

LIFE INSURANCE CORPORATION OF INDIA

GROUP MEDICLAIM INSURANCE MASTER POLICY

ATTACHED TO & FORMING PART OF NEW INDIA FLEXI FLOATER ZONEWISE
POLICY Nos.

<u>Sr. No.</u>	<u>Policy Nos.</u>	<u>Zone</u>
1	12070034240400000001	Western Zone & Central Office
2	12070034240400000002	Central Zone
3	12070034240400000003	Northern Zone
4	12070034240400000004	North Central Zone
5	12070034240400000005	East Central Zone
6	12070034240400000006	Eastern Zone
7	12070034240400000007	South Central Zone
8	12070034240400000008	Southern Zone

THE SCHEDULE

Insured Name : LIFE INSURANCE CORPORATION of INDIA

Address : Yogakshema, Jeevan Bima Marg, Mumbai - 400021.

Insured's Location : Anywhere in India

Coverage for : As mentioned in the clauses attached

Policy Period : 1st April, 2024 to 31st March, 2025 (b.d.i.)

Risk Covered : As per Group Mediclaim Clauses attached herewith

Perils Excluded : As per exclusions mentioned in the Policy

Add On Covers: 1. Maternity expenses benefit covered as per clause (E) as attached.

2. New born child (of Emp. & Spouse only) at birth is covered under Family Floater Sum Insured, details in the clauses attached.
3. All pre-existing diseases are covered, subject to clauses attached
4. Payment for Diagnostic tests without hospitalization as per clause (C) attached
5. Payment of Ambulance charges as per section 5 of clause (D) attached



Special conditions : Claims settlement on cashless and re-imbursement basis for all claims with TPA services.

There is provision of Increased Sum Insured as opted by employees/retired employees.

Optional Total Sum Insured on Floater Basis:

- a)**Rs. 12,00,000 **b)**Rs. 15,00,000 **c)**Rs. 20,00,000 **d)**Rs. 25,00,000
e)Rs. 30,00,000 **f)**Rs. 40,00,000 **g)**Rs. 50,00,000 **h)**Rs. 75,00,000

Regular Part Time Employees: Total Floater Sum Insured - Rs. 1,00,000/- each

Provisional Premium	Rs. 732,66,00,000/-
GST @18%	Rs. 131,87,88,000/-
Total inclusive of GST	Rs. 864,53,88,000/-

For and on behalf of



THE NEW INDIA ASSURANCE CO. LTD.
(Authorized Signatory)



THE NEW INDIA ASSURANCE COMPANY LIMITED
NEW INDIA FLEXI FLOATER GROUP MEDICLAIM MASTER POLICY

To Cover Employees/Retired Employees of Life Insurance Corporation of India and their eligible family members.

Whereas Insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to THE NEW INDIA ASSURANCE CO. LTD. (hereinafter called the COMPANY) for the insurance herein after set forth in respect of Employees/Members (including their eligible Family Members) named in the Schedule hereto (herein after called the INSURED PERSON) and has paid premium as consideration for such insurance.

A. COVERAGES:

1. NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed here on the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any Insured Person shall contract any Illness (herein defined) or sustain any Injury (herein defined) and if such Injury shall require any such Insured Person, upon the advice of a duly qualified Medical practitioner (herein defined) or a surgeon to incur Medical Expenses/Surgery at any Hospital / Day Care Center (herein defined) in India as an Inpatient, the Company will pay to the Insured Person the amount of such expenses as good fall under different heads mentioned below, and as are Reasonably and Customarily, and Medically Necessarily incurred thereof by or on behalf of such Insured Person.

2. Room rent, Boarding, Nursing (including Injection/Drugs and Intra venous Fluid administration Expenses), DMO/RMO/CMO/RMP charges of the hospital, not exceeding 1.5% of Total Sum Insured(Basic + Additional) per day, subject to maximum amount of Rs.7500/-(for Class A cities), Rs. 7000/-(for Class B cities) & Rs. 5000/-(for Other cities) per day. However, the maximum Room Rent Limit in Class A Cities for members who are covered for Total Floater Sum Insured of Rs. 40,00,000/- or Rs. 50,00,000/- or Rs. 75,00,000/- shall be **Rs. 10,000/- per day and for Mumbai (MMR), New Delhi, Faridabad, Ghaziabad, Gurgaon, Chennai, Kolkata - maximum of **Rs. 12,000/-** per day. GST on room rent will be in addition to Room-rent capping.**

The classification of Cities is as per **Annexure I**.

Proportionate Deduction Clause:

At the time of hospitalization, if the Insured Person chooses higher room category than eligible room category as per the terms and conditions of the policy, proportionate deduction will be applicable on Associate Medical Expenses. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent.

Proportionate Deduction is not applicable on

- a) Cost of Pharmacy and Consumables
- b) Cost of Implants and Medical Devices
- c) Cost of Diagnostics



3. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU), Intensivist charges, Monitor and Pulse Oximeter expenses. There is **NO Capping/Ceiling** on ICU/ICCU expenses.

4. Associate Medical Expenses, such as Professional Fees of Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialist Fees; Anesthesia, Blood, Oxygen, Operation Theatre Charges and Procedure Charges such as Dialysis, Chemotherapy, Radiotherapy & similar Expenses.

5. Cost of Pharmacy such as Medicines, Drugs, Surgical Appliances and Consumables, Cost of Implants and Medical Devices including Prosthetic devices implanted during surgical procedure like Pacemaker, Cost of Diagnostics such as Relevant Laboratory/Diagnostic tests, Diagnostic Materials such as X-Rays and other similar expenses

6. Pre-Hospitalization medical expenses up to 30 days period.

7. Post-Hospitalization medical expenses up to 60 days period.

In case of Renal Failure and/or Organ Transplantation and/or Cancer related ailment/treatment, limit of 60 days for post hospitalization medical expenses is not applicable. Claimant can claim post hospitalization medical expenses related to the above mentioned ailments beyond 60 days. However, there would be a condition that the minimum amount of medical expenses required for reimbursement during any policy year on each occasion should not be less than **Rs. 5,000/-**.

However the following expenses are NOT payable:

- a) Hire Charges, Luxury tax, Escalation Charges, Miscellaneous Charges, File Charges, Departmental Charges, Ward Boy / Ayah Charges and any other similar charges levied by the hospital.
(Only Registration/Admission charges and GST/Surcharges are payable. Service charges, where nursing charges also charged in hospital bill, shall be payable if within Room Rent Eligibility Limit)
- b) Telephone charges, Television, Private Nursing/Barber or Beauty Services, Diet Charges (other than patient diet), Baby Food, Cosmetics, Tissue Papers, Diapers, Toiletry Item, Baby Oil, Napkins, Sanitary Pad, Dettol, Savlon, Spirit, Razor, Blade, Dynaplast, Bandage (only payable during Hospitalization), Towels, Bed-sheets, Plain Sheet, Cloth, One Touch Strips, Guest Services, Steam, Electricity Water Charges and similar non-medical items and incidental expenses.
- c) Non-medical expenses including convenience items for personal comfort –External Durable Material/Non-Medical Equipments of any kind used for Diagnosis/Treatment, Infusion Pump(only payable during Hospitalization),etc., **Ambulatory Devices** like Walker, Crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, Elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic Footwear, Glucometer, Thermometer, alpha/water bed and similar related items etc. and also any medical equipments which is subsequently used at



home. **The complete list of expenses excluded (NON-MEDICAL) is as per Annexure II.**

Note: Company's liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the person.

8) International Second medical Opinion Services clause

Members who are diagnosed with a Qualifying Medical Condition as defined below, shall be entitled to an independent review of their Medical Records (as hereinafter explained) by a World Leading Medical Center that specializes in the medical condition with which the Member has been diagnosed and thereby receive the following services and benefits under the policy from **MDIndia Healthcare Networx Pvt Ltd** (herein after called **MDIndia Networkx**) which is called International Medical Second Opinion Program

- a) **MDIndia Networkx** shall, through its third-party administrator, **MD India Healthcare Services (TPA) Pvt. Ltd.** during normal business hours of NEW INDIA, receive the first call or electronic communication from a Member interested in taking advantage of the Services offered by **MDIndia Networkx**. Member shall contact on toll free no or email id provided below of **MDIndia Networkx** for receiving the services of Medical Second Opinion. **MDIndia Networkx** through its local partner shall verify the Member's enrollment and eligibility to receive Services. Once **MDIndia Networkx** is notified of a Member's diagnosis with a Qualifying Medical Condition by the Member's Attending Physician, its researchers shall identify three World Leading Medical Centers that are ranked the best in the world in diagnosing and treating that particular illness.
- b) **MDIndia Networkx** works directly with the Member's Attending Physician to collect and assemble all relevant Medical Records for transmission to the World Leading Medical Center.
- c) To verify the accuracy of the original diagnosis, the Member receives, without any additional fees, an independent analysis of his or her Medical Records by expert physicians at the World Leading Medical Center.
- d) The Member also receives, free of charge, a complete review of the originally proposed treatment plan by expert physicians at the selected World Leading Medical Center. This includes recommendations regarding treatment options, international standards of care, or newly available and proven treatment approaches that are worthy of consideration.
- e) All analysis and recommendations (the Medical Second Opinion) are presented to the Member and his or her Attending Physician in writing within 10 business days from receipt by the selected World Leading Medical Center of the Member's complete Medical Records, assuming all medical privacy laws and regulations are satisfied completely. In certain instances the written Medical Second Opinion will be received sooner.



- f) In the unlikely event that MDIndia Networkx and its local medical case coordinator is unable to secure the necessary co-operation in collecting the needed medical records, the Member ultimately will be responsible for gathering these medical records and test results. **MDIndia Networkx** cannot and shall not be responsible for providing a Medical Second Opinion if the Attending Physician does not supply copies of all the medical records and test results related to the Qualifying Medical Condition nor if the relevant local hospital or local clinic shall not cooperate in providing the required medical records of the Qualifying Medical Condition.
- g) **MDIndia Networkx** recognizes that as a consequence of the activities covered by this Program, **MDIndia Networkx** may become aware of Member's medical, financial or other information. **MDIndia Networkx** shall keep in strict confidence, and take all reasonable steps to maintain the confidentiality of, any and all such information. **MDIndia Networkx** shall maintain a highest standard of privacy for Members. Without limiting the foregoing provisions, **MDIndia Networkx** shall comply with all laws affecting the collection, handling and use of Member's medical, financial or other personal information.
- h) It is **MDIndia Networkx**'s responsibility to pay for all costs relating to the Medical Second Opinion process. This includes:
 - i. Conducting the research relevant to the particular illness to determine the highly qualified World Leading Medical Centers able to respond timely to the Member's request.
 - ii. Paying the Attending Physician or medical facility to retrieve, copy, and assemble the Member's Medical Records (including physician summaries and notes, imaging files, relevant test results and examination notes) in an expeditious manner.
 - iii. Paying a courier service to overnight the package to the selected World Leading Medical Center and back again;
 - iv. Paying for any applicable secure electronic transmissions of medical files and/or imaging data;
 - v. Paying for costs related to potential teleconferencing of physicians;
 - vi. Paying the selected World Leading Medical Center to take the Member's files into conference and complete the analysis as well as any resulting recommendations;
 - vii. Providing these services through a qualified administrative staff which includes call centers with medically trained staff.

All of the above-described membership benefits are available to International Medical Second Opinion Program Members who have been diagnosed with one or more of the



Qualifying Medical Conditions or where such a diagnosis is suspected by their Attending Physician.

Qualifying Medical Conditions

MDIndia Network's Remote Medical Second Opinion Services empower Members to confirm their diagnoses and provide them with the most appropriate recommended treatment option for their specific condition. Members shall request a Medical Second Opinion for following listed ailments only.

1. Open and close Heart surgery including CABG.
2. Cardiac ailments necessitating:
 - a. Pacemakers (including biventricular Pacemakers.)
 - b. AICDs with or without biventricular Pacemakers.
 - c. Radiofrequency ablation
 - d. Device closures of ASDNSD/PDA etc. e.Valvuloplasties (BMV/BAV/BPU)
 - f. Valve Replacements.
3. Angioplasties:
 - a. Coronary and Peripheral (including carotid/Renal/Aorto-iliac)
 - b. Including Stent Implantation (with drug-eluting stents)
4. Cerebra or Vascular Strokes/paralysis due to any cause.
5. Neurosurgery/Ailment requiring Brain Surgery.
6. Major operation of the spine and vertebrae including correction of congenital spinal deformity.
7. Renal Diseases/Failures/Kidney Transplants/Dialysis.
8. Malignancy including Leukaemia
9. Lung Surgery
 - a. Lobectomy
 - b. Pneumonectomy
 - c. Decortication
 - d. Removal of Mediastinal Tumors.
10. Encephalitis (Viral), Visual/Hearing loss
11. Gall Bladder/Pancreatic Calculi or Nesidioblastosis.
12. Diseases of the Liver leading to hepatic failure or transplantation.
13. Surgery of portal hypertension.



14. Organ Transplants.

15. Aplastic Anaemia

16. Cerebral Palsy

17. Myasthenia Gravis

The Medical Second opinion will be provided for the above listed Ailments in all cases with the following exceptions:

- **Member has not received a diagnosis** – a Member must have been given an official diagnosis by his or her treating physician as a prerequisite in order for the WLMC's to confirm the diagnosis and to provide treatment recommendations on a particular medical condition,
- **Member has not been evaluated by a treating physician within the last 12 months** – Recent medical records are required by WLMCs in order to provide Members relevant treatment recommendations.
- **Member has developed an acute or life threatening condition** - If a Member requires immediate medical attention that Member should seek the care of their treating physician on an urgent basis, and not delay while awaiting the arrival of the MSO.
- **Physical evaluation of the Member is required** - certain conditions will always require an in person study and evaluation (for example, mental illness). Understandably, such cases would not be eligible to receive a Remote Medical Second Opinion.

Definitions: As used in this clause the following terms shall have the meanings stated below:

Attending Physician shall mean the Physician that has locally been attending to the Member's relevant medical needs and is typically the medical professional that has been involved in providing the first diagnosis of the relevant medical condition for the Member.

Business Day means any day which is neither a Saturday, Sunday nor a legal holiday in the United States of America and India.

Business Hours shall be defined as the customary hours of business operation at the place of residence of the Member. Typically, this includes Mondays, Tuesdays, Wednesdays, Thursdays and Fridays, generally between the hours of 09:00 and 20:00, except for any local and public holidays.

Confidential Information shall mean and include (i)any information that the disclosing Party identifies in writing as being proprietary and/or confidential, or (ii)any information which, by the nature of the circumstances surrounding the disclosure, ought in good faith to be treated as proprietary and/or confidential, and (iii) a Member's medical, financial and other personal information.



Diagnosis shall mean the written conclusions reached by a properly licensed Physician who has physically examined the Member. A Diagnosis must include the name of the illness or of the suspected medical condition.

Medical Records shall mean the written medical files regarding a Member as developed and maintained by an Attending Physician or other involved medical professionals or facilities. Typically, they include a written summary of the primary diagnosis, an outline of the recommended treatment approach, as well as associated materials such as X-rays, pathology blocks or slides, computer imaging data, lab test results, and additional information reached through clinical evaluation.

International Medical Second Opinion Program shall mean the collection of Services that are available to the Members who have been diagnosed with one or more of the Qualifying Medical Conditions or where such a diagnosis is suspected by their Attending Physician.

Member shall mean an eligible NEW INDIA insured. This is an individual who is enrolled in the "LIC EMPLOYEES GROUP HEALTH POLICY" by reason of their relationship with NEW INDIA.

Physician shall mean a medical professional holding the necessary licenses and certifications to practice in the United States or in a foreign country.

Qualifying Medical Condition shall mean an illness or medical condition that qualifies a Member to receive the Services available under the International Medical Second Opinion Program as set forth in Appendix A.

Medical Second Opinion shall mean the written opinion of a physician practicing at a World Leading Medical Center provided to the Member and the Attending Physician regarding the Member's diagnosis and course of treatment.

World Leading Medical Cen ter shall mean a health care facility that is widely known and identified as providing specialized medical care that is recognized within the broad medical community as highly respected in its fields of clinical care.

NAME AND ADDRESS of Service Provider	MDIndia Healthcare Network Pvt. Ltd. S.No 46/1, E-Space, A2 Building, 2nd floor, Pune Nagar Road, Vadgaonsheri, Pune 411014, Maharashtra
EMAIL ID	2ndmedicalopinion@mdindianetworkx.com
Mobile no/Whatsapp No	9607017817



B. CASHLESS & REIMBURSEMENT FACILITY THROUGH TPA

- 1. The insurer will provide cashless & reimbursement facility through TPA**
- 2. TPA will remain unchanged in case of inter zonal transfer of employee and/or if retired employee shifts his/ her residence from one place to another place. Original TPA will continue to provide services based on Pan India network of hospitals**
- 3. The ZONEWISE TPA list is as below:**

(i) Western Zone & Central Office TPA: MD India Healthcare Services (TPA) Pvt. Ltd.

Toll Free No. (Dedicated for LIC)	1800-209-7600
Toll Free No.	1800 209 7777 / 1800209 7800
Email Id.	lic@mdindia.com
Contact Person	Ms. Harpreet Sahota, 7391042285 Ms. Pratiksha Jagade, 8956123251
The All India Network Hospital can be seen by login into the website	www.mdindiaonline.com

(ii) Central Zone TPA: Health India Insurance TPA Services Pvt. Ltd

Toll Free No. (Dedicated for LIC)	1800-2269-70
Toll Free No.	1800-2201-02
Email Id.	lic@healthindiatpa.com crm@healthindiatpa.com (FOR CASHLESS)
Fax No.	-
Telephone No. (Single Point contact)	Ms. Sheela Pednekar 7208984880 sheela.pednekar@healthindiatpa.com
The All India Network Hospital can be seen by login into the website	www.healthindiatpa.com



(iii) Northern Zone TPA: Good Health Insurance TPA Ltd

Toll Free No. (Dedicated for LIC)	1800 102 8673
Toll Free No.	1800 102 8673
Email Id.	liccare@ghpltpa.com customer.care@ghpltpa.com
Telephone No.	Mr. Hareesh, +91 7075598422 Hareesh.t@ghpltpa.com
The All India Network Hospital can be seen by login into the website	www.ghpltpa.com

(iv) North Central Zone TPA: Raksha TPA Pvt. Ltd.

Toll Free No. (Dedicated for LIC)	1800 1801 555
Toll Free No.	1800 1801 444
Email Id.	crcm@rakshatpa.com jyotiwasthi@rakshatpa.com licsupport@rakshatpa.com
Mobile Nos.	8090046594/8090046595/9451802803 WhatsApp - 9029070051
Telephone No.	0129 - 3501420
The All India Network Hospital can be seen by login into the website	www.rakshatpa.com

(v) East Central Zone TPA: Health India Insurance TPA Services Pvt. Ltd.

Toll Free No. (Dedicated for LIC)	1800-2269-70
Toll Free No.	1800-2201-02
Email Id.	lic@healthindiatpa.com crm@healthindiatpa.com (For CASHLESS)
Telephone No.	Mr. Ramchandra Maharana 7208984881 ramchandra.maharana@healthindiatpa.com
The All India Network Hospital can be seen by login into the website	www.vidalhealth.com



(vi) Eastern Zone TPA: Heritage Health TPA Pvt. Ltd.

Toll Free No. (Dedicated for LIC)	1800 102 4547
Toll Free No.	1800 345 3477
Email Id.	lic.heritagehealth@bajoria.in
Single point contact	Deb Kumar Halder, +91- 8910629713
Telephone No.	033-40334141
The All India Network Hospital can be seen by login into the website	www.heritagehealthtpa.com

(vii) South Central Zone TPA: Medi Assist India TPA Pvt. Ltd.

Toll Free No. (Dedicated for LIC)	1800 419 1154
Toll Free No.	1800 425 9449
Email Id.	lic.scz@mediassist.in
Telephone No.	Mr. Konatala Murali, +91-9108427415 konatala.murali@mediassist.in
The All India Network Hospital can be seen by login into the website	www.mediassist.in

(viii) Southern Zone TPA: MD India Healthcare Services (TPA) Pvt. Ltd.

Toll Free No. (Dedicated for LIC)	1800-209-7600
Toll Free No.	1800 209 7777 / 1800209 7800
Email Id.	lic@mdindia.com
Contact Person	Mr. Alfred Prabhu, 8530234560 alfreds@mdindia.com
The All India Network Hospital can be seen by login into the website	www.mdindiaonline.com



4. PROCEDURE FOR AVALING CASHLESS ACCESS SERVICE

- a) **Cashless hospitalization** can be availed only at TPA network of hospitals and is subject to pre-admission authorization. The TPA shall, upon getting the related medical information from the insured person/network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorization letter/guarantee of payment letter to the Hospital/Nursing Home mentioning the sum guaranteed as payable and also the ailment for which the person is seeking to be admitted as a patient.
- b) The employee/retired employee has to submit E-Card of patient issued by TPA and any Photo ID cards such as LIC ID card, PAN, Driving License, Voter ID Card, Passport, Aadhar Card, School/College ID cards or any other photo ID card issued by Central Govt. or State Govt.
- c) In case the TPA ID card/member's master is not available then cashless request will be processed by TPA on the basis of LIC ID card or any other photo ID card issued by Central Govt. or State Govt. as mentioned in (b) above & other information like name of the Employee/Retired employee/beneficiary claimant, SR No. of Employee/Retired employee and the Sum Insured.
- d) The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details as required by the TPA. The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his/her treating doctor's advice and later on submit the full claim papers to TPA for reimbursement.
- e) Updated list of network hospitals is available on the website of TPA as mentioned above.
- f) The network hospitals have a **preauthorization request form** available with them. This form can also be downloaded from TPA website. The form has to be filled in by employee/beneficiary claimant and the treating doctor. Please make sure all the details asked in the form are completely filled. This will ensure speedy processing of cashless request.
- g) This form is to be sent through **Email ID to TPA** as mentioned above.
- h) The TPA will process the cashless request. The medical team will determine whether the condition requiring admission and the treatment plan are covered by group mediclaim policy. They will also check with other terms and conditions of the mediclaim policy.
- i) The hospital will ask claimant to pay for all the **Non-Medical Expenses** in the bill. The claimant has to make this payment before discharge.
- j) In case, for whatever reason, the pre-authorization request cannot be approved, a letter denying pre-authorization will be sent to the hospital. In this case, the



employee/beneficiary claimant will have to settle the hospital bill in full on their own.

- k)** Payment shall be made directly to Network Hospital if Cashless facility is applied for before treatment and accepted by TPA. If request for Cashless facility is not considered by TPA, bills may be submitted for reimbursement subsequently.

- l)** Cashless facility is only a mode of claim payment and cannot be demanded in every claim. If TPA/Insurers have doubts regarding the admissibility of the claim at the initial stage, which cannot be decided without further verification of treatment records, request for Cashless facility may be declined. Such decision by TPA/Insurer shall be final.



C) (a) Expenses relating to Diagnostic Tests without Hospitalization

Following Diagnostic Testswithout hospitalization shall be covered subject to the following:

Diagnostic Tests	Maximum charges payable.
MRI OR Contrast MRI	Rs. 8,500/- (MRI) each Insured, OR Rs. 12,000/- (contrast MRI) each insured
CT Scan, OR Contrast CT/ CT Angiography	Rs. 6,500/- (CT scan) each Insured, OR Rs. 9,000/- (Contrast CT/ CT Angiography) each insured
Sonography (Excluding maternity related)	Rs. 2,500/- each Insured
Biopsy	Rs. 4,500/-each Insured
Tread Mill Test	Rs. 2000/-each Insured
Echo Test	Rs. 2000/-each Insured
Gastroscopy	Rs. 5500/- each Insured
Colonoscopy	Rs. 7500/- each Insured
EEG (Electroencephalogram)	Rs.1000/- each Insured
EMG (Electromyogram)	Rs. 2000/- each Insured
Holter Monitor Test	Rs. 5000/- each insured
PAP SMEAR	Rs. 1500/- each insured
PSA (Prostate Specific Antigen)	Rs. 750/- each insured
Mammography	Rs. 5500/- each insured
PET Scan	Rs. 20,000/- each insured

1. Reimbursement of expenses is allowed only for the above tests and no equivalent diagnostic test will be considered for this purpose.
2. The maximum Reimbursable amount under this benefit shall be Rs. 85,000 for the family, during the policy year. The above amounts shall be within the overall Sum Insured limit.



3. For claiming reimbursement under this, the tests should have been recommended by an MD DOCTOR or A DOCTOR WITH EQUIVALENT QUALIFICATION and supported by documents and certification evidencing present complaints necessitating the tests to be carried out. However if the Test is recommended by prescription of a Govt. Hospital then the above condition can be waived.
4. Only expenses for the Diagnostic tests are payable. Pre-post expenses, doctor consultation charges related to these Diagnostic Tests are not payable.
5. These expenses incurred without hospitalization are payable only once for respective diagnostic tests during the policy period, per insured. However, for MRI/Contrast MRI, CT Scan/Contrast CT/CT Angiography, Sonography & Biopsy tests, the same are allowed twice during the policy period, per Insured person, **if done for a different organ/body part.**

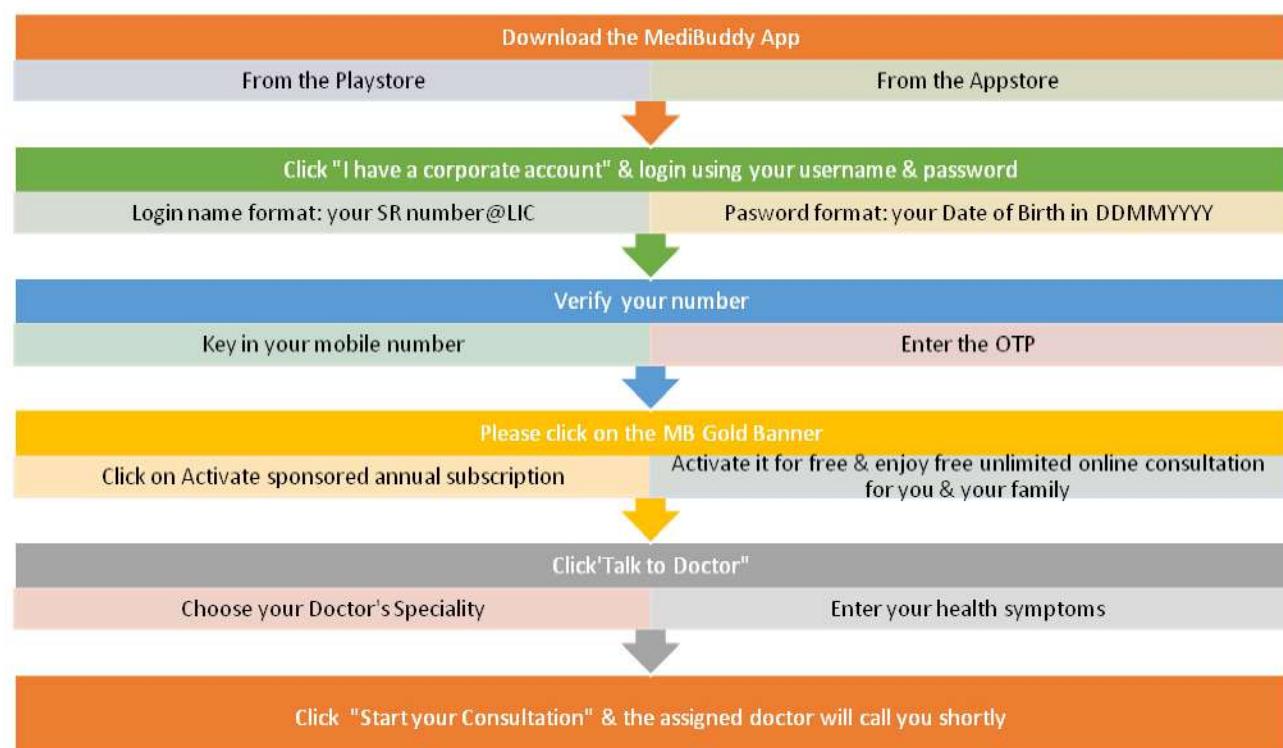
(b) Facility of Tele-consultation:

Facility of Tele-consultation for covered members under Group Mediclaim Scheme has been introduced. This facility of 24x7 online consultations from anywhere in India shall be provided through MediBuddy (MB) Application.

The flow chart of MB Gold activation & usage is given below. The steps mentioned are in segmented format. Also, Insured person can go to the following Google Drive link for detailed navigation guide:

MB Gold Navigation Guide Deck link -

<https://drive.google.com/file/d/1ewyM6q08GUA-mhdPloul7Q3yGtw-L1Ue/view>



DISCLAIMER

- A video or telemedicine consult can never be compared to a normal in-hospital consult where the doctor is able to physically examine the patient.
- By accepting tele-medicine consultation, the Employee/s concerned agree and accept that the tele-consultants/doctors/TPA/Insurer and all personnel directly or indirectly involved with any part of the Tele-medicine set up shall not be held responsible in the unlikely event of an error in diagnosis or management due to the occurrence of sub optimal technical conditions. While every attempt will be made to ensure ideal conditions, unforeseen circumstances may occur.
- Insurer and/or Medi Buddy and/or its doctors shall not be responsible for complete accuracy of tele-medicine consultation, limited in its scope as it is, with no physical examination of the patient being possible. While every attempt will be made to ensure comprehensiveness of the consultation, unforeseen situations may arise. Concerned Employee/s' acceptance of Tele-medicine consultation, will be taken as their consent for a Tele-medicine consult with its ingrained limitations.

(c). Facility of Medical Examiner (ME):

One **medical examiner for emergency purpose** at premises of Central Office and each Zonal Office has been made available by insurer through respective TPAs from 11:00 am to 04:00 pm on working days.

This facility is available only for Employees and Retired Employees, **NOT for dependent/independent family members.**

DISCLAIMER

It is established that the aforesaid Policy benefit (ME's service) provided by The New India Assurance Co. Ltd. (NIA) through concerned TPA/s and their appointed Doctors will be an exclusive and additional services provided by them. The treatment / procedure implemented by these appointed Doctors are purely based on the information given by the employee/s who are intending to avail such services.

By accepting ME's service, the Employee/s concerned agree and accept that the doctors/TPA/Insurer and all personnel directly or indirectly involved with any part of the ME service's set up shall not be held responsible in the unlikely event of an error in diagnosis, prescription or management of such services.



D) SUB-LIMIT CLAUSE

Payments Only If Included in Hospital Bill

- 1. No payment shall be made under Clause (A) Section 3 other than as part of the hospitalization bill.**
- 2. However, the bills raised by Surgeon/Assistant Surgeon/Consultant/Specialist/Anesthetist directly and not included in the hospitalization bill may be reimbursed in the following manner:**
 - a) The reasonable, customary and Medically Necessary Surgeon/Assistant Surgeon/Consultant/Specialist fee and Anesthetist fee would be reimbursed, limited to the maximum of 25% of Total Sum Insured, subject to a maximum of Rs 10,00,000/- in one policy period. The payment shall be reimbursed provided the insured pays such fee(s) through Cheque/UPI/Netbanking/Debit-Credit Card and the Surgeon/Assistant Surgeon/Consultant/Specialist Anesthetist provides a numbered bill. Bills given on letter-head of the Surgeon/ Assistant Surgeon/Consultant/Specialist/Anesthetist would not be entertained.**
 - b) Fees paid in cash will be reimbursed up to following limit only, provided the Surgeon/Assistant Surgeon/Consultant/Specialist/Anesthetist provides a numbered bill.**

Fees paid in cash will be reimbursed upto a limit of:

Surgeon/Consultant/Specialist: Rs. 30,000/-

Assistant Surgeon: Rs. 12,000/-

Anesthetist: Rs. 20,000/-

Provided, the above provide a numbered bill.

(N.B: Company's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured per person mentioned in the schedule.)

3. LIMIT ON PAYMENT FOR CATARACT: Company's liability for payment of any claim relating to Cataract shall be limited to Actual OR maximum of **Rs. 70,000/-** (inclusive of all charges, excluding service tax) for each eye, whichever is less. The above limit of Cataract is uniform all over India.

4. AYUSH: Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment are admissible provided the treatment for illness/disease and accidental injuries, is taken in a Government hospital or in any institute recognized by Government and/or accredited by Quality Council Of India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures. The illness/disease and/or accidental injuries shall be duly evidenced by a diagnostic report and the treatment undertaken should be related to the illness/disease/injury. Further, Steam Bath, Shirodhara, PANCHAKARMA and similar ayurvedic treatments are NOT payable except when it is part of any treatment required for treating any such illness/disease/injury. However the maximum reimbursement under AYUSH will be **25% of sum insured** during the policy period.



5. **Ambulances Charges:** Actual, subject to maximum of **Rs. 5,000/-** per trip per Hospitalization. In cases where the patient has to be shifted from one Hospital to another Hospital for better medical facilities, the ambulance charges would also be covered. The ambulance charges shall therefore be covered for the actual amount subject to a maximum of Rs 5000/- for each such trip. For a Patient hospitalized due to cardiac ailment and has to be transported in a **Cardiac Equipped Ambulance**, the above limit is extended to **Rs. 10,000/-** for going to hospital only. **In case of death only**, ambulance charges subject to maximum Rs. 5000/- can be claimed for shifting dead body from hospital to home. Reimbursement of ambulance charges is subject to submission of proper bill. (*Please note, a Trip means one side journey*)
6. **ORGAN TRANSPLANT - Hospitalization expenses** (excluding cost of organ) incurred on the donor during the course of organ transplant to the insured person. The Company's liability towards expenses **incurred on the donor and the insured recipient** shall not exceed the sum insured of the insured person receiving the organ. Needless to add that pre and post hospitalization cover under the policy shall also be applicable to Donor for the above purpose only.
7. **Lasik Laser treatment** performed for keratotomy of Insured having **(-4) and above** (i.e. -4,-5,-6, and so on) refractive error, and for therapeutic reasons like recurrent corneal erosions, nebular opacities and non healing ulcers". The maximum amount payable under this section is **Rs. 35,000/-** per eye.
8. **Age Related Macular Degeneration (ARMD)** and/or treatment for retinal disease by intravitreal/intraocular injection/intervention admissible only **upto Rs. 1,00,000/- per member per eye per year**.
9. **Robotic surgery**, only for Malignant Cancer/Cancer, Brain, Heart and Spine are payable. However, if insured undergoes Robotic surgery for other ailments, cover under the policy shall be limited only to the applicable conventional charges.
10. **Cochlear Implant – Hospitalization expenses** for cochlear implantation surgery (including cost of cochlear implant) is payable **upto a sublimit of Rs 10,00,000/- per member in excess of Rs. 1,50,000/-** (Initial amount of Rs. 1,50,000/- is to be borne by Insured member, sub-limit will be applicable over & above this excess).
11. **Treatment related to Phychiatric and Phychosomatic disorder** - Only Hospitalization expenses are covered for treatment of psychiatric and psychosomatic diseases upto Sub limit of Rs 50,000/- per member per year. The expenses payable under this sub limit clause are restricted to cover only expenses incurred during the stay in hospital. **Pre & Post Hospitalization expenses including expenses incurred for counseling/consultation are not covered**



E) MATERNITY EXPENSES BENEFIT:

Maternity expenses shall include:

1. Medical Treatment Expenses traceable to childbirth for Insured Family (including complicated deliveries and caesarean sections incurred during Hospitalization),
2. Expenses towards lawful medical termination of pregnancy during the Policy Period.
3. **Normal Delivery: The maximum benefit allowable under this clause will be maximum upto Rs. 65,000/-**
4. **Caesarian Section Delivery: The maximum benefit allowable under this clause will be maximum upto Rs. 1,25,000/-.**
5. These benefits are admissible only if the expenses are incurred in Hospital/ Nursing Home as in-patients in India.
6. A waiting period of nine months is NOT applicable for payment of any claim.
7. Claim in respect of delivery for ONLY FIRST TWO LIVING CHILDREN and / or operations associated therewith will be considered in respect of each Insured Person covered under the policy or any renewal thereof. Those Insured persons who are already having two or more living children will not be eligible for this benefit, even if they have not claimed for their earlier confinements.

However delivery of twins shall be treated as a Maternity claim for Single Child.

8. Expenses incurred in connection with voluntary medical termination of pregnancy are not covered.
9. Pre-natal and post-natal expenses are not covered for maternity / pregnancy related claims, unless admitted in Hospital and treatment is taken there. Only expenses pertaining to the **confinement** period in the hospital is payable.
10. Expenses in respect of new born child, during the delivery confinement period in the hospital are covered under the respective Family floater Sum Insured. **However, expenses in respect of new born child of independent children are not covered.**
11. If the child (of Emp. & SP) is shifted to a different hospital for treatment during the confinement period of mother, these expenses shall be payable under the respective Family floater Sum Insured only.
12. New born child (of Emp. & spouse) is covered under the policy within Family floater Sum Insured from Day one, once the child is declared for insurance by the employee and premium in respect of the newborn child is received by LIC. This however, is applicable only after child is discharged from the hospital.
13. Congenital Internal defects/diseases are covered. Congenital External Anomaly of the new born baby (of Emp. & spouse) is not covered unless it affects the growth of the child. However, any expenses relating to cosmetic / aesthetic procedure without any presenting complaints, necessitating such a treatment is not covered.



F) EXCLUSIONS:

The 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:

- i. Injury/Illness directly or indirectly caused by or arising from or attributable to War invasion, Act of foreign enemy, War like operations (whether War be declared or not), Nuclear weapons, ionizing radiation, contamination by radio activity material, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.
- ii. Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat injury or illness.
- iii. Vaccination & Inoculation.
- iv. Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids and such other durable medical equipment.

However,

- (a) Cochlear Implant will be covered as per sublimit of Clause D (10).
- (b) Artificial Limbs will be covered, except the Robotic Limbs which may be paid at the rate of Conventional Artificial Limbs. The claim for Artificial limbs shall be payable as part of Post Hospitalization expenses following surgery of Amputation of limbs and post hospitalization time limit for reimbursement of such cost shall be 6 months from the date of discharge.
- v. All types of Dental treatments except arising out of an accident.
- vi. Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, congenital external disease/defects or anomalies, infertility, sterility, use of intoxicating drugs (except by accidental and certified by the hospital)/alcohol, use of tobacco leading to cancer.
- vii. Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice.
- viii. Treatment of any Bodily injury or Illness sustained whilst or as a result of active participation in any hazardous sports of any kind.
- ix. Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.
- x. Charges incurred at hospitals primarily for diagnosis, X-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any illness or injury, for which confinement is required at a Hospital.



However, specific Diagnostic tests without hospitalization are covered as “Add on benefit” under the policy as per clause (C) mentioned above.

- xii.** Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- xiii.** Naturopathy Treatment.
- xiii.** External and or durable Medical/Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), Sleep Apnea Syndrome, CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump and similar external equipments. However, expenses incurred for Infusion Pump shall be covered during hospitalization.
- xiv. (a)** Genetic disorders

However treatment for THALESSIMA, Haemophilia, Sickle Cell Anemia, Hemolytic Anemia, myeloma, or similar life-threatening diseases due to Genetic Disorder requiring hospitalization, to be covered with a pre and post hospitalization of 30 & 60 days subject to maximum of **75% of Floater Sum Insured of the Family**.

- (b)** Stem cell implantation / surgery.

(i) We restrict the admissible stem cell therapy to the subset of hematopoietic stem cell transplantation (HSCT) for certain cancers of the blood or bone marrow, such as multiple myeloma, leukemia or lymphoma etc. **for 75% of Floater Sum Insured of the Family**.

(ii) Stem Cell transplantation treatment for ailments such as Cerebral palsy and Multiple Sclerosis is restricted to maximum **sublimit of 50% of Floater Sum Insured of the Family**.

- xv.** Treatment taken outside India.

- xvi.** Experimental/Unproven Treatment.

- xvii.** Crosspathy- Change of treatment from one system of medicine to another unless recommended by the consultant / hospital under whom the treatment is taken.

- xviii.** Any other charges levied by hospital, except registration/admission charges and GST/Surcharges.

- xix.** Treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), Ozone Therapy, External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy. However, expenses incurred for above **shall be covered under hospitalization and with a pre and post hospitalization** of 30 & 60 days expenses only.



xx. Voluntary Medical Termination of Pregnancy.

xxi. Acupressure, acupuncture, magnetic therapies.

xxii. Treatment arising from or traceable to miscarriage, abortion or complications; except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynecologist that it is life threatening one if left untreated.

xxiii. Physiotherapy as a part of the Pre & Post hospitalization period is payable upto a limit of **INR 40,000/- per person per year**. Physiotherapy treatment taken at clinic or at specialized physiotherapy treatment centre is only payable. Treatment for Physiotherapy at home is not payable. Physiotherapy treatment at home is payable only when the patient is permanently or temporarily disabled (Partial & Total). However such disability should be certified by the consultant doctor under whom patient is treated. **Temporary Disability for Physiotherapy to be availed at home** – Can be defined as: Impairment of mental or physical faculties that may impede the affected person from functioning normally only so far as he or she is under treatment; with a minimum of 15 days of treatment certified by the treating doctor.

The pre & post hospitalization period limit of 30/60 days shall not be applicable for patients who are totally and permanently disabled/paralyzed.

xxiv. Congenital external defect/ diseases / anomalies

xxv. Any expenses relating to cost of items detailed in **Annexure II**.



G) DEFINITIONS:

- 1. ACCIDENT:** An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2. ANY ONE ILLNESS:** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
- 3. CANCELLATION:** Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of one month.
- 4. 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.
- 5. CONDITION PRECEDENT:** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 6. CONGENITAL ANOMALY:** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Congenital Internal Anomaly** means a Congenital Anomaly which is not in the visible and accessible parts of the body.
 - b) Congenital External Anomaly** means a Congenital Anomaly which is in the visible and accessible parts of the body
- 7. CONTRIBUTION:** Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
- 8. 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 Centre in less than 24 hrs 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.
- 9. DENTAL TREATMENT:** Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- 10. 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:

- a) The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- b) The patient takes treatment at home on account of non availability of room in a Hospital.

Note: Liability of the Company under this clause is restricted to 20% of the total Sum Insured per person.

However, when treatment such as Dialysis, Chemotherapy (incl. Oral), and Radiotherapy and other similar treatments are taken under domiciliary hospitalization, the treatment will be considered to be taken under Hospitalization Benefit section without the restriction as mentioned above(a) & (b) and Note.

Pre and Post Dialysis/Chemotherapy expenses are covered under this section.

Subject however that domiciliary hospitalization benefits shall not cover –

- i) expenses incurred for pre and post hospital treatment and
- ii) expenses incurred for treatment for any of the following diseases.
 - 1. Asthma
 - 2. Bronchitis
 - 3. Chronic Nephritis and Nephrotic Syndrome
 - 4. Diarrhoea and all type of Dysenteries including Gastro-enteritis.
 - 5. Diabetes Mellitus and Insipidus
 - 6. Epilepsy
 - 7. Hypertension
 - 8. Influenza, Cough and Cold
 - 9. All Psychiatric or Psychosomatic Disorders
 - 10. Pyrexia of unknown Origin for less than 10 days
 - 11. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharingitis
 - 12. Arthritis, Gout and Rheumatism.

11. FLOATER BENEFIT means the Sum Insured as specified for a particular Insured and the members of his/her family as covered under the policy and is available for any or all the members of his /her family for one or more claims during the tenure of the policy.

12. 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:

- a) 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;



- b) has qualified nursing staff under its employment round the clock;
- c) has qualified medical practitioner (s) in charge round the clock;
- d) has a fully equipped operation theatre of its own where surgical procedures are carried out
- e) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Note: In case of Ayurvedic Hospital above sub-section (d) is not applicable.

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.

13. 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.

The list of such specified procedures/treatments is mentioned in Annexure III.

14. 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:

- 1) has qualified nursing staff under its employment;
- 2) has qualified Medical Practitioner/s in charge;
- 3) has a fully equipped operation theatre of its own where Surgical Operation are carried out
- 4) Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

15. ID CARD means the identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

16. ILLNESS: Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

17. INJURY: Injury means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.



18. INPATIENT CARE: Inpatient Care means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

19. INSURED UNDER THE POLICY SHALL MEAN:

The insured persons under the Policy consist of the following and located all over India.

- a. In-service employees of the Corporation
- b. Spouse, Dependent children (as defined below) and Independent children of in-service employees. Cover to Independent Children shall cease on attending age of 45 years (I.b.d.) or on death of both parents covered under the policy, whichever is earlier.
- c. Retired Employees of the Corporation
- d. Spouse, Dependent children (as defined below) and Independent children of retired employees. Independent children are covered upto the age of 45 years last birthday (I.b.d.). The cover to independent children shall cease on death of retired employee and spouse of deceased retired employee.
- e. Dependent parents/parents-in-law of In-service employees/Retired employees (applicable to those retired employees whose parents/parent-in-laws were covered under Group Mediclaim Policy at the time of retirement)
- f. Spouse and dependent children of deceased employees (in-service or retired)
- g. Regular part time employees for family floater sum insured of Rs 1,00,000/- only.
- h. Persons engaged under Board approved Policy on Fixed Term Engagements on contractual basis and their eligible family members.

Dependent children means.

- a. Legitimate children including legally adopted children.
- b. Male children up to the age of 21 years (I.b.d.) and up to 25 years (I.b.d.) of age if unemployed, else they will be considered as Independent Children for purpose of coverage.
- c. Unmarried female children or those who are widowed or divorced irrespective of age, and residing with (except who are pursuing study) and dependent on the employee/retired employee. However, after the marriage of unmarried female children or remarriage of widowed/divorced female children, the cover shall be continued as independent children upto age of 45 years (I.b.d.) or death of both parents covered under the policy, whichever is earlier.
- d. Mentally Retarded children fully dependent on the employee / retired employee
- e. Physically handicapped children fully dependent on the employee/ retired employee
- f. Dependent children upto 25 years (I.b.d.) of age studying abroad during their visit to India. (Provided annual premium is paid at the inception of policy)

DEPENDENT MEANS: Financially dependent on the employee / retired employee and their income not more than Rs. 13,500/- per month.



20. INTENSIVE CARE UNIT (ICU): means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

21. MEDICAL ADVICE: Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

22. 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.

23. 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.

24. 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.

25. 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 insured persons. The list is available with the TPA and subject to amendment from time to time. TPAs shall immediately provide information to LIC Central Office and respective LIC Zonal/Divisional Offices, if any Hospital/Day Care centres in their network terminate the cashless facility or no longer part of Network.

26. NON-NETWORK HOSPITAL: Any Hospital, Day Care centre or other provider that is not part of the Network.

27. PERIOD OF INSURANCE means the period for which this Policy is taken as specified in the Schedule.

28. PRE-HOSPITALISATION MEDICAL EXPENSES means Medical Expenses incurred immediately before the Insured Person is Hospitalized, provided that:

- a) Such Medical Expenses are incurred for the same condition for which the



Insured Person's Hospitalization was required, and

- b) The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

29. POST-HOSPITALISATION MEDICAL EXPENSES means Medical Expenses incurred immediately after the Insured Person is discharged from the Hospital provided that:

- a) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b) The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

30. QUALIFIED NURSE: is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

31. REASONABLE AND CUSTOMARY 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.

32. RENEWAL: Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

33. ROOM RENT: Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (twenty four hours) basis and shall include associated medical expenses.

34. SUM INSURED: is the maximum amount of coverage opted by each family and shown in the Schedule. The Sum Insured shall mean amount which is confirmed and certified by OS Dept./Competent Authority of LIC, as per their records. The company shall reserve right to call for the supporting documents to verify the authenticity of such certification.

35. 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.

36. TPA: Third Party Administrators or TPA means any person who is licensed under the IRDA (Third Party Administrators - Health Services) Regulations, 2016 by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.

37. UNPROVEN/EXPERIMENTAL TREATMENT: Treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.



H) CONDITIONS:

- 1. COMMUNICATION:** Every notice of communication to be given or made under this policy shall be delivered in writing through the Insured's office, as per the guidelines in the 'Claims procedure' at the address of the TPA.

NOTICE OF CLAIM: Preliminary notice of claim with particulars relating to Policy, name of insured person in respect of whom claim is to be made, nature of illness/injury and Name and Address of the attending Medical Practitioner/Hospital/Nursing Home should be given to the LIC office within 7 days from the date of hospitalization in respect of reimbursement claims. **However, in case of hospitalization, where cashless facility is not availed by the employees/retired employees/primary members, it is suggested to intimate the concerned TPA immediately after admission in the hospital for smooth settlement of claims.** Final claim along with hospital receipted original Bills/Cash memos, claim form and documents as listed in the claim form below should be submitted to the Policy issuing Office/TPA **not later than 20 days of discharge from the hospital.** The insured may also be required to give the Company/TPA such additional information and assistance as the Company/TPA may require in dealing with the claim.

- a. Bill, Receipt and Discharge certificate / card from the Hospital.
- b. Cash Memos from the Hospitals(s) / Chemists(s), supported by proper prescriptions.
- c. Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests / pathological.
- d. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.
- e. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.
- f. Claimant has to submit any photo identity proof issued by Central/State government while claiming medical expenses.

Waiver: Waiver of period of document submission after discharge may be considered in extreme cases of hardships where it is proved to the satisfaction of the Company/TPA that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit. This waiver cannot be claimed as a matter of right.

- 2. PREMIUM PAYMENT:** The premium payable under this policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid, unless made in writing and signed by an authorized official of the Company.



3. PHYSICAL EXAMINATION: Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or Disease requiring Hospitalization when and so often as the same may reasonably be required on behalf of the Company.

4. FRAUD, MISREPRESENTATION, CONCEALMENT: The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5. CONTRIBUTION: If two or more policies are taken by Insured Person during a period from one or more insurers to indemnify treatment costs, Company shall not apply the contribution clause, but the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

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

Note: Insured Person must disclose such other insurance at the time of making a claim under this Policy.

6. CANCELLATION CLAUSE: The policy may be renewed by mutual consent. The company shall not however be bound to give notice that it is due for renewal and the Company may at any time cancel this Policy by sending the insured 30 days' notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for unexpired Period of Insurance. The Company shall, however, remain liable for any claim which arose prior to the date of cancellation.

The Insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

PERIOD OF RISK	RATE OF PREMIUM TO BE CHARGED
Up to one month	1/4th of the annual rate
Up to three months	½ of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate



7. DISCLAIMER OF CLAIM: If the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

8. All medical/surgical treatment under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

9. MEDICAL EXPENSES FOLLOWING UNDER TWO POLICY PERIODS: If the Hospitalization falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy in which the date of admission (DOA) in hospital shall fall. Sum Insured of the Renewed Policy will not be available for the Hospitalization (including Pre & Post Hospitalization Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

10. REPUDIATION OF CLAIM: A claim, which is not covered in the Policy conditions, can be rejected. All the documents submitted to the TPA shall be electronically collected by the insurer for settlement and denial of the claims by the appropriate authority. With our prior approval communication of repudiation shall be sent through our TPA explicitly mentioning the grounds of repudiation.

11. GRIEVANCE REDRESSAL: In the event of Insured has any grievance relating to the insurance policy, the Insured may contact the Grievance Cell at our Regional Office at :Grievance Cell, The New India Assurance Co Ltd, Mumbai Regional Office III, 3rd floor, 17/A Cooperage Road, Mumbai- 400001, or DO 120700, 8th Floor, 17/A Cooperage Road, Mumbai- 400001. In order to unsatisfactorily response, insured may contact office of the Insurance Ombudsman. The contact details of Insurance Ombudsman are given in the **Annexure IV**.

12. ARBITRATION: If we admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996. No reference to Arbitration shall be made unless we have admitted our liability for a claim in writing.

13. If a claim is declined and within 12 calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

14. Mid -Term inclusion of employees/dependents will not be permitted. However the employees who are recruited during mid-term of the policy and their dependents shall be included in the policy during mid-term.

There is no provision for refund of premium for deletion of lives covered.

15. PROTECTION OF POLICY HOLDERS' INTEREST: This policy is subject to IRDA (Protection of Policyholders' Interest) Regulation, 2002.



16. PAYMENT OF CLAIM :

The insurer shall settle the claim, including rejection, within thirty days of the receipt of the last necessary document.

“In case of any extra ordinary delay, such claims shall be paid by the insurer with a penal interest at a rate, which is 2% above the rate of interest paid by nationalized bank on savings bank account at the beginning of the financial year in which the claim is reviewed.”

In the event of any delay by employee/beneficiary claimant in responding to our queries or submitting documents, no interest shall be payable for the period of the delay.

However, interest will not be payable for the period of delay in claim settlement due to non-submission of data by LIC for uploading of employees & their family details.

17. PROCESS OF CLAIM PAYMENT:

- a) The insurer shall settle the claim, including rejection, within thirty days of the receipt of the last necessary document.**
 - b) On receipt of the duly completed documents from the insured the claim shall be processed as per the conditions of the policy. Once Settlement is completed by the TPA, the payment / fund will be transferred to the LIC within seven working days along with detailed list of claim settled and deductions.**
 - c) Payment shall be subject to admissibility of claim being made out by the documents.**
- 18. All medical/Surgical treatment under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.**



CLAIM DOCUMENTS

List of documents to be submitted shall be as mentioned in Notice of Claim Condition

- (i) The insured may also be required to give the TPA/Company such additional information/documents and assistance as the TPA/Company may require in dealing with the claim.
- (ii) Provide TPA/ Company with authorization to obtain medical and other records from any Hospital, Laboratory or other agency

Waiver of delay may be considered in the extreme cases of hardship, but only if it is proved to the satisfaction of the insurer that it was not possible for the beneficiary/claimant to comply with the prescribed time limit.

**For and on behalf of
THE NEW INDIA ASSURANCE CO LTD.**



(Authorized Signatory)



ANNEXURE I:**Classification of Cities for Room Rent Charges**

Category	Cities	Room Rent Limit per day
Major A	Mumbai (MMR), New Delhi, Faridabad, Ghaziabad, Gurgaon, Chennai, Kolkata	<p>(i) 1.5% of Total Floater Sum Insured subject to maximum Rs. 7,500/- for members covered for total sum insured up to Rs. 30 Lakhs</p> <p>(ii) 1.5% of Total Floater Sum Insured subject to maximum Rs.12,000/- for members covered for total sum insured Rs. 40 Lakhs, Rs. 50 Lakhs and Rs. 75 Lakhs</p>
A	Ahmedabad, Gandhinagar, Bengaluru, Chandigarh TriCity (Chandigarh, Mohali, Panchkula), Hyderabad, Secunderabad, Patna, Kanpur, Howrah, Jaipur, Noida, Lucknow, Pune, PCMC (Pimpri & Chinchwad) and Surat	<p>i) 1.5% of Total Floater Sum Insured subject to maximum of Rs.7500/- for members covered for total Floater Sum Insured upto Rs. 30,00,000/-</p> <p>ii) 1.5% of Total Floater Sum Insured subject to maximum of Rs. 10,000/- for members covered for total Floater Sum Insured Rs. 40,00,000/- or Rs. 50,00,000/- or Rs. 75,00,000/-</p>
B	Agra, Allahabad, Asansol, Bhopal, Bhuvaneshwar, Coimbatore, Dehradun, Goa (Entire State), Guwahati, Indore, Jabalpur, Jamshedpur, Kannur, Kochi, Kozhikode, Ludhiana, Madurai, Ranchi, Gorakhpur, Guntur, Mallapuram, Rajkot, Meerut, Nagpur, Nashik, Srinagar, Thrissur, Thiruvananthapuram, Vadodra, Varanasi, Visakhapatnam and Vijaywada	1.5% of Total Floater Sum Insured subject to maximum of Rs.7000/- for all members
C	Others	1.5% of Total Floater Sum Insured subject to maximum of Rs. 5000/- for all members

Please Note - GST on room rent will be in addition to Room-rent capping.



ANNEXURE II:**List of “NON MEDICAL” items which are NOT Payable**

S.NO	LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")	SUGGESTIONS
<i>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</i>		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Not Payable, except when used for operation site preparation
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for cases who have undergone Surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable



18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Payable in bariatric and varicose vein Surgery, where Surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable



39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Payable during hospitalization
46	CREPE BANDAGE	Payable during hospitalization
47	CURAPORE	Payable during hospitalization
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Payable
50	EYELET COLLAR	Not Payable
51	FACE MASK	Payable during hospitalization
52	FLEXI MASK	Payable during hospitalization
53	GAUZE SOFT	Payable during hospitalization
54	GAUZE	Payable during hospitalization
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Payable during hospitalization
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures Payable

ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES

59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
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60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC	Not Payable. Cochlear Implant payable. Refer sub limit clause D (10)
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Payable as per clause D (11)
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Payable, ONLY if Refractive error more than (-4) Refer Sublimit clause D (7)
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Payable
74	STEM CELL storage costs	Storage cost of Stem cells is not payable for all cases

ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE



BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the Hospital payable.
77	MICROSCOPE COVER	Payable under OT Charges
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable during hospitalization
79	SURGICAL DRILL	Payable during hospitalization
80	EYE KIT	Payable under OT Charges
81	EYE DRAPE	Payable under OT Charges
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable during hospitalization
84	BOYLES APPARATUS CHARGES	Payable during hospitalization
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood
86	Antiseptic or disinfectant lotions	Payable during hospitalization
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Payable during hospitalization
88	COTTON	Payable during hospitalization
89	COTTON BANDAGE	Payable during hospitalization
90	MICROPORE/ SURGICAL TAPE	Payable during hospitalization
91	BLADE	Payable during hospitalization
92	APRON	Not Payable
93	TORNIQUET	Payable during hospitalization



94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Payable during hospitalization

ELEMENTS OF ROOM CHARGE

96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge
98	HOUSE KEEPING CHARGES	Part of room charge
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Payable as Part of room rent eligibility limit
100	TELEVISION & AIR CONDITIONER CHARGES	Part of room charge
101	SURCHARGES	Payable
102	ATTENDANT CHARGES	Part of room charge
103	IM IV INJECTION CHARGES	Part of nursing charge
104	CLEAN SHEET	Part of Laundry / Housekeeping
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by Hospital is payable
106	BLANKET/WARMER BLANKET	Part of room charge

ADMINISTRATIVE OR NON - MEDICAL CHARGES

107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable



112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Payable under Post-Hospitalization where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable



132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Rental Payable during hospitalization
135	INFUSION PUMP – COST	Payable during hospitalization
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SP02 PROBE	Not Payable
141	STEAM INHALER	Not Payable
142	ARMSLING	Not Payable
143	THERMOMETER	Not Payable
144	CERVICAL COLLAR	Not Payable
145	SPLINT	Not Payable
146	DIABETIC FOOT WEAR	Not Payable
147	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
148	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
149	LUMBOSACRAL BELT	Payable for Surgery of lumbar spine.
150	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs. 200/day
151	AMBULANCE COLLAR	Not Payable



152	AMBULANCE EQUIPMENT	Not Payable
153	MICROSHEILD	Not Payable
154	ABDOMINAL BINDER	Payable in post-Surgery patients of major abdominal Surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.

ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION

155	BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	Payable when prescribed
156	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES Post Hospitalization nursing charges	Not Payable
157	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES/DIET CHARGES	Patient Diet provided by Hospital and Dietician charges are payable only during hospitalization.
158	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
159	CREAMS POWDERS LOTIONS	Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
160	Digestion gels	Payable when prescribed
161	ECG ELECTRODES	One set every second day is Payable.
162	GLOVES	Gloves payable (all types of gloves are payable used during hospitalization)
163	HIV KIT	payable Pre-operative screening
164	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed



165	LOZENGES	Payable when prescribed
166	MOUTH PAINT	Payable when prescribed
167	NEBULISATION KIT	If used during Hospitalization is Payable reasonably
168	NOVARAPID	Payable when prescribed
169	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
170	ZYTEE GEL	Payable when prescribed
171	VACCINATION CHARGES	Routine Vaccination not Payable (Post Bite Vaccination Payable)

PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE

172	AHD	Part of Hospital's internal Cost
173	ALCOHOL SWABES	Part of Hospital's internal Cost
174	SCRUB SOLUTION/STERILLIUM	Part of Hospital's internal Cost

OTHERS

175	VACCINE CHARGES FOR BABY	Not Payable
176	AESTHETIC TREATMENT / SURGERY	Not Payable
177	TPA CHARGES	Not Payable
178	VISCO BELT CHARGES	Not Payable
179	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
180	EXAMINATION GLOVES	Payable during hospitalization
181	KIDNEY TRAY	Not Payable
182	MASK	Payable during hospitalization
183	OUNCE GLASS	Not Payable



184	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
185	OXYGEN MASK	Payable during hospitalization
186	PAPER GLOVES	Not Payable
187	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction
188	REFERAL DOCTOR'S FEES	Not Payable
189	ACCU CHECK (Glucometry/ Strips)	Not payable (pre-Hospitalization or post-Hospitalization) / Reports and Charts required / Device not payable
190	PAN CAN	Not Payable
191	SOFNET	Not Payable
192	TROLLY COVER	Not Payable
193	UROMETER, URINE JUG	Not Payable
194	AMBULANCE	Payable
195	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
196	URINE BAG	Payable where Medically Necessary - maximum 1 per 24 hrs
197	SOFTOVAC	Not Payable
198	STOCKINGS	Payable for case like CABG etc.



ANNEXURE III:

Limitation of 24 hrs.hospitalization is NOT applicable for following surgeries/procedures :

1. Adenoidectomy
2. Appendectomy
3. Anti-Rabies Vaccination
4. Radiotherapy, Chemotherapy (including Oral), Any other therapy for cancer treatment approved by Medical Council of India and duly advised by treating oncologist
5. Dialysis
6. Coronary Angiography
7. Angioplasty
8. Dilatation & Curettage
9. ERCP (Endoscopic Retrograde Cholangiopancreatography)
10. ESWL (Extracorporeal Shock Wave Lithotripsy)
11. Excision of Cyst/granuloma/lump

12. FOLLOWING EYE SURGERIES:

- (A) Cataract Surgery (Extra Capsular Cataract Excision or Phacoemulsification+ Intra Ocular Lens
- (B) Corrective Surgery for blepharoptosis when not congenital/cosmetic
- (C) Corrective Surgery for entropion / ectropion
- (D) Dacryocystorhinostomy [DCR]
- (E) Excision involving one-fourth or more of lid margin, full-thickness
- (F) Excision of lacrimal sac and passage
- (G) Excision of major lesion of eyelid, full-thickness
- (H) Manipulation of lacrimal passage
- (I) Operations for ptterygium
- (J) Operations of canthus and epicanthus when done for adhesions due to chronic Infections
- (K) Removal of a deeply embedded foreign body from the conjunctiva with incision
- (L) Removal of a deeply embedded foreign body from the cornea with incision
- (M) Removal of a foreign body from the lens of the eye
- (N) Removal of a foreign body from the posterior chamber of the eye
- (O) Repair of canaliculus and punctum
- (P) Repair of corneal laceration or wound with conjunctival flap
- (Q) Repair of post-operative wound dehiscence of cornea
- (R) Penetrating or Non-Penetrating Surgery for treatment of Glaucoma

13. Pacemaker insertion

14. Turbinectomy/turbinoplasty

15. Excision of pilonidal sinus



- 16.** Therapeutic endoscopic surgeries
- 17.** Conisation of the uterine cervix
- 18.** Medically necessary Circumcision
- 19.** Excision or other destruction of Bartholin's gland (cyst)
- 20.** Nephrotomy
- 21.** Oopherectomy
- 22.** Urethrotomy
- 23.** PCNL(percutaneous nephrolithotomy)
- 24.** Reduction of dislocation under General Anaesthesia
- 25.** Transcatherter Placement of Intravascular Shunts
- 26.** Incision Of The Breast, lump excision
- 27.** Vitrectomy
- 28.** Thyriodectomy
- 29.** Vocal cord Surgery
- 30.** Stapedotomy
- 31.** Tympanoplasty& revision tympanoplasty
- 32.** Arthroscopic Knee Aspiration if Proved Therapeutic
- 33.** Perianal abscess Incision & Drainage
- 34.** DJ stent insertion
- 35.** FESS (Functional Endoscopic Sinus Surgery)
- 36.** Fissurectomy / Fistulectomy
- 37.** Fracture/dislocation excluding hairline fracture
- 38.** Haemo dialysis
- 39.** Hydrocelectomy
- 40.** Hysterectomy
- 41.** Inguinal/ventral/ umbilical/femoral hernia repair
- 42.** Laparoscopic Cholecystectomy
- 43.** Lithotripsy
- 44.** Liver aspiration
- 45.** Mastoidectomy
- 46.** Parenteral chemotherapy
- 47.** Haemorrhoidectomy
- 48.** Polypectomy
- 49.** Stapedectomy
- 50.** Revision Of A Stapedectomy
- 51.** Other Operations On The Auditory Ossicles
- 52.** Myringoplasty (Type -I Tympanoplasty)
- 53.** Tympanoplasty (Closure Of An Eardrum Perforation/Reconstruction Of The Auditory Ossicles)



- 54. Revision Of A Tympanoplasty**
- 55. Other Microsurgical Operations On The Middle Ear**
- 56. Incision Of The Prostate**
- 57. Removal Of A Tympanic Drain**
- 58. Incision Of The Mastoid Process And Middle Ear**
- 59. Operations On The Turbinates (Nasal Concha)**
- 60. Reconstruction Of The Middle Ear**
- 61. Other Excisions Of The Middle And Inner Ear**
- 62. Fenestration Of The Inner Ear**
- 63. Revision Of A Fenestration Of The Inner Ear**
- 64. Incision (Opening) And Destruction (Elimination) Of The Inner Ear**
- 65. Other Operations On The Middle And Inner Ear**
- 66. Excision And Destruction Of Diseased Tissue Of The Nose**
- 67. Other Operations On The Nose**
- 68. Nasal Sinus Aspiration**
- 69. Incision Of Tear Glands**
- 70. Incision Of Diseased Eyelids**
- 71. Operations On The Canthus And Epicanthus**
- 72. Corrective Surgery For Entropion And Ectropion**
- 73. Corrective Surgery For Blepharoptosis**
- 74. Incision Of The Cornea**
- 75. Incision Of The Vagina**
- 76. Other Excision And Destruction Of Prostate Tissue**
- 77. Other Operations On The Cornea**
- 78. Incision And Excision Of Periprostatic Tissue**
- 79. Incision Of A Pilonidal Sinus**
- 80. Other Incisions Of The Skin And Subcutaneous Tissues**
- 81. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues**
- 82. Other Excisions Of The Skin And Subcutaneous Tissues**
- 83. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues**
- 84. Free Skin Transplantation, Donor Site**
- 85. Free Skin Transplantation, Recipient Site**
- 86. Revision Of Skin Plasty**
- 87. Chemosurgery To The Skin**
- 88. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues**
- 89. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue**
- 90. Partial Glossectomy**
- 91. Glossectomy**
- 92. Reconstruction Of The Tongue**
- 93. Incision And Lancing Of A Salivary Gland And A Salivary Duct**
- 94. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct**
- 95. Resection Of A Salivary Gland**
- 96. Reconstruction Of A Salivary Gland And A Salivary Duct**
- 97. Other Operations On The Salivary Glands And Salivary Ducts**



98. External Incision And Drainage In The Region Of The Mouth, Jaw And Face

99. Other Operations On The Prostate

- 100.** Incision, Excision And Destruction In The Mouth
- 101.** Plastic Surgery To The Floor Of The Mouth
- 102.** Palatoplasty
- 103.** Other Operations In The Mouth
- 104.** Transoral Incision And Drainage Of A Pharyngeal Abscess
- 105.** Tonsillectomy Without Adenoidectomy
- 106.** Tonsillectomy With Adenoidectomy
- 107.** Other Operations On The Tongue
- 108.** Other Operations On The Tonsils And Adenoids
- 109.** Incision On Bone, Septic And Aseptic
- 110.** Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
- 111.** Suture And Other Operations on Tendons And Tendon Sheath
- 112.** Reduction Of Dislocation Under Ga
- 113.** Arthroscopic Knee Aspiration
- 114.** Excision And Destruction of A Lingual Tonsil
- 115.** Operations on The Nipple
- 116.** Incision And Excision of Tissue In The Perianal Region
- 117.** Surgical Treatment of Anal Fistulas
- 118.** Surgical Treatment of Haemorrhoids
- 119.** Division Of The Anal Sphincter (Sphincterotomy)
- 120.** Other Operations On The Anus
- 121.** Ultrasound Guided Aspirations
- 122.** Other Operations On The Tear Ducts
- 123.** Incision Of The Ovary
- 124.** Insufflation Of The Fallopian Tubes
- 125.** Other Operations On The Fallopian Tube
- 126.** Conisation Of The Uterine Cervix
- 127.** Other Operations On The Uterine Cervix
- 128.** Incision Of The Uterus (Hysterotomy)
- 129.** Culdotomy
- 130.** Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
- 131.** Incision Of The Vulva
- 132.** Operations On Bartholin'S Glands (Cyst)
- 133.** Transurethral Excision And Destruction Of Prostate Tissue
- 134.** Transurethral And Percutaneous Destruction Of Prostate Tissue
- 135.** Open Surgical Excision And Destruction Of Prostate Tissue
- 136.** Radical Prostatectomy
- 137.** Operations On The Seminal Vesicles
- 138.** Incision Of The Scrotum And Tunica Vaginalis Testis
- 139.** Operation On A Testicular Hydrocele
- 140.** Excision And Destruction Of Diseased Scrotal Tissue
- 141.** Plastic Reconstruction Of The Scrotum And Tunica Vaginalis Testis



- 142.** Other Operations On The Scrotum And Tunica Vaginalis Testis
- 143.** Incision Of The Testes
- 144.** Excision And Destruction Of Diseased Tissue Of The Testes
- 145.** Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
- 146.** Orchidopexy
- 147.** Abdominal Exploration In Cryptorchidism
- 148.** Surgical Repositioning Of An Abdominal Testis
- 149.** Reconstruction Of The Testis
- 150.** Implantation, Exchange And Removal Of A Testicular Prosthesis
- 151.** Other Operations On The Testis
- 152.** Excision In The Area Of The Epididymis
- 153.** Epididymectomy
- 154.** Reconstruction Of The Spermatic Cord
- 155.** Reconstruction Of The Ductus Deferens And Epididymis
- 156.** Other Operations On The Spermatic Cord, Epididymis And Ductus Deferens
- 157.** Operations On The Foreskin
- 158.** Local Excision And Destruction Of Diseased Tissue Of The Penis
- 159.** Plastic Reconstruction Of The Penis
- 160.** Other Operations On The Penis
- 161.** Cystoscopic Removal Of Stones
- 162.** **FOLLOWING PROSTATE SURGERIES :**
 - (A) TUMT(Transurethral Microwave Thermotherapy)
 - (B) TUNA(Transurethral Needle Ablation)
 - (C) Laser Prostatectomy
 - (D) TURP (Transurethral Resection of Prostate)
 - (E) Transurethral Electro-Vaporization of the Prostate(TUEVAP)
- 163.** Sclerotherapy
- 164.** Septoplasty
- 165.** Surgery for Sinusitis
- 166.** Varicose Vein Ligation
- 167.** Tonsillectomy
- 168.** Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 169.** Retinal Surgeries
- 170.** Ossiculoplasty
- 171.** Ascitic/pleural therapeutic tapping
- 172.** Therapeutic Arthroscopy
- 173.** Mastectomy
- 174.** Surgery for Carpal Tunnel Syndrome
- 175.** Cystoscopic removal of urinary stones / DJ stents
- 176.** AV Malformations (Non cosmetic only)



- 177.** Orchidectomy
- 178.** Cystoscopic fulguration of tumour
- 179.** Amputation of penis
- 180.** Creation of Lumbar Subarachnoid Shunt
- 181.** Radical Prostatectomy
- 182.** Lasik Surgery (non-cosmetic)
- 183.** Orchidopexy (non-congenital)
- 184.** Nephrectomy
- 185.** Palatal Surgery
- 186.** Stapedectomy & revision of stapedectomy
- 187.** Myringotomy
- 188.** Animal Bite treatment
- 189.** Dental Treatment arising out of accident ONLY.

OR any other Surgeries / Procedures agreed by Company/TPA which require less than 24 hours hospitalization due to advancement in Medical Technology or life threatening situations managed as emergency care in hospital even if does not fall under active line of treatments.

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.



ANNEXURE IV:**CONTACT DETAILS OF INSURANCE OMBUDSMEN**

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 Tel.: - 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.: - 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: - 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in	Orissa



CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.: - 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, FathimaAkhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: - 044-24333668 / 5284 Fax : 044-24333664 Email: Chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: - 011-23239633 Fax : 011-23230858 Email: iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Pan bazaar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: - 0361-2132204/5 Fax : 0361-2732937 Email: ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura



HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123; Fax: 040-23376599 Email: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759; Fax : 0484-2359336 Email: iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R.Avenue, Kolkata – 700 072. Tel: 033 22124346/(40); Fax: 033 22124341 Email: iombsbpa@bsnl.in	West Bengal ,Bihar , Jharkhand and UT of Andaman& Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331; Fax : 0522-2231310 Email: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928; Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com	Maharashtra , Goa

