges
26	Sugar Free Tablets
27	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals)

**List II - Items that are to be subsumed into Room Charges**

S. 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 Fresheners
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	Pulse oximeter Charges

**List III- Items that are to be subsumed into Procedure Charges**

S. No.	Item
1	Hair Removal Cream
2	Disposables Razors Charges (For Site Preparations)
3	Eye Pad
4	Eye Shield
5	Camera Cover
6	DVD/CD Charges
7	Gauze Soft
8	Gauze
9	Ward And Theatre Booking Charges
10	Arthroscopy And Endoscopy Instruments
11	Microscope Cover
12	Surgical Blades, Harmonic scalpel, 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	Ortho bundle, Gynaec Bundle

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

S. No.	Item
1	Admission/Registration Charges
2	Hospitalization For Evaluation/Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bi-pap Machine
6	CPAP/CPAP Equipment
7	Infusion Pump-Cost
8	Hydrogen Peroxide\Spirit\Disinfection 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 Swabs
16	Scrub Solution / Sterillium
17	Glucometer & Strips
18	Urine Bag

**Annexure III:- ICD specific for Mental Illness**

ICD Code	Description
F00-F09	Organic, including symptomatic, mental disorders
F20-F29	Schizophrenia, schizotypal and delusional disorders
F30-F39	Mood [affective] disorders
F40-F48	Neurotic, stress-related and somatoform disorders
F50-F59	Behavioral syndromes associated with physiological disturbances and physical factors
F60-F69	Disorders of adult personality and behavior
F80-F89	Disorders of psychological development
F90-F98	Behavioral and emotional disorders with onset usually occurring in childhood and
F99	Unspecified mental disorder

**Annexure IV:- Festival List**

States	Festivals
Bihar	Chhath Puja
Jharkhand	Sarhul, Karma Puja

All States	Diwali Eid Christmas Nowruz (Persian New Year)/Cheti Chand (Sindhi New Year) Buddha Purnima Navratri Rang Panchami/Holi
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**Annexure V:- List of Office of the Insurance Ombudsman**

Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
<b>BENGALURU -</b> Insurance Ombudsman 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: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.
<b>BHOPAL -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Orissa.
<b>CHANDIGARH -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017 Tel.: 0172 – 4646394 / 2706468 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<b>CHENNAI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)

Office Details	Jurisdiction of Office (Union Territory, District)
Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	
<b>DELHI –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
<b>GUWAHATI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR -</b> Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 –2740363 / 2740798 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>KOCHI –</b> Insurance Ombudsman 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: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>KOLKATA –</b> Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.

Office Details	Jurisdiction of Office (Union Territory, District)
<b>LUCKNOW –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	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..
<b>MUMBAI -</b> Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/ 27/ 29/ 31/ 32/ 33 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
<b>NOIDA -</b> Insurance Ombudsman 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: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	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.
<b>PATNA –</b> Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	Bihar, Jharkhand.
<b>PUNE -</b> Insurance Ombudsman 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: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Note: Address and contact number of Governing Body of Insurance Council:

Council for Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.

E-mail: [inscoun@cioins.co.in](mailto:inscoun@cioins.co.in), Tel: 022 -69038800/69038812, Website: <https://www.cioins.co.in>