

## GLOBAL HEALTH CARE

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth
	19. Diseases of gall bladder including cholecystitis
20. Pancreatitis	21. All forms of Cirrhosis
22. Gout and rheumatism	23. Tonsillitis
24. Surgery for varicose veins and varicose ulcers	25. Chronic Kidney Disease
26. Alzheimer's Disease	27. Joint replacement surgery
28. Surgery for vertebral column disorders (unless necessitated due to an Accident)	29. Surgery to correct deviated nasal septum
30. Hypertrophied turbinate	31. Congenital internal diseases or anomalies
32. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5	33. Bariatric Surgery
34. Parkinson's Disease	35. Genetic disorders

**3) 30-day waiting period (Code - Excl03)**

- Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- This exclusion shall not, however apply if the Insured has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

**4) Investigation & Evaluation (Code- Excl04)**

- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

**5) Rest Cure, rehabilitation and respite care (Code -Excl05)**

- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**6) Obesity/Weight Control (Code- Excl06)**

- Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI);
  - greater than or equal to 40 or
  - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

## GLOBAL HEALTH CARE

- f. Obesity-related cardiomyopathy
- g. Coronary heart disease
- h. Severe Sleep Apnea
- i. Uncontrolled Type2 Diabetes

**7) Change-of-gender treatments (Code- Excl07)**

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

**8) Cosmetic or plastic Surgery (Code- Excl08)**

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

**9) Hazardous or Adventure sports: (Code -Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**10) Breach of law (Code -Excl10)**

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

**11) Excluded Providers (Code -Excl11)**

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

**12) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code -Excl12)****13) Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code -Excl13)****14) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care Treatment. (Code -Excl14)****15) Refractive Error (Code -Excl15)**

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

**16) Unproven Treatments (Code -Excl16)**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**17) Sterility and Infertility (Code -Excl17)**

Expenses related to sterility and infertility. This includes:

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

**18) Maternity (Code -Excl18):**

- a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

## GLOBAL HEALTH CARE

## SECTION D) EXCLUSIONS- SPECIFIC EXCLUSIONS APPLICABLE TO PART A- DOMESTIC COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

We do not cover the following expenses unless indicated otherwise in the Table of Benefits or in any written Policy endorsement

- 1) Any Dental Treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring Hospitalization unless specified .
- 2) Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified Medical Practitioner round the clock
- 3) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.  
Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.
- 4) The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, cardiac valve replacements, vascular stents etc.
- 5) Treatment for any other system other than modern medicine (allopathy)
- 6) External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 7) Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
- 8) Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- 9) Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical Practitioner.
- 10) All non-medical Items as per Annexure II.
- 11) Circumcision unless required for the treatment of Illness or Accidental bodily Injury.
- 12) Treatment for any medical conditions arising directly or indirectly from chemical contamination, radioactivity or any nuclear material, including the combustion of nuclear fuel.
- 13) Alternate/ Complementary treatment, with the exception of those treatments shown in the Table of Benefits.
- 14) Expenses incurred because of complications directly caused by an Illness, Injury or treatment for which cover is excluded or limited under Your plan.
- 15) Consultations performed and any drugs or treatments prescribed by You, Your spouse, parents or children.
- 16) Dental veneers and related procedures, unless medically necessary.
- 17) Costs in respect of a family therapist or counsellor for out-patient mental illness treatment.
- 18) Doctor's fees for the completion of a Claim Form or other administration charges.
- 19) Care and/or treatment of intentionally caused diseases or self-inflicted injuries, including a suicide attempt.
- 20) Investigations into and treatment for loss of hair, including hair replacement unless the loss of hair is due to cancer treatment.
- 21) Treatment required as a result of medical error.
- 22) Products that can be purchased without a Doctor's prescription, except where a specific benefit covering these costs appears in the Table of Benefits.
- 23) Treatment of sleep disorders, including insomnia, narcolepsy, snoring and bruxism, except medically necessary Inpatient treatment for obstructive sleep apnoea.
- 24) Travel costs to and from medical facilities (including parking costs) for treatment, except when covered under " Local (Road) ambulance", "Medical evacuation" and "Medical repatriation" benefits.
- 25) Tumour marker testing, except for medically necessary testing during the investigation or treatment of cancer.
- 26) Medical evacuation/repatriation from a vessel at sea to a medical facility on land.
- 27) Organ Transplants that involve animal organs or organs which are manufactured using advanced technology like, but not limited to, 3D Printing. Expenses incurred during the acquisition of an organ relating to stem cell storage and banking.
- 28) The following benefits or any adverse consequences or complications relating to them, unless otherwise indicated in Your Table of Benefits:
  - Dental treatment, dental surgery, periodontics, orthodontics and dental prostheses. The only exception is oral and maxillofacial surgical procedures, which are covered within the overall limit of Your In-patient Plan
  - Dietician fees
  - Expenses for one person accompanying an evacuated/repatriated person

## GLOBAL HEALTH CARE

- Out-patient treatment
- Prescribed medical aids
- Preventive treatment
- Travel costs of Insured family members in the event of an evacuation/repatriation
- Travel costs of Insured family members in the event of the repatriation of mortal remains
- Travel costs of Insured members to be with a family member who is at peril of death or who has died

## 29) Exclusions applicable to Mental Illness Treatment:

- a. Any expenses for Mental Illness Treatment related to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof..
- b. Any expenses for diagnostic tests, investigations / treatment taken without the psychiatrist advising the same and which is not duly supported by his prescriptions.
- c. Alternate treatment other than Allopathic treatment are not covered.
- d. For autism spectrum disorder, admissions, stays or day care treatment at specialised educational facilities are not covered.
- e. Out-patient Treatment for Mental Illness.

30) The Standard Exclusion under "Investigation & Evaluation (Code-Excl04) (a) Expenses related to any admission primarily for diagnostics and evaluation purposes only" are excluded even if the same requires confinement at a Hospital.

## SECTION D) EXCLUSIONS- STANDARD EXCLUSIONS APPLICABLE TO PART B- INTERNATIONAL COVER UNDER SECTION C) BENEFITS COVERED UNDER THE POLICY

### A. Applicable for Part B-I (IN-PATIENT BENEFITS FOR INTERNATIONAL COVER)

#### 1) Pre-Existing Diseases (Code-Excl01)

- a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Global Health Care Policy with Insurer.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

#### 2) Specified disease/procedure waiting period (Code-Excl02)

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

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy

## GLOBAL HEALTH CARE

15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth
	19. Diseases of gall bladder including cholecystitis
20. Pancreatitis	21. All forms of Cirrhosis
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