INDIAN BANK HEALTH CARE PLUS
POLICY WORDING

This policy is an evidence of the contract between you and Universal Sompo General Insurance Company Limited. The information furnished by you in the proposal form and the declaration signed by you forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

This Policy witnesses that in consideration of Your having paid the premium, We undertake that if during the period of insurance or during the continuance of this policy by renewal You contract any disease or suffer from any illness or sustain any bodily injury through accident and if such disease or injury shall require, upon the advices of a qualified Medical Practitioner, hospitalization for medical/surgical treatment in any Nursing Home/ Hospital in India as defined in the policy, We will pay to YOU the amount of such expenses as may be reasonably and necessarily incurred in respect thereof as stated in the schedule but not exceeding the sum insured in aggregate in any one period of insurance provided that all the terms, conditions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You have been met.

DEFINITION

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

Accident means a sudden unforeseen and involuntary event caused by external, visible and violent means.

Accidental Bodily Injury means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Medical Practitioner but does not include any sickness or disease.

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 was taken.

Adventure Sports means participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

Alternative Treatment means forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

AYUSH Hospital - An AYUSH Hospital is a healthcare facility wherein medical/surgical/ para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

    i. Having at least 5 in-patient beds;
    ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
    iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
    iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Break in Policy occurs at the end of the existing Policy term, when the premium due for Renewal on a given Policy is not paid on or before the premium Renewal date or within 30 days thereof**.**

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 is approved.

Company means "Universal Sompo General Insurance Company Limited."

Condition Precedent means a *Policy* term or condition upon which the Insurer's liability under the *Policy* is conditional upon.

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

a) **Internal Congenital Anomaly:** means which is not in the visible and accessible parts of the body
b) **External Congenital Anomaly:** means which is in the visible and accessible parts of the body

Co-payment means a cost sharing requirement under a health insurance *Policy* that provides that the *Policy* holder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the *Sum Insured.*

Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and *Surgery*.

Day Care Centre means any institution established for *Day Care Treatment* of *Illness* and/or I*njuries* 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

- has qualified nursing staff under its employment;
- has qualified *Medical Practitioner*/s in charge;
- has a fully equipped operation theatre of its own where *Surgical Procedures* are carried out;
- maintains daily records of patients and will make these accessible to the insurance *Company*'s authorized personnel

Dependent Child refers to a child (natural or legally adopted), who is financially dependent on You and does not have his/her independent sources of income and is up to 21 years of age (male child) and 25 years of age or till she marries (female child).

Day Care Treatment means medical treatment, and/or *surgical procedure* which is:

i. undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Disclosure to information norm means the *Policy* shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Domiciliary Hospitalization means medical treatment for an *Illness*/disease/*Injury* which in the normal course would require care and treatment at a *Hospital* but is actually taken while confined at home under any of the following circumstances:

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

Emergency Care means management for an 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.

Family Member means person(s) whose names are specifically appearing in the Schedule and are related to You as spouse, Dependent Children and / or Dependent Parents.

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

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

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:

- has qualified nursing staff under its employment round the clock;
- 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;
- has qualified *Medical Practitioner*(s) in charge round the clock;
- has a fully equipped operation theatre of its own where *Surgical Procedures* are carried out;
- maintains daily records of patients and makes these accessible to the insurance *Company*'s authorized personnel.

Inpatient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

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 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.

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

Insured means the individual whose name is specifically appearing in the *Schedule* herein after referred as "*You*"/"*Your*"/"*Yours*"/"*Yourself*".

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

Medical Practitioner.

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** 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** is defined as a disease, *Illness*, or *Injury* that has one or more of the following characteristics

- it needs on-going or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs on-going or long-term control or relief of symptoms
- it requires rehabilitation *for the patient* or for *the patient* to be specially trained to cope with it
- it continues indefinitely
- it recurs or is likely to recur.

Maternity Expenses means:

- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization).
- Expenses towards lawful medical termination of pregnancy during the Policy Period.

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription

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.

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.

Network Provider means *Hospitals* or health care providers enlisted by an insurer, *TPA* or jointly by an insurer and TPA to provide medical services to an insured on payment by a cashless facility.

Medically Necessary Treatment means 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 conform to the professional standards widely accepted in international medical practice or by the medical community in India.

New Born Baby means baby born during the *Policy Period* and is aged upto 90 days.

Nominee means the person(s) nominated by the *Insured Person* to receive the insurance benefits under this *Policy* payable on his/her death.

Non-Network means any *Hospital*, day care centre or other provider that is not part of the network.

Notification of Claim is the process of notifying a claim to the insurer or TPA through any of the recognized modes of communication.

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.

Policy means *Our* contract of insurance with the *Insured* providing cover as detailed in this document.

Policy Period means the *Policy Period* as set out in the *Schedule* for which the insurance cover will remain valid.

Pre-Hospitalization Medical Expenses means the *Medical Expenses* incurred during pre-defined number of days preceding the hospitalization of the *Insured Person*, provided that:

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

Pre- Existing Diseases means any condition, ailment or *Injury* or disease:

a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

Portability means the right accorded to individual health insurance *Policy Holder* (including all members under family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another insurer.

Post-Hospitalization Medical Expenses means the *Medical Expenses* incurred during pre-

defined number of days immediately after the *Insured Person* is discharged from the *Hospital* provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
- The inpatient Hospitalization claim for such Hospitalization is admissible by the insurance Company.

Premium means an agreed amount to be paid by the Policyholder to Us in full and in advance for the purpose of coverage under the Policy. The due payment of Premium and observance of all terms and conditions shall be a condition precedent for acceptance of liability by Us under the Policy.

Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India

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 .

Renewal means 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 gaining credit for pre-existing diseases, time-bound exclusions and all waiting periods.

Room Rent means the amount charged by a *Hospital* towards Room and Boarding expenses and shall include associated *Medical Expenses*.

Service Providers means any person, institution or organisation that has been empanelled by the *Company* to provide services to the *Insured Person* specified in the *Policy*.

Schedule means *Schedule* attached to and forming part of this *Policy* mentioning the details of the Insured/*Insured Persons*, the *Sum Insured*, the period and the limits to which benefits under the *Policy* would be payable.

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.*

TPA means the third party administrator that *the Company* appoints from time to time as specified in the *Schedule*.

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

You/Your/Yours/Yourself means the person(s) that *We* insure and is/are specifically named as Insured in the *Schedule*.

We/Our/Ours/Us mean Universal Sompo General Insurance *Company* Limited.

War means *War*, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

SECTION A - SCOPE UNDER THE POLICY

WHAT WE COVER

The Hospitalization expenses of the insured when he/she sustains any injury or contracts any disease and is advised hospitalization by a Medical Practitioner

We will pay Reasonable and Customary charges of the following Hospitalization expenses:

1. The Medical Expenses incurred on Room, Boarding and Nursing Expense as provided in the Hospital/ Nursing Home
2. The Medical Expenses incurred on Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses
3. The Medical Expenses incurred on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organ harvesting and similar expenses.
4. The medical expenses on treatment arising from or traceable to pregnancy, childbirth and expenses on the treatment of the newly born child up to 5% of the sum insured, subject to such treatment not being carried out before the completion of 9 months from the commencement of the policy.
5. The Medical Expenses incurred in the 30 days immediately prior before the date You were Hospitalized, provided that any Nursing expenses during Pre Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified
6. The Medical Expenses incurred in the 60 days immediately after Your date of discharge from Hospital provided that any Nursing expenses during Pre Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified
7. **Cost of Health Checkup:** Insured Person shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every three claim free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free Policies.

Additional benefits

8. In case of hospitalization of children below 12 years, a lump sum amount of Rs.1000/- as Out of Expenses to any of the parents during the policy period.
9. Ambulance charges in connection with any admissible claim limited to Rupees 1000/- per policy period.
10. In case of death in hospital, funeral expenses are reimbursed up to Rs.1000/ over and above the sum insured subject to the original illness/accident claim admitted under the policy.

NB:

a) Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.
b) The Hospitalization expenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to 75% of the Sum

Insured.

c) Cashless facility for the medical treatment carried out in Network Hospital/ Nursing home is available through our nominated Third Party Administrator (TPA)
d) A co-payment of 20% shall be applicable on each and every claim of Insured Person who is above 55 years of age under the Policy
e) If medical expenses are incurred under two Policy Periods, the total liability shall not exceed the Sum Insured of the Policy during which the Insured Person's medical treatment commenced and the entire claim will be considered under that Policy only
f) Expenses on hospitalization for a minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments, i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney stone removal), D&C, Tonsillectomy taken in the Hospital / Nursing Home and where in the insured is discharged on the same day, such treatment will be considered to have been taken under hospitalization benefit. This condition will also not apply in case of stay in Hospital for less than 24 hours provided (a) the treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available in hospitals (b) due to technological advances hospitalization is required for less than 24 hours only.

SECTION B - WAITING PERIOD

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below*:*

1. Pre-Existing Diseases (Code- Excl01)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specific Waiting Period: (Code- Excl02)

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures:

- Cataract
- Benign Prostatic Hypertrophy
- Myomectomy, Hysterectomy
- Hernia, Hydrocele
- Fistula in anus, Piles
- Arthritis, Gout, Rheumatism
- Joint replacement unless due to accident
- Sinusitis and related disorders
- Stone in the urinary and biliary systems
- Dilatation and Curettage
- Skin and all internal tumors/cysts/nodules/polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids
- Dialysis required for rental failure
- Surgery on tonsils and sinuses Gastric and duodenal ulcers

3. First Thirty Days Waiting Period (Code- Excl03)

i Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

ii This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. **Maternity Expenses (Code – Excl 18):**

(Excluded until the expiry of 9 months after the date of inception of the first policy with us)

i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SECTION C- EXCLUSIONS:

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

A. Investigation & Evaluation(Code- Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

C. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMl);
- **a)** greater than or equal to 40 or
- **b)** greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
  - **i.** Obesity-related cardiomyopathy
  - **ii.** Coronary heart disease
  - **iii.** Severe Sleep Apnea
  - **iv.** Uncontrolled Type2 Diabetes

D. Change-of-Gender Treatments: (Code- Excl07)

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

E. Cosmetic or plastic Surgery: (Code- Excl08)

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

F. Hazardous or Adventure sports: (Code- Excl09)

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

G. Breach of law: (Code- Excl10)

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

H. Excluded Providers: (Code-Excl11)

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

I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof**.(Code- Excl12)**

J. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**

K. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code-Excl14)**

L. Refractive Error:(Code- Excl15)

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

M. Unproven Treatments:(Code- Excl16)

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

N. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

O. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

P. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

Q. Treatment taken outside the geographical limits of India

R. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

SECTION D- CLAIMS PROCEDURE

Procedure for Cashless claims:

i Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
ii Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
iii The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
iv At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
v The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
vi In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

Notification of Claim

Notice with full particulars shall be sent to the Company as under:

i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

i Duly Completed claim form
ii Photo Identity proof of the patient
iii Medical practitioner's prescription advising admission
iv Original bills with itemized break-up
v Payment receipts
vi Discharge summary including complete medical history of the patient along with other details.
vii Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
viii OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
ix Sticker/Invoice of the Implants, wherever applicable.
x MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
xi NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
xii KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
xiii Legal heir/succession certificate , wherever applicable
xiv Any other relevant document required by Company/TPA for assessment of the claim.

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

Payment of Claim

All claims under the policy shall be payable in Indian currency only,

SECTION E- GENERAL CONDITIONS:

i. **Disclosure of Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact

by the policyholder.

ii. **Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

iii. **Claim Settlement (provision for Penal Interest)**

i The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

iv. **Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

v. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

vi. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

vii. Cancellation

i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Up to 1 Month	25% of Annual Premium
Above 1 Month and up to 3 Months	50% of Annual Premium
Above 3 Months and up to 6 Months	75% of Annual Premium
Above 6 Months	100% of Annual Premium

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

viii. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policyatleast30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link www.universalsompo.com

ix. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link www.universalsompo.com

x. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience.

xi. **Withdrawal of Policy**

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

xii. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

xiii. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

xiv. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document 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

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

xv. **Redressal of Grievance**

In case of any grievance the insured person may contact the company through

Universal Sompo General Insurance Co. Ltd.
Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape,
Navi Mumbai-400710
Website: www.universalsompo.com
Toll free: 1800-200-5142
E-mail: contactus@universalsompo.com
Fax : (022) 39171419

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above

methods, insured person may contact the grievance officer at grievance@universalsompo.com

For updated details of grievance officer, kindly refer the link www.universalsompo.com

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://igms.irda.gov.in/

xvi. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

ANNEXURE-A

List I — Items for which coverage is not available in the policy

List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -		
Serial no	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	MOISTURISER 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 should be paid at least 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 may be considered for at least 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 may be considered
Items specifically 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	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
69	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
70	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
71	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
Items which form part of hospital services where separate consumables are not payable but the service is		
72	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
73	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
74	MICROSCOPE COVER	Payable under OT Charges, not payable separately
75	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately

76	SURGICAL DRILL	Payable under OT Charges, not payable separately
77	EYE KIT	Payable under OT Charges, not payable separately
78	EYE DRAPE	Payable under OT Charges, not payable separately
79	X-RAY FILM	Payable under Radiology Charges, not as consumable
80	SPUTUM CUP	Payable under Investigation Charges, not as consumable
81	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
82	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
83	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
84	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
85	COTTON	Not Payable-Part of Dressing Charges
86	COTTON BANDAGE	Not Payable- Part of Dressing Charges
87	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
88	BLADE	Not Payable
89	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU chatges
90	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
91	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
92	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
93	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
94	HVAC	Part of room charge not payable separately
95	HOUSE KEEPING CHARGES	Part of room charge not payable separately
96	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
97	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied

98	SURCHARGES	Part of Room Charge, Not payable separately
99	ATTENDANT CHARGES	Not Payable - Part of Room Charges
100	IM IV INJECTION CHARGES	Part of nursing charges, not payable
101	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
102	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
103	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
104	ADMISSION KIT	Not Payable
105	BIRTH CERTIFICATE	Not Payable
106	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
107	CERTIFICATE CHARGES	Not Payable
108	COURIER CHARGES	Not Payable
109	CONVENYANCE CHARGES	Not Payable
110	DIABETIC CHART CHARGES	Not Payable
111	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
112	DISCHARGE PROCEDURE CHARGES	Not Payable
113	DAILY CHART CHARGES	Not Payable
114	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
115	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
116	FILE OPENING CHARGES	Not Payable
117	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
118	MEDICAL CERTIFICATE	Not Payable
119	MAINTAINANCE CHARGES	Not Payable
120	MEDICAL RECORDS	Not Payable
121	PREPARATION CHARGES	Not Payable
122	PHOTOCOPIES CHARGES	Not Payable
123	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
124	WASHING CHARGES	Not Payable
125	MEDICINE BOX	Not Payable
126	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
127	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		

128	WALKING AIDS CHARGES	Not Payable
129	BIPAP MACHINE	Not Payable
130	COMMODE	Not Payable
131	CPAP/ CAPD EQUIPMENTS	Device not payable
132	INFUSION PUMP - COST	Device not payable
133	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
134	PULSEOXYMETER CHARGES	Device not payable
135	SPACER	Not Payable
136	SPIROMETRE	Device not payable
137	SPO2 PROBE	Not Payable
138	NEBULIZER KIT	Not Payable
139	STEAM INHALER	Not Payable
140	ARMSLING	Not Payable
141	THERMOMETER	Not Payable (paid by patient)
142	CERVICAL COLLAR	Not Payable
143	SPLINT	Not Payable
144	DIABETIC FOOT WEAR	Not Payable
145	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
146	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
147	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
148	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
149	AMBULANCE COLLAR	Not Payable
150	AMBULANCE EQUIPMENT	Not Payable
151	MICROSHEILD	Not Payable
152	ABDOMINAL BINDER	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
153	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL\SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
154	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
155	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable

156	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
157	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
158	DIGESTION GELS	Payable when prescribed
159	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.
160	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
161	HIV KIT	Payable - payable Pre-operative screening
162	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
163	LOZENGES	Payable when prescribed
164	MOUTH PAINT	Payable when prescribed
165	NEBULISATION KIT	If used during hospitalization is payable reasonably
166	NOVARAPID	Payable when prescribed
167	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
168	ZYTEE GEL	Payable when prescribed
169	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
170	AHD	Not Payable - Part of Hospital's internal Cost
171	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
172	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
173	VACCINE CHARGES FOR BABY	Not Payable
174	AESTHETIC TREATMENT / SURGERY	Not Payable
175	TPA CHARGES	Not Payable
176	VISCO BELT CHARGES	Not Payable
177	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
178	EXAMINATION GLOVES	Not payable
179	KIDNEY TRAY	Not Payable
180	MASK	Not Payable
181	OUNCE GLASS	Not Payable
182	OUTSTATION CONSULTANT'S/	Not payable, except for telemedicine

	SURGEON'S FEES	consultations where covered by policy
183	OXYGEN MASK	Not Payable
184	PAPER GLOVES	Not Payable
185	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
186	REFERAL DOCTOR'S FEES	Not Payable
187	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitilasation or post hospitalisation / Reports and Charts required/ Device not payable
188	PAN CAN	Not Payable
189	SOFNET	Not Payable
190	TROLLY COVER	Not Payable
191	UROMETER, URINE JUG	Not Payable
192	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
193	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
194	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
195	SOFTOVAC	Not Payable
196	STOCKINGS	Essential for case like CABG etc. Where it should be paid.

List II — Items that are to be subsumed into Room Charges

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE

13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III — Items that are to be subsumed into Procedure Charges

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS

11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

ANNEXURE B

The contact details of the Insurance Ombudsman offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	**AHMEDABAD** Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka.	**BENGALURU** Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh Chattisgarh.	**BHOPAL** 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@ecoi.co.in
Orissa.	**BHUBANESHWAR** Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	**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@ecoi.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	**CHENNAI** 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@ecoi.co.in
Delhi.	**DELHI** Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	**GUWAHATI** Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(Assam). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana,	**HYDERABAD** Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin

Yanam and part of Territory of Pondicherry.	Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Rajasthan.	**JAIPUR** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
Kerala, Lakshadweep, Mahe-a part of Pondicherry.	**ERNAKULAM** 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@ecoi.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	**KOLKATA** 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@ecoi.co.in
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	**LUCKNOW** 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@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai	**MUMBAI** 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

& Thane.	Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	**NOIDA** 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 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand.	**PATNA** Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	**PUNE** 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.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in

ADDITIONAL EXTENSION

Personal Accident Death Cover:
In case you have opted for additional cover against Personal Accident- Death only benefit and have paid additional premium, We will pay a lump sum amount as mentioned in the table below in the event of Accidental Death of the Insured whose name is appearing in the Schedule forming part of this Policy

The Sum Insured as under shall be applicable as below.

Insured Person	% of Sum Insured
In case of Death of Account Holder	100% of the Sum Insured
In case of Death of Spouse	50% of the Sum Insured
In case of Death of Children above 12 years of age	20% of the Sum Insured

In case of Death of Children upto 12 years of age	10% of the Sum Insured

WHAT WE EXCLUDE

1. Natural Death
2. Payment of compensation in respect of death as a consequence of/resulting from
   A. Committing or attempting suicide, intentional self-injury.
   B. Whilst under influence of intoxicating liquor or drugs.
   C. Due to Drug addiction or Alcoholism.
   D. Whilst engaged in any adventurous sports like hand gliding, mountaineering, rock climbing, sky diving, professional or amateur racing, parachuting, skiing, ice skating, ballooning, river rafting, polo playing, horse racing or sports of similar nature and/or hazardous activities like persons working in underground mines, explosives, workers involved in electrical installations with High–tension supply, jockeys, circus personnel or activities of similar nature
   E. Committing any breach of law with criminal intent.
   F. War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalization or requisition by or under the order of any government or public authority.
3. Consequential loss of any kind and/or any legal liability
4. Pregnancy including child birth, miscarriage, abortion or complication arising there from.
5. Participation in any naval, military or air force operations.