



Medical Insurance program document

For internal circulation only

Applicable to Deloitte USI offices located in Hyderabad, Mumbai, Bengaluru, and Delhi

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

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Group Medical Insurance Program

Medical insurance provider

Deloitte has tied up with Bajaj Allianz General Insurance Company Limited to provide medical insurance coverage to its professionals for the period September 2020 – August 2021.

Eligibility and coverage

- All full-time USI professionals are covered under this policy. Interns are also covered for the duration of their internship.
- This policy covers self, plus up to six dependents (Spouse, two parents and/or in-laws, and up to three dependent children).
- There is no age limit applicable for covering dependent parents/in-laws.
- The coverage for children (legitimate/legally adopted) is from day one (date of birth) up to the age of 25 years as long as they are dependent on the employee.
- Same sex partner can be covered as member under the policy. Please reach out to Inclusion team ([Francis, Mary Priscilla](#)) and Total Rewards team for such enrollments.

Coverage of spouse and dependents in case both the employee and the spouse are working with Deloitte:

- In case the spouse is working in a different entity within Deloitte, the spouse and dependents will be covered twice and their overall cover eligibility will be the addition of both sum insured (e.g., employee works as a manager in Support Services and spouse works as a manager in AERS. The overall cover for them will be 5 lakhs + 5 lakhs = 10 lakhs).
- In case the spouse and the employee are both working in the same entity, e.g., if employee and spouse both work in Support Services as managers, the employee, spouse, and dependents will be covered only once for INR 5 lakhs.
- This is a **Floater Cover** for the employee and his/her dependents. There are no separate limits for an individual within a family, i.e., you may submit claims for self or dependents up to the floater coverage limit of your category

Coverage limits

Insurance coverage limits (all figures in INR) and all levels are based on [US Equivalent Levels](#). Table 1

2020–2021 Deloitte medical insurance coverage limits

Floater coverage for employee, plus 6 dependents

Benefit level code	Base coverage eligibility	Enhanced coverage limit (optional)* (50%)	Enhanced coverage limit (optional)* (100%)
Staff and Sr. Staff	INR 3,00,000	INR 4,50,000	INR 6,00,000
Manager and Sr. Manager	INR 5,00,000	INR 7,50,000	INR 10,00,000

**Enhanced coverage can be opted for at the beginning of the renewal year by paying an additional premium. Premium amounts are mentioned in the voluntary policy section of this document.*

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

- One can choose to opt out of the enhanced policy if there is change in base SI due to a promotion (to Manager/ MD level)

- Interns are covered under the policy for a sum of INR 1 lakh. The policy does not cover the family of interns. Also, there are no enhancement options available for interns.
- This is a hospitalization insurance policy, which covers/reimburses expenses incurred by an employee for treatment of an ailment and warrants the employee or the dependent to be admitted as an 'in-patient' for a minimum period of 24 hours (except for the day care procedures, specifically covered by the policy)

Sub limits and caps

1. Co-payment, Table 2

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

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

2. Room rent restrictions

- The room rent restriction is INR 4,500 or 1% of sum insured, whichever is higher.
- For professionals who have voluntarily enhanced their base cover, the room rent restriction will be 1% of the enhanced sum insured amount.
- There is no room rent restriction for admission in ICU/NICU.
- It is important to keep in mind that most hospitals have a rate card which varies by the room rent. A higher room rent will entail proportionately higher charges for all the facilities provided by the hospital. **If an employee chooses to stay in a higher room rent category, they will need to pay proportionately higher hospitalization charges in addition to the room rent difference**, which impacts the overall claim.
- Expenses arising from such enhanced room rent category may be disallowed by the insurer

3. Sub limits/Capped ailments

Below mentioned diseases have the upper caps for the claim amount as follows, Table 3

Name of the ailment/ surgery/procedure	Base policy sublimit (INR)	Sublimit in case of voluntary enhancement of base cover by 50% (INR)	Sublimit in case of voluntary enhancement of base cover by 100% (INR)
Tonsillectomy	25,000	31,250	33,750
Cataract (each eye)	35,000	43,750	47,250
Hemorrhoids	50,000	62,500	67,500
Normal delivery	60,000	75,000	81,000
Cesarean delivery	80,000	100,000	108,000
Psychiatric treatment (OPD)	35,000	43,750	47,250
HIV AIDS (Anti- retroviral therapy)	35,000	43,750	47,250
Infertility treatment	80,000 (across all coverage types)		

Policy inclusions

1. Maternity cover

- The policy covers maternity hospitalization expenses for up to 3 children
- A sublimit of INR 60,000 for normal delivery and INR 80,000 for cesarean delivery is applicable
- For professionals who have voluntarily enhanced their sum insured, the enhanced limits for maternity would apply (refer to [table 3](#)). Professionals can further opt for women add on cover to for higher SI (please refer to the [Voluntary Covers section](#) in this document)
- Maternity related expenses prior 60 days and post 90 days of hospitalization will be covered as part of the overall maternity limit - e.g., coverage of costs of various tests and scanning are capped within the Maternity limit of the applicable sum insured for the said professional.
- Lifesaving treatment or aborting the baby due to complications will be a part of the sum insured
- Room rent restriction as specified under the coverage section
- In case of any complications, total sum insured will be considered instead of maternity sub-limits

2. Pre and post-natal expenses

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

Table 4

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

3. Infertility treatment

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

4. Pre and post hospitalization coverage

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

5. Pre-existing ailments for parents of new hires

For all new hires, a limit of INR 100,000 on sum insured is applicable for treatment of pre-existing ailments of parents/in-laws. These limits are applicable only through the first year from the date of joining. From second year onwards, the dependent parents will be covered under full floater. This clause is not applicable for treatments for self, spouse and dependent children.

6. Day care procedures

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

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

Please note: Treatment normally taken on an outpatient basis is not included in the scope of this cover. Please refer to the day care procedures list that are covered in the [appendix 1](#).

7. Alternative treatments included

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

8. Psychiatric Treatment coverage

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

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

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

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

10. Gender Reassignment Surgery coverage

This coverage is only for professionals and is covered up to the floater sum insured. The following procedures are covered

- Counselling
- Hormone therapy
- Covered surgeries include –

Male-to-Female:

- Clitoroplasty (creation of clitoris)
- Labiaplasty (creation of labia)
- Orchiectomy (removal of testicles)
- Penectomy (removal of penis)
- Urethroplasty (reconstruction of female urethra)
- Vaginoplasty (creation of vagina)

Female-to-Male:

- Bilateral mastectomy or breast reduction
- Hysterectomy (removal of uterus)
- Metoidioplasty (creation of penis, using clitoris)
- Penile prosthesis
- Phalloplasty (creation of penis)
- Salpingo-oophorectomy (removal of fallopian tubes and ovaries)
- Scrotoplasty (creation of scrotum)
- Testicular prostheses
- Urethroplasty (reconstruction of male urethra)
- Vaginectomy (removal of vagina)
- Vulvectomy (removal of vulva)

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

Cosmetic procedures which are not medically necessary are not covered. Please see exclusions under gender reassignment surgery.

11. Critical illness treatment, and Palliative care

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

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

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

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

12. Domiciliary hospitalization

Domiciliary hospitalization means medical treatment for an illness/disease/injury, which in the normal course would require care and treatment at a hospital, but is actually taken while confined at home under any of the following circumstances:

- The condition of the patient is such that he/she is not in a condition to be moved to a hospital, or
- The patient takes treatment at home on account of unavailability of room in a hospital

13. Hormone therapy

Hormone Therapy for cancer treatment is covered when taken on inpatient basis

14. Physiotherapy coverage

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

15. Donor expenses coverage

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

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

Please note: In case the donor is not a dependent member enrolled to the Bajaj group medical insurance policy, a separate e-card will be issued for the same. Please reach out to Bajaj Allianz team for the same before the hospitalization so that the e-card can be issued. For cases where the donor is not a dependent member, donor expenses are capped at INR 2, 00,000.

Donor Expenses would ideally cover the below instances but not limited to:-

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

16. Coverage for HIV AIDs

- Treatment for complications arising out of HIV-AIDS and related hospitalization (example: TB, Pneumonia, etc.) are covered upon hospitalization for all members.
- Anti-retroviral therapy on OPD/IPD basis is covered up to INR 35,000 or enhanced limit (refer [table 3](#)) in case of voluntary enhancement of base cover. Coverage of anti-retroviral therapy under the policy is applicable only to employee, spouse and dependent children.

17. Bariatric surgery

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

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

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

18. Prosthetics and artificial aids coverage

Prosthetics and artificial aids are covered under the policy for all members in the event of hospitalization. The hospitalization could be because of an accident or non-accident case like a stroke etc. Hospitalizations which occurred in previous policy years will also be covered.

The following conditions apply,

- The aid has to form part of the treatment for which the member is hospitalized and needs to be advised by treating doctor.
- The following sub limits apply depending on the type of aid
 - Aids which can be covered up to full sum insured: Pacemaker, cochlear implant and cardiac stents, cardiac valves, hip & knee joints, inferior venacavae filter & lenses
 - Aids which are covered up to INR 1.5 lacs: External Hearing aids, prosthetic limbs, PU junctions stent, insulin pump, ICD (Implantable cardiac defibrillator)
 - Aids which are covered up to INR 75,000: Wheelchair, dentures, clutches, braces, walker, slings, knee-cap, stocking, splint, cervical collar
- In case an artificial aid is taken on rental basis, the rental costs would be covered up to the respective sub limits

19. Coverage for External/Internal Congenital diseases

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

20. Road ambulance coverage

- Road Ambulance is covered for emergency life-threatening health conditions, which require immediate and rapid ambulance transportation from the site of first occurrence of the illness/accident to the nearest hospital. Covered up to a max limit of INR 2000 per instance.
- Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider only.

21. Air ambulance coverage

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

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

22. COVID-19 coverage

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

➤ COVID Test

Test charges would be paid subject to:

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

➤ Home Care Treatment Expenses

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

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

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

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

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

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

Maximum reimbursement limit of INR 25,000/- per instance and applicable only once during the policy period. (This will be part of insured sum insured).

Please refer the [FAQs](#) on COVID-19 Medical Insurance Coverage to know more

Policy exclusions

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

Exclusions under Gender Reassignment Surgery

Certain ancillary procedures, including but not limited to the following, are considered cosmetic and/or not medically necessary, when performed as part of gender reassignment:

- Abdominoplasty
- Blepharoplasty
- Blepharoptosis
- Body contouring
- Breast enlargement

- Brow lift
- Calf implants
- Cheek, chin and nose implants
- Injection of fillers or neurotoxins
- Face/forehead lift and/or neck tightening
- Facial bone remodeling for facial feminization
- Hair removal (e.g., electrolysis or laser)
- Hair transplantation
- Lip augmentation
- Lip reduction
- Liposuction
- Mastopexy
- Rhinoplasty
- Skin resurfacing
- Thyroid cartilage reduction
- Voice modification surgery

Process for enrolling dependents

1. **New Hires- dependent enrollment**

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

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

E Card of the member can be downloaded post 7 days of submission of member details.

2. **Existing professionals- Natural inclusions**

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

- Employee needs to inform the dependent details within 60 days about the natural inclusion to [US India Insurance Benefits](#) (US) via e-mail
- [US India Insurance Benefits team](#) will send the request to Bajaj for enrollment
- Enrollment will be done within seven working days and [US India Insurance Benefits](#) (US) will notify the professional.

E Card of the member can be downloaded post 7 days of submission of member details.

3. **Existing professionals: Change of dependents**

In case a professional missed to make the natural inclusions within 60 days or, wants to make a change in the list of dependents enrolled, it can only be done at the time of policy renewal each year.

During the policy renewal period, the insurer will be sending a welcome email to all professionals enrolled under the policy. Professionals will have a window to add/modify dependents during that period.

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

E Cards of newly added members can be downloaded post 7 days of enrollment window/ e card module closure.

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

Availing inpatient hospitalization services

What are network hospitals?

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

Where can I find the list of network hospitals?

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



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

- Hospital cash benefit cover—Hospital cash benefit of INR 1000/- per day will be provided for hospitalization of more than 7 days, i.e., from eighth day till DOD (date of discharge). This is restricted to cashless hospitalization done in PPN hospitals only.
- Non-medical expenses (part of the hospitalization expenses) will be borne by BAGIC as an incentive for availing cashless in PPN and PPN negotiated hospitals only

While a professional can avail inpatient services at any hospital of their choice, either a network or non- network, please note the following:

- **Cashless:** Bajaj Allianz can authorize for 'Cashless Service' in a hospital only if it's a network hospital.
- **Reimbursement:** Employee will have to settle all bills in the network (if treatment is on cash) or non- network hospital and then claim for reimbursement from Bajaj Allianz within 30 days of discharge of the patient (please note, 10% co-payment is applicable in non-network hospitals for self, spouse and children, and 30% for parents).

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

1. Emergency hospitalization in network hospitals

- Get admitted into the hospital. As soon as possible, inform Bajaj and coordinate with the hospital to have the details sent to Bajaj for authorization for cashless service.
- In case of a very short hospitalization or if the authorization for cashless service was not received from Bajaj or if cashless service was denied by Bajaj then,
 - At the time of discharge, settle the hospital bills in full and collect all bills, documents, and reports from the hospital.
 - Lodge your claim to insurer (via [US India Insurance Benefits Team](#)), for processing and reimbursement.
- If authorization for cashless service from Bajaj has been received then,
 - At the time of discharge, pay for those items that are not reimbursable under the medical insurance policy.
 - Verify the bills and sign on all the bills.

2. Planned hospitalization in network hospitals

- Present your e-card at the insurance desk/admission counter of the network hospital along with a photo ID proof and ensure the intimation is sent to insurer for preauthorization.
- Concerned authority at the hospital would guide you with regard to filling up the preauthorization form for the member. Copy of the same should be carried by you to the hospital at the time of admission.

- Please collect the preauthorization form, duly signed by the treating doctor, hand this over at the admission counter/insurance desk of the hospital.
- Hospital will fax the preauthorization form to Bajaj
- Bajaj will verify the coverage and admissibility.
- In case the confirmation for the admission is sent by insurer to the hospital,
 - Carry the authorization letter and e-card at the time of hospitalization and go to the admission counter.
 - Admission and inpatient treatment will be done on a cashless basis.
 - Credit bills will be generated by the hospital at the time of discharge.
 - For purpose of claim settlement, the patient needs to sign on the claim form and bill.
- In case the denial for admission is sent by insurer to the hospital,
 - Your admission and inpatient hospitalization will be done on cash basis.
 - Entire bill will have to be paid by you at the time of discharge.



3. Emergency hospitalization in non-network hospitals

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

4. Planned hospitalization in non-network hospitals

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

5. **Process for reimbursement**

- Download the following claim forms
 - [Reimbursement Form A](#) 
 - [Reimbursement Form B](#) 
- Fill the form and attach necessary documents as given in the relevant checklist
 - [Medical Insurance checklist](#)

To submit claim physically:

- Use any envelop to send the form and documents. Mention your name and employee number on the envelope.
- Drop off the envelop at the Medical reimbursements drop box at the cafeteria in your office location

To submit claim online:

- Deloitte employees can submit their claims over an email:
<mailto:Document.upload@bajajallianz.co.in>

Important points:

1. Professionals submitting the claim documents on email should update the below details in the subject line for quick processing: Sub: Deloitte – Employee ID - xxxxxx
2. Professionals have to fill in the [claim form](#) along with a summary sheet (Sr. No/Date, Name of the Hospital/ Bill No:/ amount.)

Name of the Employee			
Health Card No:			
Sr. No:	Hospital/Pharmacy Name	Bill No:	Amount

3. Complete set of claim documents i.e. all original bills, receipts, reports, consultation papers to be numbered, scanned and emailed
Note: all the originals have to be updated with remark as "Claiming from Bajaj Allianz"
4. Kindly note that there would be no revert to the professionals from this email ID as this is directly linked to the system
5. In case of any pending requirement pertaining to the said claim, professionals can expect emails from : health.admin@bajajallianz.co.in / document.recovery@bajajallianz.co.in

To know your claim status [click here](#) or call at +020 67031700, Deloitte dedicated direct number for Health cashless and reimbursement claims

Emergency Contacts

Toll free numbers of Bajaj Allianz

1800 022 5858 (free call from BSNL/MTNL lines)
1800 102 5858 (free call from Bharti mobile/landline)
1800 209 5858 (toll free from any mobile phone) and 020-30305858/020-67031700
1800 103 2529 (toll free for only Health Claims)

Deloitte insurance helpdesk

E-Mail ID: usindiainsurancebenefits@DELOITTE.com India number- 040-66705656
US Number: +1.615.718.5656 
Sreenivas Mangillipalli- 09989725911

Deloitte dedicated direct number for Health cashless & reimbursement claims:
+02067031700

Voluntary policies

1. Voluntary enhancement of base cover

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

Deloitte medical insurance coverage limits (the premium amounts include GST)					
Benefit level code	Base coverage	Enhanced coverage limit—Option 1 (Optional)**	Additional premium for option 1	Enhanced coverage limit—Option 2 (Optional)**	Additional premium for Option 2
Staff and Senior Staff	INR 300,000	INR 450,000	INR 4,838	INR 6,00,000	INR 12,095
Manager and Senior Manager	INR 500,000	INR 750,000	INR 9,918	INR 10,00,000	INR 20,965

**Enhanced coverage can be opted for at the beginning of the renewal year by paying an additional premium. Additional premium will be deducted from your salary.

Please note: Once opted, the enhanced limit cannot be reduced in the future at subsequent renewals unless the professional is promoted to the next eligibility level

2. Voluntary add-on cover for Women

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

Features of this policy:

Extended maternity cover

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

Extended infertility treatment cover

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

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

- Ultrasonography
- Mammography
- Pap smear test
- Cervical cancer vaccination

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

The below per person premium chart is including GST (in INR)

SI/Age	0-25	26-35	36-45	46-55	56-65	66-70	71-75	76-80	Above 80
100,000	10,403	12,479	10,422	12,506	15,006	18,003	21,608	25,931	31,118
200,000	12,066	14,477	12,248	14,504	17,408	20,870	25,064	30,079	36,096

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

3. Critical illness voluntary cover

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

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

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

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

- Cancer of specifies severity
- First Heart Attack-of specified Severity
- Coma of Specified Severity
- Kidney Failure Requiring Regular Diseases
- Stroke-Permanent Neurological Sequelae
- Major Organ /Bone marrow transplant
- Multiple Sclerosis with Persisting Symptoms
- Aplastic Anemia
- End Stage Lung Disease
- End Stage Liver Failure
- Parkinson's Disease
- Surgery to Aorta
- Alzheimer Disease

- Primary Pulmonary Arterial Hypertension
- Major Burn
- Heart Valve Surgery
- Cardiomyopathy class III & IV
- Blindness
- Apallic Syndrome
- Major Head Trauma
- Permanent Paralysis of Limbs
- Motor Neurone with Permanent Symptoms
- Muscular Dystrophy
- Polio Myelitis
- Systemic Lupus Eryth with Renal Involvement

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

Critical illness cover premium (including GST) applicable for various sum insured options at the policy renewal window period*

Age band (years)/ sum assured (in INR)	Up to 25	26–35	36–45	46–55	56–65
1,00,000	296	450	768	1,525	3,813
2,00,000	593	900	1,535	3,050	7,626
5,00,000	1,482	2,250	3,839	7,624	19,065
8,00,000	2,372	3,600	6,142	12,199	30,505
10,00,000	2,965	4,500	7,677	15,248	38,131
15,00,000	4,447	6,750	11,516	22,872	57,196
20,00,000	5,930	9,001	15,354	30,496	76,262

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

Mid-year enrolment in critical illness policy

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

- No medical checkup till the age of 35 for sum insured up to 10 Lacs subject to clean proposal form
- No medical checkup for age 36 to 45 for sum insured up to 7.5 Lacs subject to clean proposal form
- No medical checkup for age 46 to 50 for sum insured up to 2 Lacs subject to clean proposal form

For enrolment, please write to [US India Insurance Benefits Team](#)

Claim procedure under critical illness health insurance policy

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

Documents to be submitted for claims

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

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

4. Voluntary discounted comprehensive health screenings

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

5. Retail policy voluntary plan

Deloitte professionals can opt for a retail health insurance policy.

Deloitte has tied up with Bajaj Allianz to offer 3 retail policies. The offered policies extend the benefit of **waiver on medical test and waiting time on pre-existing diseases**, for professionals who have a no claim history for the past 2 or 3 years, under Deloitte group insurance policy. While offering the **advantage of continuity, and additional cover** during the employee's tenure with Deloitte, the policy can also be **maintained by employee after separation** from Deloitte.

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

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

We encourage you to browse through the 3 retail policies [here](#) and choose the one the suits your needs better. The insurer also offers Special COVID-19 related protection through [Corona Kavach policy](#).

Appendix 1—List of “Day Care Procedures”

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants -
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy

39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty	243 Pneumatic reduction of intussusception
Ophthalmology	244 Varicose veins legs - Injection sclerotherapy
43 Incision of tear glands	245 Rigid Oesophagoscopy for Plummer vinson
44 Other operation on the tear ducts	246 Pancreatic Pseudocysts Endoscopic Drainage
45 Incision of diseased eyelids	247 ZADEK's Nail bed excision
46 Excision and destruction of the diseased tissue of	248 Subcutaneous mastectomy
47 Removal of foreign body from the lens of the eye.	249 Excision of Ranula under GA
48 Corrective surgery of the entropion and ectropion	250 Rigid Oesophagoscopy for dilation of benign
49 Operations for pterygium	251 Eversion of Sac
50 Corrective surgery of blepharoptosis	a) Unilateral
51 Removal of foreign body from conjunctiva	b) Bilateral
52 Biopsy of tear gland	252 Lord's plication
53 Removal of Foreign body from cornea	253 Jaboulay's Procedure
54 Incision of the cornea	254 Scrotoplasty
55 Other operations on the cornea	255 Surgical treatment of varicocele
56 Operation on the canthus and epicanthus	256 Epididymectomy
57 Removal of foreign body from the orbit and the eye	257 Circumcision for Trauma
58 Surgery for cataract	258 Meatoplasty
59 Treatment of retinal lesion	259 Intersphincteric abscess incision and drainage
60 Removal of foreign body from the posterior	260 Psoas Abscess Incision and Drainage
Oncology	261 Thyroid abscess Incision and Drainage
61 IV Push Chemotherapy	262 TIPS procedure for portal hypertension
62 HBI-Hemibody Radiotherapy	263 Esophageal Growth stent
63 Infusional Targeted therapy	264 PAIR Procedure of Hydatid Cyst liver
64 SRT-Stereotactic Arc Therapy	265 Tru cut liver biopsy
65 SC administration of Growth Factors	266 Photodynamic therapy or esophageal tumour and
66 Continuous Infusional Chemotherapy	
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening

84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiotherapy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 Calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure

129 URSL with lithotripsy	330 Removal of knee cap bursa
130 Cystoscopic Litholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint
140 TUNA- prostate	Paediatric surgery
141 Excision of urethral diverticulum	340 Excision Juvenile polyps rectum
142 Removal of urethral Stone	341 Vaginoplasty
143 Excision of urethral prolapse	342 Dilatation of accidental caustic stricture oesophageal
144 Mega-ureter reconstruction	343 PresacralTeratomas Excision
145 Kidney renoscopy and biopsy	344 Removal of vesical stone
146 Ureter endoscopy and treatment	345 Excision Sigmoid Polyp
147 Vesico ureteric reflux correction	346 SternomastoidTenotomy
148 Surgery for pelvi ureteric junction obstruction	347 Infantile Hypertrophic Pyloric Stenosis
149 Anderson hynes operation	348 Excision of soft tissue rhabdomyosarcoma
150 Kidney endoscopy and biopsy	349 Mediastinal lymph node biopsy
151 Paraphimosis surgery	350 High Orchiectomy for testis tumours
152 injury prepuce- circumcision	351 Excision of cervical teratoma
153 Frenular tear repair	352 Rectal-Myomectomy
154 Meatotomy for meatal stenosis	353 Rectal prolapse (Delorme's procedure)
155 surgery for fournier's gangrene scrotum	354 Orchidopexy for undescended testis
156 surgery filarial scrotum	355 Detorsion of torsion Testis
157 surgery for watering can perineum	356 lap.Abdominal exploration in cryptorchidism
158 Repair of penile torsion	357 EUA + biopsy multiple fistula in ano
159 Drainage of prostate abscess	358 Cystic hygroma - Injection treatment
160 Orchiectomy	359 Excision of fistula-in-ano
161 Cystoscopy and removal of FB	Gynaecology
Neurology	360 Hysteroscopic removal of myoma
162 Facial nerve physiotherapy	361 D&C
163 Nerve biopsy	362 Hysteroscopic resection of septum
164 Muscle biopsy	363 thermal Cauterisation of Cervix
165 Epidural steroid injection	364 MIRENA insertion
166 Glycerol rhizotomy	365 Hysteroscopicadhesiolysis
167 Spinal cord stimulation	366 LEEP
168 Motor cortex stimulation	367 Cryocauterisation of Cervix
169 Stereotactic Radiosurgery	368 Polypectomy Endometrium
170 Percutaneous Cordotomy	369 Hysteroscopic resection of fibroid
171 Intrathecal Baclofen therapy	370 LLETZ
172 Entrapment neuropathy Release	371 Conization
173 Diagnostic cerebral angiography	372 Polypectomy cervix
174 VP shunt	373 Hysteroscopic resection of endometrial polyp
175 Ventriculoatrial shunt	374 Vulval wart excision

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

Appendix 2—List of critical illness covered under the policy

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

Appendix 3—Exclusion under the voluntary critical illness cover

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

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

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