Policy Wordings for Reliance-Yes Plus Health Insurance

Preamble

Conditions applicable to the Master Policy Holder:

The Master Policy Holder as mentioned in the Certificate of Insurance to this Policy has

- by way of requesting to Reliance General Insurance Company Limited (hereinafter called "the Company") for issuance of the Master Policy under which this Policy has been issued, has disclosed all the relevant information required by the Company for deciding on the issuance of Master Policy and
- Agreed that all Certificates of Insurance are issued as per the terms and conditions as agreed upon in the Master Policy

Conditions applicable to the Certificate Holder:

The Certificate Holder mentioned so in the Certificate of Insurance to this Policy has:

- by way of submitting a Proposal, applied to Reliance General Insurance Company Limited (hereinafter called "the Company") for this insurance Policy, and has disclosed all the relevant information required by the Company for deciding on the question of acceptance of this proposal and issuance of the Policy.
- paid appropriate premium and has agreed to undertake to pay subsequent premiums, if any, by their due dates and
- agreed and understood that the Certificate of Insurance will be governed by the terms and conditions of the Master Policy

Conditions applicable to the Company:

The Company, upon accepting the Proposal and receiving all the premiums by their due dates and realization thereof, undertakes that if during the Policy Period as specified in the Certificate of Insurance, any Claim occurs which becomes admissible and payable under this Policy then the Company shall pay for such Claim as per the terms, conditions, coverage, exclusions and definitions as mentioned in this Policy.

Definitions

The terms defined below have the meanings as ascribed to them below wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

1. **Accident:** Accident means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.
2. **Act:** Act means the Insurance Act, 1938 (4 of 1938)
3. **Age:** Age means the completed age as on last birthday.
4. **AIDS:** AIDS means Acquired ImmunoDeficiency Syndrome, a condition characterized by a combination of signs and symptoms, caused by Human ImmunoDeficiency Virus (HIV), which attacks and weakens the body's immune system making the HIV-positive person susceptible to life threatening conditions or other conditions, as may be specified from time to time
5. **Ambulance:** Ambulance means road vehicle operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
6. **Annexure:** Annexure means a document attached and marked as Annexure to this Policy.
7. **Any one illness:** Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken
8. **Authority:** Authority means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999)
9. **AYUSH Treatment:** AYUSH Treatment means the medical and / or Hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
10. **AYUSH Day Care Centre:** 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:
    a. Having qualified registered AYUSH Medical Practitioner(s) in charge,
    b. Having dedicated AYUSH therapy sections as required and /or has equipped operation theatre where surgical procedures are to be carried out;
    c. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative

AYUSH Day Care Centres referred above should also hold either

IRDAI Registration No.103. Reliance General Insurance Company Limited. Registered Office & Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055. Corporate Identity Number U66603MH2000PLC128300.**UIN:** RELHLGP21006V012021. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/YES PLUS-WORDING/Ver. 1.0/270420.

pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under national Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

11. **AYUSH Hospital:** AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment and 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 colleges 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 with all the following criterion:
        - Having at-least 05 in-patient beds;
        - Having qualified AYUSH Medical Practitioner in charge round the clock;
        - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedure are to be carried out;
        - Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.

AYUSH Hospitals referred above should also hold either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under national Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC)

12. **Bank Rate:** Bank Rate means Bank Rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claims has fallen due.
13. **Break in Insurance/Policy:** Break in Insurance/Policy means the period of gap that occurs at the end of the existing Policy Period, 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.
14. **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 is approved.
15. **Certificate of Insurance:** The Policy Schedule issued to the Certificate Holder / Insured in line with the terms and conditions as agreed upon in the Master Policy attached to and forming part of this insurance contract mentioning details including but not limited to, details of the Insured Persons, Certificate Period Start Date, Certificate Period End Date, coverage, sections and benefits applicable, the Sum Insured, the Aggregate Deductible, the Policy Period, premium paid (including duties, taxes and levies thereon)
16. **Certificate Period End Date:** Certificate Period End Date means the Date and Time at which the coverage expires for Insured and is appearing in the Certificate of Insurance.
17. **Certificate Period Start Date:** Certificate Period Start Date means the Date and Time at which the Insured is enrolled under the Policy is the Certificate Period Start Date as appearing in the Certificate of Insurance. It must lie within the Master Policy Period
18. **Child:** Child means Policyholder's biological or legally adopted son or daughter, whose completed age is between 91 days to 21 years as on Policy Period Start Date.
19. **Claim:** Claim means a demand made by the Policyholder or on his/her behalf, for payment under any Benefit, as covered under the Policy.
20. **Company:** Company means Reliance General Insurance Company Limited.
21. **Complainant:** Complainant means a policyholder or prospect or any beneficiary of an insurance policy who has filed a Complaint or Grievance against the Company or a Distribution Channel.
22. **Complaint or Grievance:** Complaint or Grievance means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities.

    Explanation: An inquiry or request would not fall within the definition of the "Complaint" or "Grievance"
23. **Condition Precedent:** Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
24. **Congenital Anomaly:** Congenital Anomaly means a condition 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.
25. **Co-Payment:** Co-Payment means 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
26. **Cumulative Bonus:** Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium
27. **Day Care Centre:** A Day Care Centre means any institution established for Day care treatment of illness and/or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner and must comply with all minimum criterion as under –
    a. has qualified nursing staff under its employment;
    b. has qualified medical practitioner/s in charge;

c. has fully equipped operation theater 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.

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

a. undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and which would have otherwise required Hospitalization of more than 24 hours.

b. Treatment normally taken on an OPD basis is not included in the scope of this definition.

Day Care Coverage is limited to list specified under Annexure-I in this Policy

29. **Deductible:** Deductible means a cost-sharing requirement under this Policy which provides that the Company shall not be liable for a specified monetary rupee amount, or for a specified number of days or hours, which will apply before any benefit are payable by Company for every Claim made under the Policy. A Deductible does not reduce the Sum Insured.

Deductible under this Policy is Aggregate Deductible. For a claim to become payable, the sum of all admissible claims under the Policy, subject to Policy terms and conditions, in a given Policy Period has to exceed the Aggregate Deductible as mentioned in the Certificate of Insurance.

30. **Dependent:** Dependent means Insured Person, within the scope of Family definition, who is financially dependent on the Policyholder and does not have independent source of income.

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

32. **Disclosure to information norm:** 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.

33. **Distribution Channels:** Distribution Channels means persons and entities authorised by the Authority to involve in sale and service of insurance products. For the purpose of this Policy it means the Distribution Channels who is an Intermediary of the Company.

34. **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.

35. **Emergency Care:** 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.

36. **Family:** Family means as defined in the Certificate of Insurance. For the Purpose of this Policy, it shall include the Policyholder, his/her legally wedded Spouse and Dependent Children who are not above 21 years of age.

37. **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.

38. **Hospital:** A Hospital means any institution established for Inpatient Care and Day Care Treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and 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 Inpatient beds in towns having a population of less than10,00,000 and at least 15 Inpatient 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;

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

40. **Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function 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 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

41. **Injury:** 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.

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

43. **Insured Person/Insured:** Insured Person/Insured means a person accepted by the Company to be Insured under this Policy and who meets and continues to meet all the eligibility requirements and whose name specifically appears under Insured /Insured Person in the Certificate of Insurance and with respect to whom the premium has been received by the Company.

44. **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.

45. **ICU Charges:** 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.

46. **Inpatient Treatment/Care:** Inpatient Treatment/Care means treatment for which the Insured person has to stay in a Hospital for more than 24 hours for a covered event.

47. **Maternity Expenses:** Maternity Expenses means;

    a. Medical Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization), and neo-natal Medical Expenses incurred during the same Hospitalization;

    b. expenses towards lawful medical termination of pregnancy.

48. **Master Policy Holder:** Master Policy Holder is Yes Bank Limited (YBL), who facilitates selling and solicitation of this Policy and has agreed on the coverage, premiums, terms and conditions. These pre-agreed terms and conditions form the Master Policy and shall be the basis of the coverage offered to the Certificate Holder/ Insured.

49. **Master Policy Period:** The period commencing from the Master Policy Period Start Date and ending on the Master Policy Period End Date and as specifically appearing in the Master Policy or the date of cancellation /termination of the Master Policy, whichever is earlier.

    i. **Master Policy Period End Date:** Master Policy Period End Date means the date and time on which the Master Policy expires, as specifically appearing in the Master Policy

    ii. **Master Policy Period Start Date:** Master Policy Period Start Date means the date and time on which the Master Policy commences, as specifically appearing in the Master Policy

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

51. **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 Hospital or doctors in the same locality would have charged for the same medical treatment.

52. **Medically Necessary Treatment:** Medically Necessary Treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

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

53. **Medical Practitioner:** Medical Practitioner means 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 its scope and jurisdiction of license. The Medical Practitioner should not be the Policyholder/Insured or their close Family member.

54. **Network Provider:** 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 by a cashless facility.

55. **New Born Baby:** New Born Baby means baby born during the Policy Period and is aged up to 90 days.

56. **Nominee:** Nominee means the person whose name specifically appears as such in the Certificate of Insurance and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Policyholder. Nominee for all other Insured Person(s) shall be the Policyholder himself.

57. **Non- Network Provider:** Non-Network means any Hospital, Day Care Centre or other provider that is not part of the network.

58. **Notification of Claim:** Notification of Claim means the process of intimating a Claim to the insurer or TPA through any of the recognized modes of communication.

59. **OPD Treatment:** OPD Treatment means the one in which the Insured Person visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a Day care or Inpatient.

60. **Policy:** Policy means the Company's contract of Insurance with the Policyholder or alternatively, the Certificate Holder providing cover as detailed in this Policy Terms & Conditions, the Proposal Form, Master Policy, Policy Schedule or Certificate of Insurance, Endorsements if any and Annexures, form part of the

contract and must be read together.

61. **Policyholder:** Policyholder means the person who is the Proposer and whose name specifically appears in the Policy Schedule or Certificate of Insurance as such. The Policyholder can alternatively be called as Certificate Holder.

62. **Policy Period/Policy Year:** Policy Period or Policy Year means a period beginning from the Certificate Period Start Date, as specified in Certificate of Insurance; and ending on the Certificate Period End Date as specified in the Certificate of Insurance or on the date of cancellation of the Policy, whichever is earlier.

63. **Portability:** Portability means the right accorded by an individual health insurance Policyholder (including floater) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another or from one plan to another plan of the same insurer.

64. **Pre-Existing Disease:** Pre-Existing Disease 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

    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

65. **Pre-Hospitalization Medical Expenses:** Pre-Hospitalization Medical Expenses means Medical Expenses incurred during predefined number of days preceding the Hospitalization of the Insured Person, 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.

66. **Post Hospitalization Medical Expenses:** Post-Hospitalization Medical Expenses means Medical Expenses incurred during predefined number of days immediately after the Insured Person is discharged from the Hospital provided that:

    a. such Medical Expenses are 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.

67. **Proposal Form:** Proposal Form means a form to be filled in by the Prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted Explanation: "Material Information" shall mean all important, essential and relevant information sought by the Company in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk.

68. **Prospect:** Prospect means any person who is potential customer of an insurer and is likely to enter into an insurance contract either directly with the insurer or through a Distribution Channel.

69. **Prospectus:** Prospectus means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products

70. **Qualified Nurse:** 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.

71. **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.

72. **Renewal:** 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 for all waiting periods.

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

74. **Sum Insured:** Sum Insured means

    a. For an Individual Policy, the amount specified as Sum Insured in the Certificate of Insurance against each Insured Person which shall become part of the Sum Insured for that Insured Person during the Policy Year.

    b. For a Floater Policy, the amount specified as Sum Insured in the Certificate of Insurance which shall become part of the Sum Insured for all Insured Persons put together during the Policy Year.

75. **Surgery or Surgical Procedure:** 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 from suffering and prolongation of life, performed in a hospital or Day Care Centre by a Medical Practitioner.

76. **Terrorism/Terrorism Incident:** Terrorism means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include

any act, which is verified or recognized by the relevant Government as an act of Terrorism

77. **Third Party Administrators or TPA:** Third Party Administrators or TPA means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations, 2016 notified by the Authority, and is engaged for a fee or remuneration by the Company, for the purpose of providing health services as defined in those Regulations.

78. **Unproven/Experimental Treatment:** 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.

3. Scope of Cover

All Certificates of Insurance issued under this Master Policy will be subject to terms and conditions as agreed upon in the Master Policy.

The Company hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Certificate Holder as per the covers and benefits opted in the Master Policy.

The Company shall indemnify the Certificate Holder up to the Sum Insured mentioned in the Certificate of Insurance, if the sum of all admissible claims under the Policy exceeds the Aggregate Deductible subject to other terms and conditions of this Policy

3.1 Benefit-1: Medical Expenses

If any of the Insured Person, during the Policy Period, is diagnosed with any Illness or suffers any Injury that requires Inpatient Treatment or Day Care Treatment, then the Company will pay Medical Expenses incurred by the Policyholder in excess of the annual Aggregate Deductible amount and up to the Sum Insured, subject to the below mentioned terms, conditions and exclusions mentioned under this Policy, for:

3.1.1 InPatient Treatment

If during the Policy Period any of the Insured Person undergoes Hospitalization for Inpatient Treatment on the written advice of a Medical Practitioner, then the Company will indemnify the Policyholder for the below incurred Medical Expenses:

- Room Rent
- Nursing
- Intensive care Unit (ICU),
- Medical Practitioner(s),
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- Medicines, drugs and Consumables
- Diagnostic procedures
- The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

3.1.2. Pre- Hospitalization

The Company will indemnify the Policyholder/ Insured Peron for the Medical Expenses incurred in the 60 days immediately before the Policyholder/Insured Person was Hospitalized, provided that:

I. such Medical Expenses are incurred in respect of the same condition for which Insured Person has taken Inpatient Treatment, and

ii. Company has accepted the Claim for these Inpatient Treatment expenses under Scope of Cover- Section 3.1.1 InPatient Treatment

3.1.3. Post Hospitalization

The Company will indemnify the Policyholder/Insured Person for the Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalization provided that:

I. Such costs are incurred in respect of the same condition for which the Insured Person has taken Inpatient Treatment, and

ii. Company has accepted the Claim for these Inpatient Treatment expenses under Scope of Cover Section 3.1.1 InPatient Treatment.

3.1.4. Day Care Treatment

The Company will indemnify the Policyholder for the Medical Expenses on the written advice of the Medical Practitioner, if during the Policy Period, any of the Insured Person undergoes a Day Care Treatment as defined under this Policy

3.2 Benefit-2: Domiciliary Hospitalization

The Company will indemnify the Insured Person(s) for the medical treatment incurred during Domiciliary Hospitalization as defined under this Policy, provided that the condition for which the medical treatment is required continues for at least three days, in which case the Company will pay the Reasonable and Customary charges of any necessary medical treatment for the entire period.

However, the Domiciliary Hospitalization benefits under any circumstances shall not cover any Medical Expenses incurred by Insured Person for treatment of any of the following diseases:

- Asthma
- Bronchitis
- Chronic Nephritis and Chronic Nephritic/Nephrotic Syndrome
- Diarrhoea and all types of Dysenteries including Gastro-enteritis
- Epilepsy
- Influenza, Cough and Cold
- Pyrexia of unknown origin for less than 10 days
- Tonsillitis and Upper Respiratory Tract Infection including
- Laryngitis and Pharyngitis
- Arthritis, Gout and Rheumatism

3.3 Benefit-3: Maternity Cover

The Company will indemnify the Policyholder/Insured Person up to Rs. 1 lakh for Maternity Expenses incurred on Inpatient Treatment during the Policy Period subject to the following:

i. The Company will cover the Maternity Expenses in excess of annual Aggregate Deductible as specified under the Certificate of Insurance.

ii. This benefit shall become available only after the expiry of 12 months from the date of inception of the first Policy with the Company.

iii. The payment under this benefit is limited to maximum two deliveries or termination(s) or either, during the lifetime of the Insured Person.

3.4 Benefit-4: Organ Donor

The Company will indemnify the Policyholder/Insured Person for the Medical Expenses incurred during Hospitalization, in respect of donor for any organ transplant Surgery conducted on the Insured Person during the Policy Year, provided that:

i. The organ donated is for the use of the Insured Person, and

ii. Company shall not pay the donor's Pre and Post Hospitalization Expenses

iii. Company has accepted Inpatient Hospitalization Claim under Scope of Cover- Benefit 3.1.1 InPatient Treatment.

An organ donor is any person whose organ has been made available in accordance and compliance with The Transplantation of Human Organs Act, 1994 (amended).

3.5 Benefit-5: AYUSH treatment

The Company will indemnify the Policyholder /Insured Person against the Medical Expenses which are incurred on treatment under Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Riga and Homeopathy up to the Sum Insured in excess of annual Aggregate Deductible under the Policy. The AYUSH treatment should be carried out in an AYUSH Hospital or AYUSH Day Care Centre as defined under the Policy.

The Company shall not be liable for payment of any Claim under this Benefit directly or indirectly arising out of or relating to:

i. Treatment other than Inpatient Treatment or Day Care Treatment

ii. Medical Expenses incurred for evaluation, Investigation only.

iii. Treatment availed outside India.

iv. Treatment at a healthcare facility which is NOT an AYUSH Hospital or AYUSH Day Care Centre.

v. Pre-Post Hospitalization expenses

vi. All preventive and rejuvenation treatments (non-curative in nature), or treatments that are not Medically Necessary. This includes but not limited to treatments at Spa, Massages and Health Rejuvenation Procedure. Treatment like Panchakarma and all the variants of Panchakarma.

3.6 Benefit-6: Ambulance Cover

The Company will indemnify the Policyholder/Insured Person up to an amount of Rs. 3500 per Hospitalization for expenses incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider that

i. Such life-threatening emergency condition is certified by the Medical Practitioner.

ii. Company has accepted Inpatient Hospitalization Claim under Scope of Cover- Section 3.1.1 InPatient Treatment

iii. The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that transportation has been prescribed by a Medical Practitioner and is Medically Necessary.

3.7 Benefit-7: Modern Treatment Methods

The Company will indemnify the Insured Person up to 50% of S.I and subject to the in excess of Aggregate Deductible for the Medical Expenses incurred during the Policy Period on Inpatient Treatment or Day Care Treatment of below mentioned Modern Treatment Methods:

- Uterine Artery Embolization and HIFU
- Balloon Sinuplasty
- Deep Brain Stimulation
- Oral Chemotherapy
- Immunotherapy-Monoclonal Antibody to be given as injection
- Intra Vitreal injections
- Robot surgeries
- Stereotactic radio surgeries
- Bronchial Thermoplasty
- Vaporization of the prostrate (Green laser treatment or holmium laser treatment)
- IONM- (Intra Operative Neutro Monitoring)
- Stem Cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered

4. Exclusions (Applicable to all benefits under the Policy)

4.1 General Exclusions

The Company shall have no liability and no Claim shall be admissible in respect of any Insured Person under any benefit(s) where such liability or Claim arises directly or indirectly due to any of the following:

1. Pre-Existing Disease (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 24 months of continuous coverage after the date of inception of the first Policy with Insurer

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If the Insured 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 24 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer

2. Specified disease/procedure waiting period code (Code:Excl02)

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first 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

nsured 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 as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage

f. List of specific diseases/procedures in respect of which 24 months waiting period is imposed is mentioned below:

Organ/ Organ System	Illness/Diagnosis (irrespective of treatment being medical or surgical)	Surgeries/Surgical Procedure (irrespective of any illness/diagnosis)
Ear, Nose, Throat (ENT)	a. Sinusitis b. Rhinitis c. Tonsillitisa	a. Adenoidectomy b. Mastoidectomy c. Tonsillectomy d. Tympanoplasty e. Surgery for nasal septum deviation f. Surgery for turbinate hypertrophy g. Nasal concha resection h. Nasal polypectomy
Gynaecological	a. Cysts, polyps, Including breast lumps b. Polycystic ovarian diseases c. Fibromyoma d. Adenomyosis e. Endometriosis f. Prolapsed uterus	a. Hysterectomy unless necessitated by malignancy
Orthopaedic	a. Non-infective arthritis a. Gout and rheumatism b. Osteoporosis c. Ligament, tendon and meniscal tear d. Prolapsed intervertebral disk	a. Joint replacement surgery
Gastrointestinal	a. Cholelithiasis b. Cholecystitis c. Pancreatitis d. Fissure/fistula in anus, haemorrhoids, pilonidal sinus e. Gastro Esophageal Reflux Disorder (GERD), ulcer and erosion of stomach and duodenum f. Cirrhosis (however alcoholic cirrhosis is permanently excluded) g. Perineal and perianal abscess h. Rectal prolapse	a. Cholecystectomy b. Surgery of hernia
Urogenital	a. Calculus diseases of urogenital system including kidney, ureter, bladder stones b. Benign hyperplasia of prostate c. Varicocele	a. Surgery on prostate unless necessitated by malignancy b. Surgery for hydrocele/ rectocele
Eye	a. Cataract b. Retinal detachment c. Glaucoma	a. Surgery for correction of eye sight due to refractive error above dioptre 14.0
Others	a. Congenital internal disease	a. Surgery of varicose veins and varicose ulcers. b. Stem cell therapy or surgery c. Administration of intra-articular or intra-lesional injections, Monoclonal antibodies such as Rituximab/ Infliximab/Tratsuzumab and supplementary medications such as Zoledronic acid
General (Applicable to all organ systems/ organs whether or not described above)	a. Benign tumours of non-infectiousetiology such as cysts, nodules, polyps, lumps or growth	a. Nil

3. 30 Days Waiting Period (Code:Excl03)

a. 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.

b. This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently

4. Investigation & Evaluation (Code:Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

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

5. Rest Cure, rehabilitation and respite care (Code:Excl05)

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

- Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non- skilled persons.
- Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. **Obesity/ Weight Control (Code:Excl06):** Expenses related to the surgical treatment of obesity that does not ulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor

b. The surgery/Procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI);

- greater than or equal to 40 or

- greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    a Obesity-related cardiomyopathy
    b Coronary heart disease
    c Severe Sleep Apnea
    d Uncontrolled Type2 Diabetes

7. **Change-of-Gender treatments (Code:Excl07):** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex
8. **Cosmetic or Plastic Surgery (Code: Excl08):** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner
9. **Hazardous or Adventure sports (Code:Excl09):** Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
10. **Breach of law (Code: Excl10):** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
11. **Excluded Providers (Code:Excl11):** Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.(For updated and detailed list of Excluded Providers refer website- www.reliancegeneral.co.in)
12. **Drugs or treatments (Code: Excl12):** Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
13. **Wellness and Rejuvenation (Code:Excl13):** 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.
14. **Dietary Supplements & Substances (Code: Excl14):** 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
15. **Refractive Error (Code: Excl15)**: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres
16. **Unproven Treatments-Code (Code: Excl16):** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
17. **Sterility and Infertility (Code: Excl7):** Expenses related to sterility and infertility. This includes:
    a. Any type of contraception, sterilization
    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    c. Gestational Surrogacy
    d. Reversal of sterilization
18. **Aggregate Deductible:** Company is not liable for any payments unless the Medical Expenses exceeds the annual Aggregate Deductible for all Hospitalization expenses under this Policy
19. **Dental Treatments:** Dental Treatments of any kind, unless requiring Hospitalisation due to an accident
20. **Experimental treatments:** Any Unproven/Experimental Treatments.
21. **External Congenital Anomaly:** External Congenital Anomaly
21. **Medically Necessary Treatment:** Any treatment or part of a treatment that is not Medically Necessary Treatment
22. **Non-medical expenses:** Any non-medical expenses mentioned in Annexure II
23. **Outpatient treatment:** Conditions for which treatment could have been done on an outpatient basis without any Hospitalisation.
24. **Overseas treatment:** Any treatment taken by Insured Person availed outside India.
25. **Reasonable & Customary Charges:** Any Medical Expenses which are not reasonable and Customary Charges.
27. **Self-injury or suicide:** Any intentional self-inflicted Injury, suicide or attempted suicide.
28. **Treatment outside discipline:** Treatment taken from anyone not falling within the scope of definition of Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication
29. **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..
30. **Wilful Act/Negligence:** Wilful acts or wilful gross negligence of the Insured Person.

4.2 Permanent Exclusions

Below mentioned Diseases are permanently excluded under the Policy in the case where such Diseases are Pre-Existing at the time of first proposal of this Product with the Company

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9
2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs • C40-C41 Malignant neoplasms of bone and articular cartilage • C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands
	Malignant Neoplasms	• C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue • D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behaviour
3.	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25)Ischemic heart diseases, I50 Heart failure, I42Cardiomyopathy; I05-I09 - Chronic rheumaticheart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system • Q28 Other congenital malformations of circulatory system • I00-I02 Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation • NOS or of specified cause, except rheumatic, I 34.1to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases
6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 -Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease,unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 -Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.-Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 – Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 –Acute hepatitis B without delta-agent and without hepatic coma; B17.0 –Acute delta-(super)infection of hepatitis B carrier; B18.0 -Chronic viral hepatitis B with delta-agent; B18.1 -Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37
13	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
14	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
15	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

5. Claims Procedure

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by the

Policyholder or any Insured Person, including complying with the following steps, shall be the Condition Precedent to the admissibility of the Claim.

Upon the discovery or happening of any disease or Illness / Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to the admissibility of the Claim, the Insured Person shall undertake the following:

5.1. Claim Intimation

In the event of any Disease or Illness /Injury or occurrence of any other contingency which has resulted in a Claim or may result in

a Claim covered under the Policy, the Insured Person, must notify to the TPA/Company either at the call centre or in writing immediately, in the event of:

i. Planned Hospitalization, the Insured Person will intimate such admission at least 48 hours prior to the planned date of admission.

ii. Emergency Hospitalization, the Insured Person will intimate such admission within 24 hours of such admission.

The following details are to be provided to the TPA/Company at the time of intimation of Claim:

a. Policy Number

b. Name of the Policyholder

c. Name of the Insured Person in whose relation the Claim is being lodged

d. Nature of Illness / Injury

e. Name and address of the attending Medical Practitioner and Hospital

f. Date of Admission

g. Any other information as requested by the Company

5.2. Claim Procedure

I. Cashless:

Cashless facility is available only at a Network Hospital. The Insured Person can avail Cashless facility at the time of admission into any Network Hospital, by presenting the health card as provided by the TPA/Company with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by the Company).

To avail Cashless facility, the following procedure must be followed by the Insured Person:

a. Pre-authorization: Prior to Hospitalization, the Insured Person must call the call centre of the TPA/Company and request authorization by way of submission of a completed Pre-authorization form at least 48 hours before a planned Hospitalization and in case of an Emergency situation, within 24 hours of Hospitalization.

b. The TPA/Company will process the Insured Person's request for authorization after having obtained accurate and complete information for the Illness/ Injury for which Cashless facility for Hospitalization is sought by the Policyholder/Insured Person and the TPA/Company will confirm such Cashless authorization / rejection in writing or by other means.

c. If the procedure above is followed and the Insured Person's request for Cashless facility is authorized, the Insured Person will not be required to pay for the Hospitalization Expenses which are covered under this Policy and fall within the Company's liability (within the authorized limit). Original bills and evidence of treatment in respect of the same shall be left with the Network Hospital.

d. The Company/TPA (On behalf of Company) reserves the right to review each Claim for Hospitalization expenses and coverage will be determined according to the terms and conditions of this Policy. The Insured Person shall, in any event, be required to settle all other expenses, co-payment (if applicable) and / or Aggregate Deductibles, directly with the Hospital.

e. Cashless facility for Hospitalization Expenses shall be limited exclusively to Medical Expenses incurred for treatment undertaken in a Network Hospital for Illness or Injury which are covered under the Policy.

f. There can be instances where the TPA/Company may deny Cashless facility for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case the Insured Person may be required to pay for the treatment and submit the Claim for reimbursement to the TPA/Company which will be considered subject to the Policy Terms &Conditions.

g. The Insured Person shall be required to submit the documents as mentioned in Clause- 6.5 with the Network Hospital.

Note:

- Under Cashless facility, the TPA/Company may authorize upon the Policyholder's / Insured Person's request for direct settlement of admissible Claim as per agreed charges & terms and conditions between Network Hospital and the TPA/Company. In such cases, the TPA/Company will directly settle all eligible amounts as per the Policy Terms & Conditions with the Network Hospital to the extent the Claim is covered under the Policy.
- The Company, at its sole discretion, reserves the right to modify, add or restrict any Network Hospital for Cashless services available under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable list of Network Hospital on the Company's website.

ii. Re-imbursement:

In case of any Claim under the Benefits, where Cashless facility is not availed, the list of documents as mentioned in Clause-5.5 shall be provided by the Insured Person, to TPA/Company immediately but not later than 30 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim.

5.3 Responsibility of Certificate Holder

i. The Certificate Holder/ Insured Person must take reasonable steps or measure to avoid or minimize the quantum of any Claim that may be made under this Policy.

ii. Forthwith intimate / file / submit a Claim in accordance with Clause-5 of this Policy.

iii. If so requested by the TPA/Company, the Insured Person will have to submit himself for a medical examination by the TPA/Company's nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by the Company.

iv. The Certificate Holder/ Insured Person is required to check the applicable list of Network Hospitalization the TPA/Company's website or call centre before availing the Cashless services.

v. In case where initial covered Medical expenses were not expected to exceed the Aggregate Deductible but subsequently found to be exceeding the opted Aggregate Deductible, notification must be done immediately along with the copy of intimation made to other Insurer.

vi. On occurrence of an event which will lead to a Claim under this Policy, the Certificate Holder or Insured Person shall:

a. Allow the Medical Practitioner or any of the Company's representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.

b. Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

c. If the Certificate holder / Insured Person does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

5.4 Responsibility of Master Policyholder:

i. Collect the premium from Insured Person and transfer the premium in the account of the Company within a pre-agreed time duration.

ii. Provide the details of the Certificate Holder or Certificate Holder's Family members in the format agreed upon as Proposal Form for Insurance.

5.5. Claim Documents

The Insured Person shall submit to the TPA/Company/ Network Hospital (as applicable) the following documents for or in support of the Claim:

i. Duly completed and signed Claim Form, in original

ii. Medical Practitioner's referral letter advising Hospitalization

iii. Medical Practitioner's prescription advising drugs / diagnostic tests / consultation

iv. Original bills, receipts and discharge card from the Hospital / Medical Practitioner

v. Original bills from pharmacy / chemists

vi. Original pathological / diagnostic test reports and payment receipts

vii. Ambulance receipt and bill

vii. First Information Report/ Final Police Report, if applicable

ix. Post mortem report, if available

x. Any other document as required by the Company to assess the Claim

When original bills, receipts, prescriptions, reports and other documents are given to any other insurer or to the reimbursement provider, verified photocopies attested by such other insurer/reimbursement provider along with an original certificate of the extent of payment received from them needs to be submitted.

Note:

a. Claim once paid under one Benefit cannot be paid again under any other Benefit.

b. All invoices / bills should be in Insured Person's name.

5.5 Payment Terms

i. This Policy covers medical treatment taken within India, and payments under this Policy shall be made in Indian Rupees within India.

ii. Claims shall not be admissible under this Policy unless the TPA/Company has been provided with the complete documentation / information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum unless the Master Policyholder / Insured Person have complied with the obligations under this Policy.

iii. The Company shall not indemnify the Insured Person for any period of Hospitalization of less than 24 hours except for the Day Care Treatment, the list of which is annexed as per Annexure 1 (List of Day Care Treatments).

iv. The Sum Insured of the Insured Person shall be reduced by the amount payable / paid under the Benefit(s) and the balance shall be available as the Sum Insured for the unexpired Policy Period.

v. For Cashless Claims, the payment shall be made to the Network Hospital / TPA whose discharge would be complete and final.

vi. For the Reimbursement Claims, the TPA/Company will pay the Master Policyholder/Insured Person.

vii. The Company will only be liable to pay for such Benefits for which the Policyholder has specifically claimed in the Claim Form. The Company shall settle the Claim within 30 days from the date of receipt of last necessary document. However, where the circumstances of a Claim warrant an investigation in Company's opinion 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, Company shall settle the Claim within 45 days from the date of receipt of last necessary document.

viii. The Company shall also decide and communicate any rejection of claim within 30 days from the date of receipt of last necessary document. However, where the circumstances of a claim warrant an investigation in Company's opinion 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, Company shall also decide and communicate any rejection of the claim within 45 days from the date of receipt of last necessary document.

6. Standard Terms and Conditions (applicable To All Benefits under the Policy):

6.1. Conditions precedent to the contract

i. 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, misdescription or non-disclosure of any material fact.

The Company may, at its discretion, choose to continue the health insurance coverage to the Policyholder in certain circumstances or their combinations as detailed below, subject to terms and conditions of the Policy.

a. If the non-disclosed condition or disease is from the list of Permanent exclusions specified in Section 4.2 Permanent Exclusions above the Company may take consent from the Policyholder or Insured person and permanently exclude the disease and continue with the Policy.

b. If the non-disclosed condition is other than from the list of Permanent Exclusions, then the Company may, at its discretion, incorporate additional waiting period of not exceeding 48 months for the said undisclosed disease or condition from the date that the non-disclosure was detected by the Company, and continue with the Policy after obtaining the consent of the Policyholder or Insured Person. The additional waiting period referred above shall be imposed, only in those cases where had the medical condition/disease been disclosed by the policyholder or the Insured person at the point of underwriting, the Company would have imposed the waiting period at the time of underwriting.

c. For non-disclosed condition the Company may allow to continue the coverage by levying extra premium or loading based on the objective criteria laid down in the Board approved underwriting policy, the Company may levy the same prospectively from the date of noticing the non-disclosed condition. However, in respect of policy contracts for a duration exceeding one year, if the undisclosed condition is surfaced before expiry of the policy term, the Company may charge the extra premium or loading referred herein retrospectively from the first year of issuance of the policy or renewal, whichever is later.

d. The above mentioned three options will not prejudice the rights of the Company to invoke the cancellation clause of 'Disclosure to Information norm under the policy for non disclosure/ misrepresentation subject to Company's underwriting policy.

Moratorium Period: After completion of eight continuous years under this Policy, this Policy shall not be voided in the event of misrepresentation, misdescription or non-disclosure of any material fact. This period is referred to as the moratorium period. The moratorium period is applicable for Sum Insured of the first Policy and subsequent completion of eight continuous years will be applicable from the date of enhancement of Sum Insured only on the enhanced limits. After expiry of the Moratorium Period, this Policy shall not be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies will however be subject to all limits, sub limits, co-payments, deductibles as per the Policy.

The above conditions 'a' to 'c' may be imposed for the undisclosed conditions notwithstanding the Moratorium Period.

i. Duty of disclosure

In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the Policyholder/ Insured Person or any one acting on his/ their behalf to obtain a benefit under this Policy, the Company may cancel this Policy at its sole discretion and the premium paid shall be forfeited in its favour.

ii. Observance of terms and conditions

The due observance and fulfilment of the Policy Terms & Conditions and Endorsements of this Policy in so far as they relate to anything to be done or complied with by the Policyholder / Insured Person, shall be a Condition Precedent to any of the Company's liability to make any payment under this Policy.

iii. Aggregate Deductible

The Company is not liable for any payment unless the Medical Expenses admissible under the Policy exceed the annual Aggregate Deductible Limit. Deductible shall be applicable on annual aggregate basis for all Hospitalization expenses during the Policy.

iv. Consent of the Nominee

Consent of the Nominee, if any, shall not be a pre-requisite for any change of Nominee or to any other changes in this Policy.

v. Arbitration Clause

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 thereto 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 three arbitrators, comprising of two arbitrators, 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 arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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

It is hereby 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 or damage shall be first obtained.

6.2. Conditions when a Claim arises

I. Complete discharge

Payment made by the Company to the Policyholder/ adult Insured Person or the Nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favour of the Company.

ii. Contribution in case of Multiple Policies

a. In case of multiple policies which provide fixed

benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, each insurer shall make the Claim payments independent of payments received under other similar policies.

b. If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the Policyholder 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 who has issued the chosen Policy 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.
- Claims under other policies may be made after exhaustion of Sum Insured (in excess of Aggregate Deductible) in the earlier chosen Policy / Policies
- If the amount to be claimed exceeds the Sum Insured under a single Policy after considering the Aggregate Deductibles or Co-Pay, the Policyholder shall have the right to choose insurers from whom he/she wants to Claim the balance amount.
- Where an Insured has policies from more than one insurer 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 chosen Policy.

iii. Cause of Action

Claims shall be payable under this Policy only if the cause of action arises in India.

iv. Fraudulent claims

If a Claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a Claim, or if any fraudulent means or devices are used by the Policyholder / Insured Person or anyone acting on his/ their behalf to obtain any benefit under this Policy, then this Policy shall be void and all Claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to the Company. The Policyholder / all Insured Persons who shall be jointly liable for such repayment.

v. Limitation Period

In no case whatsoever the Company shall be liable for any Claim under this Policy, if the requirement of Clause - 5 Claim Procedure above are not complied with, unless the Claim is the subject of pending action; it being expressly agreed and declared that if the Company shall disclaim liability for any Claim hereunder and such Claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

vi. Payment of Interest

i. The Company shall adhere to the procedure laid down under Insurance Regulatory & Development Authority of India (Health Insurance) Regulations, 2016 for settlement of health insurance claims

- The Company shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate

ii. 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 the claim within 45 days from the date of receipt of last necessary document

6.3. Conditions for renewal of the contract.

1. Renewal Notice

a. This Policy will automatically terminate at the Certificate Period End Date. All renewal applications should reach the Company before the Certificate Period End Date.

b. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein prior mentioned and that nothing is known to the Policyholder/ Insured Person(s) that may result in enhancing the Company's risk.

c. This Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy

d. Renewal premium may vary and shall be as per the respective Master Policy issued by Reliance General Insurance to the Yes Bank Limited as the renewal Policy inception date.

2. Withdrawal/Revision/Modification of the Product/ Policy

The Company reserves the right to withdraw, revise or modify this product / Policy in the future. The revision/modification may be in respect of Benefits, coverages, premiums, Policy terms and conditions &/or exclusions.

In the event of any such withdrawal of product/terms of Policy, premium the Company would give a 3 months' notice in advance to the Policyholder.

In the event of any revision or modification of the product the Company will notify the Policyholder in advance of such changes.

6.4 Conditions applicable during the contract

1. Reasonable Care

The Insured Person shall take all reasonable steps to safeguard the interests of the Insured Person against any Illness or Injury that may give rise to a Claim.

2. Material change

The Policyholder shall immediately notify the Company in writing of any material change in the risk at their own expense and the Company may adjust the scope of cover and/or premium,

3. Records to be maintained

The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical records until final adjustment (if any) and resolution of all Claims under this Policy; and shall allow the Company or its representative(s) to inspect such records. The Policyholder/ Insured Person shall furnish such information as the Company may require under this Policy.

4. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in possession of the Company and not s pecifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

5. Alteration in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured or Aggregate Deductible shall be permissible only at the time of renewal of the Policy subject to underwriting decision of the Company.

6. Cancellation/Termination (other than Free Look)

The Company may at any time, cancel this Policy on grounds as specified in Clause 1 of Terms and Conditions, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address.

The Policyholder may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy by the Policyholder/ Insured Person.

Refund % to be applied on Policy Premium

Policy Tenure->	**1 year**
Cancellation date up to (x months) From Policy Period Start Date	Refund
Upto1 month	75.0%
Upto 3 month	50.0%
Upto 6 month	25.0%
Beyond 6 Months	0%

7. Policy Disputes

Any and all disputes or differences under or in relation to validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and subject to Indian law.

8. Communication

Any communication meant for the Company must be in writing and be delivered to its address shown in the Certificate of Insurance. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Certificate of Insurance.

All notifications and declarations for the Company must be in writing and sent to the address specified in the Certificate of Insurance. Agents are not authorized to receive notices and declarations on the Company's behalf.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

9. Overriding effect of the Certificate of Insurance

In case of any inconsistency in the terms and conditions in this Policy vis-à-vis the information contained in the Certificate of Insurance, the information contained in the | Certificate of Insurance shall prevail.

10. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

11. Free Look Period

All new health insurance policies (not renewal policies) issued by the Company, except those with tenure of less than a year shall have a free look period. The free look period shall be applicable at the inception of the policy and

a. 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.

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

- A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
- 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;
- where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Grievances

If the Policyholder has a Grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his Grievance through:

Website: https://reliancegeneral.co.in
e-mail : rgicl.services@relianceada.com
Telephone : 1800-3009
Post/Courier: Any branch office, the correspondence address, during normal business hours
Write to us at : Reliance General Insurance, (Correspondence Only) Correspondence Unit, 301 302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India – 452001

For further details on Grievance redressal procedure please refer:

https://reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx

If the Policyholder is not satisfied with the Company's redressal of the Policyholder's Grievance through one of the above methods, the Policyholder may approach the nearest Insurance Ombudsman for resolution of the Grievance. The contact details of Ombudsman offices are mentioned below:

Address of the Ombudsman Offices	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh 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	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah 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	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava 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	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma 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	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna 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	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri Sudhir Krishna 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	Delhi
GUWAHATI - Shri Kiriti .B. Saha 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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

Address of the Ombudsman Offices	Jurisdiction of Office Union Territory, District)
JAIPUR - Smt. Sandhya Baliga 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	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra 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	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri P. K. Rath 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	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - Shri Justice Anil Kumar Srivastava 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	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.
MUMBAI - Shri Milind A. Kharat 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@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad 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	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.
PATNA - Shri N. K. Singh 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	Bihar, Jharkhand.
PUNE - Shri Vinay Sah 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	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

ANNEXURE-II- ATTACHED TO POLICY WORDINGS

1. List I — Optional Items

Sr. No.	Item
1.	Baby food
2.	Baby utilities charges
3.	Beauty services
4.	Belts/ braces
5.	Buds
6.	Cold pack/hot pack
7.	Carry bags
8.	Email / internet charges
9.	Food charges (other than patient's diet provided by hospital)
10.	Legging s
11.	Laundry charges
12.	Mineral water
13.	Sanitary pad
14.	Telephone charges
15.	Guest services
16.	Crepe bandage
17.	Diaper of any type
18.	Eyelet collar
19.	Slings
20.	Blood grouping and cross matching of donors samples
21.	Service charges where nursing charge also charged
22.	Television charges
23.	Surcharges
24.	Attendant charges
25.	Extra diet of patient (other than that which forms part of bed charge)
26.	Birth certificate
27.	Certificate charges
28.	Courier charges
29.	Conveyance charges
30.	Medical certificate
31.	Medical records
32.	Photocopy es charges
33.	Mortuary charges
34.	Walking aids charges
35.	Oxygen cylinder (for usage outside the hospital)
36.	Spacer
37.	Spirometre
38.	Nebulizer kit
39.	Steam inhaler
40.	Armsling
41.	Thermometer
42.	Cervical collar
43.	Splint
44.	Diabetic foot wear
45.	Knee braces (long/ short/ hinged)
46.	Knee immobilizer/shoulder immobilizer
47.	Lumbo sacral belt
48.	Nimbus bed or water or air bed charges
49.	Ambulance collar
50.	Ambulance equipment
51.	Abdominal binder
52.	Private nurses charges- spe cial nursing charges
53.	Sugar free tablets
54.	Creams powders lotions (toiletries are not payable, only prescribed medical pharmaceuticals payable)
55.	Ecg electrodes
56.	Gloves
57.	Nebulisation kit
58.	Any kit with no details mentioned [delivery kit, orthokit,recovery kit, etc]
59.	Kidney tray
60.	Mask
61.	Ounce glass
62.	Oxygen mask
63.	Pelvic traction belt
64.	Pan can
65.	Trolly cover
66.	Urometer, urine jug
67.	Ambulance
68.	Vasofix safety

2. List II — Optional Items

Sr. No.	Iteam
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

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

Sr. No.	Iteam
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

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

Sr. No.	Iteam
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