

## MEDICLAIM INSURANCE GUIDELINES

**TATA TECHNOLOGIES LIMITED**

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## • POLICY AT A GLANCE

Insurer	The New India Assurance Co. Ltd
TPA	MediAssist India TPA Pvt Ltd
Policy Start Date	2 <sup>nd</sup> April 2022
Policy End Date	1 <sup>st</sup> April 2023
Family Definition	<b>Core Family:</b> Employee + Spouse + 2 dependent children (up to the age of 25 years) <b>Additional dependent members on opting for additional cover</b> 2 dependent parents/parents-in-law
Sum Insured Limits	<p>a. <b>Basic Cover</b> by Tata Technologies:</p> <ul style="list-style-type: none"> <li>➤ INR 3 lacs</li> </ul> <p>b. <b>Additional Cover</b> at employee's cost:</p> <ul style="list-style-type: none"> <li>➤ INR 1 lacs or</li> <li>➤ INR 2 Lacs or</li> <li>➤ INR 3 Lacs or</li> <li>➤ INR 4 Lacs or</li> <li>➤ INR 5 Lacs</li> </ul> <p>c. <b>Total cover</b> including <b>Basic &amp; Additional</b> capped at INR 8 lacs</p>

## • COVERAGES

### • Benefits - Salient Features

Standard Hospitalization	YES
TPA services	YES
Pre - existing diseases cover	YES
Waiver on 1st year exclusion	YES
Waiver on 1st 30 days exclusion	YES
Maternity benefits from day 1	YES
Pre- and Post Natal Expenses	Only Prenatal expenses will be covered up to SI in case of complications required hospitalization above 24 hours and same should be certified by treating doctor (During pregnancy supplementary medicines and sonography and

	other diagnostic expenses are not covered
Cyber Knife Surgeries	Covered
Baby cover from Birth	YES
<b>Modern Treatment Methods &amp; Advancement in Technology.</b> Either as in-patient or as part of day care treatment in a hospital  Note : if any MTMAT limit is lesser than to disease/ailment which is already covered under the policy with defined limit then expiring policy condition limit will prevail for those disease/Ailment.	
1. Uterine Artery Embolization & High Intensity Focussed Ultrasound (HIFU)	Upto 20% of Sum Insured subject to a Maximum upto Rs. 2 Lakh
2. Balloon Sinuplasty	Upto 20% of Sum Insured subject to a Maximum upto Rs. 2 Lakh
3. Deep Brain Stimulation	Upto 50% of Sum Insured subject to a maximum upto Rs. 5 Lakh
4. Immunotherapy-Monoclonal Antibody to be given as injection	Upto 25% of Sum Insured subject to a Maximum upto Rs. 2 Lakh
5. Intra vitreal Injection	Upto 10% of Sum Insured subject to a Maximum of Rs.75,000.
6. Robotic Surgeries (Including Robotic Assisted Surgeries)	Upto 50% of Sum Insured subject to Maximum of Rs. 5 Lakh.
7. Stereotactic Radio Surgeries	Upto 50% of Sum Insured subject to Maximum Rs. 3 Lakh.
8. Bronchial Thermoplasty	Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh.
9. Vaporisation of the Prostate (Green laser treatment for holmium laser treatment)	Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh.
10. Intra Operative Neuro Monitoring (IONM)	Upto 10% of Sum Insured subject to Maximum of Rs. 50,000.

Ambulance Services	YES - 1% of the sum insured or actual, whichever is less, subject to maximum of INR 2,500/-
Day Care Procedures	YES, for list of ailments as specified
Domiciliary Hospitalization	NO
Pre- and Post-Hospitalization Expenses	<ul style="list-style-type: none"> <li>➤ Up to 30 Days before admission</li> <li>➤ 60 days after discharge</li> </ul>
Room Rent Restriction	<ul style="list-style-type: none"> <li>➤ 1.5% of Sum Insured or INR 6,000 per day whichever is higher excluding Nursing Charges</li> <li>➤ No limits on ICU</li> </ul>
Corporate Buffer	YES, for list of ailments as specified
Claim Intimation limit	7 days from admission
Claim submission limit	30 days from discharge
Stem Cell Therapy	Limit is 50% of Family Sum-Insured for Core Family (1+ 3)

- Family Definition:**

Maximum number of Members insured in a family	
Employee	Yes
Spouse/Live-In partner/LGBT	Yes
Children	2
Parents	2*
Parents-in-Law	2*
Siblings	No

\* Only any 2, out of two Parents and two Parents - in-law can be covered on opting for an additional cover.

- **Policy Terms & Conditions and Applicable Benefits**

- All expenses incurred during hospitalization pertaining to the following are payable:
  - Room and boarding
  - Doctors' fees
  - Intensive Care Unit
  - Nursing expenses
  - Surgical fees, operating theatre, anesthesia and oxygen and their administration
  - Drugs and medicines consumed
  - Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
  - Costs of prosthetic devices if implanted during a surgical procedure
  - Radiotherapy and chemotherapy
- Expenses incurred for Ayurvedic/ Homeopathic/ Unani Treatment are admissible up to 25% of the sum insured provided the treatment is taken in a government hospital only. BAMS DR Claim will be admissible in case hospitalization is justified in registered hospital.
  - Expenses are payable provided they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.
  - Expenses on Hospitalization for minimum period of 24 hours are admissible. However, this time limit will not apply for specific procedures i.e. Dialysis, Chemotherapy, Oral chemotherapy (Tablets of Cancer), Radiotherapy, etc. done in the Hospital /Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalization Benefit.
- **Hospitalization period:** The period for which an insured person is admitted in the hospital as in - patient and stays there for receiving necessary and reasonable treatment for disease/ ailment contracted/ injuries sustained during the policy period. The minimum period of stay shall be 24 hours. This excludes Day – care Hospitalization benefits described below, which is allowed under the policy.
- **Day-care Hospitalization Benefit:** Day Care Procedure means the course of medical treatment or a surgical procedure listed in the Schedule which is undertaken under general or local anesthesia in a Hospital by a Doctor in not more than 24 hours and are carried out



in specialized Day Care centers which are fully equipped with advanced technology and specialized infrastructure.

- Day – care hospitalization benefit, provided under the policy for procedures are given below:
  - Anti-Rabies Vaccination,
  - Hysterectomy
  - Appendectomy
  - Inguinal/ Ventral/ Umbilical/ Femoral Hernia repair
  - Coronary Angiography
  - Lithotripsy (Kidney Stone Removal)
  - Coronary Angioplasty
  - Parenteral Chemotherapy
  - Dental surgery following an accident
  - Piles
  - Fistula
  - Dilatation & Curettage (D & C) of Cervix
  - Prostate
  - Eye surgery
  - Radiotherapy, Chemotherapy, Oral Chemotherapy (Tablets of Cancer)
  - Fracture/ dislocation excluding hairline fracture, Sinusitis
  - Gastrointestinal Tract System Stone in Gall Bladder, Pancreas, and Bile Duct
  - Hemo - Dialysis
  - Tonsillectomy
  - Hydrocele
  - Urinary Tract System
  - **OR** any other Surgeries/ Procedures agreed by TPA/ COMPANY which require less than 24 hours' hospitalization due to subsequent advancement in Medical Technology
  - Lucentis and Aventine injections are covered in OPD basis on eye treatment
  
- **Per day Room Rent eligibility at hospitals is up to INR 6,000 or 1.5% of total sum insured** whichever is higher. Any **Incremental** charges over this limit, are to be borne by the employee. This limit on Room Rent does not apply to ICU charges.  
The rates for most hospital treatments and other hospital expenses are linked as a proportion of 'Room Rent'. Therefore, any Incremental charges over INR 6,000 or 1.5% of Sum Insured 'Room Rent' will mean that the employee has exceeded charges other than 'Room Rent' by the same proportion. If therefore, an employee has exceeded Room rent charges by 25%, then 25% for all other charges also, will be deemed to be Incremental charges and will need to be borne by the employee. The computation of Incremental charges will exclude medicines and consumables. These will be reimbursed in full.

- Incremental Charges:**

Incremental charges are calculated on charges levied by hospital such as surgeon charges, anesthesia and anesthetist's charges, Operation room charges, Doctor Visits, investigation charges and all charges excluding drugs and consumables.

**The deduction for incremental charges can be understood better by the following example:**

*If an employee with SI INR 3 lacs/- and room rent eligibility as per policy INR 6,000/-, is admitted into a room of rent INR 7000/-; then, since his/ her eligibility is only 86% of the admitted room rent, charges are to be paid only at 86% of the claimed amount and the rest will be under incremental charges.*

*Please note that the incremental charges shall be applicable both for cashless and reimbursement claims.*

*As such the total claim will be considered up to 86% (for charges considered for incremental capping). Out of this 86% will be paid by the insurer. Rest amount would be deducted under incremental charges and will need to be borne by the employee.*

**This is an Example of room rent entitled deduction for reference:**

Room rent charges as per bill / day		7,000	
Room rent eligibility as per policy / day		6,000	
Incremental Room rent per Day (Excess Room Rent per Day)	1,000		14.29%
Proportionate			
Description	Claim Amount	Deduction Amount	Payable Amount
Surgeon charges	2,000	285.71	1,714.29
Operation Theatre charges	1,000	142.86	857.14
Anesthesia & Anesthetists charges	2,000	285.71	1,714.29
Doctor visit charges	1,000	142.86	857.14
Investigation charges	1,000	142.86	857.14

- Ailment Capping**

The ailments shall be payable only as per the amount applicable in accordance with the total sum insured including additional cover as per the list applicable below-

Ailment	Amount (INR)
Cataract (Per Eye)	25,000
Cholecystectomy	52,000
Hernia	55,000
Hysterectomy	65,000
Joint Replacement (For Life – Per Joint)	195,000
TURP for BPH	52,000
*Cardiac Bypass (CABG)	200,000
*Angioplasty (PTCA) Including Stents	250,000
Coronary Angiogram	20,000
CyberKnife Surgery	Upto SI

\*The ailment capping sub limit for Cardiac Bypass (CABG) and Angioplasty (PTCA) Including Stents is not applicable in case employees himself/ herself undergoing this treatment.

- Maternity Benefits:**

- Maternity Expenses Benefit Cover is admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India. Pre- and Post-Hospitalization benefits are not covered. This benefit is applicable only for, female employees or female spouse for first two child births only.
- In case both husband and wife are employees of Tata Technologies, both cannot claim the same maternity benefit.
- The limits for Maternity benefit are:

Sum Insured (INR)	Normal Maternity Limit (INR)	Caesarean Maternity Limit (INR)
300,000	50,000	60,000
400,000	50,000	70,000
500,000	50,000	80,000
600,000	50,000	90,000
700,000	50,000	100,000
800,000	50,000	110,000

- All the expenses which are incurred prenatal, will be covered separately up to Sum insured (not in maternity capping) in case of complications and requiring

hospitalization of above 24 hrs. This should be certified by treating doctor. During pregnancy, supplementary medicines, sonography and other diagnostic expenses are not covered, above benefit is applicable only if there is need of hospitalization for 24 hours.

- Operation/ hospitalization cost of family planning is not covered in the policy.

- **New Born Baby:**

New born baby shall be covered from date of birth under the family sum insured applicable.

Any independent ailment of the new born child will be covered within the floater sum insured in addition to the sub limit of the maternity benefit limit. The baby care expenses if any will be considered within the limit of maternity benefit in the absence of any independent ailment of the new born child.

**Infertility Expenses:** All expenses are covered which is related to infertility treatment up to INR 100,000 if hospitalization is more than 24 hrs.

- **Pre- and Post-Hospitalization Expenses:** If the Insured member is diagnosed with an Illness which results in his/ her hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's **Pre-Hospitalization Expenses for up to 30 days prior to his/ her Hospitalization.**
- If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was hospitalized is required, the Insurer will reimburse the Insured Member's **Post-Hospitalization Expenses for up to 60-day period from the date of discharge.**
- Pre- and Post-Hospitalization excludes Maternity related treatment
- **Co-payments:** A co-payment of **20% is applicable** on the final eligible amount for all claims for parents and in-laws except ailment capping which are mentioned in point 8.
- **Targeted Therapy and Adjuvant Chemotherapy (for Cancer)** –Covered with a cap of INR 75,000 per member per year
- **Psychiatric Treatment** – Covered with a limit of INR 50,000 per claim on OPD and IPD basis

- **Corporate Buffer for critical illness:**

Corporate Buffer is available for following critical illness only and does not cover parents/ in-laws:

- Coronary Artery surgery
- Coronary Angioplasty
- Cancer
- Renal Failure (Failure of both the Kidneys)
- Stroke
- Multiple Sclerosis
- Major Organ Transplant like kidney/liver/lungs/pancreas/bone marrow
- Paralysis
- Coma
- Motor neuron disease with permanent symptoms
- Major Road Traffic Accidents

- **Compensation for Loss of Pay Leave**

In case the employee himself/ herself is required to remain on leave without pay (LWP) owing to critical illness as listed in MIG, a compensation amounting to INR 10,000/- per week subject to a maximum of 20 Weeks is payable.

- **Waive off of Pre - Existing conditions, 30 - day waiting period, 1<sup>st</sup> and 2<sup>nd</sup> year exclusions:**  
Normal health insurance policies have some specific aspects of exclusion. However, these as described below, are waived off for all Tata Technologies employees and their dependents under this policy.

- **Pre - Existing Conditions:**

Any Pre-Existing ailments such as diabetes, hypertension, etc. or related ailments for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's first Health Insurance policy with the Insurer.

- **30 - Days waiting period:**

Any Illness diagnosed or diagnosable within 30 days of the effective date of the Policy Period if this is the first Health Policy taken by the Policyholder with the Insurer. If the Policyholder renews the Health Policy with the Insurer and increases the Limit of Indemnity, then this exclusion shall apply in relation to the amount by which the Limit of Indemnity has been increased.

- **Cashless Claims:**

Cashless means the TPA will authorize upon a Policyholder's request for direct settlement of eligible services and its respective charges between a Network Hospital and the Administrator. In such case the Administrator will directly settle all eligible amounts with the Network Hospital and the Insured employee does not need to pay for any bills (Other than Non-Medical Expenses) after the end of the treatment to the extent of the services as covered under the Policy.

- **CLAIMS PROCEDURE**

- **Cashless Claims:**

The details required in case of cashless hospitalization are as below-

The link for List of hospitals in the TPA's network eligible for cashless hospitalization is

<https://www.mediassistindia.com/Popup/HospitalSearch.aspx>

#### EMERGENCY HOSPITALISATION

Once the member is admitted, employee/relative has to submit filled Pre-Authorization form through Hospital.



Hospital will send Pre-Authorization Form & related documents to MediAssist



TPA will examine the documents, if the ailment is covered under the policy, they will provide initial sanction to the member.



If Cashless is accorded, TPA will inform the member and the hospital on the same & will send a letter of approval (Authorisation Letter) to Hospital, for CASHLESS facility. Similar Procedure is followed after Discharge is confirmed.

#### PLANNED HOSPITALISATION

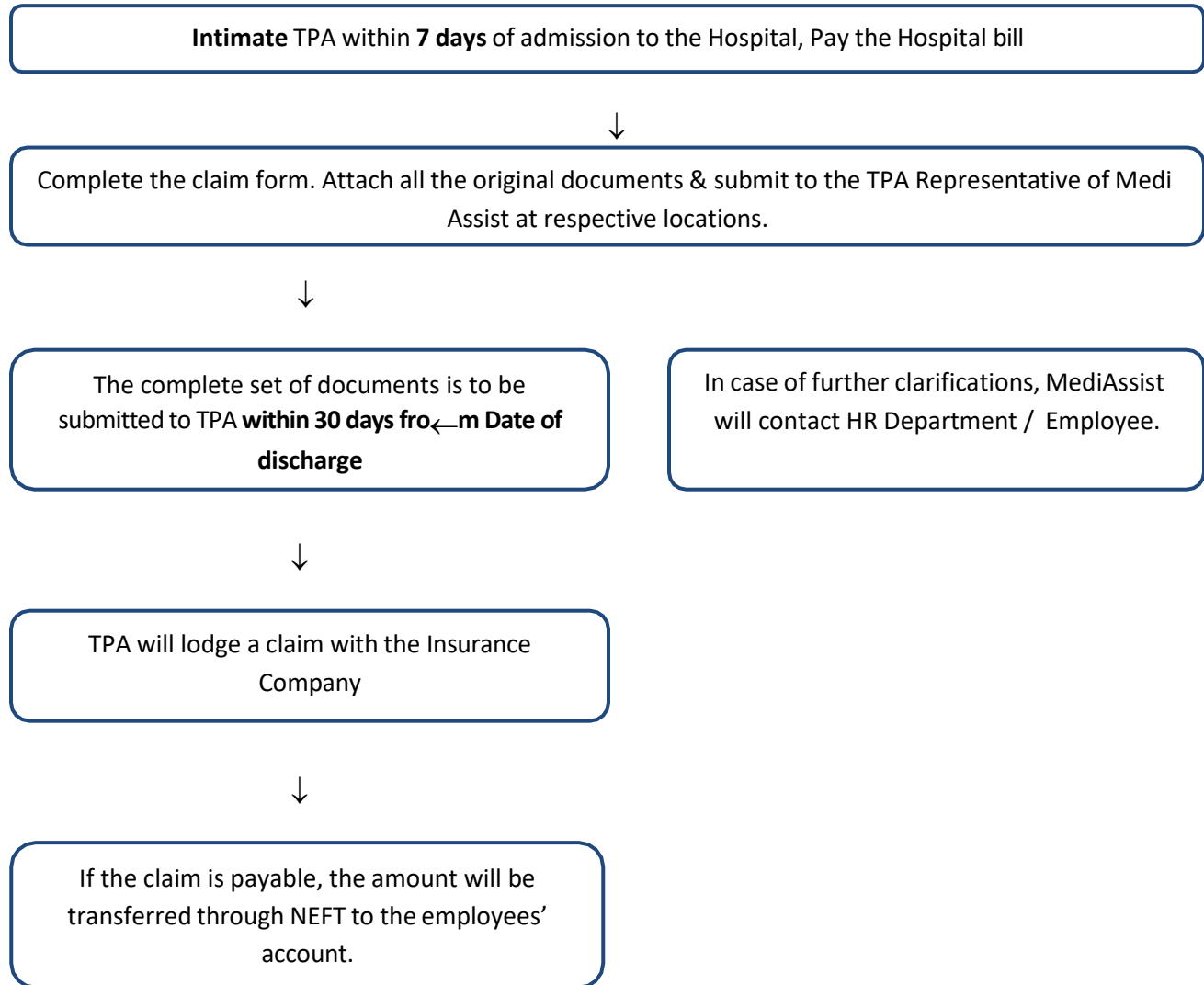
Member approaches network hospital of choice 48 hours before admission and fills out Pre-Authorization Form



In case of further clarifications, MediAssist TPA will contact the employee/hospital

- **Reimbursement Claims:**

**The procedure in case of reimbursement claims is as below-**



- **Admission Procedure:** In case you choose a non-network hospital you will have to liaise directly with the hospital for admission & send **intimation to TPA within 7 days from the date of admission.**
- **Claim Intimation can be sent through following options:**
  - **Email:**ttl@mediassist.com
  - **Call Toll Free Number:** 7337775000
  - **Online Intimation:** <https://www.mediassistindia.com/NoticeofClaim.html#>



**Claim Intimation should contain the following details:**

- Name of the Employee, Employee code
- Name of the Patient admitted
- Relation with the Employee
- Name of the Hospital
- Reason for Admission
- Date of Admission in Hospital
- Contact No.

• **Discharge procedure**

In case of non-network hospital, employee will be required to clear the bills and submit the claim to TPA for reimbursement from the insurer. Please ensure that all necessary documents such as – discharge summary, hospital bill with paid receipt, investigation reports etc. are collected for submitting the claim.

• **Submission of hospitalization claim**

You must submit the final claim with all relevant documents within **30 days** from the date of discharge from the hospital.

• **The list of documents required to be submitted are:**

- Duly Filled & Signed Claim form
- Hospital bills in original, signed and stamped by the hospital, with all charges itemized and original receipts
- Original Discharge Summary
- Attending doctors' bills, receipts and certificate regarding diagnosis, if it is separate from hospital bills.
- Original Investigation Test Reports
- Original Pharmacy Bills Supported with prescriptions
- Stickers/ Invoices in case of Implants E.g.: Lens (Cataract), Stents (Heart Surgery) etc.
- Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
- Itemized Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill

*Employees must retain a set of photocopies for all the documents submitted.*

• **DEFINITIONS**

- **CASHLESS FACILITY:** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

- **CONDITION PRECEDENT:** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- **CONGENITAL ANOMALY:** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- **CONGENITAL INTERNAL ANOMALY** means a Congenital Anomaly which is not in the visible and accessible parts of the body.
- **CONGENITAL EXTERNAL ANOMALY** means a Congenital Anomaly which is in the visible and accessible parts of the body.
- **CO-PAYMENT** A co-payment is a cost-sharing requirement under a health insurance policy that provides that the insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
- **DAY CARE TREATMENT:** Day care treatment refers to medical treatment, and/or Surgical Operation which is: Undertaken under General or Local Anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and- which would have otherwise required a hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- **DEDUCTIBLE:** A deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
- **DOMICILIARY HOSPITALISATION:** Domiciliary Hospitalization means medical treatment for an Illness/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 removed to a Hospital, or
  - The patient takes treatment at home on account of non-availability of room in a Hospital.
- **HOSPITAL:** A hospital means any institution established for Inpatient 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 Establishment (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:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
  - has qualified nursing staff under its employment round the clock;
  - has qualified medical practitioner (s) in charge round the clock;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out
  - Maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
  - The term 'Hospital' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.
- **HOSPITALISATION:** means admission in a Hospital for a minimum period of 24 in-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

Anti-Rabies Vaccination	Hysterectomy
Appendectomy	Inguinal/Ventral/Umbilical/Femoral Hernia
Coronary Angiography	Lithotripsy (Kidney Stone Removal)
Coronary Angioplasty	Parenteral Chemotherapy
Dental surgery following an accident	Piles / Fistula
Dilatation & Curettage (D & C) of Cervix	Prostate
Eye surgery	Radiotherapy
Fracture / dislocation excluding hairline Fracture	Sinusitis
Gastrointestinal Tract system	Stone in Gall Bladder, Pancreas, and Bile Duct
Haemo-Dialysis	Tonsillectomy,
Hydrocele	Urinary Tract System

**OR** any other Surgeries/ Procedures agreed by TPA/ Company which requires less than 24 hours' hospitalization due to advancement in Medical Technology.

**Note:** Procedures/ treatments usually done in outpatient department are not payable under the Policy even if converted as an In-patient in the Hospital for more than 24 hours.

- **Day Care Centre:** A Day Care Centre means any institution established for Day Care treatment of Illness and or Injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:
  - has qualified nursing staff under its employment;
  - has qualified Medical Practitioner/s in charge;
  - Has a fully equipped operation theatre of its own where Surgical Operation are carried out;
  - Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- **MATERNITY EXPENSES:** Maternity expense shall include:
  - Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization),
  - Expenses towards lawful medical termination of pregnancy during the Policy Period.
- **MEDICAL ADVICE:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- **MEDICAL EXPENSES:** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Injury 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.
- **MEDICALLY NECESSARY:** treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which is required for the medical management of the Illness or Injury suffered by the insured; must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; must have been prescribed by a Medical Practitioner; must confirm to the professional standards widely accepted in international medical practice or by the medical community in India.

- **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 his license.

**Note:** The Medical Practitioner should not be the insured or close family members.

- **NETWORK HOSPITAL:** All such Hospitals, Day Care Centers or other providers that the Insurance Company / TPA have mutually agreed with, to provide services like cashless access to policyholders. The list is available with the insurer/TPA and subject to amendment from time to time.
- **NON-NETWORK HOSPITAL:** Any Hospital, Day Care center or other provider that is not part of the Network.
- **OPD TREATMENT:** OPD treatment is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a Day Care or Inpatient.
- **REASONABLE AND CUSTOMARY CHARGES:** Reasonable charges 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.
- **SURGERY:** 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.
- **UNPROVEN/EXPERIMENTAL TREATMENT:** Treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

- **EXCLUSIONS**

The Insurance Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- The exclusions detailed below

AND

○ The items listed in Annexure-1 - **CONSUMER ITEMS NOT PAYABLE AS PER INSURANCE POLICY**

The Insurance Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- War, Invasion, Act of foreign enemy, War like operations, Nuclear weapons, Ionizing Radiation, contamination by Radioactive material nuclear fuel or nuclear waste.
- Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat any injury or illness.
- Vaccination & Inoculation.
- Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants and durable medical equipment.
- All types of Dental treatments except arising out of an accident.
- Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, infertility, sterility, use of intoxicating drugs/alcohol, use of tobacco leading to cancer.
- Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save a human life) intentional self-inflicted injury attempted suicide and arising out of non-adherence to any medical advice.
- Treatment of any Bodily injury sustained whilst or as a result of active participation in hazardous sports of any kind.
- Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.
- Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphotopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- Diagnostic, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
- Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- Any Naturopathy Treatment
- Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.
- Genetical disorders.
- Any Domiciliary Hospitalization / Treatment.
- Treatment taken outside India.
- Experimental and unproven treatment (not recognized by Indian Medical Council).
- Change of treatment from one system of medicine to another unless recommended by the Consultant / Hospital under whom the treatment is taken

- All non-medical expenses including convenience items for personal comfort such as telephone, television, Aya, Private Nursing / Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.
- Any Out-Patient Charges.
- Voluntary medical termination of pregnancy from the date of conception.
- Any routine or preventative examinations, fascination, inoculations or screening.
- Sex change or any treatment which results from, or is in any way related to, sex change. Hormone replacement therapy.
- Any cosmetic, plastic surgery, aesthetic or related treatment of any description, whether or not for psychological reasons, unless medically necessary as a result of an accident.
- Any treatment received in convalescent homes, convalescent hospitals, health - hydro's, Nature Cure clinics or similar establishments
- The treatment of psychiatric, mental or nervous conditions and insanity.
- Any fertility, sub-fertility or assisted conception operation
- Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides and ropes, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities and similar hazards.
- Any person whilst engaging in aviation, whilst mounting into or demounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- The non-medical expenses can be deducted as per the guidelines provided by IRDA.

• **Contact Details**

Contact Details		Facilities
CRM Contact Centre - Voice 24*7	040 - 68213685	24*7 Helpline
CRM Contact Centre	<a href="mailto:tll@mediassistindia.com">tll@mediassistindia.com</a>	Dedicated e-mail id

## Contact details to reach MA SPOC:

Sr.No	Name	Email ID	Mobile No.
1 <sup>st</sup> Level	Dipak Dhawde	<a href="mailto:Dipak.kisan@mediassist.in">Dipak.kisan@mediassist.in</a>	7026182323
2nd Level	Shahaji Jadhav	Shahaji.Jadhav@mediassist.in	6366949627
3rd Level	Atul Patil	atul.patil@mediassist.in	8669630056

CONSUMER ITEMS LIST NOT PAYABLE AS PER INSURANCE POLICY (ANNEXURE -1 TO MIG)		
Sl.	ITEM	PAYABILITY
<b>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>		
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIES/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLESE	Not payable
7	BOTTLE	Not payable
8	BRUSH	Not payable
9	COSY TOWELS	Not payable
7	BELTS	Not Payable
8	BLADE	Not Payable
9	BRACES	Not Payable
10	HAND WASH	Not payable
11	MOISTURISER PASTE BRUSH	Not payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not payable
15	SHOE COVER	Not payable
16	BEAUTY SERVICES	Not Payable
17	BELTS/BRACES	Payable for cause who have undergone surgery for Thoracic or lumbar spine
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable



21	COLD PACK/HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (Other than patient's diet provided by Hospital)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Not Payable
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OILS CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD CD CHARGES	Not Payable
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable

59	HANSAPLAST	Not Payable
60	LACTOGEN/INFANT FOOD	Not Payable
61	SLINGS	Reasonable cost of one sling in case of upper arm # may be considered
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
62	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy
63	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy
65	HORMONE REPLACEMENT THERAPY	Exclusion in policy
66	HOME VISIT CHARGES	Exclusion in policy
67	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy
70	SURGERY FOR CORRECTION OF EYE SIGHT LIKE MYOPIA/ HYPERMETROPIA/ AMBLYOPIA/ PRESBYOPIA/ ASTIGMATISM/ STRABISMUS ETC.,	Exclusion in policy
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy
72	DONOR SCREENING CHARGES	
73	ADMISSION/REGISTRATION CHARGES	
74	HOSPITALISATION FOR DIAGNOSTIC PURPOSE	
75	EXPENSES FOR INVESTIGATION/TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	
76	ANY EXPENSES WHEN THE PATIENT DIAGNOSED WITH RETRO VIRUS+OR SUFFEREING FROM /HIV/AIDS ETC. IS DETECTED/DIRECTLY OR INDIRECTLY	Not payable as per exclusion
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not separately

79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital allowed. Purchase of Instruments not allowed.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of cost Blood, Not payable
89	SAVLON	Not payable part of dressing Charges
90	BAND AIDS, BANDAGES, STERILE INJECTIONS NEEDLES, SYRINGES	Not Payable, Part of dressing Charges
91	COTTON	Not payable part of dressing Charges
92	COTTON BANDAGE	Not payable part of dressing Charges
93	MICROPORE / SURGICAL TAPE	Not payable, payable by the patient when prescribed otherwise part of dressing charges
94	BLADE	Not payable
95	APRON	Not payable -Part of Hospital services/Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not payable
97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of dressings charges
98	URINE CONTAINER	Not payable
<b>ELEMENTS OF ROOM CHARGES</b>		
99	LUXURY TAX	Part of room charge

100	HVAC	Part of room charge, Not payable separately.
101	HOUSE KEEPING CHARGES	Part of room charge, Not payable separately.
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge, Not payable separately.
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of room charge, Not payable separately.
105	ATTENDANT CHARGES	Part of room charge, Not payable separately.
106	IM IV INJECTION CHARGES WHEN NURSING IS CHARGED	Part of Nursing charges, Not payable.
107	CLEAN SHEET	Part of laundry/housekeeping Not payable separately.
108	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient's diet provided by hospital is payable.
109	BLANKET / WARMER BLANKET	Part of room charge, Not payable.
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINSTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hospitalization
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable

124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable.
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not payable
<b>EXTERNAL DURABLE DEVICES</b>		
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETER	Device not payable
143	SPO2 PROBE	Not payable
144	NEBULIZER KIT	Not payable
145	STEAM INHALER	Not payable
146	ARMSLING	Not payable
147	THERMOMETER	Not payable paid by patient
148	CERVICAL COLLAR	Not payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Essential and should be paid at least for cases who have undergone surgery of Lumbar spine.

154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days stay in ICU, All patients with paraplegia quadriplegia for any reason and at reasonable cost of approx. Rs.200/day
155	AMBULANCE COLLAR	Not payable
156	AMBULANCE EQUIPMENT	Not payable
157	MICROSHIELD	Not payable
158	ABDOMINAL BINDER	Not payable
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
159	BETADINE \ HYDROGEN PEROSIDE\SPIRIT\DETTOL ETC	Payable when prescribed for patient, not for hospital use in OT or ward or dressings.
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of Admission Medicines are not excluded.
163	CREAM POWDER LOTION (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed.
164	DIGENE GEL / ANTACID GEL	Payable when prescribed
165	ECG Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized gloves payable/Unsterilized not payable.
167	HIV KIT	Payable -Pre- Operative Screening
168	LISTERINE/ANTISEPTIC MOUTHWASH	Payable when prescribed.
169	LOZENGES	Payable when prescribed.
170	MOUTH PAINT	Payable when prescribed.
171	NEBULIZAATION KIT	If used during hospitalization is payable reasonably.

172	NEOSPRIN	Payable when prescribed.
173	NOVARAPID	Payable when prescribed.
174	VOLIN GEL/ ANALGESIC GEL	Payable when prescribed.
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Payable when prescribed
<b>PART OF HOSPITALS OWN COST AND NOT PAYABLE</b>		
177	AHD	Not payable -Part of Hospitals own cost
178	ALCOHOL SWABES	Not payable - Part of Hospital's internal cost
179	SCRUB SOLUTION/STERILLIUM	Not payable - Part of Hospital's internal cost
<b>OTHERS</b>		
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not payable
185	EXAMINATION GLOVES	Not payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, Except for Telemedicine consultations where covered by policy.
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Not Payable
193	REFERAL DOCTOR'S FEES	Not payable
194	ACCU CHECK (GLUCOMETRY/STRIPS)	Not payable Pre-hospitalization or post hospitalization/Reports and charts required
195	PAN CAN	Not payable
196	SOFNET	Not payable
197	TROLLY COVER	Not payable
198	UROMETER URINE JUG	Not payable
199	TEGADERM/VASOFIX SAFETY	Payable - Maximum of 3 in 48 hours and 1 in 24 hrs.

200	URINE BAG	Payable where Medically necessary till a reasonable cost maximum 1 per 24 hrs.
201	SOFTOVAC	Not payable
202	STOCKINGS	Essential for case like Cabg etc. where it should be paid.