

Customer Information Sheet
 (Description is illustrative and not exhaustive)

S. NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Arogya Top up Policy	
2	What am I covered for	<p>Following are covered as basic cover up to the limit specified in the Policy</p> <ol style="list-style-type: none"> Hospitalisation expenses Pre-hospitalisation expenses Post-hospitalisation expenses Day care expenses Ambulance expenses Alternative treatment Domiciliary hospitalisation Maternity Expenses Organ donor Expenses <p><i>Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.</i></p>	IV. Scope of Cover
3	What are the major Exclusions in the policy	<ol style="list-style-type: none"> Any hospital admission primarily for investigation / diagnostic purpose Pregnancy, infertility, congenital/genetic conditions, Epidemics recognized by WHO or/and Indian government. Government screening programs Treatment taken outside India. Circumcision, sex change surgery ,cosmetic surgery & plastic surgery, Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries, Substance abuse, self-inflicted injuries, STDs and HIV / AIDS, Participation in hazardous sports, war and allied perils Treatment for any mental illness or psychiatric or psychological ailment / condition. <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	V. Exclusions
4	Waiting period	<ol style="list-style-type: none"> Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) 1 year for some diseases and surgeries. Pre-existing diseases: Covered after 48 months unless otherwise provided Maternity Benefit expenses are covered after waiting period of 9 months 	V. Exclusions
5	Payout basis	Indemnity basis for covered expenses up to specified sum insured subject to deductible for each event.	IV. Scope of Cover
6	Cost sharing	Deductible of specified amount for each event.	IV. Scope of Cover
7	Renewal Conditions	<p>This Policy may be renewed every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the policy or of the subsequent renewal thereof. However Insurer shall not be bound to give notice that such renewal premium is due. Also Insurer may exercise Insurer's option not to renew the Policy on grounds of fraud, misrepresentation or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies.</p> <p>A grace period of 30 days is allowed for renewal of the Policy. This will be counted from the day immediately following the premium due date during which a payment can be made to renew or continue the Arogya Top up health policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. The continuity of coverage for all the covers under the expiring policy will be subject to receiving appropriate premium for the same. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during this period.</p>	VI. Conditions Precedent (Condition no.16)
8	Renewal Benefits	No Renewal Benefit	

9	Cancellation	<p>In case of any fraud, misrepresentation, mis-description, non-disclosure or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this Policy by sending the Insured 15 days notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata' premium for unexpired policy period subject to no claim having occurred up to date of cancellation. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this Policy by giving a written notice to the Insurer and in such event Insurer shall allow refund of premium at Insured's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.</p> <table border="1" data-bbox="517 546 1104 698"> <thead> <tr> <th>Period on risk</th> <th>Rate of premium refunded</th> </tr> </thead> <tbody> <tr> <td>Up to one month</td> <td>75% of annual rate</td> </tr> <tr> <td>Up to three months</td> <td>50% of annual rate</td> </tr> <tr> <td>Up to six months</td> <td>25% of annual rate</td> </tr> <tr> <td>Exceeding six months</td> <td>Nil</td> </tr> </tbody> </table> <p>Cancellation of long term Policies: If a long term Policy issued with Policy period above 1 year is cancelled, than premium for the year which is fully utilised by insured will be retained in full by the Company. For current year, the premium will be refunded either on short period scale (If cancelled by the Insured) or on prorata basis (If cancelled by the Company). For the year which has not commenced, the premium will be refunded in full. Long term discount allowed on the Policy will be readjusted.</p>	Period on risk	Rate of premium refunded	Up to one month	75% of annual rate	Up to three months	50% of annual rate	Up to six months	25% of annual rate	Exceeding six months	Nil	VI. Conditions Precedent (Condition no. 13)
Period on risk	Rate of premium refunded												
Up to one month	75% of annual rate												
Up to three months	50% of annual rate												
Up to six months	25% of annual rate												
Exceeding six months	Nil												

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the Policy document the terms and conditions mentioned in the Policy document shall prevail.

AROGYA TOP UP POLICY

I. PREAMBLE

This Policy is issued to the Insured based on the proposal and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein, upon payment of the premium to Insurer and the realisation thereof by the Insurer. This policy records the agreement between Insurer and Insured and sets out the terms of insurance and the obligations of each party.

II. OPERATIVE CLAUSE

Subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, Insurer undertakes to indemnify the Insured the medical expenses which are medically necessary and mentioned in scope of cover up to the sum insured for the Insured as mentioned in the schedule of the Policy.

III. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine and vice versa, wherever the context so permits:

1. **Accident**

An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Alternative treatments**

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

3. **Any one illness**

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.

4. **Cashless facility**

"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**

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

a. **Internal Congenital Anomaly**

Congenital anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly

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 rateable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed benefit basis.

8. Co-payment

A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

9. Cumulative Bonus

Cumulative Bonus shall mean any increase in the Sum Insured granted by the Insurer without an associated increase in premium.

10. 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 the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

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

11. Day Care Treatment

Day care treatment refers to medical treatment, and/or surgical procedure listed in annexure C which is:

- a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- b. 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.

12. Deductible

Deductible is cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital daily cash policy which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.

Deductible will be applicable as specified under the Policy.

13. 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.

14. **Disclosure to information norm**

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

15. **Domiciliary Hospitalisation**

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

- 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.

16. **Emergency Care**

Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the Insured person's health.

17. **Grace Period**

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

18. **Hospital**

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- a. has qualified nursing staff under its employment round the clock;
- b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- 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 makes these accessible to the Insurance company's authorized personnel.

19. **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 24consecutive hours.

20. **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.

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

21. **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.

22. **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.

23. **Intensive Care Unit**

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

24. **Maternity Expenses**

Maternity expenses shall include—

- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b. expenses towards lawful medical termination of pregnancy during the Policy period.

25. **Medical Advice**

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

26. **Medical expenses**

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

27. **Medical Practitioner**

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.'

28. **Medically Necessary**

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or

part of a stay in hospital which

- a. is required for the medical management of the illness or injury suffered by the Insured;
- b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- c. must have been prescribed by a medical practitioner,
- d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

29. Network Provider

"Network Provider" means hospitals or health care providers enlisted by an Insurer or by a TPA and Insurer together to provide medical services to an Insured on payment by a cashless facility.

30. Newborn baby

Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

31. Non- Network

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

32. Notification of Claim

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

33. OPD treatment

OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

34. Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one Insurer to another.

35. Post-hospitalization Medical Expenses

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

36. Pre-Existing Disease

Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the Insurer.

37. Pre-hospitalization Medical Expenses

Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

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

38. **Qualified Nurse**

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

39. **Reasonable and Customary Charges**

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 .

40. **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.

41. **Room Rent**

Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

42. **Subrogation**

Subrogation shall mean the right of the Insurer to assume the rights of the Insured person to recover expenses paid out under the policy that may be recovered from any other source.

43. **Surgery**

Surgery or Surgical Procedure 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

44. **Unproven/Experimental treatment**

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

45. **"Administrator"** means any third party administrator (TPA) engaged by the Insurer for providing policy and claims facilitation services to the Insured as well as to the Insurer and who is duly licensed by IRDA for the said purpose.

46. **"Age"** means completed years as at the commencement date of the Policy period.

47. **"Diagnostic centre"** means the diagnostic centre which have been empanelled by Insurer (or administrator) as per the latest version of the schedule of diagnostic centre maintained by Insurer, which is available to Insured on request.

48. **"Epidemic disease"** means a disease which occurs when new cases of a certain disease, in a given human population, and during a given period, substantially exceed what is the normal "expected" incidence rate based on recent experience (the number of new cases in the population during a specified period of time is called the "incidence rate").

49. **"Family"** means the spouse, dependent children, parents and parents in law.

50. **Family Cover**

- a. **“Family floater cover”** means the cover under the policy which is available in aggregate not separately for all members of family who are specified as Insureds in policy schedule and which can be used by all or any of them.
- b. **“Family non floater cover”** means the cover under the Policy which is available separately for all members of family who are specified as Insureds in policy schedule.

51. **Group**

Group means any association of persons who assemble together with a commonality of purpose or engaging in a common economic activity like employees of a company. Non-employer-employee groups, like employee associations, holders of credit cards issued by a specific company, customers of a particular business where insurance is offered as an add on benefit, borrowers of a bank, professional associations or societies may also be treated as a group. However, an association of persons coming together with a purpose of availing an insurance cover, will not be treated as a group for the purpose of this Policy.

52. **Insured**

Insured means a person named as Insured in the Policy Schedule.

53. **Insurer**

Insurer means SBI General Insurance Company Limited.

54. **Mental illness/ disease**

Mental illness/ disease means any mental disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.

55. **Other insurer**

Other insurer means any of the registered insurers in India other than SBI General Insurance Company Limited.

56. **Package service expenses**

Package service expenses means expenses levied by the hospital/nursing home for treatment of specific surgical procedures/medical ailments as a lump sum amount under agreed package charges based on the room criteria as defined in the tariff schedule of the hospital.

57. **Policy**

Policy means the complete documents consisting of the Policy wording, Schedule and endorsements and attachments if any.

58. **Policy Period**

Policy Period means the period commencing with the commencement date of the Policy and terminating with the expiry date of the Policy as stated in the Policy Schedule.

59. **Proposal**

Proposal means application form which the Insured duly fills in and signs for this insurance and any other information Insured provides in the said form or otherwise to Insurer.

60. **Proposer**

Proposer means the person furnishing complete details and information in the proposal form for availing the benefits either for himself and/or towards the person to be covered under the Policy

and consents to the terms of the contract of insurance by way of signing the same.

61. **Schedule**

Schedule means that portion of the Policy which sets out Insured's details, the type of insurance cover in force, the Policy Period and the Sum Insured. Any annexure and/or endorsement to the Schedule shall also be a part of the Schedule.

62. **Sum Insured**

Sum Insured means the specified amount mentioned in the Schedule to this Policy which represents the Insurer's maximum liability for any or all claims under this Policy during the currency of the Policy subject to terms and conditions.

IV. SCOPE OF COVER

If the Insured suffers an illness/disease and/or injury during the Policy period, this Policy covers below medical expenses incurred for medical treatment arising out of that illness/disease and/or injury:

1. **Eligible hospitalisation expenses:** - while the Insured was under inpatient care medical expenses incurred for:
 - a. Room rent, boarding expenses
 - b. Medical practitioners fees
 - c. Intensive care unit
 - d. Nursing expenses
 - e. Anesthesia, blood, oxygen, operation theatre expenses, surgical appliances, medicines & consumables, diagnostic expenses and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation
 - f. Physiotherapy as inpatient care and being part of the treatment.
 - g. Drugs, medicines and consumables consumed during hospitalization period.
 - h. Diagnostic procedures
 - i. Dressing, ordinary splints and plaster casts.
2. **Pre-hospitalisation expenses:** - the maximum amount that can be claimed under this head is limited to 60 days for each of the admitted hospitalisation claim under the Policy.
3. **Post-hospitalisation expenses:** - the maximum amount that can be claimed under this head is limited to 90 days for each of the admitted hospitalisation claim under the Policy.
4. **Day care expenses:** Insurer shall pay for day care expenses incurred on technological surgeries and procedures requiring less than 24 hours of hospitalisation up to the sum insured.
5. **Ambulance expenses:** - Actual ambulance expenses or INR 5000 whichever is lower will be reimbursed for per valid hospitalization claim for transferring insured to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider
6. **Alternative treatment:** - 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.
7. **Domiciliary hospitalisation:** - Insurer will cover reasonable and customary charges towards domiciliary hospitalization

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

- 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.
8. **Maternity Expenses:** - Insurer will cover reasonable and customary charges towards maternity expenses during hospitalisation.
9. **Organ donor:** - The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated including pre and post hospitalization as stated in scope of cover above, provided that:
- a. The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured, and
 - b. We have accepted an inpatient hospitalisation claim under "Inpatient care" as mentioned under "Eligible hospitalisation expenses".

Admissibility of certain incidental expenses will be as per Standard List of Excluded expenses in Hospitalisation indemnity policies as per IRDA health Insurance guidelines - Annexure B

V. **EXCLUSIONS:** -

We will not pay expenses incurred by the Insured in respect of claims arising out of or howsoever related to any of the following:

1. Pre existing diseases exclusion:- Any illness/disease/injuries/health condition which are pre-existing (treated/untreated, declared/not declared in the Proposal form), when the cover incepts for the first time are excluded up to 4 years of this Policy being in force continuously.

However this exclusion would not be applicable from forth continuous renewal up to minimum of sum insured and/or limit under four previous policies.

2. Without derogation from above exclusion 1, during the first year of operation of the insurance cover any Medical Expenses incurred on below treatment of illness. However this exclusion would not be applicable in case of continuous renewal within grace period, up to sum insured and/or limit under previous policy.

- Any types of gastric or duodenal ulcers;
- Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty;
- Surgery on all internal or external tumour /cysts/nodules/polyps of any kind including breast lumps;
- All types of Hernia and Hydrocele;
- Anal Fissures, Fistula and Piles;
- Benign Prostatic Hypertrophy;
- Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus;
- Hypertension, Heart Disease and related complications;
- Diabetes and related complications;

- Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism;
 - Surgery of Genitourinary tract;
 - Calculus Diseases;
 - Sinusitis, nasal disorders and related disorders;
 - Gall bladder stones
 - Surgery for prolapsed intervertebral disc unless arising from accident;
 - Vertebro-spinal disorders (including disc) and knee conditions;
 - Surgery of varicose veins and varicose ulcers;
 - Chronic Renal failure;
 - Medical Expenses incurred in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such Joint replacement surgery unless necessitated by Accidental Bodily Injury.
3. Exclusions applicable to first 30 days of cover from commencement of policy:- Insurer shall not be liable to make any payment under this policy in connection with or in respect of Insured's hospitalisation due to disease/illness, as stated in this section, arising within the first 30 days of the commencement of the policy period.
- However this exclusion would not be applicable
- a. For hospitalisation due to injury within first 30 days of commencement of cover.
 - b. In case of continuous renewal within grace period, up to sum insured and/or limit under previous policy.
4. Maternity Expenses - Insurer shall not be liable to make any payment under this Policy in connection with or in respect of maternity expenses within first 9 months from the date of inception of the Policy. However this 9 months exclusion would not be applicable in case of continuous renewal within grace period, up to sum insured and/or limit under previous policy.
 5. Treatment taken outside India.
 6. Epidemic disease recognized by WHO or Indian government
 7. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
 8. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
 9. Cosmetic or aesthetic treatments of any description, lasik treatment for refractive error. Any form of plastic surgery (unless necessary for the treatment of illness or accidental bodily injury).
 10. Expenses incurred on items for personal comfort like television, telephone, etc. Incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital/nursing home.
 11. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of sleep apnoea syndrome (C.P.A.P), continuous ambulatory peritoneal dialysis (C.A.P.D) and oxygen concentrator for bronchial asthmatic condition.
 12. Convalescence, general debility, "run-down" condition, rest cure, internal/external congenital

anomaly.

13. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
14. Any condition directly or indirectly caused by or associated with human immunodeficiency virus or variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
15. Venereal disease or any sexually transmitted disease or sickness.
16. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
17. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending medical practitioner.
18. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury.
19. Treatment for any mental illness or psychiatric or psychological ailment / condition.
20. Medical practitioner's home visit expenses during pre and post hospitalization period, attendant nursing expenses.
21. All medical expenses which results from or is in any way related to sex change.
22. Outpatient department treatment
23. Any treatment arising from Insured's participation in any hazardous activity including but not limited to all forms of skiing, scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurer.
24. Genetic disorders and stem cell implantation / surgery/storage.
25. Stay in a hospital without undertaking any active regular treatment by the medical practitioner, which ordinarily cannot be given without hospitalization.
26. Treatments in health hydro, spas, nature care clinics and the like.
27. Treatments taken at any institution which is primarily a rest home or convalescent facility or a place for custodial care or a facility for the aged or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the appropriate authorities
28. Expenses incurred primarily for diagnostics, x-ray or laboratory examinations, or other diagnostics studies not consistent with or incidental to diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a hospital or nursing home or at home under domiciliary hospitalization as defined.
29. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
30. Treatment for obesity, weight reduction or weight management.
31. Experimental and unproven treatment.
32. Disease / illness or injury whilst performing duties as a serving member of a military or police force.
33. Any kind of, surcharges, admission fees / registration charges etc levied by the hospital.

VI.

VII. CONDITIONS PRECEDENT: -

1. **Due care:** where this Policy requires Insured to do or not to do something, then the complete satisfaction of that requirement by the Insured or someone claiming on Insured's behalf is a condition precedent to any obligation under this Policy. If the Insured or someone claiming on Insured's behalf fails to completely satisfy that requirement, then Insurer may refuse to consider Insured's claim. Insured will cooperate with Insurer at all times.
2. **Free look period:** the Insured will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.

If the Insured has not made any claim during the free look period, the Insured shall be entitled to-

- a. A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the Insureds and the stamp duty charges or;
 - b. Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
3. **Notices:** Any notice, direction or instruction under this Policy shall be in writing and if it is to:
 - a. Any Insured, then it shall be sent to Proposer's address specified in the Schedule to this Policy and Proposer shall act for all Insureds for these purposes.
 - b. Insurer, it shall be delivered to Insurer's address specified in the Schedule to this Policy. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Insurer's behalf unless Insurer has expressly stated to the contrary in writing.

Insured must notify Insurer of any change in address.

4. **Mis-description:** - this Policy shall be void and premium paid shall be forfeited to Insurer in the event of misrepresentation, mis-description or non-disclosure of any material facts pertaining to the proposal form, written declarations or any other communication exchanged for the sake of obtaining the insurance policy by the Insured. Non-disclosure shall include non-intimation of any circumstances which may affect the insurance cover granted. The misrepresentation, mis-description and non-disclosure is related to the information provided by the proposer/Insured to the Insurer at any point of time starting from seeking the insurance cover in the form of submitting the filled in Proposal form, written declarations or any other communication exchanged for the sake of obtaining the insurance policy and ends only after all the contractual obligations under the Policy are exhausted for both the parties under the contract.
5. **Reasonable Care:** We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured had taken reasonable care, or that is brought about or contributed to by the Insured failing to follow the directions, advice or guidance provided by a Medical Practitioner.
6. **Package service expenses:** as defined under the Policy will be payable only if prior approval for the said package service is provided by administrator / Insurer upon the request of the Insured.
7. **Unhindered access:** the Insured shall extend all possible support & co-operation including necessary authorisation to the Insurer for accessing the medical records and medical practitioners who have attended to the patient.
8. **Claims Procedures :**
 - a. **Claims Procedure for Reimbursement :**

- i) The Insured shall without any delay consult a doctor and follow the advice and treatment recommended, take reasonable steps to minimize the quantum of any claim that might be made under this Policy and intimation to this effect must be forwarded to administrator accordingly.
- ii) The Insured must provide intimation to administrator immediately and in any event within 48 hours from the date of Hospitalisation. However the administrator at his sole discretion may relax this condition subject to a justifiable reason/evidence being produced by the Insured on the reasons for such a delay beyond the stipulated 48 hours up to a maximum period of 7 days.
- iii) The Insured has to file the claim with all necessary documentation within 15 days of discharge from the hospital, provide administrator with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give administrator such additional information and assistance as administrator may require in dealing with the claim. In case of delayed submission of claim and in absence of a justified reason for delayed submission of claim, the administrator would have the right of not considering the claim for reimbursement.
- iv) In respect of post hospitalization claims, the claims must be lodged within 15 days from the completion of post hospitalisation treatment subject to maximum of 105 days from the date of discharge from hospital.
- v) The Insured shall submit himself for examination by the administrator's medical advisors as often as may be considered necessary by the administrator for establishing the liability under the Policy. The administrator will reimburse the amount towards the expenses incurred for the said medical examination to the Insured.
- vi) The Insured must submit all original bills, receipts, certificates, information and evidences from the attending medical practitioner /hospital /diagnostic laboratory as required by administrator.
- vii) On receipt of intimation from the Insured regarding a claim under the Policy, administrator is entitled to carry out examination and obtain information on any alleged Injury or disease requiring hospitalisation if and when Insurer may reasonably require.

b. Claims procedure for Cashless:

- i) Prior to taking treatment and/or incurring medical expenses at a network hospital, Insured must call administrator and request pre-authorisation by way of the written form administrator will provide.
- ii) After considering Insured's request and after obtaining any further information or documentation administrator has sought, administrator may if satisfied send Insured or the network hospital, an authorisation letter. The authorisation letter, the ID card issued to Insured along with this Policy and any other information or documentation that administrator has specified must be produced to the network hospital identified in the pre-authorisation letter at the time of Insured's admission to the same.
- iii) If the procedure above is followed, Insured will not be required to directly pay for the medical expenses in the network hospital that Insurer is liable to indemnify under cover IV.1 above and the original bills and evidence of treatment in respect of the same shall be left with the network hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. administrator reserves the right to review each claim for medical expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. Insured will, in any event, be required to settle all other expenses directly.

c. Claims Submission:

The Insured will submit the claim documents to administrator. Following is the document list for

claim submission:

- i) Duly filled Claim form,
- ii) Valid Photo Identity Card, residence proof and 2 recent photos of Insured and/or his nominee.
- iii) Original Discharge card/certificate/ death summary
- iv) Copies of prescription for diagnostic test, treatment advise, medical references
- v) Original set of investigation reports
- vi) Itemized original hospital bill and receipts Hospital and related original medical expense receipt Pharmacy bills in original with prescriptions

d. Claims processing: on receipt of claim documents from Insured, administrator shall assess the admissibility of claim as per policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of claim as per the contract only in Indian Rupees and within India only. In case if the claim is repudiated Insurer will inform the claimant about the same in writing with reason for repudiation.

e. Penal interest provision: upon acceptance of an offer of settlement by the Insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the Insured. In the cases of delay in the payment, the Insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

f. Position after a claim: As from the day of receipt of the claim amount by the Insured, the Sum Insured for the remainder of the Policy period shall stand reduced by a corresponding amount. However if the Insured opts, sum insured can be reinstated to original sum insured under the Policy, at prorata premium from the date of such loss to the expiry of policy.

9. Fraud: if the Insured or any of their family members make or progress any claim knowing it to be false or fraudulent in any way, then the coverage for this Insured and his family members will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

10. Nomination and assignment: this Policy is not assignable and no person(s) other than the Insured or Insured's nominee(s) as mentioned in the schedule or legal representatives, wherever is applicable, can claim or sue the Insurer under this Policy. The payment by the Insurer to the Insured, his/her nominee or legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Insurer.

11. Subrogation: Insured shall at their own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Insurer for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which Insurer would become entitled upon Insurer making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after our payment.

Insured shall not prejudice these subrogation rights in any manner and shall at their own expense provide Insurer with whatever assistance or cooperation is required to enforce such rights.

Any recovery Insurer make pursuant to this clause shall first be applied to the amounts paid or payable by Insurer under this Policy and our costs and expenses of effecting a recovery, where after Insurer shall pay any balance remaining to the Insured.

12. Contribution: if two or more policies are taken by an Insured during a period from one or more Insurers to indemnify treatment costs, Insured shall have the right to require a settlement of his claim in terms of any of his policies.

- a. In all such cases where Insured opts the settlement of claim under this Policy, Insurer will 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 Policy issued by Insurer after considering the deductibles or co-pay, the Insured shall have the right to choose other Insurers by whom the claim to be settled. In such cases, Insurer will settle the claim with contribution clause.
- c. Except in benefit policies, in cases where an Insured has policies from other Insurer(s) to cover the same risk on indemnity basis, the Insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the Policy.

Contribution clause shall not be applicable where the cover/benefit offered is on benefit basis.

- 13. Cancellation:** in case of any fraud, misrepresentation, mis-description, non-disclosure or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this Policy by sending the Insured 15 days notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata' premium for unexpired policy period subject to no claim having occurred up to date of cancellation. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this Policy by giving a written notice to the Insurer and in such event Insurer shall allow refund of premium at Insured's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

Cancellation of long term Policies:

If a long term Policy issued with Policy period above 1 year is cancelled, than premium for the year which is fully utilised by insured will be retained in full by the Company. For current year, the premium will be refunded either on short period scale (If cancelled by the Insured) or on prorata basis (If cancelled by the Company). For the year which has not commenced, the premium will be refunded in full. Long term discount allowed on the Policy will be readjusted.

- 14. Termination of policy:** this Policy terminates on earliest of the following events-
- a. Cancellation of policy as per the cancellation provision.
 - b. On the policy expiry date.
- 15. Arbitration & conciliation:** if any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 arbitrators, comprising of two arbitrators and one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliations act 1996.

It is hereby agreed and understood that no dispute or difference shall be referable to arbitration, as hereinbefore provided, if the Insurer has disputed or not accepted liability under or in respect of this Policy.

It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit

upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss shall be first obtained.

The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.

- 16. Renewal:** this Policy may be renewed every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the policy or of the subsequent renewal thereof. However Insurer shall not be bound to give notice that such renewal premium is due. Also Insurer may exercise Insurer's option not to renew the Policy on grounds of fraud, misrepresentation or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies.

A grace period of 30 days is allowed for renewal of the Policy. This will be counted from the day immediately following the premium due date during which a payment can be made to renew or continue the Arogya Top up health policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. The continuity of coverage for all the covers under the expiring policy will be subject to receiving appropriate premium for the same. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during this period.

- 17. Withdrawal of product:** in case of withdrawal of this product Insurer will communicate to Insured at least 3 months prior to the withdrawal. Existing policy will continue to remain in force till its expiry, and at the time of renewal, Insured will have option to migrate to Insurer's existing Top up health products available at that time subject to portability condition.
- 18. Portability:** this Policy is portable as per Insurance Regulatory And Development Authority (Health Insurance) Regulation, 2013 and intended Insured should initiate action to approach another Insurer, to take advantage of portability, well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other Insurer.
- 19. Disclaimer:** if Insurer 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 Insurer in writing that he does not accept such disclaimer and intends to recover his claim from Insurer then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 20. Jurisdiction:** - The policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Insurer, which approval shall be evidenced by an endorsement on the schedule.

The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

- 21. Loading and Discount:** -In case family is covered on floater basis maximum 20% discount will be given. Maximum 7.5% discount will also be given for long term policy and to cover family on non floater basis. Premium will be loaded by 5% each for habit of smoking, alcohol and any other type of tobacco including betel nut in any form.
- 22. Tax Relief under Income-Tax Act:** deduction under Income-Tax Act will be allowed on premium and amount eligible of deduction under Income-Tax Act is separately specified in policy schedule.
- 23. Grievance redressal procedure:** the Grievance Redressal cell of the Insurer looks into complaints from Insured. If the Insured has a grievance that the Insured wishes the Insurer to redress, the Insured may approach the person nominated as 'Grievance Redressal Officer' with the details of his grievance.

Name, address, e-mail id and contact number of the Grievance Redressal Officer (separately for senior citizen) will appear in the policy document as well as on Insurer's website.

Further, the Insured may approach the nearest insurance ombudsman for redressal of the grievance. List of ombudsman offices with contact details are attached for ready reference. For updated status, please refer to website www.irdaindia.org.

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Shri. M. Parshad Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL - Shri. R K Srivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI - Sh. / Smt. Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri. G. Rajeswara Rao Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Shri. Ashok K. Jain Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM - Shri. P. K. Vijayakumar	Kerala, Lakshadweep, Mahe-a

Office Details	Jurisdiction of Office (Union Territory, District)
Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	part of Pondicherry.
KOLKATA - Shri. K. B. Saha Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - Shri. N. P. Bhagat Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Some Districts of Uttar Pradesh
MUMBAI - Shri. A. K. Dasgupta Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri. Ajesh Kumar Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and some Districts of Uttar Pradesh
PATNA - Shri. Sadasiv Mishra Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
PUNE - Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure B
Standard List of Excluded expenses in Hospitalisation indemnity policies

SNO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy	SUGGESTIONS
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
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	MO1STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically 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	Essential in bariatric and varicose vein surgery and should be considered for these conditions 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	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable

48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
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, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable

84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC or DISINFECTANT LOTIONS	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable -Part of Dressing Charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable -Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals,consumables can not be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
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 not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge , Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
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	Not Payable- part of room charges
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	To be claimed by patient under Post Hosp 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 upto 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	Device not Payable
135	INFUSION PUMP - COST	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Device not Payable
137	PULSEOXYMETER CHARGES	Device not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not Payable
140	SP O2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	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
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid 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		
156	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre-operative screening

165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVID requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports an d Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs an d then 1 in 24 hrs
197	URINE BAG	Payable w here medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Annexure C - Day Care List

The following are the listed Day care procedures and such other Surgical Procedures that necessitate less than 24 hours Hospitalisation due to medical/technological advancement/ infrastructure facilities and the coverage of which is subject to the terms, conditions and exclusions of the policy

Microsurgical operations on the middle ear

1. Stapedectomy
2. Revision of a stapedectomy
3. Other operations on the auditory ossicles
4. Myringoplasty (Type -I Tympanoplasty)
5. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
6. Revision of a tympanoplasty
7. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

8. Myringotomy
9. Removal of a tympanic drain
10. Incision of the mastoid process and middle ear
11. Mastoidectomy
12. Reconstruction of the middle ear
13. Other excisions of the middle and inner ear
14. Fenestration of the inner ear
15. Revision of a fenestration of the inner ear
16. Incision (opening) and destruction (elimination) of the inner ear
17. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

18. Excision and destruction of diseased tissue of the nose
19. Operations on the turbinates (nasal concha)
20. Other operations on the nose
21. Nasal sinus aspiration

Operations on the eyes

22. Incision of tear glands
23. Other operations on the tear ducts
24. Incision of diseased eyelids
25. Excision and destruction of diseased tissue of the eyelid
26. Incision of diseased eyelids
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues

41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids
73. Trauma surgery and orthopaedics
74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

Operations on the breast

79. Incision of the breast
80. Operations on the nipple

Operations on the digestive tract

81. Incision and excision of tissue in the perianal region
82. Surgical treatment of anal fistulas
83. Surgical treatment of haemorrhoids

84. Division of the anal sphincter (sphincterotomy)
85. Other operations on the anus
86. Ultrasound guided aspirations
87. Sclerotherapy etc.
88. Laparoscopic cholecystectomy

Operations on the female sexual organs

89. Incision of the ovary
90. Insufflation of the Fallopian tubes
91. Other operations on the Fallopian tube
92. Dilatation of the cervical canal
93. Conisation of the uterine cervix
94. Other operations on the uterine cervix
95. Incision of the uterus (hysterotomy)
96. Therapeutic curettage
97. Culdotomy
98. Incision of the vagina
99. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
100. Incision of the vulva
101. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

102. Incision of the prostate
103. Transurethral excision and destruction of prostate tissue
104. Transurethral and percutaneous destruction of prostate tissue
105. Open surgical excision and destruction of prostate tissue
106. Radical prostatovesiculectomy
107. Other excision and destruction of prostate tissue
108. Operations on the seminal vesicles
109. Incision and excision of periprostatic tissue
110. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

111. Incision of the scrotum and tunica vaginalis testis
112. Operation on a testicular hydrocele
113. Excision and destruction of diseased scrotal tissue
114. Plastic reconstruction of the scrotum and tunica vaginalis testis
115. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

116. Incision of the testes
117. Excision and destruction of diseased tissue of the testes
118. Unilateral orchidectomy
119. Bilateral orchidectomy
120. Orchidopexy
121. Abdominal exploration in cryptorchidism
122. Surgical repositioning of an abdominal testis
123. Reconstruction of the testis
124. Implantation, exchange and removal of a testicular prosthesis
125. Other operations on the penis

Operations on the spermatic cord, epididymis und ductus deferens

126. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
127. Excision in the area of the epididymis
128. Epididymectomy
129. Reconstruction of the spermatic cord

- 130.Reconstruction of the ductus deferens and epididymis
- 131.Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

- 132.Operations on the foreskin
- 133.Local excision and destruction of diseased tissue of the penis
- 134.Amputation of the penis
- 135.Plastic reconstruction of the penis
- 136.Other operations on the penis

Operations on the urinary system

- 137.Cystoscopical removal of stones

Other Operations

- 138.Lithotripsy
- 139.Coronary angiography
- 140.Haemodialysis
- 141.Radiotherapy for Cancer
- 142.Cancer Chemotherapy