

ADDRESS OF  
ISSUING OFFICE



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

ITGI / HP / 03 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

## **HEALTH PROTECTOR**

This policy is evidence of the contract between you and us. The proposal along with any written statement(s), declaration(s) of yours for purpose of this policy forms part of this contract.

This policy witnesses that in consideration of your having paid the premium for the period stated in the schedule or for any further period for which we may accept the payment for renewal of this policy, we will insure the insured person(s) and accordingly we will pay to you or to insured person(s) or your/their legal representatives as the case may be, in respect of events occurring during the period of insurance in the manner and to the extent set forth in the policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this policy insofar as they relate to anything to be done or complied with by you and/or insured person(s) have been met.

The schedule shall form part of this policy and the term policy whenever used shall be read as including the schedule.

Any word or expression to which a specific meaning has been attached in any part of this policy or schedule shall bear such meaning whenever it may appear.

The policy is based on information which have been given to us about insured person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to your or the insured person(s) right to recover under this policy.

### **GENERAL DEFINITIONS :**

#### **1. Proposal**

It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to us by you.

#### **2. Policy**

It means the policy wording, the schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person(s), what is excluded from the cover and the conditions on which the policy is issued.

#### **3. Schedule**

It means latest schedule issued by us as part of the policy. It provides details of the cover of insured person(s) which are in force and the level of cover insured person(s) have.

#### **4. Basic Sum Insured**

It means the monetary amount as opted by the insured person(s) against each insured person without cumulative bonus and higher sum insured for critical illness.

#### **5. Sum Insured**

It means the basic sum insured including the cumulative bonus shown against each insured person.

**6. Extended Sum Insured**

It means the sum insured including the higher sum insured for critical illness coverage.

**7. We/Our/Us**

It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

**8. You/Your**

It means the person(s) named as insured in the schedule.

**9. Insured Person**

It means the person(s) named as insured person(s) in the schedule lodged with us by you.

**10. Period of Insurance**

It means the duration of this policy as shown in the schedule.

**11. Injury**

It 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.

**12. Disease**

It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.

**13. Hospital/Nursing Home**

It 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 at least 10(ten) in-patient beds, in those towns having a population of less than 10,00,000 (ten lakhs) and at least 15(fifteen) inpatient beds in all other places;
- II. has qualified nursing staff under its employment round the clock;
- 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 will make these accessible to our authorized personnel.

**14. Surgery or Surgical Procedure**

It 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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**15. Hospitalisation**

It means admission in a Hospital for a minimum period of 24 (twenty four) Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (twenty four) consecutive hours.

**16. Medically Necessary**

Medically Necessary treatment is defined as 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 person;
- 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.

**17. Any One Illness**

It means continuous period of illness and it includes relapse within 45 (forty five) days from the date of last consultation for the same illness disease/injury with the Hospital/Nursing Home where treatment may have been taken.

**18. Pre-Hospitalisation Medical Expenses**

It means Medical Expenses incurred immediately before the Insured Person(s) is/are hospitalised, provided that:

- I. such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalisation was required, and
- II. the In-patient Hospitalisation claim for such Hospitalisation is admissible by us.

**19. Post Hospitalisation Medical Expenses**

It means Medical Expenses incurred immediately after the Insured Person(s) is/are discharged from the hospital provided that:

- I. such Medical Expenses are incurred for the same condition for which the Insured person's hospitalisation was required and
- II. the In-patient Hospitalisation claim for such Hospitalisation is admissible by us.

**20. Medical Practitioner**

A Medical Practitioner is 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 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.

**21. Qualified Nurse**

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

**22. Domiciliary Hospitalisation**

It 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/bed in a hospital.

### **23. Reasonable and Customary Charges**

It means 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.

### **24. Pre-existing Condition**

It means any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 (Forty eight) months to prior to the first policy issued by the insurer.

### **25. Critical Illness**

#### **a) Cancer Of Specified Severity**

I. A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded-

- 1) Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- 2) Any skin cancer other than invasive malignant melanoma
- 3) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6(six) or having progressed to at least clinical TNM classification T2N0M0
- 4) Papillary micro - carcinoma of the thyroid less than 1(one) cm in diameter
- 5) Chronic lymphocytic leukemia less than RAI stage 3(three)
- 6) Microcarcinoma of the bladder
- 7) All tumours in the presence of HIV infection.

#### **b) First Heart Attack - Of Specified Severity**

I. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- 1) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- 2) New characteristic electrocardiogram changes
- 3) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

- 1) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- 2) Other acute Coronary Syndromes
- 3) Any type of angina pectoris.

#### **c) Open Chest CABG**

I. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- 1) angioplasty and/or any other intra-arterial procedures
- 2) any key-hole or laser surgery.

#### **d) Open Heart Replacement Or Repair Of Heart Valves**

It means the actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

#### **e) Coma of Specified Severity**

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- 1) no response to external stimuli continuously for at least 96 (ninety six) hours;
- 2) life support measures are necessary to sustain life; and
- 3) permanent neurological deficit which must be assessed at least 30 (thirty) days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

#### **f) Kidney Failure Requiring Regular Dialysis**

It means 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.

#### **g) Stroke Resulting In Permanent Symptoms**

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 (three) months has to be produced.

II. The following are excluded:

- 1) Transient ischemic attacks (TIA)
- 2) Traumatic injury of the brain
- 3) Vascular disease affecting only the eye or optic nerve or vestibular functions.

#### **h) Major Organ / Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

- 1) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- 2) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- 1) Other stem-cell transplants
- 2) Where only islets of langerhans are transplanted

#### **i) Permanent Paralysis Of Limbs**

It means total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 (three) months.

**j) Motor Neurone Disease With Permanent Symptoms**

It means disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 (three) months.

**k) Multiple Sclerosis With Persisting Symptoms**

I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- 1) investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- 2) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 (six) months, and well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart. Other causes of neurological damage such as SLE and HIV are excluded.

**26. Day Care Treatment**

It refers to medical treatment, and/or surgical procedure which is:

- I. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 (twenty four) hours because of technological advancement, and
- II. which would have otherwise required a hospitalisation of more than 24 (twenty four) hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition. [The list of covered day care treatment is as per Annexure 1 attached herewith].

**27. Network Provider**

It means hospitals or health care providers enlisted by IFFCO TOKIO to provide medical services to an insured person on payment by a cashless facility.

**28. Non- Network Hospitals**

It means any hospital, day care centre or other provider that is not part of the network.

**29. Emergency Assistance Service Provider**

It means the licensed entity which will provide identified emergency medical assistance and personal services to people travelling more than 150 (one hundred and fifty) kilometers from their declared place of residence in India.

**30. Medical Assistance Services**

It means the stipulated medical services offered by emergency assistance service provider during a medical emergency situation while insured person(s) is/are away from home, consisting of medical consultation and evaluation, medical referrals, medical evacuation and medically supervised repatriation.

**31. Personal Services**

It means the other emergency services offered by emergency assistance service provider during a medical emergency situation while insured person(s) is/are away from home, consisting of message transmission, care of minor children left unattended due to medical incident, return of mortal remains, prescription assistance, and legal and interpreter referrals, transportation to join patient and emergency cash coordination.

**32. Accident**

It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**33. Co-Payment**

It means a cost-sharing requirement under a health insurance policy that provides that the insured person/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the basic sum insured /sum insured/extended sum insured.

**34. Emergency Care**

It means management for a severe 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 person's health.

**35. Grace Period**

It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

**36. Intensive Care Unit**

It 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.

**37. Inpatient Care**

It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty four) hours or any other minimum prescribed hours as per the terms, coverage of the policy for a covered event.

**38. OPD Treatment**

It means one in which the Insured person 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 person is not admitted as a day care or in-patient.

**39. Illness**

It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

- I. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the Insured Person to his/her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- II. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics :
  - 1) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
  - 2) it needs ongoing or long-term control or relief of symptoms;
  - 3) it requires your rehabilitation or for you to be specially trained to cope with it;
  - 4) it continues indefinitely; and
  - 5) it comes back or is likely to come back.

**40. Day Care Centre**

It means any institution established for day care treatment of illness and/or injuries or a medical set-up within 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 our authorized personnel.

**41. Medical Advice**

It means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

**42. Medical Expense**

It means those expenses that an Insured Person has/you have 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 Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**43. Cumulative Bonus**

It means any increase in the Basic Sum Insured granted by us without an associated increase in premium.

**44. Maternity Expense**

It means treatment shall include:

- I. medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalisation);
- II. expenses towards lawful medical termination of pregnancy during the policy period.

**45. Dental Treatment**

It means treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

**46. Unproven/Experimental Treatment**

A treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

**47. Condition Precedent**

It means a policy term or condition upon which our liability under the policy is conditional upon.

**48. Notification of Claim**

It means the process of notifying a claim to us or to TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

**49. Disclosure to information norm**

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.



**50. Cashless facility**

It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.

**51. Subrogation**

It means our right to assume the rights of the insured person(s)/you to recover expenses paid out under the policy that may be recovered from any other source.

**52. Contribution**

It means essentially our right to call upon other insurers, liable to the same insured person, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

**53. Renewal**

It 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 or the purpose of all waiting periods.

**54. Portability**

It means the right accorded to an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if insured person/you choose(s) to switch from one insurer to another insurer.

**55. Room rent**

It means the amount charged by a hospital for the occupancy of a bed on per day (24 {twenty four} hours) basis and shall include associated medical expenses.

**56. Class "A" Cities**

It means cities of Hyderabad, Secunderabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.

**57. Congenital Anomaly**

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

- I. **Internal Congenital Anomaly:** It means a congenital anomaly which is not in the visible and accessible parts of the body.
- II. **External Congenital Anomaly:** It means a congenital anomaly which is in the visible and accessible parts of the body.

**58. Additional Benefits**

It means the coverages which are granted to insured person(s) apart from main coverage under the policy, for which no additional premium is required to be paid by you.

**59. Extension**

It means optional coverage which is available to insured person(s) apart from main coverage and additional benefit(s), which you can choose to take on payment of necessary additional premium.

#### 60. Terrorism/Terrorist Incident

It means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

#### 61. Alternative Treatment

It means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

#### 62. Dependent Child

A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

### MAIN COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED										
<p>If the insured person(s) sustain(s) any injury or contract(s) any disease and if medically necessary, he/she has to incur Hospitalisation expenses, then we will pay reasonable and customary charges of:</p> <p><b>1. Room Rent Expenses:</b></p> <p>a) In respect of sum insured of Rs. 5(five) lakhs and above (excluding the higher sum insured for critical illness but including cumulative bonus), the room-rent expenses as mentioned in 1(b)below will be payable according to actual expenses without any room rent expenses capping limits.</p> <p>b)In respect of sum insured less than Rs.5(five) lakhs, <b>room rent expenses subject to following limits:</b></p> <p><b>For Normal Room Rent Expenses :</b></p> <ul style="list-style-type: none"> <li>• In respect of class "A" cities, a limit of 1.75%(one and three fourth of a percent) of the sum insured on per day basis or actual, whichever is less.</li> <li>• In respect of cities other than class "A" cities, a limit of 1.50% (one and half of a percent) of the sum insured on per day basis or actual, whichever is less.</li> </ul> <p><b>For Intensive Care Unit/Therapeutic Expenses:</b></p> <ul style="list-style-type: none"> <li>• In respect of class "A" cities, a limit of 3% (three percent) of the sum insured on per day basis or actual, whichever is less.</li> <li>• In respect of other than class "A" cities, a limit of 2.5% (two and half percent) of the sum</li> </ul>	<p><b>We will not pay for</b></p> <p><b>1. Co-payment: In case of second and subsequent claims under one policy period for the same insured person, following scales of co-payment shall be applicable:</b></p> <table border="1"> <thead> <tr> <th>No. Of Claims</th><th>Percentage of Co-payment</th></tr> </thead> <tbody> <tr> <td>First claim</td><td>Nil</td></tr> <tr> <td>Second claim</td><td>7.5%(seven and half percent) of the admissible claim amount</td></tr> <tr> <td>Third claim</td><td>10%(ten percent) of the admissible claim amount</td></tr> <tr> <td>Fourth claim and above</td><td>20%(twenty percent) of the admissible claim amount</td></tr> </tbody> </table> <p><b>Note:</b>The above co-payment will not be applicable on hospitalisation claim due to accidental injury.</p> <p><b>2. Pre-Existing Condition:</b></p> <p>a) Any condition(s) defined as pre - existing condition in the policy, until 36 (thirty six) months of continuous coverage have elapsed, since inception of the first health insurance policy, whether group or individual, without any break in the insurance coverage.</p> <p>b) The following disease(s) arising out of or aggravated by diabetes, if existing at the time of taking the first health insurance policy by insured person (s), will fall under the pre-existing condition as described under 2(a)above of "what is not covered" and shall have a waiting period of 36 (thirty six) months:</p> <ol style="list-style-type: none"> <li>Diabetic Nephropathy;</li> <li>Diabetic Retinopathy;</li> </ol>	No. Of Claims	Percentage of Co-payment	First claim	Nil	Second claim	7.5%(seven and half percent) of the admissible claim amount	Third claim	10%(ten percent) of the admissible claim amount	Fourth claim and above	20%(twenty percent) of the admissible claim amount
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<p>insured on per day basis or actual, whichever is less.</p> <p>c) Registration, Service charges, Surcharge and any other similar charges on actual basis subject to a maximum limit of 0.5% (half percent) of Sum Insured for each hospitalisation.</p> <p>2. Medical practitioner/ Anesthetist, Consultant fees.</p> <p>3. Anesthesia, blood, oxygen, operation theatre, surgical appliances, medicines and drugs, diagnostic materials and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs, cost of organ and similar expenses.</p> <p>4. Vitamins and tonics only if forming part of treatments certified by the attending medical practitioner.</p> <p>5. Ayurvedic and/or Homeopathic and/or Unani and/or Siddha hospitalisation expenses including pre-hospitalisation and post hospitalisation expenses upto the limit of the Sum Insured of the insured person per policy period of 365 (three hundred sixty five) days.</p> <p>6. The above stated relevant Reasonable and Customary charges incurred for Domiciliary Hospitalisation if Medically Necessary upto a maximum aggregate sub-limit of 20% (twenty percent) of the Sum Insured.</p> <p><b>Note :</b></p> <p>1. In case insured person(s) opt(s) for a Room with rent higher than the entitlement limit, the amounts payable under item (2) and (3) above supplied by Hospital above of 'what is covered' shall be restricted to</p> <p>a) The charges applicable to the room within the eligibility of insured person (s) as per hospital tariff;</p> <p style="text-align: center;">or</p> <p>b) The same proportion as the entitled room rent bears to availed room rent (if hospital tariff is not available or no room available within the eligible room rent). This proportionate payment will not be less than 50% (fifty percent) of the claim amount for item 2&amp;3 of "What is Covered".</p> <p>2. Hospitalisation expenses of person donating an organ during the course of organ transplant subject to the above sub limits applicable to the insured person and within the extended sum insured (if applicable) of the insured person. However for Room Rent, the amount payable in</p>	<p>III. Diabetic Neuropathy;</p> <p>IV. Diabetic Angiopathy;</p> <p>V. Diabetic Ketoacidosis Or Hyper Hypoglycaemia;</p> <p>VI. Hypoglycaemia; and</p> <p>VII. Diabetic Foot Or Wound.</p> <p>c) The following disease(s) arising out of or aggravated by hypertension, if existing at the time of taking the first health insurance policy by insured person (s), will fall under the pre-existing condition as described under 2(a) above of "what is not covered" and shall have a waiting period of 36 (thirty six) months :</p> <p>I. Cerebro Vascular Attack (CVA Hemorrhagic)</p> <p>II. Hypertensive Encephalopathy</p> <p>III. Hypertensive Heart Disease {e.g. Left Ventricular Hypertrophy (LVH) Congestive Heart Failure (CHF) etc. or Coronary Artery Disease (CAD)}</p> <p>IV. Hypertensive Nephropathy;</p> <p>V. Hypertensive Retinopathy; and</p> <p>VI. Aneurysm.</p> <p>3. Any expense on hospitalisation for any disease which incepts during first 30 (thirty) days of commencement of this insurance cover. This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 12 (twelve) months without a break exceeding 30 (thirty) days. For hospitalisation owing to accidental injury, this 30 (thirty) days waiting period shall not apply.</p> <p>4. a) Any expense incurred in the first year of operation of the insurance cover on treatment of the following diseases :</p> <p>I. Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma</p> <p>II. Hernia, Hydrocele, Congenital Internal Disease.</p> <p>III. Fistula in Anus, Piles, Sinusitis</p> <p>IV. Cholelithiasis and Cholecystectomy</p> <p>However if these disease(s) is/are under pre-existing condition at the time of the first proposal, then these will be falling under exclusion (2) and will be covered after 36 (thirty six) months of continuous insurance with us.</p> <p>This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous</p>
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<p>respect of Donor will be 50%(fifty percent) of Room Rent limit of insured person(patient) for whom the claim is lodged.</p> <p>3. For the purpose of determining the sub-limits of expenses for Room/ Boarding/Nursingchargesand Ayurvedic and/ or Homeopathic and/or Unaniand/or Sidhahospitalisation expenses including pre-hospitalisation and post-hospitalisation as detailed under item (1), (5) &amp;(6) of “What is covered” above, the following specified percentages will be applied on the sum insured only.</p> <p>4. Terrorism is covered.</p>	<p>period of preceding 12 (twelve) months without a break exceeding 30(thirty) days.</p> <p>b) Any expense on disease aggravated by Diabetes and/or Hypertension,incurred in the first two years of operation of the insurance cover.</p> <p>However if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal, then these will be falling under exclusion 2 (b) and 2 (c) above and will be covered after 36 (thirty six) months of continuous coverage with us.</p> <p>This exclusion shall not apply in case of the insured person(s) having been covered under this policy or group or individual medical insurance policy with any of Indian insurance companies for a continuous period of preceding 24 (twenty four) months without a break exceeding 30(thirty) days.</p> <p>5. Cost of spectacles and contact lens or hearing aids.</p> <p>6. Expenses on diagnostic, x-ray, or laboratory examinations, investigations unless related to the active treatment of disease or injury falling within ambit of hospitalisationclaim under “What is Covered”.</p> <p>7. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalisation claim.</p> <p>8. Dental treatment or surgery of any kind, unless requiring hospitalisation.</p> <p>9. Allopathic or Ayurvedic or Homeopathic or Unani or Sidhamedicines shall not be allowed unless prescribed by respective practitioner.</p> <p>10. Maternity expenses (other than ectopic pregnancy requiring surgical intervention), miscarriage, medical termination, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment.</p> <p>11. Any expenses or treatment related to the disease if it is due to chronic alcohol consumption or any self inflicted toxic or drug consumption.</p> <p>12. Any expense on naturopathy, experimental or unproven treatments.</p>
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	<p>13. Any expense on procedure and treatment including acupressure, acupuncture, magnetic and such other therapies etc.</p> <p>14. Travel or transportation expenses, other than ambulance service charges.</p> <p>15. Any expense related to disease/injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, skydiving, paragliding, hang gliding, deep sea diving using hard helmet and breathing apparatus, snow and ice sports and activities of similar hazard.</p> <p>16. External medical equipment of any kind used at home as post hospitalisation care, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.</p> <p>17. Genetic disorders and stem cell implantation/ surgery.</p> <p>18. All non medical expenses including personal comfort and convenience items or services, such as telephone, maid/ barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc, guest services and similar incidental expenses or services etc.</p> <p>19. Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.</p> <p>20. Any expenses for any mental disease (a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.</p> <p>21. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalisation for which the claim is admitted and it is advised by treating Medical Practitioner.</p>
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	<p>22. Rehabilitation Expenses.</p> <p>23. Ambulance charges, pre and post hospitalisation expenses and daily allowance for the donor in case of major organ transplant.</p> <p>24. Convalescence, general debility, run down condition or rest cure, congenital disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohols.</p> <p>25. Any expense on treatment related to HIV, AIDS and all related medical conditions.</p> <p>26. Any expense on injury or diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</p> <p>27. Injury or diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</p> <p>28. Any expense under Domiciliary Hospitalisation for</p> <ul style="list-style-type: none"> <li>a) Pre and Post Hospitalisation treatment</li> <li>b) Treatment of following diseases: <ul style="list-style-type: none"> <li>I. Asthma</li> <li>II. Bronchitis</li> <li>III. Chronic Nephritis and Nephritic Syndrome</li> <li>IV. Diarrhoea and all type of Dysenteries including Gastro-enteritis</li> <li>V. Diabetes</li> <li>VI. Epilepsy</li> <li>VII. Hypertension</li> <li>VIII. Influenza, Cough and Cold</li> <li>IX. All types of Psychiatric or Psychosomatic Disorders</li> <li>X. Pyrexia of unknown origin for less than 15(fifteen) days</li> <li>XI. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis</li> <li>XII. Arthritis, Gout and Rheumatism</li> <li>XIII. Dental Treatment or Surgery</li> <li>XIV. Critical Illness</li> </ul> </li> </ul>
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	<p>29. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment and as covered in the Additional Benefit, inoculation, cosmetic or aesthetic treatment of any description(including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease.</p> <p>30. Expenses that are not covered as per Annexure 2.</p>
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### SPECIAL CONDITIONS

1. The health insurance policy, if renewed after a break in of 30 (thirty) days or more, then the cover thereafter will be treated as a fresh cover for the purposes of the pre-existing condition (Refer Clause 2(a),2(b),2(c) of "WHAT IS NOT COVERED"), 30 (thirty) days waiting period ( Refer Clause (3) of "WHAT IS NOT COVERED"), first year disease exclusions( Refer Clause (4(a)) of "WHAT IS NOT COVERED") and also relating to Diabetes and Hypertension (Refer Clause 4(b) of "WHAT IS NOT COVERED"). In case of increase in basic sum insured at the time of renewal, the increased basic sum insured will be subject to the pre-existing condition (Refer Clause 2(a),2(b),2(c) of "WHAT IS NOT COVERED"), 30 (thirty) days waiting period ( Refer Clause (3) of "WHAT IS NOT COVERED"), first year disease exclusions ( Refer Clause (4(a)) of "WHAT IS NOT COVERED") and also relating to Diabetes and Hypertension (Refer Clause 4(b) of "WHAT IS NOT COVERED").
2. **Extension of policy period** :In case the insured person(s) who is/are covered under 'Health Protector Policy' has/have to go abroad for a minimum of 30(thirty) days and accordingly he/she/they buy an Travel protector policy for those 30(thirty) days or more and submit(s) the proof thereof(copy of visa and photocopy of stamped passport on return), in that event the period of insurance under the Health Protector policy in respect of the insured person(s) will be extended by 30 (thirty) days or more i.e. the period of insurance under the policy shall be extended for those number of days for which travel protector policy has/have run out actual period abroad subject to a minimum of 30(thirty) days period abroad.
3. **Reinstatement of sum insured**: After occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of the claim after charging appropriate premium as per the following method for reinstatement of the basic sum insured so that full basic sum insured is available for the policy period :
  - a) Reinstatement of basic sum insured will be to the extent of claim amount paid.
  - b) Reinstatement premium will be deducted from the claim amount.
  - c) Reinstatement will be effected for the period from the first date of hospitalisation up to the expiry date of the policy.
  - d) This reinstated basic sum insured will not be available for the hospitalisation treatment expenses of the illness, disease, injury for which the insured person(s) was/were hospitalized. It will be available for treatment including that for the same illness or any other disease, illness (other than chronic diseases listed below under point g) which are not cases of relapse within 45(forty five) days of first hospitalisation for which Insured person(s) was/were hospitalised. Further even in the first hospitalisation period, if the insured person(s) sustain any injury or contract(s) any disease other than injury, disease for which he/she was hospitalised, then the reinstated basic sum insured will be available for payment of claim for subsequent disease/injury/illness which insured person(s) has/have sustained whilst being in the hospital for the other disease/injury.

**Example:** If a Patient has a Sum Insured of Rs. 1 Lac and undergoes procedures costing Rs.1.25 lacs, reimbursement would be limited to Rs. 1lac subject to T&C of the policy, the sum insured under policy would be reinstated to Rs. 1lac again. However, this re-instated SI cannot be used to pay the balance

Rs.25, 000 /- which was in excess of the available sum insured at the time the claim was lodged. The reinstated sum insured would, however, be available for any ailment occurring after the reinstatement including a fresh occurrence of the ailment that had occurred prior to the reinstatement.

- e) Though the basic sum insured will be reinstated as soon as hospitalisation of the insured person(s) take place, the premium for the same shall be recovered from the claim settlement amount.
- f) This will be applicable on all policies with a basic sum insured of Rs.1.50 lakhs (one lakh and fifty thousand) and above.
- g) Premium will be computed on pro-rata on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation:

$$\text{Reinstatement premium} = \frac{(\text{Annual premium} \times \text{claim amount}) \times \frac{\text{Remaining number of days of the policy}}{365}}{\text{Total basic sum insured}}$$

(calculated from the date of admission in hospital)

- h) The reinstated basic sum insured will not be available for the following chronic disease where the initial claim under the same policy period has been lodged for :

- I. Cancer Of Specified Severity
- II. First Heart Attack - Of Specified Severity
- III. Open Chest CABG
- IV. Open Heart Replacement or Repair Of Heart Valves.
- V. Coma of Specified Severity
- VI. Kidney Failure Requiring Regular Dialysis
- VII. Stroke Resulting In Permanent Symptoms
- VIII. Major Organ /Bone Marrow Transplant
- IX. Permanent Paralysis Of Limbs
- X. Motor Neurone Disease with Permanent Symptoms
- XI. Multiple Sclerosis With Persisting Symptoms

- h) The reinstatement of sum insured will not be available for Critical illness extension and cumulative bonus.
- i) The reinstatement of sum insured will not be available for Domiciliary Hospitalisation and Ayurvedic and/or Homeopathic and/or Unani and /or Sidha hospitalisation.

### ADDITIONAL BENEFITS

We will pay for the additional benefits as mentioned below in accordance with the main-coverage:

1. **Daily allowance:-** An additional daily allowance amount equivalent to 0.20% (one fifth of a percent) of the sum insured per day for the duration of hospitalisation. If the hospitalisation period is less than 24 (twenty four) hours, then this daily allowance will be reduced proportionately for the period of hospitalisation.
2. **Ambulance charges:** Ambulance charges in connection with any admissible claim subject to a limit of 1%(one percent) of the sum insured or Rs. 2500 (two thousand & five hundred) whichever is less for each hospitalisation.
3. **Pre and Post Hospitalisation Medical Expenses:**
  - a) **Pre-Hospitalisation Medical Expenses** incurred up to 45 (forty five) days prior to Hospitalisation on disease/illness/injury sustained, which will be part of Hospitalisation expenses claim.
  - b) **Post Hospitalisation Medical Expenses** incurred during period up to 60 (sixty days) days after Hospitalisation on disease/illness/injury sustained, which will be part of Hospitalisation expenses claim.
4. **Cumulative bonus :**



- a) The Cumulative Bonus shall be increased by 5%(five percent) of the basic sum insured at each renewal in respect of each claim free year of insurance, subject to maximum of 50%(fifty percent) of the insured person's basic sum insured of the expiring policy. For cumulative bonus eligibility, the policy has to be renewed within the expiry date or within a maximum of 30 (thirty) days from the expiry date, beyond which the entire cumulative bonus earned will lapse and be forfeited.
- b) In case of a claim under the policy in respect of any insured person who has earned cumulative bonus, the existing cumulative bonus will be reduced by 5% (five percent) of basic sum insured at the next renewal, subject to the stipulation that basic sum insured shall be maintained.
5. **Day care surgeries:** In addition to 121 (one hundred and twenty one) listed day care medical surgeries, our panel of doctors may allow any new breakthrough due to technological advancement, as day care surgery, which will be payable even if the duration of hospitalisation is less than 24 (twenty four) hours.
6. **Hospitalisation expenses if period of hospitalisation is less than 24(twenty four) hours:** At our discretion, we will pay hospitalisation expenses if the duration of hospitalisation is more than 12 (twelve) hours but less than 24(twenty four) hours except the day care surgeries, provided that this treatment expense has been authorized by us and the line of treatment has been consented to by our panel of doctor(s) in consultation with the medical practitioner (doctor) treating the insured person(s). In such case(s) the room rent shall be limited to 50% (fifty percent) of the entitled room rent per day. Further in such case(s) of less than 24(twenty four) hours of hospitalisation, no pre-hospitalisation expenses will be allowed and post-hospitalisation will be limited to a duration of 15 (fifteen) days from date of discharge.
7. **Cost of health checkup:** Insured person(s) shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four claim-free policies with us. The reimbursement shall not exceed the amount equal to 1% (one percent) of the average sum insured during the block of four claim free policies.
8. **Vaccination Expenses:** -- Insured person(s) shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy period of 365 (three hundred & sixty five) days each with us or 366 days in case of leap year, subject to a maximum of 10%(ten percent) of the total premium paid(excluding taxes) for the last two policies, provided no claims are made in respect of the insured person(s) during that period of insurance and the policies were renewed without break.
9. **Emergency Assistance Services:** This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services as described below. The services are provided when insured person(s) is/are traveling within India 150(one hundred and fifty) kilometers or more away from the residential address as mentioned in the policy schedule for less than 90(ninety) days. No claims for reimbursement of expenses incurred for services arranged by insured/insured person(s) will be entertained unless agreed by us or our authorized representative. **Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to you in respect of the insured person.**
  - a) **Medical consultation, evaluation and referral:** Insured person(s) has/have access to an operations center with multilingual medical staff on duty 24(twenty four) hours a day, 365(three hundred and sixty five) days a year. Medical personnel are available for medical consultation, evaluation and referrals to qualified physicians.
  - b) **Emergency medical evacuation:** If insured person(s) has/have a medical emergency and an adequate medical facility is not available (as determined by physician and the consultant physician) proximate to where insured person(s) is/are located, we/our representative will arrange an emergency evacuation, with medical supervision, by an appropriate means to the nearest medical facility capable of providing the required care.
  - c) **Medical repatriation:** When medically necessary, as determined by us / our physician and the

consulting physician, repatriation under medical supervision to insured person(s)/your address as mentioned in the policy schedule at such time as insured person(s) is/ are medically cleared for travel via commercial carrier, provided the repatriation can be accomplished without compromising insured person(s) medical condition. If the time period to receive medical clearance to travel by common carrier exceeds 14(fourteen) days from the date of discharge from the hospital, an appropriate mode of transportation may be arranged by **us/our representative**, such as an air ambulance. Medical or non-medical escorts may also be provided, if necessary.

- d) **Transportation to join patient:** We will provide a designated family member or personal friend with an economy, round-trip, common carrier transportation to the major airport closest to the place of hospitalisation, provided insured person (s) has/ have travelled alone and insured person(s) is/ are required to be hospitalized for more than seven consecutive days. At insured person (s) request, **we/our representative** will also provide assistance with regards to arrangements for the accommodation of family member or the friend. It is the responsibility of the family member or the friend to meet all documentary requirements for the travel and accommodation costs.
- e) **Care and/or transportation of minor children:** When insured person(s)'s minor child(ren) is/are left unattended as a result of insured person (s) medical situation, **we/our representative** will provide the child with transportation to home or to the home of a person designated by insured person (s) living in the same city as insured person (s) address. If appropriate, an attendant will escort the child.
- f) **Emergency message transmission:** **we/our representative** will receive and transmit emergency messages to/from home.
- g) **Return of mortal remains:** In the event of death of insured person, **we/our representative** will arrange and pay for the return of mortal remains. **we/our representative** will render any assistance necessary in the transport including locating a local, emergency assistance funeral home, mortuary or direct disposition facility to prepare the body for transport, completing all documentation, obtaining all legal clearances, providing death certificates, purchasing the minimally necessary casket or air transport container, as well as transporting the remains, including retrieval from site of death and delivery to receiving funeral home.
- h) **Emergency cash coordination:** **We/our representative** will assist in coordinating the transfer of emergency cash. Source of funds is solely your responsibility

**Conditions:** The emergency assistance services are available subject to certain limited exclusions as set forth below:

**Emergency assistance service will not be provided in the following instances:**

- a) Travel undertaken specifically for securing medical treatment
- b) Services sought outside India.
- c) Injuries resulting from participation in acts of war or insurrection
- d) Commission of unlawful act(s) with malafide intent.
- e) Attempt at suicide /self inflicted injuries
- f) Incidents involving the use of drugs, unless prescribed by a physician
- g) Transfer of the insured person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

**We/our representative will not evacuate or repatriate an insured person in the following instances:**

- a) Without medical authorization
- b) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local doctors and do not prevent insured person (s) from continuing your trip or returning home
- c) With a pregnancy term of over six(6) months
- d) With mental or nervous disorders unless hospitalised

**Specific exclusions:**

- a) Trips exceeding 90(ninety) days from declared residence without prior notification to emergency assistance service provider.
- b) Students at home/school campus address (as they are not considered to be in travel status).

Legal actions arising hereunder shall be barred unless written notice thereof is received by **us**, within one (1) year from the date of event giving rise to such legal action.

While assistance services are available all over India, transportation response time is directly related to the location/jurisdiction where an event occurs. We shall not be responsible for failing to provide services or for delays in the delivery of services caused by strikes or conditions beyond our control, including by way of example and not by limitation, weather conditions, availability of airports, flight conditions, availability of hyperbaric chambers, communications systems or where rendering of service is limited or prohibited by local law or edict.

All consulting physicians and attorneys are independent contractors and not under our control. **We/our representative** are not responsible or liable for any malpractice committed by professionals rendering services to you.

## Extension

### **I. Higher Sum Insured for Critical Illness Coverage**

We will indemnify in respect of insured person(s) for "Critical Illness" in accordance with main coverage as per following provisions provided that additional premium as required by us has been paid by you or on your behalf.

- a) If the insured person(s) is/are diagnosed during the period of insurance as suffering from a critical illness as defined under the policy, we shall reimburse medically necessary and reasonable and customary charges incurred on expenses as listed under "WHAT IS COVERED" up to an additional sum insured limit stipulated for the insured person in the policy schedule (equal to his/her sum insured excluding cumulative bonus).
- b) The additional sum insured available for critical illness under this extension cover will not qualify for the limit of Room/Boarding/Nursing Expenses and Additional Benefits No.1) Daily Allowance 2) Ambulance charges 4) Cumulative bonus 7) Cost of health checkup 8) Vaccination expenses and Special condition No.3) Reinstatement of Sum Insured in case of claim.
- c) The other terms of coverage (what is covered/ not covered) as detailed under basic cover will remain unaltered for higher sum insured for critical illness coverage.

- II. We will indemnify in respect of insured person(s) in accordance with the Main Coverage, without application of the limit on Room Rent/Intensive Care Unit charges as mentioned in the item 1(b) for Normal Room Rent Expenses and for Intensive Care Unit Therapeutic Expenses of "What is Covered" provided that the additional premium as required by us has been paid by you or on your behalf.

## GENERAL CONDITIONS

1. **Reasonable precaution:** You/insured person(s) shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.
2. **Notice:** You/your authorized representative/insured person(s) will give every notice and communication in writing to our office/call center through which this insurance is effected.
3. **Free Lookup Period:**
  - a) You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.
  - b) If you have not made any claim during the free look period, then you shall be entitled to :
    - I. A refund of the premium paid less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges or;
    - II. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges or;
    - III. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges.
  - c) Free Lookup Period is not applicable for renewal policies.
4. **Change in circumstances:** You must inform us, as soon as reasonably possible of any change in information you have provided to us about insured person(s) which may affect the insurance cover provided.
5. **Payment of premium:** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.
6. **Claim procedure and requirements :**
  - a) An event which might become a claim under the policy must be reported to us as soon as possible or within **“maximum of 24 (twenty four) hours of hospitalisation, but in any case 12(twelve) hours prior to insured person(s)’s discharge from hospital/nursing home”**.
  - b) A written statement of the claim will be required and a claim form will have to be completed. The claim must be filed along with all supporting documents within 30(thirty) days from the date of discharge from the hospital or completion of treatment whichever is later, except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which you / insured person or your/his or her personal representative were placed, it was not possible for any one of you to give notice or file claim within the prescribed time limit. In such case the claim should be duly filed with us within 90(ninety) days from the date of discharge from hospital, otherwise the claim shall not be entertained.
  - c) Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15(fifteen) days from the date of query/ies. You must submit all original bills, receipts, certificates, information and evidences from the attending medical practitioner/hospital/chemist/laboratory as required by us in the manner and form as we may prescribe. In such claims, our representative shall be allowed to carry out examination and obtain information on any alleged injury or disease requiring hospitalisation, if and when we may reasonably require.

- d) In case you / insured person (s) do(es) not comply with the provisions of this clause or other obligations to be met you / insured person(s) under this policy or in any of the policy documents, all benefit(s) under the policy shall be forfeited, at our option.
- e) Insured person (s) should inform the hospital authorities and **IFFCO-TOKIO** about the date and time of discharge as soon as the same is confirmed {at least 4 (four) hours before the scheduled discharge time}, so that the discharge formalities are completed smoothly.

7. **Limit of Indemnity:** The liability under the subject policy by way of indemnity for all the covers shall in no way exceed the overall Sum Insured opted by the Insured. However this condition is not applicable in case of Indemnity of Critical Illness treatments.

8. **Fraud:** If a claim is fraudulent in any respect or supported by any fraudulent statement with or without your knowledge or that of the insured person(s), all benefit(s) under this policy shall be forfeited.

9. **Electronic transaction:** You /insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

10. **No Constructive Notice:** Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

11. **Contribution:** If, when any claim arises, there is in existence any other insurance (other than cancer insurance policy) covering the same loss/liability, compensation, costs or expenses, we will pay in accordance to clause 11. However we will have a right to call for the rateable share of the loss from the other co-insurers. The benefit(s) under this policy shall be in excess of the benefit(s) available under cancer insurance policy.

## 12. Multiple Policies

If two or more policies are taken by you/insured person(s) during a period from one or more insurers to indemnify treatment costs, we shall not apply the contribution clause, but you/insured person(s) shall have the right to require a settlement of your claim in terms of any of your policies.

- a) In all such cases we who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
- b) If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, you/insured person(s) shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
- c) Except in benefit policies, in cases where you/insured person(s) has/have policies from more than one insurer to cover the same risk on indemnity basis, you/insured person(s) shall only be indemnified the hospitalisation costs in accordance with the terms and conditions of the policy.

## 13. Subrogation :

- a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which

we shall be or would become entitled or subrogated upon our paying any claim under this policy, whether before or after indemnification;

- b) You shall not do or cause to be done anything that may cause any prejudice of our right of subrogation;
- c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of us for the claim and the costs of recovery.

14. **Renewal:** Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided, however, that you apply for renewal and remit the requisite premium before the expiry of this policy.

The Policy has to be renewed within the expiry date or within a maximum of 30(thirty) days from the expiry date, beyond which the continuity benefits (relating to Pre-existing Disease Exclusion, 30(thirty) days Waiting Period, First Year Disease Exclusions and Cumulative Bonus earning) will not be available and any insurance cover thereafter will be treated as fresh cover.

In any case, we shall not be liable to pay claim occurring during the period of break in insurance i.e. up to 30(thirty) days from the due date of renewal.

No loading shall be applied on an individual policy for adverse personal loss ratio. However, the premium rates shall be liable to change on the basis of the claim experience for the entire portfolio.

15. **Portability :**

The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2013 dated 16th February, 2013. For more information please refer to the page no.89 on the following URL of the IRDA website:

<http://www.policyholder.gov.in/uploads/CEDocuments/Health%20Insurance%20Regulations%202013.pdf>

The salient features mentioning the rights and obligations of the insurer and insured are as follows:

- a) A policyholder desirous of porting his policy to another insurance company shall apply to such insurance company, to port the entire policy along with all the members of the family, if any, at least 45 days before the premium renewal date of his/her existing policy.
- b) Insurer may not be liable to offer portability if policyholder fails to approach the new insurer at least 45 days before the premium renewal date.
- c) Portability shall be opted by the policyholder only as stated in (a) above and not during the currency of the policy.
- d) In case insurer is willing to consider the proposal for portability even if the policyholder fails to approach insurer at least 45 days before the renewal date, it may be free to do so.
- e) Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal :
  - i. The existing policy shall be allowed to extend, if requested by the policyholder, for the short period by accepting a pro- rate premium for such short period, which shall be of at least one month and
  - ii. Shall not cancel existing policy until such time a confirmed policy from new insurer is received or at the specific written request of the insured.
  - iii. The new insurer, in all such cases, shall reckon the date of the commencement of risk to match with date of expiry of the short period, wherever relevant.
  - iv. If for any reason the insured intends to continue the policy further with the existing insurer, it shall be allowed to continue by charging a regular premium and without imposing any new condition.

16. **Cancellation:**

- a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.

- b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75%(seventy five percent)
3(three) months	50%(fifty percent)
6(six) months	25%(twenty five percent)
Exceeding six months	Nil

17. **Notice of Charge:** we will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of insured person shall in all cases be an effective discharge to us.
18. **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.
19. **Policy disputes:** the parties to this policy expressly agree that the laws of the republic of India shall govern the validity, construction, interpretation and effect of this policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the insured and the company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Indian territory.
20. **Disclaimer clause:** if we shall disclaim our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this policy.
21. **Withdrawal & Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Health Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Health Regulation.
- A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to portability conditions.
22. **Protection of Policy Holder's Interest:** in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.
23. The geographical scope of this policy will be India and all claims shall be payable in Indian currency.
24. **Sum Insured Enhancement:** In case of increase in basic Sum Insured more than 10% (ten percent) of last year basic Sum Insured at the time of renewal, subject to certain medical check-up required.
25. The emergency assistance services-medical and personal is not available on reimbursement basis.



26. The provision of the emergency medical or personal assistance services to you during the period of insurance by **Emergency Assistance Service Provider** does not necessarily mean that the hospitalisation claim is admissible under the policy.
27. **Grievance or Complaint:** You may register a grievance or complaint by visiting our website [www.itgi.co.in](http://www.itgi.co.in) you may also contact the branches from where you have bought the policy or grievance officer who can be reached at our corporate office.
28. **Provision for Senior Citizens:** Grievance Management for Senior citizen will be as per IRDA regulations.
29. **Insurance Ombudsman:** If you are not satisfied with any issue pertaining to the insurance, you can approach the insurance ombudsman in the respective area for resolving the issue. The contact details of the ombudsman offices are mentioned below:

Jurisdiction	Office Address
<b>AHMEDABAD</b>	2nd Floor, Ambica House, Ashram Rd, Ahmedabad-380 014. Tel.: 079-27545441/27546840 Fax : 079-27546142, Email: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a>
<b>BHOPAL</b>	2 <sup>nd</sup> Floor, Janak Vihar Complex, 6, Malviya Nagar, Bhopal-462 003. Tel.: 0755-2769201/9202 Fax : 0755-2769203, Email: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a>
<b>BHUBANESHWAR</b>	62, Forest Park, Bhubaneswar-751 009, Tel.: 0674-2596455/2596003 Fax : 0674-2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>
<b>CHANDIGARH</b>	SCO No.101-103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017, Tel.: 0172-2706468/2772101 Fax : 0172-2708274, Email: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a>
<b>CHENNAI</b>	Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018 Tel.: 044-24333668 /24335284 Fax : 044-24333664 , Email: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a>
<b>NEW DELHI</b>	2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.: 011-23234057/23232037 Fax : 011-23230858, Email: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>
<b>GUWAHATI</b>	Jeevan Nivesh", 5 <sup>th</sup> Floor, S.S. Road, Guwahati-781 001, Tel.: 0361-2132204/5 Fax : 0361-2732937 Email: <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a>
<b>HYDERABAD</b>	6-2-46, 1 <sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599, Email: <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a>
<b>ERNAKULAM</b>	2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, Ernakulam-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336, Email: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>
<b>KOLKATA</b>	Hindustan Building. Annexe, 4 <sup>th</sup> Floor, C.R. Avenue, Kolkata – 700072, Tel No: 033-22124339/22124346 Fax: 22124341, Email: <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a>
<b>LUCKNOW</b>	Jeevan Bhawan, Phase-2, 6 <sup>th</sup> Floor, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310, Email: <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a>
<b>MUMBAI</b>	3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai -400 054, Tel : 022-26106960/26106552 Fax : 022-26106052, Email: <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a>
<b>JAIPUR</b>	Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005, Tel: 0141-2740363 Email: <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a>
<b>PUNE</b>	3 <sup>rd</sup> Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, Pune – 411030, Tel: 020-32341320 Email: <a href="mailto:Bimalokpal.pune@gbic.co.in">Bimalokpal.pune@gbic.co.in</a>
<b>BENGALURU</b>	24 <sup>th</sup> Main Road, Jeevan Soudha Bldg., JP Nagar, 1 <sup>st</sup> Phase, Ground Floor, Bengaluru – 560025 Tel No: 080-26652049/26652048, Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a>
<b>NOIDA</b>	4 <sup>th</sup> Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, Noida – 201301. Tel: 0120-2514250/51/53, Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a>
<b>PATNA</b>	1 <sup>st</sup> Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800006, Tel No: 0612-2680952, Email id : <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a>



**Claims Documents required for settlement:**

- Claim Form
- Discharge Summary
- Bills and Receipt of Hospital/Nursing Home
- Attending Doctor's Report and Bills as well as cash memos of medicines and pathological tests duly supported by proper prescription.

## Annexure 1

List of Day Care Surgeries	
<b>ENT: Operation of the ear</b>	<b>Procedures on the digestive tract</b>
1 Stapedotomy or Stapedectomy	82 Sclerotherapy
2 Myringoplasty (Type -I Tympanoplasty)	83 Therapeutic Ascitic Tapping
3 Tympanoplasty (closure of an eardrum perforation)	84 Endoscopic ligation /banding
4 Reconstruction and other Procedures of the auditory ossicles	85 Dilatation of digestive tract strictures
5 Myringotomy	86 Endoscopic ultrasonography and biopsy
6 Removal of a tympanic drain	
7 Mastoidectomy	<b>Replacement of Gastrostomy tube</b>
8 Reconstruction of the middle ear	87 Endoscopic decompression of colon
9 Fenestration of the inner ear	88 Therapeutic ERCP
10 Incision (opening) and destruction (elimination) of the inner ear	89 Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
	90 Endoscopic Gastrostomy
<b>ENT: Procedures on the nose &amp; the nasal sinuses</b>	91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
11 Excision and destruction of diseased tissue of the nose	92 Endoscopic Drainage of Pseudopancreatic cyst
12 Procedures on the turbinates (nasal concha)	93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty)
13 Nasal sinus aspiration	<b>Procedures on the female sexual organs</b>
	94 Incision of the ovary
<b>ENT: Procedures on the tonsils &amp; adenoids</b>	95 Insufflation of the Fallopian tubes
14 Transoral incision and drainage of a pharyngeal abscess	96 Dilatation of the cervical canal
15 Tonsillectomy and / or adenoidectomy	97 Conisation of the uterine cervix
16 Excision and destruction of a lingual tonsil	98 Incision of the uterus (hysterotomy)
17 Quinsy drainage	99 Therapeutic curettage
	100 Culdotomy
<b>OPHTHALMOLOGY: Procedures on the eyes</b>	101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
18 Incision of tear glands	102 Procedures on Bartholin's glands (cyst)
19 Excision and destruction of diseased tissue of the eyelid	103 Endoscopic polypectomy
20 Procedures on the canthus and epicanthus	104 Myomectomy , hysteroscopic or laparoscopic biopsy or removal
21 Corrective surgery for entropion and ectropion	
22 Corrective surgery for blepharoptosis	<b>Procedures on the prostate &amp; seminal vesicles</b>
23 Removal of a foreign body from the conjunctiva	105 Incision of the prostate
24 Removal of a foreign body from the cornea	106 Transurethral excision and destruction of prostate tissue
25 Incision of the cornea	107 Open surgical excision and destruction of prostate tissue
26 Procedures for pterygium	108 Radical prostatovesiculectomy
27 Removal of a foreign body from the lens of the eye	109 Incision and excision of periprostatic tissue

28 Removal of a foreign body from the posterior chamber of the eye	
29 Removal of a foreign body from the orbit and eyeball	<b>Procedures on the scrotum &amp; tunica vaginalis testis</b>
30 Operation of cataract	110 Incision of the scrotum and tunica vaginalis testis
31 Chalazion removal	111 Operation on a testicular hydrocele
32 Glaucoma Surgery	112 Excision and destruction of diseased scrotal tissue
33 Surgery for Retinal detachment	113 Plastic reconstruction of the scrotum and tunica vaginalis testis
<b>Procedures on the skin &amp; subcutaneous tissues</b>	<b>Procedures on the testes</b>
34 Incision of a pilonidal sinus	114 Incision of the testes
35 Other incisions of the skin and subcutaneous tissues	115 Excision and destruction of diseased tissue of the testes
36 Surgical wound toilet (wound debridement)	116 Orchidectomy- Unilateral / Bilateral
37 Local excision or destruction of diseased tissue of the skin and subcutaneous tissues	117 Orchidopexy
38 Simple restoration of surface continuity of the skin and subcutaneous tissues	118 Abdominal exploration in cryptorchidism
39 Free skin transplantation, donor site	119 Surgical repositioning of an abdominal testis
40 Free skin transplantation, recipient site	120 Reconstruction of the testis
41 Revision of skin plasty	121 Implantation, exchange and removal of a testicular prosthesis
42 Restoration and reconstruction of the skin and subcutaneous tissues	
43 Chemosurgery to the skin	<b>Procedures on the spermatic cord, epididymis and DuctusDeferans</b>
44 Excision of Granuloma	122 Surgical treatment of a varicocele and hydrocele of spermatic cord
45 Incision and drainage of abscess	123 Excision in the area of the epididymis
	124 Epididymectomy
<b>Procedures on the tongue</b>	125 Reconstruction of the spermatic cord
46 Incision, excision and destruction of diseased tissue of the tongue	126 Reconstruction of the ductus deferens and epididymis
47 Partial glossectomy	
48 Glossectomy	<b>Procedures on the penis</b>
49 Reconstruction of the tongue	127 Procedures on the foreskin
	128 Local excision and destruction of diseased tissue of the penis
<b>Procedures on the salivary glands &amp; salivary ducts</b>	129 Amputation of the penis
50 Incision and lancing of a salivary gland and a salivary duct	130 Plastic reconstruction of the penis
51 Excision of diseased tissue of a salivary gland and a salivary duct	
52 Resection of a salivary gland	<b>Procedures on the urinary system</b>
53 Reconstruction of a salivary gland and a salivary duct	131 Cystoscopical removal of stones
	132 Lithotripsy
<b>Procedures on the mouth &amp; face</b>	133 Haemodialysis

54 External incision and drainage in the region of the mouth, jaw and face	134 PCNS (Percutaneous nephrostomy)
55 Incision of the hard and soft palate	135 PCNL (Percutaneous Nephro-Lithotomy)
56 Excision and destruction of diseased hard and soft palate	136 Tran urethral resection of bladder tumor
57 Incision, excision and destruction in the mouth	137 Suprapubic cystostomy
58 Plastic surgery to the floor of the mouth	
59 Palatoplasty	<b>Procedures of Respiratory System</b>
	138 Bronchoscopic treatment of bleeding lesion
<b>Trauma surgery and orthopaedics</b>	139 Bronchoscopic treatment of fistula /stenting
60 Incision on bone, septic and aseptic	140 Bronchoalveolar lavage & biopsy
61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	141 Direct Laryngoscopy with biopsy
62 Suture and other Procedures on tendons and tendon sheath	142 Therapeutic Pleural Tapping
63 Reduction of dislocation under GA	
64 Arthroscopic knee aspiration	<b>Procedures of Heart and Blood vessels</b>
65 Aspiration of hematoma	143 Coronary angiography (CAG)
66 Excision of Dupuytren's contracture	144 Coronary Angioplasty (PTCA)
67 Carpal tunnel decompression	145 Insertion of filter in inferior vena cava
68 Surgery for ligament tear	146 TIPS procedure for portal hypertension
69 Surgery for meniscus tear	147 Blood transfusion for recipient
70 Surgery for hemoarthrosis/pyoarthrosis	148 Therapeutic Phlebotomy
71 Removal of fracture pins/nails	149 Pericardiocentesis
72 Removal of metal wire	150 Insertion of gel foam in artery or vein
73 Joint Aspiration - Diagnostic / therapeutic	151 Carotid angioplasty
	152 Renal angioplasty
<b>Procedures on the breast</b>	153 Varicose vein stripping or ligation
74 Incision of the breast	
75 Procedures on the nipple	<b>OTHER Procedures</b>
76 Excision of breast lump /Fibro adenoma	154 Radiotherapy for Cancer
	155 Cancer Chemotherapy
<b>Procedures on the digestive tract</b>	156 True cut Biopsy
77 Incision and excision of tissue in the perianal region	157 Endoscopic Foreign Body Removal
78 Surgical treatment of anal fistulas	158 Vaccination / Inoculation - Post Dog bite or Snake bite
79 Surgical treatment of haemorrhoids	159 Endoscopic placement/removal of stents
80 Division of the anal sphincter (sphincterotomy)	160 Tumor embolisation
81 Ultrasound guided aspirations	161 Aspiration of an internal abscess under ultrasound guidance

## ANNEXURE 2

### List of Expenses Generally Not Payable/Payable in Hospitalisation Policy

<b>LIST OF NON PAYABLE ITEMS</b>	
<b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>	
1 HAIR REMOVAL CREAM	41 GUEST SERVICES
2 BABY CHARGES (UNLESS SPECIFIED/INDICATED)	42 BED PAN
3 BABY FOOD	43 BED UNDER PAD CHARGES
4 BABY UTILITES CHARGES	44 CAMERA COVER
5 BABY SET	45 CLINIPLAST
6 BABY BOTTLES	46 CREPE BANDAGE
7 BRUSH	47 CURAPORE
8 COSY TOWEL / TOWEL	48 DIAPER OF ANY TYPE
9 HAND WASH	49 DVD, CD CHARGES
10 M01STUR1SER PASTE BRUSH	50 EYELET COLLAR
11 POWDER	51 FACE MASK
12 RAZOR	52 FLEXI MASK
13 SHOE COVER	53 GAUSE SOFT
14 BEAUTY SERVICES	54 GAUZE
15 BELTS/ BRACES	55 HAND HOLDER
16 BUDS	56 HANSAPLAST/ADHESIVE BANDAGES
17 BARBER CHARGES	57 INFANT FOOD
18 CAPS	58 SLINGS
19 COLD PACK/HOT PACK	<b>ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES</b>
20 CARRY BAGS	59 WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
21 CRADLE CHARGES	60 COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC
22 COMB	61 DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
23 DISPOSABLES RAZORS CHARGES ( for site preparations)	62 HORMONE REPLACEMENT THERAPY
24 EAU-DE-COLOGNE / ROOM FRESHNERS	63 HOME VISIT CHARGES
25 EYE PAD	64 INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
26 EYE SHEILD	65 OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY
27 EMAIL / INTERNET CHARGES	66 PSYCHIATRIC & PSYCHOSOMATIC DISORDERS Exclusion in policy unless
28 FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	67 CORRECTIVE SURGERY FOR REFRACTIVE ERROR
	68 TREATMENT OF SEXUALLY TRANSMITTED DISEASES

	69 DONOR SCREENING CHARGES
29 FOOT COVER	70 ADMISSION/REGISTRATION CHARGES
30 GOWN	71 HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
31 LEGGINGS	72 EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
32 LAUNDRY CHARGES	73 ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
33 MINERAL WATER	74 STEM CELL IMPLANTATION/ SURGERY and storage
34 OIL CHARGES	<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>
35 SANITARY PAD	75 WARD AND THEATRE BOOKING CHARGES
36 SLIPPERS	76 ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
37 TELEPHONE CHARGES	77 MICROSCOPE COVER
38 TISSUE PAPER	78 SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
39 TOOTH PASTE	79 SURGICAL DRILL
40 TOOTH BRUSH	80 EYE KIT
81 EYE DRAPE	121 MEDICAL CERTIFICATE
82 X-RAY FILM	122 MAINTENANCE CHARGES
83 SPUTUM CUP	123 MEDICAL RECORDS
84 BOYLES APPARATUS CHARGES	124 PREPARATION CHARGES
85 BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	125 PHOTOCOPIES CHARGES
86 Antiseptic or disinfectant lotions Not Payable	126 PATIENT IDENTIFICATION BAND / NAME TAG
87 BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	127 WASHING CHARGES
88 COTTON	128 MEDICINE BOX
89 COTTON BANDAGE	129 MORTUARY CHARGES
90 MICROPORE/ SURGICAL TAPE	130 MEDICO LEGAL CASE CHARGES (MLC CHARGES)
91 BLADE	<b>EXTERNAL DURABLE DEVICES</b>
92 APRON	131 WALKING AIDS CHARGES
93 TORNQUET	132 BIPAP MACHINE
94 ORTHOBUNDLE, GYNAEC BUNDLE	133 COMMODE
95 URINE CONTAINER	134 CPAP/ CAPD EQUIPMENTS
<b>ELEMENTS OF ROOM CHARGE</b>	135 INFUSION PUMP

96 LUXURY TAX	136 OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
97 HVAC Part of room charge not	137 PULSE OXYMETER CHARGES
98 HOUSE KEEPING CHARGES	138 SPACER
99 SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	139 SPIROMETER
100 TELEVISION & AIR CONDITIONER CHARGES	140 SpO2 PROBE
101 SURCHARGES	141 NEBULIZER KIT
102 ATTENDANT CHARGES	142 STEAM INHALER
103 IM IV INJECTION CHARGES	143 ARMSLING
104 CLEAN SHEET	144 THERMOMETER
105 EXTRA DIET OF PATIENT	145 CERVICAL COLLAR
106 BLANKET/WARMER BLANKET	146 SPLINT
ADMINISTRATIVE OR NON-MEDICAL CHARGES	147 DIABETIC FOOT WEAR
107 ADMISSION KIT	148 KNEE BRACES ( LONG/ SHORT/ HINGED)
108 BIRTH CERTIFICATE	149 KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
109 BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	150 LUMBOSACRAL BELT
110 CERTIFICATE CHARGES	151 NIMBUS BED OR WATER OR AIR BED CHARGES
111 COURIER CHARGES	152 AMBULANCE COLLAR
112 CONVENYANCE CHARGES	153 AMBULANCE EQUIPMENT
113 DIABETIC CHART CHARGES	154 MICROSHEILD
114 DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	155 ABDOMINAL BINDER
115 DISCHARGE PROCEDURE CHARGES	<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>
116 DAILY CHART CHARGES	156 BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ \ DISINFECTANTS ETC
117 ENTRANCE PASS / VISITORS PASS CHARGES	157 PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
118 EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	158 NUTRITION PLANNING CHARGES
119 FILE OPENING CHARGES	159 SUGAR FREE Tablets Payable -S u g a r free
120 INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	160 CREAMS POWDERS LOTIONS
161 Digestion gels	180 ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
162 ECG ELECTRODES	181 EXAMINATION GLOVES
163 GLOVES Sterilized Gloves	182 KIDNEY TRAY
164 HIV KIT	183 MASK
165 LISTERINE/ ANTISEPTIC MOUTHWASH	184 OUNCE GLASS

166 LOZENGES	185 OUTSTATION CONSULTANT'S/ SURGEON'S FEES
167 MOUTH PAINT	186 OXYGEN MASK
168 NEBULISATION KIT If used d u rin g	187 PAPER GLOVES
169 NOVARAPID	188 PELVIC TRACTION BELT
170 VOLINI GEL/ ANALGESIC GEL	189 REFERRAL DOCTOR'S FEES
171 ZYTEE GEL	190 ACCU CHECK ( Glucometery/ Strips)
172 VACCINATION CHARGES Routine Vaccination not	191 PAN CAN
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE</b>	192 SOFNET
173 AHD	193 TROLLY COVER
174 ALCOHOL SWABES	194 UROMETER, URINE JUG
175 SCRUB SOLUTION/STERILLIUM	195 AMBULANCE
<b>OTHERS</b>	196 TEGADERM / VASOFIX SAFETY Payable - maximum o f 3
176 VACCINE CHARGES FOR BABY	197 URINE BAG
177 AESTHETIC TREATMENT / SURGERY	198 SOFTOVAC
178 TPA CHARGES	199 STOCKINGS Essential for case like
179 VISCO BELT CHARGES	CABG etc. where it should be paid