



## Medical Insurance Program Document

**For internal circulation only**  
Applicable to Deloitte USI\*

Please note that this policy is covered through M/s. Bajaj Allianz General Insurance Company Limited under “GROUP MEDICLAIM INSURANCE” under a special agreement with Deloitte. Any changes to this policy will be intimated. 2. Except for the payment of premium to the insurance company, Deloitte will not undertake any responsibility for processing your claims/settling disputes/correspondence on your behalf. 3. Deloitte at any point of time may change/discontinue this policy or change the insurance company without giving any reason whatsoever. 4. Proof of age/relationship/nature of ailments/other details, if required, at the time of claim, should be submitted.

\*As used in this document “Deloitte USI” means Deloitte & Touche Assurance & Enterprise Risk Services India Private Limited, Deloitte Consulting India Private Limited, Deloitte Financial Advisory Services India Private Limited, Deloitte Tax Services India Private Limited and Deloitte Support Services India Private Limited, Deloitte Special Projects India Private Limited

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# Group Medical Insurance Program

## Medical Insurance Provider

Deloitte has tied up with Bajaj Allianz General Insurance Company Limited to provide medical insurance coverage to its employees for the period **September 1, 2024 – August 31, 2025**.

## Eligibility and Coverage

- All full-time USI employees are covered under this program. Interns are also covered for the duration of their internship.
- This program covers self, plus up to six dependents (spouse, up to three dependent children, and any two parents and/or in-laws).
- Same-sex partners (LGBTQIA+) can be covered as a member under the program. You can enroll them through [Bajaj E-Card Portal](#) similar to enrolling all other dependents.
- This is a **Family Floater Cover** shared among all the enrolled members. There are no separate limits for an individual within a family, i.e., you may submit claims for self and/or dependents up to your floater coverage limit.
- There is no age limit applicable for covering dependent parents/in-laws.
- The coverage for three children (legitimate/ legally adopted) is from day one (date of birth) up to the age of 25 years as long as they are dependent on the employee.

## Base Coverage

- The USI Medical Insurance Program is a hospitalization insurance policy that covers/ reimburses expenses incurred by an employee for the treatment of an ailment and warrants the employee or the dependent to be admitted as an 'in-patient department (IPD)' for a minimum period of 24 hours (except for the daycare procedures, specifically covered by the policy).
- The policy provides a Deloitte-sponsored base cover of INR 5 Lakhs to all employees up to Senior Vice President (SVP/SVP equivalent)/ Senior Manager (SM).
- Interns are covered under the policy for a sum of INR 1 Lakh. The policy does not cover the family of interns.
- Coverage of spouse and dependents in case both the employee and the spouse are working with Deloitte: If the spouse is working in a different entity within Deloitte, the spouse and dependents can be covered twice, and their overall cover eligibility will be the addition of both sum insured (SI). If the spouse and employee are both working in the same entity, e.g., if the employee and the spouse both work in Support Services, the employee, spouse, and dependents can be covered only once, and their base covers will not be summed up.

## Buy Up Options and Coverage

All employees eligible for a base cover of INR 5 Lakhs sponsored by Deloitte will have an option to enhance their base cover by choosing any of the below buy-up options ranging between INR 1.5 lakhs to 10 Lakhs:

Table 1

Buy-up options	Base coverage (Deloitte sponsored)	Voluntary enhancement buy-up options*	Total floater cover, including enhancement
Option 1	INR 500,000	INR 150,000	INR 650,000
Option 2	INR 500,000	INR 250,000	INR 750,000
Option 3	INR 500,000	INR 300,000	INR 800,000
Option 4	INR 500,000	INR 500,000	INR 1,000,000
Option 5	INR 500,000	INR 600,000	INR 1,100,000
Option 6	INR 500,000	INR 800,000	INR 1,300,000
Option 7	INR 500,000	INR 1,000,000	INR 1,500,000

\*Enhanced coverage can be opted for at the beginning of the renewal year or at the time of joining Deloitte by paying an additional premium. Premium amounts are mentioned in the [voluntary policies section](#) of this document.

\*Interns are not eligible for enhancement.

\*Premium amount for enhanced coverage will be deducted from your salary in the subsequent month of opting for enhancement.

**Change in enhancement:** Once opted for base cover enhancement, there is a lock-in period for two policy years. This lock-in period does not impact your ability to purchase a higher buy-up option during subsequent renewals, but you will be able to choose a lower buy-up option or roll back to the base cover only after completing two policy years post any enhancement.

For example: If you enhance your base cover by INR 8 Lakhs (Option 6) in September 2024, you will be locked in for two policy years and will be able to opt for a lower buy-up option (Options 1 – Option 5)/ roll back to base cover only in or after September 2026.

## Sub-Limits and Caps

### 1. Co-payment

Table 2

Claim type	Network Hospital	Non-Network Hospital
Self, spouse, and children	No co-pay	10% co-pay
Parents/in-laws	20% co-pay	30% co-pay

- An additional 10% co-pay is applicable in non-network hospitals. E.g., For parents in a network hospital, there is a 20% co-pay on the total bill (including pre & post-hospitalization expenses). While in a non-network hospital, an additional 10% co-pay is applied, and the total co-pay will be 30%.
- Co-payment is not applicable for capped ailments. Please see the list of capped ailments below (bullet 3).
- For maternity claims, there is no co-payment at non-network hospitals. However, room rent restrictions and co-payment on other charges due to higher room rent are applicable. Please see the room rent restriction clause below.
- In case of emergency hospitalization in a non-network hospital, the non-network co-pay (10%) would be waived subject to the treating doctor's recommendation and the team of doctors at Bajaj Allianz approving the same based on the need for an emergency.

### 2. Room rent restrictions

- The room rent restriction is 1% of your base/ enhanced sum insured amount.
- There is no room rent restriction for admission to ICU/ NICU.
- It is important to keep in mind that most hospitals have a rate card that varies by the room rent. A higher room rent will entail proportionately higher charges for all the facilities provided by the hospital. **If an employee chooses to stay in a higher room rent category, they will need to pay proportionately higher hospitalization charges in addition to the room rent difference**, which impacts the overall claim.
- Expenses arising from such enhanced room rent category may be disallowed by the insurer.

### 3. Sub-limits/ Capped ailments

Below mentioned diseases have the upper caps for the claim amount as follows.

Table 3

Name of the ailment/ surgery/procedure	Base policy sublimit (INR)	Sublimit in cases where base/ enhanced cover is up to 7.5 Lakhs (INR)	Sublimit in cases where base/ enhanced cover is more than 7.5 Lakhs (INR)
Tonsillectomy	25,000	31,250	33,750
Cataract (each eye)	35,000	43,750	47,250
Hemorrhoids	50,000	62,500	67,500
Normal delivery	60,000	75,000	81,000
Cesarean delivery	80,000	100,000	108,000
Psychiatric treatment (OPD)	35,000	43,750	47,250
HIV AIDS (Anti- retroviral therapy)	35,000	43,750	47,250
Infertility treatment		80,000 (across all coverage types)	

## Policy Inclusions

### 1. Maternity cover

- The policy covers maternity hospitalization expenses for up to 3 child deliveries.
- A sub-limit of INR 60,000 for normal delivery and INR 80,000 for cesarean delivery is applicable.
- For employees who have voluntarily enhanced their base cover, the enhanced limits for maternity would apply (refer to [table 3](#)). Employees can further opt for Women's Add-on cover for a higher sum insured (please refer to the [voluntary policies section](#) in this document).
- Maternity-related expenses prior to 60 days and post 90 days of hospitalization will be covered as part of the overall maternity limit – e.g., coverage of costs of various tests and scanning are capped within the Maternity limit of the applicable sum insured for the said employees.
- Life-saving treatment or aborting the baby due to complications will be a part of the sum insured.
- Room rent restriction as specified under the coverage section.
- In case of any complications, the total sum insured will be considered instead of maternity sub-limits.

### 2. Pre- and post-natal expenses

- Pre- and post-natal expenses will be a part of the individual sum insured.
- Admissibility of any claim will be based on medical necessity of ailment and documents submitted.
- Ailments covered under pre- and post-natal expenses are as stated in table 4 below.

Table 4

#	Ailment	#	Ailment
1	Hyperemesis gravidarum	8	Gestational diabetes
2	Toxemia of pregnancy	9	Placenta previa
3	PV bleeding	10	Preeclampsia
4	Chorioamnionitis	11	Pregnancy-induced hypertension
5	Ectopic pregnancy	12	Umbilical cord prolapse
6	Placental abruption	13	Puerperal sepsis
7	Excess or low amniotic fluid	14	Post-partum bleeding

### 3. Infertility treatment

- This policy covers infertility treatment on an in-patient (IPD) and out-patient (OPD) basis for self, spouse, and dependent children with a sub-limit of INR 80,000 only per policy period. This limit can be further enhanced by an additional INR 60,000 using special voluntary Women's Add-on policy. Please see details on voluntary women's cover in the [voluntary policies section](#) of the document.
  - IUI treatments are covered with no limit on the number of such treatments.
  - IVF treatments are limited to three attempts or claims during an employee's tenure with Deloitte.

### 4. Pre- and post-hospitalization coverage

- All claims of relevant medical expenses incurred 60 days prior to hospitalization and 90 days after the date of discharge from the hospital will be considered for reimbursement.
- For ailments with sub-limits as listed in the policy, the coverage will be within the sub-limits of the applicable sum insured for the said employee (refer [table 3](#) for list of capped ailments).

### 5. Daycare procedures

The policy covers over 390+ daycare procedures. Day care treatment refers to medical treatment and/or surgical procedure, which is:

- Undertaken under general or local anesthesia in a hospital/daycare center.
- Takes in less than 24 hours because of technological advancement, which would have otherwise required hospitalization of more than 24 hours.

**Please note:** Treatment normally taken on an out-patient basis is not included in the scope of this cover. Please refer to the daycare procedures list that are covered in [Appendix 1](#)

**6. Alternative treatments included**

- AYUSH treatments (Ayurveda, Unani, Siddhi, and Homeopathy) involving 24 hours hospitalization in a registered hospital are covered. Ayurveda hospitalization is extended as per the definition of AYUSH hospitals for the presence of any ailment, sickness, or injury for which confinement is required at a hospital/nursing home.
- Hospital definition for AYUSH coverage: Government hospital or any institute recognized by the government and/or accredited by Quality Council of India/National Accreditation Board on Health would be considered for hospitalization under AYUSH coverage. Yoga treatment prescribed under Ayurveda, etc. is classified as an “alternative treatment” to regular hospitalization or allopathic treatment. This line of treatment will only be paid in insurance if 24 hours of hospitalization is warranted and not otherwise. This will not be paid in either OPD or daycare.

**7. Psychiatric treatment coverage**

- Psychiatric Treatment for IPD is covered within the sum insured and is available for employees and all dependents.
- Psychiatric treatment on OPD basis is also covered, following a specialist consultation, and it is available only to employees, their spouses and dependent children. Psychiatric treatments taken in OPD are capped at INR 35,000 per year per insured member. Enhanced limits apply in case an employee voluntarily enhances their base cover. Please see enhanced limits in [table 3](#). Please see details on voluntary enhancements in the voluntary plans section of this document.
- Psychiatric cover on an OPD basis will be extended for consultations and for de-addiction sessions on an individual basis only. The cost of any medication is not covered in OPD cases.

**8. Cover for Neurobiological Disorders/Autism Spectrum Disorders**

The program pays Benefits for psychiatric services for Autism Spectrum Disorders that are both of the following:

- Provided by or under the direction of an experienced psychiatrist and/or an experienced licensed psychiatric provider.
- Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others or property and impairment in daily functioning.

These Benefits describe only the psychiatric component of treatment for Autism Spectrum Disorders. Medical treatment of Autism Spectrum Disorders is a Covered Health Service for which Benefits are available as described below.

Benefits include the following services provided on either an outpatient or an inpatient basis:

- Diagnostic evaluations and assessment
- Treatment planning
- Referral services
- Medication management
- Individual, family, therapeutic group, and provider-based case management services
- Crisis intervention

Benefits include the following services provided on an inpatient basis:

- Partial Hospitalization/Day Treatment
- Services at a Residential Treatment Facility

Benefits include the following services provided on an outpatient basis:

- Intensive Outpatient Treatment

Covered Health Services include enhanced Autism Spectrum Disorder services that are focused on educational/behavioural intervention that are habilitative in nature and that are backed by credible research demonstrating that the services or supplies have a measurable and beneficial effect on health outcomes. Benefits are provided for intensive behavioural therapies (educational/behavioural services that are focused on primarily building skills and capabilities in communication, social interaction and learning such as Applied Behavioural Analysis (ABA)).

**9. Cover for differently abled children with no cap on age**

The policy covers dependent children who are differently abled and constrained in leading independent life.

- Definition of differently abled- As a consequence of an impairment that may be due to physical, mental, developmental, or some combination of these, that results in restrictions on an individual's ability to participate in what is considered “normal” in their everyday life:
  - Physical mobility impairment includes - Upper or lower limb functional and physical loss, visual impairment, and hearing loss.
  - Mental impairment includes - Autism, cerebral palsy, Down syndrome, and disabilities affecting intellectual abilities— Intellectual disability (mental retardation) and neuro-developmental disorder (impairments of growth and development of the brain or central nervous system).

**10. Gender reassignment surgery coverage**

This coverage is only for employees and is covered up to the floater sum insured. The coverage is only applicable for treatment conducted within the country. The following list includes procedures covered under gender reassignment surgery including certain cosmetic procedures as well:

- Bilateral breast reduction
- Clitoroplasty
- Hysterectomy
- Labiaplasty
- Metoidioplasty
- Penile prosthesis
- Phalloplasty
- Abdominoplasty
- Brow (reduction, augmentation, lift)
- Cheek (implant, lipofilling)
- Face/forehead lift following alteration of underlying skeletal structures
- Facial bone reduction / facial feminization surgery
- Hair line advancement and/or transplantation
- Hair removal other than with genital reconstruction such as face, arms, etc.
- Hair removal required for reconstructive surgery
- Implants (calf, gluteal, hip, pectoral)
- Lip augmentation or upper lip shortening
- Lipofilling (Blepharoplasty)
- Iatrogenic fertility preservation (fertility preservation for medical reasons)
- Hormone Therapy (estrogen, testosterone, progesterone)
- Neck tightening following alteration of underlying skeletal structures
- Gonadotropin-releasing hormone analogs and antagonists
- Subcutaneous injection of filler
- Voice modification surgery
- Jaw reconstruction (reduction of mandibular angle or augmentation)
- Laboratory testing to monitor the safety of continuous hormone treatment
- Removal of testicles
- Salpingo-oophorectomy
- Scrotoplasty
- Testicular prostheses
- Urethroplasty
- Vaginectomy
- Vaginoplasty
- Excision of excessive skin and subcutaneous tissue
- Rhinoplasty
- Mastopexy, breast lift
- Liposuction (Lipoplasty)
- Breast augmentation (Implants/Lipofilling)
- Breast removal/mastectomy
- Chin reshaping (osteoplastic or alloplastic)
- Monsplasty or mons reduction
- Nipple/areola reconstruction (includes excised skin)
- Penile transplant
- Plastic repair of introitus
- Prostate cancer screening
- Prostate cancer screening
- Puberty suppression hormones
- Reversal procedures
- Tissue expander placements
- Tracheal shave
- Uterine transplant
- Voice modification therapy
- Vulvoplasty
- Wigs
- Counselling
- Lower jaw (reduction of mandibular angle, augmentation)
- Continuous hormone replacement therapy

Please note in case the treatment continues to the next policy period, the fresh sum insured from the next policy period can continue to cover the member.

**11. Critical illness treatment and palliative care**

Treatment taken for critical illness upon hospitalization is covered under the policy. Also, critical illness treatment which does not warrant hospitalization in view of advanced treatment or otherwise, is also covered. Maintenance therapy for diseases to prevent acute relapses (e.g., autoimmune diseases, degenerative disorders, and neuromuscular disorders) is covered.

- For any such claims, a specialist medical certificate will be mandatory.
- Evaluation of the case will need to be made before determination of applicability for coverage.

**Palliative care** is covered post-hospitalization where necessary. The treatment is also covered beyond the 90 days of post-hospitalization period and will be covered when taken at a hospital or palliative care center or on a domiciliary basis.

Palliative care is applicable in case of Terminal Illness and is focused on providing relief from the symptoms, pain, and stress from a terminal illness.

**12. 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:

- 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 the unavailability of room in a hospital.

**13. Hormone therapy**

Hormone Therapy for cancer treatment is covered when taken on an in-patient basis.

**14. Physiotherapy coverage**

- Physiotherapy is covered for all members for up to 90 days post hospitalization event if recommended by the treating doctor.
- Extended physiotherapy beyond 90 days of hospitalization is covered only for self, spouse, and dependent children, as long as it is required and prescribed by a specialist doctor. Extended physiotherapy can be availed at a physiotherapy center or on a domiciliary basis. Extended physiotherapy coverage is limited to INR 35,000 per person per policy year.

**15. Donor expenses coverage**

The expenses towards organ donor's treatment for harvesting of the donated organ will be covered, provided that,

- The organ donor is any person whose organ has been made available in accordance and in compliance with 'The Transplantation of Human Organs (Amendment) Bill', 2011, and the organ donated is for the use of the insured person, and
- Bajaj has accepted an in-patient hospitalization claim for the insured member under in-patient hospitalization treatment.

Please note: If the donor is not a dependent member enrolled to the Bajaj group medical insurance policy, a separate e-card will be issued. Please reach out to Bajaj Allianz team for the same before the hospitalization so that the e-card can be issued. For cases where the donor is not a dependent member, donor expenses are capped at INR 200,000.

Donor expenses would ideally cover the below instances but are not limited to:

- Pre-hospitalization Investigations of donor.
- Hospitalization for retrieval of organ-cover.
- Post hospitalization for a follow-up consultation.
- Complications(immediate and delayed) associated with the surgery.

**16. Coverage for HIV AIDS**

- Treatment for complications arising out of HIV-AIDS and related hospitalization (example: TB, Pneumonia, etc.) are covered upon hospitalization for all members.
- Anti-retroviral therapy on OPD/IPD basis is covered up to INR 35,000 or enhanced limit (refer [table3](#)) in case of buy-up options for voluntary enhancement of base cover. Coverage of anti-retroviral therapy is applicable only to employee, spouse and dependent children.

**17. Bariatric surgery**

Bariatric surgery is covered under the policy for cases with BMI greater than or equal to 40 in conjunctions with any of the following severe co-morbidities:

- Coronary heart disease, or
- Medically refractory hypertension (blood pressure greater than 140 mm Hg systolic and/or 90 mm Hg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes), or
- Type 2 diabetes mellitus

This treatment needs to be certified by specialist doctor or a treating bariatric doctor.

**18. Prosthetics and artificial aids coverage**

Prosthetics and artificial aids are covered under the medical insurance policy for:

- **With hospitalization (In-patient):** All enrolled members in the event of hospitalization (accidental/ non-accidental) are eligible
- **Without hospitalization (Out-patient):** Only Professionals with Disabilities (PwD) and differently abled children are eligible

The following sub-limits apply depending on the type of aid:

- Aids which can be covered up to full sum insured (In case of hospitalization): Pacemaker, cochlear implant, and cardiac stents, cardiac valves, hip & knee joints, inferior vena cava filter & lenses.
- Aids which are covered up to INR 1.5 Lakhs (With or without hospitalization): External hearing aids, prosthetic limbs, PU junctions stent, insulin pump, ICD (Implantable cardiac defibrillator).
- Aids which are covered up to INR 75,000 (With or without hospitalization): Wheelchair, dentures, crutches, braces, walker, slings, knee-ap, stocking, splint, cervical collar.

Incase an artificial aid is taken on a rental basis, the rental costs would be covered up to the respective sub-limits.

**19. Coverage for external/internal congenital diseases**

- Internal and External Congenital diseases are covered up to the floater sum insured.
- External congenital disease is covered only when it is a medical necessity or a life-threatening condition.

**20. LASIK eye surgery coverage**

Coverage for LASIK eye surgery is provided only if the refractive error is above +/- 7.



## 21. Other coverages

- Medical expenses related to suicide and self-inflicted injuries are covered.
- Medical expense related to drugs and alcohol abuse are covered.

Note: These inclusions are exclusively for the base and enhanced policy only and will not be applicable to the voluntary critical illness policy.

## 22. Road ambulance coverage

- Road Ambulance is covered for emergency life-threatening health conditions, which require immediate and rapid ambulance transportation from the site of first occurrence of the illness/accident to the nearest hospital. Covered up to a max limit of INR 2,000 per instance.
- Ambulance charges will be applicable for transferring patient to hospital or between hospitals in the hospital's ambulance or in an ambulance provided by any ambulance service provider only.

## 23. Air ambulance coverage

This covers air ambulance transportation in an airplane or helicopter for emergency life-threatening health conditions. Such situations would require immediate and rapid ambulance transportation from the site of first occurrence of the illness/ accident to the nearest hospital.

- The claim would be reimbursed up to the actual expenses subject to a maximum limit of 10% of the sum insured.
- Return transportation to the member's home by air ambulance is not covered.

## 24. COVID-19 coverage

The costs of medical expenses for COVID-19 treatment will be payable as part of the family floater cover and in accordance with the applicable terms and conditions of the current USI Medical Insurance policy. Pre & post hospitalization will be payable as per the policy terms and conditions.

### ➤ **COVID test**

Test charges would be paid subject to:

- The test being recommended by a medical practitioner.
- The test being conducted at ICMR/Govt authorized lab/ testing facility.
- The said benefit can also be availed in case any of the member of the family staying in the same house have been infected.

### ➤ **Home care treatment expenses**

Home care treatment means treatment availed by the insured person at home for COVID on a positive diagnosis of COVID in a Government authorized diagnostic center, which in normal course would require care and treatment at a hospital but is actually taken at home for a maximum up to 14 days per incident provided that:

1. The medical practitioner advises the Insured person to undergo treatment at home.
2. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
3. Daily monitoring chart including records of treatment administered duly signed by the treating doctor, is maintained.
4. Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under home care expenses subject to claim settlement policy disclosed on the website.
5. In case the insured intends to avail the services of a non-network provider claim shall be subject to reimbursement, a prior approval from the insurer needs to be taken before availing such services.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to the Treatment of COVID:

- a) Diagnostic tests have undergone at home or at the diagnostics center.
- b) Medicines prescribed in writing.
- c) Consultation charges of the medical practitioner.
- d) Nursing charges related to medical staff.
- e) Medical procedures limited to parenteral administration of medicines.
- f) Cost of Pulse oximeter, Oxygen cylinder and Nebulizer.

This benefit is not applicable to any asymptomatic COVID-19 patients following self-isolation & self-monitoring.

Duration of each treatment expenses are limited to maximum 14 days.

Maximum reimbursement limit of INR 25,000/- per instance and applicable only once during the policy period (This will be part of insured sum insured). Please refer the [FAQs](#) on COVID-19 Medical Insurance Coverage to know more.

## Policy Exclusions

- The policy does not cover 'out-patient' (OPD) treatment except those listed in the daycare procedures (See [Appendix 1](#)), Anti-retroviral therapy, Psychiatric treatments up to the sub-limits mentioned, and Prosthetic and Artificial coverage for Professionals with Disabilities (PwD) and differently-abled children up to the sub-limits mentioned (See [policy inclusions](#)).
- Cost of Spectacles and Contact Lens.
- Dental treatment/surgery of any kind unless requiring hospitalization. (Included only for accident cases).
- Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. Any male/ female sterilization procedures.
- Convalescence, general debility 'Run-down' condition or test cure, congenital external disease if not medically necessary or life-threatening is not covered. Growth hormone therapy and venereal disease are excluded.
- Vaccination/inoculation/cosmetic treatment.
- Circumcision, unless for treatment of a disease.
- Weight management services and treatment related to weight reduction programs, including treatment of obesity, if parameters, as mentioned in bariatric cover, are not met.
- Treatment for Parkinson's and Alzheimer's disease.
- Expenses on vitamins and tonics irrelevant to treatment.
- Injury or disease due to War, Invasion, nuclear weapons.

## Process for Enrolling Dependents

### 1. New Hires- dependent enrollment

New hires are required to enroll their dependents within 30 days of receiving the welcome email from the insurance provider. The portal will be enabled for them to declare their dependents only for the 30-day window.

The welcome email sent to you by the insurer will have the link for you to log on and enroll your dependents. Alternately, after receiving the welcome email, new hires can visit [this page](#) and use the navigation to declare their dependents.

The E-card of the member can be downloaded post seven days of submission of member details.

### 2. Existing employees- natural inclusions

Existing employees are required to add natural inclusions to their dependents within 60 days of birth or adoption.

- An employee needs to inform the dependent details within 60 days about the natural inclusion to [US India Insurance Benefits team](#) via email
- In case an employee missed to make the natural inclusions within 60 days:
  - Dependent coverage will start from the date of late enrollment and claims for any date prior to enrollment will not be covered.
  - For a newborn child, the coverage will extend from the date of birth or the start of the policy year (whichever is later)
- [US India Insurance Benefits team](#) will send the request to Bajaj for enrollment.
- Enrollment will be done within seven working days, and [US India Insurance Benefits team](#) will notify the employee.

E-card of the member can be downloaded post seven days of submission of member details.

### 3. Existing employees: change of dependents

Any change in the list of dependents enrolled can only be done at the time of policy renewal each year. During the policy renewal period, the insurer will be sending a welcome email to all employees enrolled under the policy. Employees will have a window to add/modify dependents during that period.

The changes can be made by following the link in the welcome email or by visiting [this link](#).

E-cards of newly added members can be downloaded post seven days of enrollment window/ e-card module closure.

**Please note:** In case you have opted to remove a dependent, please note that a check will be carried out for any instance of claims for the dependent opted to be removed from the date of renewal till the date of removal.

## Availing In-patient Hospitalization Services

### What are network hospitals?

- Network hospitals are those hospitals which have a contract with the insurance company. Network hospitals provide cashless service for in-patient treatment of ailments, diseases, and medical conditions covered under the medical insurance policy to all those who are insured and enrolled with the insurance company.

### Where can I find the list of network hospitals?

- To get the most current list, [click here](#)

### Please note: Incentive for using a Preferred Partner Network (PPN) hospital

- Hospital cash benefit cover—Hospital cash benefit of INR 1,000/- per day will be provided for hospitalization of more than 7 days, i.e., from eighth day till DOD (date of discharge). This is restricted to cashless hospitalization done in PPN hospitals only.
- Non-medical expenses (part of the hospitalization expenses) will be borne by BAGIC as an incentive for availing cashless in PPN and PPN negotiated hospitals only.

While an employee can avail in-patient services at any hospital of their choice, either a network or non- network, please note the following:

- **Cashless:** Bajaj Allianz can authorize 'Cashless Service' in a network hospital. They can also extend this service in a non-network hospital, subject to acceptance from the hospital to provide cashless treatment.
- **Reimbursement:** Employee will have to settle all bills in the network / non-network hospital (if treatment is on cash) and then claim for reimbursement from Bajaj Allianz within 30 days of discharge of the patient. (Please note, 10% co- payment is applicable in non-network hospitals for self, spouse and children, and 30% for parents)

The following steps are enlisted below to avail the services in different situations:

#### 1. Emergency hospitalization in network hospitals

- Get admitted into the hospital. As soon as possible, inform Bajaj and coordinate with the hospital to have the details sent to Bajaj for authorization for cashless service. You can also contact Bajaj via their Cashless WhatsApp Helpline (Chat Bot): Just send "Hi" on this number: +91 9156191111.
- In case of a very short hospitalization or if the authorization for cashless service was not received from Bajaj or if cashless service was denied by Bajaj Allianz, then,
  - At the time of discharge, settle the hospital bills in full and collect all bills, documents, and reports from the hospital.
  - Lodge your claim to insurer (via [Claim by Direct Click - CDC](#)), for processing and reimbursement.
- If authorization for cashless service from Bajaj has been received then,
  - At the time of discharge, pay for those items that are not reimbursable under the medical insurance policy.
  - Verify the bills and sign all the bills.

#### 2. Planned hospitalization in network hospitals

- Present your e-card at the insurance desk/admission counter of the network hospital along with a photo ID proof and ensure the intimation is sent to insurer for pre-authorization.
- Concerned authority at the hospital would guide you with regard to filling up the pre-authorization form for the member. Copy of the same should be carried by you to the hospital at the time of admission.
- Please collect the pre-authorization form duly signed by the treating doctor, hand this over at the admission counter/insurance desk of the hospital.
- Hospital will fax the pre-authorization form to Bajaj.
- Bajaj will verify the coverage and admissibility.
- In case the confirmation for the admission is sent by insurer to the hospital,
  - Carry the authorization letter and e-card at the time of hospitalization and go to the admission counter.
  - Admission and in-patient treatment will be done on a cashless basis.

- Credit bills will be generated by the hospital at the time of discharge.
  - For purpose of claim settlement, the patient needs to sign on the claim form and bill.
- In case the denial for admission is sent by insurer to the hospital,
  - Your admission and in-patient hospitalization will be done on a cash basis.
  - Entire bill will have to be paid by you at the time of discharge.

### **3. Emergency hospitalization in non-network hospitals**

- Get admitted into the hospital.
- As soon as possible, inform Bajaj about the hospitalization. They may assist you in getting shifted to one of the providers within the network later.
- If, after the initial stabilization of the emergency situation, you get shifted to the network hospital, an insurer can assist you in availing a cashless service.
- Settle your bills in full and collect all bills, documents, and reports from the hospital.
- Intimate Bajaj of your claim within 7 days of discharge.
- File your claim with the insurance company (via [Claim by Direct Click - CDC](#)), within 30 days of discharge of the patient. In case of an emergency hospitalization in a non-network hospital, the non-network co-pay would be waived subject to the treating doctor's recommendation and the team of doctors at Bajaj Allianz approving the same based on the need for an emergency.
- If the shift to a network hospital does not happen,
  - At the time of discharge, settle the bills in full and collect all bills, documents, and reports from the hospital.
  - Intimate Bajaj of your claim within seven days of discharge.
  - File your claim with insurer (via [Claim by Direct Click - CDC](#)), within 30 days of discharge of the patient.
  - Since you and/or your dependent(s) have availed the treatment at the non-network hospital, 10% of the medical expenses incurred will have to be borne by you.

### **4. Planned hospitalization in non-network hospitals**

- Get admitted into the hospital.
- At the time of discharge, settle the hospital bills in full and collect all bills, documents, and reports.
- Intimate insurer of your claim within 7 days of discharge.
- File your claim, within 30 days of discharge of the patient, with insurer (via [Claim by Direct Click - CDC](#)) for processing the reimbursement.
- Since you have availed the treatment at the non-network hospital, 10% of co-payment is applicable in non-network hospitals for self, spouse and children, and 30% for parents.

### **5. Cashless treatment in non-network hospitals**

- Professionals can receive cashless treatment at a non-network hospital, provided the hospital agrees to provide cashless services.
- For planned hospitalization, professionals are required to notify the insurer by sharing an email to [cashlessforall@bajajallianz.co.in](mailto:cashlessforall@bajajallianz.co.in) at least 48 hours prior to the hospitalization.
- In case of emergency hospitalization, the insurer must be informed within 24 hours of hospitalization by sharing an email to [cashlessforall@bajajallianz.co.in](mailto:cashlessforall@bajajallianz.co.in)
- Co-pay for non-network hospital (10% additional for self and dependents) will be waived off if cashless claim is admissible and approved.

## 6. Process for reimbursement

- Download the following claim forms.

[Claim Form](#) 

- Fill the form and attach necessary documents as given in the relevant checklist.

[Medical Insurance checklist](#)

### **Submit claim online:**

Deloitte employees can submit their claims via CDC – (Claim by Direct Click) option on the web platform via [Bajaj E-Card Portal](#). Employees submitting a claim by CDC – (Claim by Direct Click) option have to log in to the web platform via Bajaj E-Card Portal and follow the [steps](#) to raise a claim reimbursement request.

Employees have to fill in the [claim form](#). On logging into Bajaj E-Card Portal, submit the duly filled claim form on the “Upload Document” page under the option “Claim Form/NEFT Mandate.”

In case of any pending requirement pertaining to the said claim, employees can expect emails from: [health.admin@bajajallianz.co.in](mailto:health.admin@bajajallianz.co.in) / [document.recovery@bajajallianz.co.in](mailto:document.recovery@bajajallianz.co.in)

You can also track your claim status on the Bajaj E-Card Portal or call at 020 67031700, Deloitte dedicated direct number for Health cashless and reimbursement claims.

**Claims between two policy periods:** For any unplanned, unforeseen event leading to emergency hospitalization and / or acute Life threatening condition and/or complication where a life cannot be sustained or limb/organ cannot be salvaged without continuous specialized inpatient care, if the Claim event falls under two policy periods, Bajaj Allianz is to process the claim under both policies, considering the balance SI of both policies, with all other applicable T&C.

**Note:** Any planned hospitalization event or non-emergency hospitalization or event of hospitalization delayed by insured/hospital are out of scope of above guideline.

## Emergency Contacts

**Deloitte dedicated direct number for Health cashless & reimbursement claims: 020 67031700**

**Bajaj Allianz helpdesk e-mail id:** [helpdesk\\_ccm@bajajallianz.co.in](mailto:helpdesk_ccm@bajajallianz.co.in)

### **Deloitte insurance helpdesk**

Email ID: [usindiainsurancebenefits@DELOITTE.com](mailto:usindiainsurancebenefits@DELOITTE.com)

Beauty Hazarika: Cell No. – 09989725911 and Email ID – [beauty.hazarika@bajajallianz.co.in](mailto:beauty.hazarika@bajajallianz.co.in)

## Voluntary Policies

### 1. Voluntary Buy-Up Options for Enhancement of Base Cover

The below table summarizes the premium applicable for a voluntary enhancement of base cover for various options.

Options	Base coverage (Deloitte sponsored)	Enhance Base cover by below amount (Optional)**	Total floater cover including	Additional premium inc. GST(borne by employee)
Option 1	INR 500,000	INR 150,000	INR 650,000	INR 7,026
Option 2	INR 500,000	INR 250,000	INR 750,000	INR 11,125
Option 3	INR 500,000	INR 300,000	INR 800,000	INR 13,350
Option 4	INR 500,000	INR 500,000	INR 1,000,000	INR 22,250
Option 5	INR 500,000	INR 600,000	INR 1,100,000	INR 25,365
Option 6	INR 500,000	INR 800,000	INR 1,300,000	INR 33,820
Option 7	INR 500,000	INR 1,000,000	INR 1,500,000	INR 42,276

\*\*Enhanced coverage can be opted for at the beginning of the renewal year or at the time of joining Deloitte by paying an additional premium.

Additional premiums will be deducted from your salary.

**Please note: Once opted for cover enhancement, you can choose a lower enhancement option/ roll back to the base cover only after two policy years.**

### 2. Voluntary Women's Add-on Policy

This is an annual plan which can be availed by all female employees and by male employees for any female members of the family covered under the Deloitte Group Medical Policy. One can only enroll in the policy during policy renewal period window or at the time of joining. This is a voluntary benefit plan that one would have to enroll by paying an additional premium based on the extended coverage opted for. The plan is effective from the date of enrollment.

#### Features of this policy: Extended maternity cover

- This plan provides coverage as extended maternity benefit to cover the ailments, which are related to pregnancy, maternity, and its complications and this cover will trigger only after exhausting maternity limit under base policy
- Expenses incurred during maternity hospitalization, which are over and above the base policy coverage (INR 60,000 for normal delivery and 80,000 for C section) will be covered under this policy. Please note, all other capping like room rent cap, etc., would still apply. Maternity cover can be enhanced by 1 Lakh or 2 Lakh using this add on cover.
- Check-ups related to maternity (incurred pre and post hospitalization) would be covered within the base policy maternity limit of INR 60,000/ INR 80,000. If the admissible maternity claim amount exceeds the capped amount in the base policy, then the excess admissible amount only can be claimed from the women's policy. However, maternity co-pay (non-medical expenses etc.) deducted under base policy cannot be claimed under Women's Add-on policy.

#### Extended infertility treatment cover

- The base policy provides for INR 80,000 for infertility treatments. The Add on women's policy enables a further amount of INR 60,000 per year once the base cover is exhausted.

#### Non-maternity related procedures or investigations covered for up to 15,000 per policy period (within the SI chosen):

- Ultrasonography
- Mammography
- Papsmear test
- Cervical cancer vaccination

The table below summarizes the premium that will be borne by the employee for a 1 Lakh or a 2 Lakh sum insured option.

The below per person premium chart includes GST (in INR)

Sl/Age	0-25	26-35	36-45	46-55	56-65	66-70	71-75	76-80	Above 80
<b>1 Lakh</b>	12,064	14,473	12,087	14,503	17,403	20,878	25,060	30,073	36,088
<b>2 Lakh</b>	13,994	16,789	14,205	16,820	20,190	24,203	29,067	34,883	41,861

- This is a per-person policy cover. Separate e-cards would be generated for this cover.

### 3. Voluntary Critical Illness Policy

Critical illness policy is an annual voluntary cover that an employee can take to insure self and family (excluding parents/in-laws) against the risk of critical illness. The benefit amount as lump sum is payable once a critical illness is diagnosed, and the insured person survives 30 days after the diagnosis. Hospitalization is not necessary for registering a critical illness claim.

Any Critical Illness diagnosed within the first 90 days of the date of commencement of the policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.

The insured member can utilize this amount for treatment of the disease, lifestyle changes, donor expenses, or a planned treatment outside India, etc., as per his/her choice.

The policy covers for the following 25 critical ailments listed below:

- Cancer of specified severity
- First Heart Attack-of specified severity
- Coma of specified Severity
- Kidney Failure Requiring Regular Dialysis
- Stroke-Permanent Neurological Sequelae
- Major Organ /Bone marrow transplant
- Multiple Sclerosis with Persisting Symptoms
- Aplastic Anemia
- End Stage Lung Disease
- End Stage Liver Failure
- Parkinson's Disease
- Surgery to Aorta
- Alzheimer Disease
- Primary Pulmonary Arterial Hypertension
- Major Burn
- Heart Valve Surgery
- Cardiomyopathy class III & IV
- Blindness
- Apallie Syndrome
- Major Head Trauma
- Permanent Paralysis of Limbs
- Motor Neurone with Permanent Symptoms
- Muscular Dystrophy
- Polio Myelitis
- Systemic Lupus Eryth with Renal Involvement

For other exclusions under the critical illness policy, please see [Appendix 3](#)



**Critical Illness Policy premium (including GST) applicable for various sum insured options at the policy renewal window period\* -  
(The premium amounts include GST)**

Age band (years)/ Coverage (in INR)	Up to 25	26–35	36–45	46–55	56–65
1,00,000	268	407	694	1,377	3,442
2,00,000	536	812	1,386	2,753	6,883
5,00,000	1,338	2,031	3,466	6,881	17,206
8,00,000	2,141	3,249	5,543	11,011	27,531
10,00,000	2,676	4,061	6,929	13,762	34,414
15,00,000	4,014	6,092	10,394	20,643	51,620
20,00,000	5,352	8,123	13,858	27,523	68,827

**\*Conditions apply:** For an individual above the age of 55 years and for sum insured > 10 Lakhs, a medical test is required. People > 65 years are not covered under this plan.

#### Mid-year enrollment in critical illness policy

Critical illness policy can also be bought at any time during the policy period. Full-year premium will be applicable, and the following additional conditions will apply:

- No medical check-up till the age of 35 for a sum insured up to 10 Lakhs subject to the clean proposal form.
- No medical check-up for age 36 to 45 for a sum insured up to 7.5 Lakhs subject to the clean proposal form.
- No medical check-up for age 46 to 50 for sum insured up to 2 Lakhs subject to the clean proposal form. For enrollment, please write to [US India Insurance Benefits Team](#).

#### Claim procedure under critical illness health insurance policy

- You must inform Bajaj Allianz, in writing, immediately within 48 hours of diagnosis of any of the listed critical illnesses.
- Consult a doctor and follow the advice and treatment that he/she recommends.

#### Documents to be submitted for claims

- Critical Illness Insurance Claim Form duly signed by the insured along with NEFT Form signed by the claimant.
- Copy of discharge summary/discharge certificate, if applicable.
- Copy of final hospital bill.
- Policy copy in case of individual policy.
- First consultation and medical certificate for the duration of illness.
- All required investigation reports as per the first consultation illness for Bajaj Allianz verification.

**E-cards:** No e-cards will be generated for this cover.

#### 4. Voluntary Discounted Comprehensive Health Screenings

Employees can voluntarily choose to avail discounted health screenings for dependents. Information about the discounted price and hospitals providing these discounts can be accessed by [clicking here](#)

#### 5. Retail Policy Voluntary Plan

Deloitte employees can opt for a retail health insurance policy for themselves and their dependents that enable you to evaluate additional coverage options separate from the Deloitte-provided cover, taking your short-term and long-term needs into consideration.

Deloitte has tied up with Bajaj Allianz to offer retail policies. The offered policies may extend the benefit of a **waiver on medical test and waiting time on pre-existing diseases**, subject to no claim history in the Deloitte group insurance policy. While offering the **advantage of**

**continuity, and additional cover** during the employee's tenure with Deloitte, the policy can also be **maintained by employee after separation** from Deloitte.

Also, the retail policy offering gives the employee option to cover their parents separately if they are currently covered under the Deloitte group policy. The waiver mentioned above may also apply to them, subject to terms and conditions. Employees also have the option to **cover other relatives (siblings, uncles, etc.)** under the health guard policy.

This is a unique benefit to our employees, as the waivers are not extended if an employee were to purchase any retail policy separately.

We encourage you to browse through the retail policies [here](#) and choose the one that suits your needs better. The insurer also offers Special COVID-19 related protection through the [Corona Kavach policy](#)

## Appendix 1 - 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 stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy 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 Stapedectomy	A) Injection Sclerotherapy
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 Fibroadenoma 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 ano sphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomy oesophagus
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 -
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	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty	243 Pneumatic reduction of intussusception
Ophthalmology	244 Varicose veins legs - Injection sclerotherapy
43 Incision of tear glands	245 Rigid Oesophagoscopy for Plummer Vinson
44 Other operations on the tear ducts	246 Pancreatic Pseudocysts Endoscopic Drainage
45 Incision of diseased eyelids	247 ZADEK's Nail bed excision
46 Excision and destruction of the diseased tissue of	248 Subcutaneous mastectomy
47 Removal of foreign body from the lens of the eye.	249 Excision of Ranula under GA
48 Corrective surgery of the entropion and ectropion	250 Rigid Oesophagoscopy for dilation of benign
49 Operations for pterygium	251 Eversion of Sac
50 Corrective surgery of blepharoptosis	a) Unilateral
51 Removal of foreign body from the conjunctiva	b) Bilateral
52 Biopsy of tear gland	252 Lord's plication
53 Removal of Foreign body from cornea	253 Jaboulay's Procedure
54 Incision of the cornea	254 Scrotoplasty
55 Other operations on the cornea	255 Surgical treatment of varicocele
56 Operation on the canthus and epicanthus	256 Epididymectomy
57 Removal of foreign body from the orbit and the eye	257 Circumcision for Trauma
58 Surgery for cataract	258 Meatoplasty
59 Treatment of retinal lesion	259 Intersphincteric abscess incision and drainage
60 Removal of foreign body from the posterior	260 Psoas Abscess Incision and Drainage
<b>Oncology</b>	261 Thyroid abscess Incision and Drainage
61 IV Push Chemotherapy	262 TIPS procedure for portal hypertension
62 HBI-Hemibody Radiotherapy	263 Esophageal Growth stent
63 Infusional Targeted therapy	264 PAIR Procedure of Hydatid Cyst liver
64 SRT-Stereotactic Arc Therapy	265 Tru cut liver biopsy
65 SC administration of Growth Factors	266 Photodynamic therapy or esophageal tumor and
66 Continuous Infusional Chemotherapy	
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdocheotomy 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	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	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 Cystoscopic Litholapaxy	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
140 TUNA- prostate	<b>Pediatric surgery</b>
141 Excision of urethral diverticulum	340 Excision Juvenile polyps rectum
142 Removal of urethral Stone	341 Vaginoplasty
143 Excision of urethral prolapse	342 Dilatation of accidental caustic stricture oesophageal
144 Mega-ureter reconstruction	343 Presacral Teratomas Excision
145 Kidney renoscopy and biopsy	344 Removal of vesical stone
146 Ureter endoscopy and Treatment	345 Excision Sigmoid Polyp
147 Vesico ureteric reflux correction	346 Sternomastoid Tenotomy
148 Surgery for pelvi ureteric junction obstruction	347 Infantile Hypertrophic Pyloric Stenosis
149 Anderson hynesoperation	348 Excision of soft tissue rhabdomyosarcoma
150 Kidney endoscopy and biopsy	349 Mediastinal lymph node biopsy
151 Paraphimosis surgery	350 High Orchidectomy for testis tumours
152 Injury prepuce- circumcision	351 Excision of cervical teratoma
153 Frenular tear repair	352 Rectal-Myomectomy
154 Meatotomy for meatal stenosis	353 Rectal prolapse (Delorme’s procedure)
155 Surgery for fournier’s gangrene scrotum	354 Orchidopexy for undescended testis
156 Surgery filarial scrotum	355 Detorsion of torsion Testis
157 Surgery for watering can perineum	356 lap. Abdominal exploration in cryptorchidism
158 Repair of penile torsion	357 EUA + biopsy multiple fistula in ano
159 Drainage of prostate abscess	358 Cystic hygroma - Injection treatment
160 Orchiectomy	359 Excision of fistula-in-ano
161 Cystoscopy and removal of FB	<b>Gynaecology</b>
<b>Neurology</b>	360 Hysteroscopic removal of myoma
162 Facial nerve physiotherapy	361 D&C
163 Nerve biopsy	362 Hysteroscopic resection of septum
164 Muscle biopsy	363 thermal Cauterisation of Cervix
165 Epidural steroid injection	364 MIRENA insertion
166 Glycerol rhizotomy	365 Hysteroscopicadhesiolysis
167 Spinal cord stimulation	366 LEEP
168 Motor cortex stimulation	367 Cryocauterisation of Cervix
169 Stereotactic Radiosurgery	368 Polypectomy Endometrium
170 Percutaneous Cordotomy	369 Hysteroscopic resection of fibroid
171 Intrathecal Baclofen therapy	370 LLETZ
172 Entrapment neuropathy Release	371 Conization
173 Diagnostic cerebral angiography	372 Polypectomy cervix
174 VP shunt	373 Hysteroscopic resection of endometrial polyp
175 Ventriculoatrial shunt	374 Vulval wart excision

<b>Thoracic surgery</b>	375 Laparoscopic paraovarian cyst excision
176 Thoracoscopy and Lung Biopsy	376 uterine artery embolization
177 Excision of cervical sympathetic Chain	377 Bartholin Cyst excision
178 Laser Ablation of Barrett’s oesophagus	378 Laparoscopic cystectomy
179 Pleurodesis	379 Hymenectomy (imperforate Hymen)
180 Thoracoscopy and pleural biopsy	380 Endometrial ablation
181 EBUS + Biopsy	381 vaginal wall cyst excision
182 Thoracoscopy ligation thoracic duct	382 Vulval cyst Excision
183 Thoracoscopy assisted empyema drainage	383 Laparoscopic paratubal cyst excision
Gastroenterology	384 Repair of vagina (vaginal atresia)
184 Pancreatic pseudocyst EUS & drainage	385 Hysteroscopy, removal of myoma
185 RF ablation for barrett’s Oesophagus	386 TURBT
186 ERCP and papillotomy	387 Ureterocolic repair - congenital internal
187 Esophagoscope and sclerosant injection	388 Vaginal mesh for POP
188 EUS + submucosal resection	389 Laparoscopic Myomectomy
189 Construction of gastrostomy tube	390 Surgery for SUI
190 EUS + aspiration pancreatic cyst	391 Repair recto- vagina fistula
191 Small bowel endoscopy (therapeutic)	392 Pelvic floor repair (excluding Fistula repair)
192 Colonoscopy, lesion removal	393 URS + LL
193 ERCP	394 Laparoscopic oophorectomy
194 Colonoscopy stenting of stricture	Critical care
195 Percutaneous Endoscopic Gastrostomy	395 Insert non- tunnel CV cath
196 EUS and pancreatic pseudo cyst drainage	396 Insert PICC cath (peripherally inserted central
197 ERCP and choledochoscopy	397 Replace PICC cath (peripherally inserted central
198 Proctosigmoidoscopy volvulus detorsion	398 Insertion catheter, intra anterior
199 ERCP and sphincterotomy	399 Insertion of Portacath
200 Esophageal stent placement	
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

## Appendix 2 - List of critical illness covered under the policy

- Cancer of specified severity
- First Heart Attack-of specified severity
- Coma of specified severity
- Kidney Failure Requiring Regular Dialysis
- Stroke-Permanent Neurological Sequelae
- Major Organ /Bone marrow transplant
- Multiple Sclerosis with Persisting Symptoms
- Aplastic Anemia
- End Stage Lung Disease
- End Stage Liver Failure
- Parkinson's Disease
- Surgery to Aorta
- Alzheimer Disease
- Primary Pulmonary Arterial Hypertension
- Major Burn
- Heart Valve Surgery
- Cardiomyopathy class III & IV
- Blindness
- Apallic Syndrome
- Major Head Trauma
- Permanent Paralysis of Limbs
- Motor Neurone with Permanent Symptoms
- Muscular Dystrophy
- Polio Myelitis
- Systemic Lupus Eryth with Renal Involvement



## Appendix 3 - Exclusion under the voluntary critical illness policy

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. Any critical illness for which care, treatment, or advice was recommended by or received from a physician, or which first manifested itself or was contracted before the start of the policy period, or for which a claim has or could have been made under any earlier policy.
2. Any critical illness diagnosed within the first 90 days of the date of commencement of the policy is excluded. This exclusion shall not apply to the insured for whom coverage has been renewed by the named insured, without a break, for subsequent years.
3. Any condition directly or indirectly caused by or associated with human T-cell lymphotropic virus type III (III LB III) or lymphadenopathy-associated virus (LAV), or the mutants derivative or variations deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
4. Treatment arising from or traceable to pregnancy, child-birth post-partum complications, including, but not limited to, cesarean section, birth defects, and congenital anomalies.
5. Occupational diseases.
6. War, whether war is declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority, or any act or condition incidental to any of the above.
7. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels, and the like.
8. Any natural peril (including, but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard)
9. Radioactive contamination.
10. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature, such as loss of goodwill or any legal liability of any kind whatsoever.
11. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol

## Appendix 4 - Definitions

### 1. Day care center

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.

### 2. Hospital

A hospital means any institution established for in-patient care and daycare 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 ten 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.



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