

# **GROUP HEALTH INSURANCE POLICY**

**WORDINGS**

## **Policy Document**

### **Preamble**

The insurance cover provided under this Policy up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information and statements which the Policyholder/ Insured person has provided in the proposal form for all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting any Insured Person.

If any claim arising as a result of an Illness or Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with the terms, conditions and exclusions of the Policy subject to availability of Sum Insured.

### **Section I. Interpretations & Definitions**

The terms defined below have the meaning ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to male include female and references to any statutory enactment include subsequent changes, replacements or amendments to the same:

**Accident:** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Act of God Perils** means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities.

**Adventure Sport** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighbing/using skeletons,

bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and Professional Sports (Professional sports mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

**Age or Aged** means age as on last birthday.

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

**Ambulance** means a road vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention

**Annexure** means the document attached and marked as Annexure to this Policy

**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.

**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.

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

**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

**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 claims amount. A co-payment does not reduce the Sum Insured.

**Cover Start Date** means the date on which the coverage under the Policy starts for respective Insured person.

**Certificate of Insurance** means the certificate issued by Us to the insured person confirming the coverage under the Policy.

**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 criteria as under:-

- i) has qualified nursing staff under its employment;
- ii) has qualified medical practitioner/s in charge;
- iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

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

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

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

**Diagnostic Tests:** Investigations, such as X-Ray or blood tests, to find the cause of the Insured Person's symptoms and medical condition.

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

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

**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:

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

**Emergency** means a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

**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.

**Family Floater Policy** means a policy named as a Family Floater Policy in the Policy Schedule in terms of which, two or more persons of Insured Person's family are covered as dependents to Insured Person. The definition of Family shall be as mentioned in Policy Schedule/Certificate of Insurance. For a Floater policy, Sum Insured is available on Floater basis for the covered family members. Insurer's liability for any and all claims with respect to all family members is limited to the Sum Insured.

**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.

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

- i) Has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel:

Only for the purposes of any claim or treatment permitted to be made or taken outside India

**Hospital (outside India)** means an institution (including nursing homes) established outside India for indoor medical care and treatment of Illness and/or Injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a medical practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, and old age home.

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

**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:

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

**IRDAI** means the Insurance Regulatory and Development Authority of India.

**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.

**Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**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.

**Insured Person** means the person(s) named in the Policy Schedule/ Certificate of Insurance who are covered under this Policy and in respect of whom the appropriate premium has been received.

**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.

**Maternity expenses:** Maternity expenses means:

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

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

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

**Medical Practitioner:** 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 setup 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 licence.

**Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in *hospital* or part of a stay in hospital which:

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

**Network Provider:** Network Provider means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

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

**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.

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

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

**Policy** means this Policy document, any annexures thereto and the Policy Schedule including endorsements, if any, Your statements in the proposal form and the Information Summary Sheet as applicable.

**Policy Start Date** means the start date of the Policy as specified in the Policy Schedule.

**Policy Expiry Date** means the date on which the Policy expires as specified in the Policy Schedule.

**Policy Period** means the period between the Policy Start Date and the Policy Expiry Date as shown in the Policy Schedule.

**Policy Year** means a period of twelve consecutive months commencing from the Policy Start Date as specified in the Policy Schedule or any anniversary thereof.

**Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

**Pre-Existing Disease:** Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

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

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

**Primary Insured member means** Policyholder's employee or a member of covered group who satisfies and continues to satisfy the eligibility criteria as specified in Policy Schedule and Certificate of Insurance.

**Post-hospitalization Medical Expenses:** Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**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.

**Rehabilitation** includes treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

**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.

**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.

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

**Policy Schedule** means the schedule issued by Us along with this Policy mentioning the details of the Policyholder and Insured person, period of Policy and other details. Any changes made to it shall be issued as Endorsement Schedule and shall be considered a part of this Policy.

**Shared Accommodation** means a Hospital room with two or more patient beds

**Sum Insured** means:

- i) For an Individual Policy, the sum shown in the Policy Schedule/ Product Benefits Table against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of that Insured Person.
- ii) For a Family Floater Policy, the sum shown in the Policy Schedule/ Product Benefits Table which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of any and all Insured Persons.

**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.

**Terrorism/Terrorist Activity** means an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**TPA or Third Party Administrator** means a company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services as mentioned under Third Party Administrators- Health Services Regulations 2016.

**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.

**We/Our/Us** means MAGMA HDI General Insurance Company Ltd.

**You/Your/Policyholder** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

## **Section II. Coverage Under the Policy:**

### **A. Base Covers:**

The Benefits under this Policy are subject always to the Sum Insured, any subsidiary limit specified in the Policy Schedule/ Certificate of Insurance, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for or as shown in the Policy Schedule/Certificate of Insurance.

Following covers are available as Base covers under the policy. Following Base covers are applicable to your Policy as mentioned in Policy Schedule/ Certificate of Insurance.

Our maximum liability under each of the opted Base Covers will be a part of and up to Sum Insured as specified in Policy Schedule/Certificate of Insurance for these covers.

### **1. Inpatient Care**

We shall cover the Reasonable and Customary Charges for the following Medical Expenses incurred by Insured Person if during the Policy Period, he/she requires Hospitalization on the written Medical Advice of a Medical Practitioner, for any Illness or Injury which is contracted or sustained during the Policy Period and is covered under this Policy:

- a) Medical Practitioners' fees
- b) Room Rent and other boarding charges
- c) ICU Charges
- d) Operation theatre charges
- e) Diagnostic procedures' charges
- f) Medicines, drugs and other consumables as prescribed by the Medical Practitioner
- g) Qualified Nurses' charges
- h) Intravenous fluids, blood transfusion, injection administration charges
- i) Anaesthesia, Blood, Oxygen, operation theatre charges, surgical appliances
- j) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

### **Day Care Treatment**

Under this section, We will also cover the Medical Expenses incurred for Day Care Treatment on the written medical advice of a Medical Practitioner following an Illness or Injury which occurs during the Policy Period, up to the limits specified in the Policy Schedule/Certificate of Insurance. Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit. Please refer to Annexure for list of Day Care Treatments.

### **2. Hospital Cash**

If an Insured Person is Hospitalized during the Policy Period then We shall pay the daily cash amount specified in the Policy Schedule /Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization provided that:

- a. We shall not make any payment under this Benefit to You for more than the number of days of Hospitalisation as specified in Policy Schedule /Certificate of Insurance
- b. A deductible in terms of number of days per Hospitalization event will be applicable if and as specified in Policy Schedule /Certificate of Insurance
- c. We shall not make any payment under this Benefit for any diagnosis or treatment arising from or related to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post-natal care of the New Born Baby.

### **3. Outpatient Cover**

We will cover the Reasonable and Customary Charges incurred for availing following services on an out-patient basis to assess Insured Person's health condition for any Illness or injury as specified in Policy Schedule/Certificate of Insurance

- medically necessary consultations with a Medical Practitioner
- undergoing any Diagnostic Tests prescribed by the Medical Practitioner
- medicines purchased under and supported with a Medical Practitioner's prescription.
- Non surgical and minor surgical procedures which are neither in-patient nor day care procedures

The waiting periods as defined in Section III of this Policy will not be applicable for this Cover.

The amount payable under this Benefit shall be up to the limit shown in the Policy Schedule/Certificate of Insurance.

### **4. Critical Illness Cover**

We shall pay the amount as specified in the Policy Schedule/Certificate of Insurance against this Benefit as a lump sum amount, provided that:

- i. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
- ii. The Insured Person survives for at least the number of days as defined in "Survival clause" under this benefit in Policy Schedule/certificate of Insurance following such diagnosis.

We will not make any payment under this Benefit if the Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the inception of coverage of Insured Person under this Policy.

This Benefit can be availed by the Insured Person only once during his/her lifetime. A waiting period of 48 months will be applicable for claim under this Benefit in case claim is for any of the Critical Illnesses which is a consequence of or arises out of any Pre-Existing Disease.

If a claim becomes admissible under this Cover, it shall not be available for that Insured Person at the time of Renewal.

The waiting periods and as defined in Section III of this Policy will not be applicable for this Cover.

For the purpose of this Benefit, covered Critical Illness means:

1. Cancer of specified severity;
2. Kidney failure requiring regular dialysis;

3. Multiple Sclerosis with persistent symptoms
4. Major Organ/Bone marrow Transplant
5. Open Heart Replacement or Repair of Heart Valves
6. Open Chest CABG (Coronary Artery Bypass Graft)
7. Stroke resulting in permanent symptoms
8. Permanent Paralysis of Limbs
9. Myocardial Infarction (First Heart Attack of specified severity)
10. Coma of specified severity
11. Parkinson's Disease
12. Benign Brain Tumor
13. Alzheimer's Disease
14. End Stage Liver failure
15. Surgery of Aorta
16. Deafness
17. Loss of Speech
18. Third Degree Burns
19. Motor Neuron Disease with Permanent Symptoms
20. Primary Pulmonary Hypertension
21. Pulmonary Artery Graft Surgery
22. Muscular Dystrophy
23. Systemic Lupus Erythematosus with Lupus Nephritis
24. Pneumonectomy
25. Medullary Cystic Disease
26. Angioplasty
27. Blindness
28. End Stage lung failure
29. Major Head Trauma
30. Cardiomyopathies
31. Terminal illness
32. Fulminant Hepatitis
33. Coronary Artery disease
34. Bacterial Meningitis
35. Multiple system Atrophy

**Critical Illnesses as per below grid will be covered as per the plan option in the Policy:**

| S. No. | Name of Critical Illness                    | Option A | Option B | Option C | Option D | Option E | Option F |
|--------|---------------------------------------------|----------|----------|----------|----------|----------|----------|
| 1      | Cancer of specified severity                | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      |
| 2      | Kidney failure requiring regular dialysis   | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      |
| 3      | Multiple Sclerosis with persistent symptoms | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      |
| 4      | Major Organ Transplant                      | Yes      | Yes      | Yes      | Yes      | Yes      | Yes      |

|    |                                                                  |     |     |     |     |     |     |
|----|------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|
| 5  | Heart Valve Replacement                                          | Yes | Yes | Yes | Yes | Yes | Yes |
| 6  | Coronary Artery Bypass Graft                                     | Yes | Yes | Yes | Yes | Yes | Yes |
| 7  | Stroke resulting in permanent symptoms                           | Yes | Yes | Yes | Yes | Yes | Yes |
| 8  | Permanent Paralysis of Limbs                                     | Yes | Yes | Yes | Yes | Yes | Yes |
| 9  | Myocardial Infarction (First Heart Attack of specified severity) | Yes | Yes | Yes | Yes | Yes | Yes |
| 10 | Coma of specified severity                                       | -   | Yes | Yes | Yes | Yes | Yes |
| 11 | Parkinson's Disease                                              | -   | Yes | Yes | Yes | Yes | Yes |
| 12 | Benign Brain Tumor                                               | -   | Yes | Yes | Yes | Yes | Yes |
| 13 | Alzheimer's Disease                                              | -   | -   | Yes | Yes | Yes | Yes |
| 14 | End Stage Liver failure                                          | -   | -   | Yes | Yes | Yes | Yes |
| 15 | Surgery of Aorta                                                 | -   | -   | Yes | Yes | Yes | Yes |
| 16 | Deafness                                                         | -   | -   | -   | Yes | Yes | Yes |
| 17 | Loss of Speech                                                   | -   | -   | -   | Yes | Yes | Yes |
| 18 | Third Degree Burns                                               | -   | -   | -   | Yes | Yes | Yes |
| 19 | Motor Neuron Disease with Permanent Symptoms                     | -   | -   | -   | -   | Yes | Yes |
| 20 | Primary Pulmonary Hypertension                                   | -   | -   | -   | -   | Yes | Yes |
| 21 | Pulmonary Artery Graft Surgery                                   | -   | -   | -   | -   | Yes | Yes |
| 22 | Muscular Dystrophy                                               | -   | -   | -   | -   | Yes | Yes |
| 23 | Systemic Lupus Erythematosus with Lupus Nephritis                | -   | -   | -   | -   | Yes | Yes |
| 24 | Pneumonectomy                                                    | -   | -   | -   | -   | Yes | Yes |
| 25 | Medullary Cystic Disease                                         | -   | -   | -   | -   | Yes | Yes |
| 26 | Angioplasty                                                      | -   | -   | -   | -   | -   | Yes |
| 27 | Blindness                                                        | -   | -   | -   | -   | -   | Yes |
| 28 | End Stage lung failure                                           | -   | -   | -   | -   | -   | Yes |

|    |                         |   |   |   |   |   |     |
|----|-------------------------|---|---|---|---|---|-----|
| 29 | Major Head Trauma       | - | - | - | - | - | Yes |
| 30 | Cardiomyopathies        | - | - | - | - | - | Yes |
| 31 | Terminal illness        | - | - | - | - | - | Yes |
| 32 | Fulminant Hepatitis     | - | - | - | - | - | Yes |
| 33 | Coronary Artery disease | - | - | - | - | - | Yes |
| 34 | Bacterial Meningitis    | - | - | - | - | - | Yes |
| 35 | Multiple system Atrophy | - | - | - | - | - | Yes |

#### Definition of Critical Illnesses:

##### 1. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- All tumors which are histologically described as carcinoma-in-situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any non melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukemia less than Rai stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below with mitotic count of less than or equal to 5/50 HPFs
- All tumors in the presence of HIV infection.

##### 2. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

##### 3. Multiple Sclerosis with persisting symptoms

The unequivocal diagnosis of definite Multiple Sclerosis confirmed and evidenced by all of the following:

- Investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

#### **4. Major Organ/ Bone Marrow Transplant**

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using hematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- a) Other stem-cell transplants
- b) Where only islets of langerhans are transplanted

#### **5. Open Heart Replacement or Repair of Heart Valves**

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s).

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy /valvuloplasty are excluded.

#### **6. Open Chest CABG (Coronary Artery Bypass Graft)**

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

- a) Angioplasty and/or any other intra-arterial procedures

#### **7. Stroke resulting in Permanent Symptoms**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the

brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient Ischemic Attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

#### **8. Permanent Paralysis of Limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

#### **9. First Heart Attack of Specified Severity (Myocardial Infarction)**

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponins I or T
- Other acute Coronary Syndromes
- Any type of Angina Pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

#### **10. Coma of Specified Severity**

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

- No response to external stimuli continuously for at least 96 hours;
- Life support measures are necessary to sustain life.
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

**11. Parkinson's Disease**

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below.

- i. Transferring: The ability to move from bed to an upright chair or wheelchair and vice versa;
- ii. Mobility: The ability to move indoors from room to room on level surfaces;
- iii. Dressing: The ability to put on, take, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash satisfactorily by other means
- v. Feeding: The ability to feed oneself once food has been prepared and made available
- vi. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

Parkinson's disease secondary to drug and/or alcohol abuse is excluded

**12. Benign Brain Tumor**

1. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

2. The brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist

- i. Permanent neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

3. The following are **excluded**:

Cysts, Granulomas, Malformations in the arteries or veins of the brain, Haematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

**13. Alzheimer's Disease**

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

**14. End Stage Liver Failure**

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:-

- a) permanent jaundice, and
- b) ascites, and
- c) Hepatic encephalopathy

II. Liver failure secondary to alcohol or drug misuse is excluded.

**15. Surgery of Aorta**

The actual undergoing of medically necessary surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic injury of the aorta is excluded.

**16. Deafness**

Total and irreversible loss of hearing in both ears as a result of Illness or Accident. The diagnosis must be supported by pure tone audiogram test and certified by an ear, nose and throat specialist (ENT specialist). Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

**17. Loss of Speech**

Total and irreversible loss of the ability to speak as a result of injury or disease to the vocal chords. The inability to speak must be established for a continuous period of 12 months. The diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.

**18. Major Burns (Third Degree Burns)**

There must be Third Degree burns with scarring that covers at least 20% of the body’s surface area. The diagnosis must confirm that the total area involved using standardized, clinically accepted, body surface area charts covering 20% of body surface area.

**19. Motor Neuron Disease with Permanent Symptoms**

Motor Neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

**20. Primary (Idiopathic) Pulmonary Hypertension**

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

- b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

### **21. Pulmonary Artery Graft Surgery**

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft

### **22. Muscular Dystrophy**

A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 “Activities of Daily Living” for a continuous period of at least 6 months.

Activities of daily living:

- Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

### **23. Systemic Lupus Erythematosus**

A multi-system autoimmune disorder characterised by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Doctor specialising in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

#### **24. Pneumonectomy**

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

#### **25. Medullary Cystic Disease**

Medullary Cystic Disease where the following criteria are met:

- a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b. clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- d. Isolated or benign kidney cysts are specifically excluded from this benefit

#### **26. Angioplasty**

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

#### **27. Blindness**

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:

- i. corrected visual acuity being 3/60 or less in both eyes or ;
- ii. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

**28. End Stage Lung Failure**

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ( $\text{PaO}_2 < 55\text{mmHg}$ ); and
- iv. Dyspnea at rest.

**29. Major Head Trauma**

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

- i. Spinal cord injury;

**30. Cardiomyopathies**

A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following conditions are excluded:

- Cardiomyopathy secondary to alcohol or drug abuse.
- All other forms of heart disease, heart enlargement and myocarditis

### **31. Terminal illness**

The conclusive diagnosis of an illness that is expected to result in the death of the Insured Person within 6 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed Doctor. The Company reserves the right for independent assessment.

Terminal illness due to AIDS is excluded.

### **32. Fulminant Hepatitis**

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

- 1) Rapid decreasing of liver size;
- 2) Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- 3) Rapid deterioration of liver function tests;
- 4) Deepening jaundice; and
- 5). Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

### **33. Coronary Artery Diseases**

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery Surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending circumflex and right coronary artery.

### **34. Bacterial Meningitis**

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days. It should result in a permanent inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

Permanent Neurological Deficit means Symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout the insured person's life. Symptoms that are covered include numbness, increased sensitivity, paralysis, localized weakness, difficulty with speech, inability to speak, difficulty in swallowing, visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

The Activities of Daily Living are:

- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- iv. Mobility: the ability to move indoors from room to room on level surfaces;
- v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- vi. Feeding: the ability to feed oneself once food has been prepared and made available.

### **35. Multiple System Atrophy**

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- motor function with associated rigidity of movement; or
- The ability to coordinate muscle movement; or
- Bladder control and postural hypotension

#### **<B. Extension covers:**

Following extension covers are applicable to each insured person under this Policy. The coverage limits are specified in the Policy Schedule/ Certificate of Insurance. The limits for these covers are applicable for each Insured Person and are included within the Sum Insured limit, unless specified otherwise. All the waiting periods and Exclusions are applicable to these Extension Covers as well unless specified otherwise.

***Extension Covers wordings as applicable>***

### **Section III. Exclusions**

**III.1 Waiting Periods: Following waiting periods will be applicable to each Insured Person under this Policy.**

- a) 30 day waiting period:**

Any claims arising due to or related to covered events, other than Accident, happening within first 30 days of the cover Date will not be admissible.

**b) Specific Diseases Waiting Period:**

Any claims arising due to or related to following diseases or treatments or Procedures, happening within first two years of the Cover start Date will not be admissible:

A waiting period of 24 months will be applicable with respect to claims arising out of or related to following disease of the Insured Person.

1. Cataract
2. Stones in biliary and urinary systems
3. Hernia / Hydrocele
4. Hysterectomy for any benign disorder
5. Lumps / cysts / nodules / polyps / internal tumours
6. Gastric and Duodenal Ulcers
7. Surgery on tonsils / adenoids
8. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
9. Fissure / Fistula / Haemorrhoid
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Diabetes and related complications
17. Chronic Renal Failure or end stage Renal Failure
18. Internal congenital anomalies/diseases/defects
19. HIV , AIDS

**c) Pre Existing disease waiting period:**

Any claims arising out of or directly or indirectly related to any Pre-Existing Diseases will not be covered until 48 months of continuous coverage with Us from cover start date of the first Policy with Us.

**III.2 Permanent Exclusions:**

We will not be liable to make any payment under this Policy under any circumstances, for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following permanent exclusions. In case extension covers are opted, respective permanent exclusion(s) stand deleted to the extent of coverage as per terms and conditions of that Extension cover.

1. Treatment related to addictive conditions and disorders, resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.

2. Participation in adventure sports.
3. Any treatment modality other than Allopathic Treatment
4. Charges related to a Hospital stay not expressly mentioned as being covered, including charges for admission, discharge, administration, RMO charges, night charges, registration, documentation and filing, surcharges. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in “List of Items for which optional cover may be offered by insurer”. The list is available on our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in)
5. Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:
  - a) Deep coma and unresponsiveness to all forms of stimulation;
  - b) Absent pupillary light reaction;
  - c) Absent oculovestibular and corneal reflexes; or
  - d) Complete apnea
6. Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Illness or Injury.
7. Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.
8. Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, participation in riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity)
9. Treatment for any External Congenital Anomaly.
10. Treatment undergone purely for cosmetic or psychological reasons to improve appearance. However, this exclusion does not apply where medically required as a part of treatment for cancer, Accidents and burns to restore functionality.
11. Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint. This exclusion does not apply for Outpatient Cover (Base cover Section 3)

EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.

12. Any expenses for OPD treatment, or any expenses for drugs or dressings not prescribed for Insured Person's intake within hospitalization period, except as included in Post-hospitalization

Medical Expenses Extension cover. This exclusion does not apply to Outpatient Cover (Base cover Section 3)

13. Treatment to correct refractive errors of the eye. We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth. This exclusion does not apply for Outpatient Cover (Base cover Section 3)
14. Treatment or services received in health hydro, nature cure clinics or any establishment that is not a Hospital.
- .
15. Any treatment arising from and/or taken for Crohn's Disease ,Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.
16. Hospitalization undertaken for observation or for investigations only and where no medical treatment is provided.
17. Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.
18. Drugs or treatment not supported by prescription.
19. Issue of fitness certificate and fitness examinations
20. External and/ or durable medical/non-medical equipment of any kind used for diagnosis and/ or treatment , CPAP, CAPD, infusion pump.
21. Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and also any medical equipment which is subsequently used at home.
22. Qualified Nurses hired in addition to the Hospital's own staff.
23. Treatment for obesity.
24. OPD treatment is not covered. However this exclusion does not apply for Outpatient Cover (Base cover Section 3)
- 25.** All preventive care, vaccination including inoculation and immunizations, except if it is certified and recommended by the attending Medical Practitioner as part of in-patient treatment
26. Any type of contraception, sterilization, termination of pregnancy or family planning or Treatment to assist reproduction.

27. Any expense incurred on treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy, childbirth, miscarriage (except if due to Accident), abortion or complications of any of these, including caesarean section.

However, the above exclusions do not apply to treatment for ectopic pregnancy.

28. Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.
29. Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction.
30. Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
31. Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.
32. Treatment for speech disorders, including stammering unless the disorder occurs directly due to an Accident.
33. Treatment for, or related to developmental problems, learning difficulties, such as dyslexia; behavioural problems, including attention deficit hyperactivity disorder (ADHD).
34. Any treatment received outside India.
35. Unproven/Experimental treatment, including medication, which, in a competent Medical Practitioner's opinion is experimental.
36. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.
37. Treatment in any Hospital or by any Medical Practitioner or any other provider of services specifically excluded by Us except in case of Emergency treatment when other Hospital/ Medical Practitioner was not available in the vicinity. List of such excluded Hospitals has been provided on Our website.
38. Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.
39. Charges incurred at a Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization.
40. Any condition as a result of the Insured Person committing or attempting to commit a breach of law with criminal intent.

41. Any costs or expenses (other than as mentioned therein) specified in the List of “Items for which optional cover may be offered by insurer” The list is available on Our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in) .

### **Claim Procedure**

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all endorsements, Annexures hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by You and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

#### **1. For Availing Cashless Facility (Procedure for Domestic Claims )**

Cashless facility can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and can also be obtained by contacting Us over the telephone. The updated list of TPA containing complete details is available on Our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in).

Cashless facility will be availed through the TPA. The TPA will be contacted on its helpline and must be provided with the membership number, Policy Number and the name of the Insured Person at least 72 hours before admission to the Hospital for planned Hospitalization and within 24 hours of admission to the Hospital in case of Emergency Hospitalization. The TPA will also, by fax or e-mail, be provided with details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital, estimated expenses of Hospitalization etc. in the prescribed form available with the insurance help desk at the Hospital. Any additional information as may be required by the medical panel of the TPA must also be furnished. After establishing the admissibility of the claim under the Policy, the TPA shall provide a pre-authorisation to the Hospital guaranteeing payment of the Hospitalization expenses subject to the Sum Insured, terms conditions and limitations of the Policy. The authorization shall be issued to the Network Provider within 24 hours of receiving the complete information.

#### **2. For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imburement Claims)**

- a. **Intimation of claim:** Preliminary intimation of claim with particulars relating to Policy Number, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Hospital, must be provided to Us at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission in the Hospital, in case of Emergency Hospitalization.
3. **Submission of claim:** The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

### Mandatory documents

- a. Duly completed claim form
- b. Test reports and prescriptions relating to first / previous consultations for the same or related illness.
- c. Case history / admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc. issued by the Hospital.
- d. Death summary in case of death of the Insured Person at the Hospital.
- e. Post Mortem Report, if applicable & if conducted
- f. Hospital receipts / bills / cash memos in original (including advance and final Hospital settlement receipts).
- g. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including the Medical Practitioner's prescription advising such tests/investigations (CDs of angiogram, surgery etc. need not be sent unless specifically sought).
- h. Medical Practitioner's prescriptions with cash bills for medicines purchased from outside the Hospital.
- i. F.I.R./MLC. in the case of Accidental Injury and English translation of the same, if in any other language.
- j. Legal heir certificate in the absence of nomination under the Policy, in case of death of the Insured Person. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
- k. For a) maternity claims, discharge summary mentioning LMP, EDD & Gravida b) Cataract claims - IOL sticker c) PTCA claims - Stent sticker.
- l. Copies of health insurance policies held with any other insurer covering the Insured Person(s).
- m. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that original claim documents are retained at their end.

### Documents to be submitted if specifically sought:

- a. Copy of indoor case records (including Qualified Nurse's notes, OT notes and anaesthetists' notes, vitals chart).
- b. Copy of extract of inpatient register.

- c. Attendance records of employer/educational institution.
- d. Complete medical records (including indoor case records and OP records) of past Hospitalization/treatment, if any.
- e. Attending Medical Practitioner's certificate clarifying.
  - i. reason for Hospitalization and duration of Hospitalization
  - ii. history of any self-inflicted Injury
  - iii. history of alcoholism, smoking
  - iv. history of associated medical conditions, if any
- f. Previous master health check-up records/pre-employment medical records, if any.
- g. Any other document necessary in support of the claim on case to case basis.

The claim documents should be sent to:

Magma HDI General Insurance Co Ltd  
Rustomjee Aspiree, 4<sup>th</sup> Floor,  
Sion-Wadala Link Road,  
Off Eastern express highway  
Everard Nagar, Sion (East)  
Mumbai, 400 022

### **Payment of Claim**

- No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
- The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense.
- If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.
- All claims under this Policy shall be payable in Indian Currency.
- Claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document.
- All claims are to be notified to Us within the timeline set out above. Where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person,

We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our discretion.

Upon acceptance of an offer of settlement by the Insured Person or the claimant, as the case may be, the payment of the amount shall be made within 7 days from the date of acceptance. In case of delay in payment, We shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

## **Section 5. Standard Terms and Conditions**

### **1. Disclosure to Information Norm**

The Policy shall be null and void and no Benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by You/Policyholder or any one acting on Your/the Policyholder's behalf, under this Policy. You/the Policyholder further understand and agree that We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

### **2. Observance of terms and conditions**

The due adherence/observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by You/Policyholder, shall be a Condition Precedent to Our liability to make any payment under this Policy .

### **3. Material Change**

It is a Condition Precedent to the Our liability under the Policy that the Policyholder/ Insured Person shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly, in line with our board approved underwriting policy. The Policyholder/Insured Person must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions may be altered accordingly.

### **4. Multiple Policies**

In case of multiple policies which provide fixed benefits, on the occurrence of insured event in accordance with the terms & conditions of the policies, each insurer shall make the claim payment independent of payment received under similar health policies.

If two or more policies are taken by an Insured Person during the same period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

1. 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.
2. Claims under other policy/ies may be made after exhaustion of sum insured in the earlier chosen policy / policies. It is clarified that the Insured Person having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. The insurer shall then settle the claim subject to the terms and conditions of the other policy/policies so chosen.
3. If the amount to be claimed exceeds the sum insured under a single policy after considering the Deductibles or Co-Payment, the Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where the Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

## **5. Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, no change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

## **6. No Constructive Notice**

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

## **7. Free Look Provision**

The Policyholder shall have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the Policyholder has any objections to any of the terms and conditions, he/she may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by the Policyholder after deducting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium for the period on cover. All rights and Benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.

## **8. Cancellation/ Termination (other than Free Look cancellation)**

### **a. Cancellation by the Policyholder/Insured Person :**

The Policyholder/Insured Person may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below, provided that no claim has been made under the Policy by or on behalf of the Insured Person.

***Cancellation refund grid for non-credit linked Policy:***

| Covered up to Days | Refund of Premium |
|--------------------|-------------------|
| 7                  | Up to 90.00%      |
| 30                 | Up to 75.00%      |
| 60                 | Up to 65.00%      |
| 90                 | Up to 50.00%      |
| 120                | Up to 40.00%      |
| 180                | Up to 25.00%      |
| 240                | Up to 15.00%      |
| Exceeding 240      | Nil               |

***Cancellation refund grid for credit linked Policy: If policy is taken as linked to loan, following grid will be applicable***

| Policy Tenure 1 Yr    |          | Policy Tenure 2 Yrs    |          | Policy Tenure 3 Yrs  |          | Policy Tenure 4 Yrs  |          | Policy Tenure 5 Yrs  |          |
|-----------------------|----------|------------------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|
| Time of cancellation  | Refund % | Time of cancellation   | Refund % | Time of cancellation | Refund % | Time of cancellation | Refund % | Time of cancellation | Refund % |
| Up to 1 month         | 75%      | Up to 3 months         | 75%      | Up to 6 months       | 75%      | Up to 1 yr           | 75%      | Up to 1 yr           | 80%      |
| > 1 month to 3 months | 50%      | > 3 months to 6 months | 50%      | > 6 months to 1 year | 50%      | > 1 year to 2 years  | 50%      | > 1 year to 2 years  | 60%      |
| >3 months to 6 months | 25%      | >6 months to 1 year    | 25%      | > 1 year to 2 years  | 25%      | > 2 years to 3 years | 25%      | > 2 years to 3 years | 40%      |
| >6 months             | Nil      | > 1 year               | Nil      | > 2 years            | Nil      | > 3 years            | Nil      | > 3 years to 4 years | 20%      |
|                       |          |                        |          |                      |          |                      |          | > 4 years            | Nil      |

**b. Cancellation by Us:**

Without prejudice to the above, We may terminate this Policy during the Policy Period by sending 30 days prior written notice to the Policyholder's address shown in the Policy Schedule without refund of premium if:

- i. The Policyholder or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy;

- ii. the Policyholder or any Insured Person has not disclosed or misrepresented any true , complete and all correct facts in relation to the Policy.

We may also terminate this Policy in case of non-cooperation by Policyholder or any Insured Person. Premium for such cases shall be refunded as per the short period rates table given in point “a” above.

#### **9. 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 or any Insured Person or any false or incorrect Disclosure to information norm or anyone acting on the Insured Person’s 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 Us by all Insured Persons who shall be jointly liable for such repayment.

#### **10. Limitation of Liability**

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

#### **11. Records to be maintained**

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant and accurate medical records like in-patient records, Discharge summary, medical certificates, medical prescriptions, diagnostic reports and reports confirming the need for treatment (if any) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

#### **12. Geographical Scope**

The geographical scope of this Policy applies to events within India unless specified otherwise for any of the Base and/or Extension Covers..

#### **13. Policy Disputes**

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

#### **14. Assignment**

The payment due under any Benefit under this Policy can be assigned in accordance with provisions of applicable law.

#### **15. Renewal of Policy**

- a) This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Expiry Date.

We may, revise the Renewal premium payable under the Policy basis previous claims experience as per our filed rating approach. For any change from filed rating approach we will take Authority's approval.

- b) Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any claims incurred during such period. The provision of Section 64VB of the Insurance Act 1938 shall be applicable.
- c) Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by Insured Person /the Policyholder.
- d) Modification of cover(s) may be requested by the Policyholder at the time of Renewal of the Policy. We reserve the right to carry out underwriting subject to Our board approved underwriting policy in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of Insured Persons, or any such other change.

This product may be modified or withdrawn by Us after due approval from the IRDAI in accordance with applicable law. In such a case, We shall offer and the equivalent product options available to the Insured Person at the time of Renewal of this Policy

#### **16. Endorsements:**

Insured Person/the Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from Insured Person /the Policyholder, or the date of receipt of premium, whichever is later. We reserve the rights to do underwriting in case of any such endorsement requests which has a bearing on the premium and/or material risk.

#### **17. Communications & Notices**

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- a) To Us, at the address as specified in Policy Schedule and Certificate of Insurance
- b) The Policyholder's, at the address as specified in Policy Schedule OR to the Insured Person , at the address as specified in Certificate of Insurance
- c) No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us
- d) 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.

#### **18. Grievance Redressal**

Insured Person/the Policyholder may contact Us for any grievance (providing details of the grievance) through.:

Our website: [www.magma-hdi.co.in](http://www.magma-hdi.co.in)

Email: [customercare@magma-hdi.co.in](mailto:customercare@magma-hdi.co.in)

Call us at: 1800 3002 3202

Courier: Any of Our branch offices or corporate office during business hours

In case Insured Person/the Policyholder is not satisfied with the decision of the above office, or has not received any response within 10 days, Insured Person/the Policyholder may contact the official for resolution on:

**Grievance Redressal Officer at the address:**

Magma HDI General Insurance Co. Ltd.,  
Rustomjee Aspiree, 4<sup>th</sup> Floor,  
Sion-Wadala Link Road,  
Off Eastern express highway  
Everard Nagar, Sion (East)  
Mumbai, 400 022

If Insured Person /the Policyholder is not satisfied with Our redressal, he/she may use the Integrated Grievance management Services (IGMS). For registration in IGMS please visit IRDAI website [www.irdai.gov.in](http://www.irdai.gov.in)

If Insured Person /the Policyholder is still not satisfied, then he/she may approach the nearest Insurance Ombudsman at the addresses given below.

## **19. Complete Discharge**

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, - or other dealing with or relating to this Policy. The payment made by Us to You/the Policyholder or to the Insured Person's nominee/legal representative 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, valid and be construed as an effectual discharge in favour of Us.

**Annexure**

| <b>Office of the Ombudsman</b> | <b>Contact Details</b>                                                                                                                                                                                                                                                                                          | <b>JURISDICTION</b>                                                   |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>AHMEDABAD</b>               | Office of the Insurance Ombudsman,<br>2nd floor, Ambica House,<br>Near C.U. Shah College,<br>5, Navyug Colony, Ashram Road,<br>Ahmedabad – 380 014<br>Tel.:- 079-27546150/139<br>Fax:- 079-27546142<br>Email:- <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a>             | Gujarat and Union Territories of Dadra & Nagar Haveli, Daman and Diu. |
| <b>BENGALURU</b>               | Office of the Insurance Ombudsman,<br>Jeevan Soudha Building, PID No. 57-27-N-19,<br>Ground Floor, 19/19, 24th Main Road,<br>JP Nagar, Ist Phase,<br>Bengaluru – 560 078.<br>Tel.:- 080 - 26652048 / 26652049<br>Email:- <a href="mailto:bimalokpal.bengalurul@gbic.co.in">bimalokpal.bengalurul@gbic.co.in</a> | Karnataka                                                             |
| <b>BHOPAL</b>                  | Office of the Insurance Ombudsman,<br>Janak Vihar Complex,<br>2nd Floor, 6, Malviya Nagar, Opp. Airtel Office,<br>Near New Market<br>Bhopal – 462 003.<br>Tel.:- 0755-27692001/2769202<br>Fax:- 0755-2769203<br>Email:- <a href="mailto:bimalokpalbhopal@gbic.co.in">bimalokpalbhopal@gbic.co.in</a>            | Madhya Pradesh and Chattisgarh.                                       |
| <b>BHUBANESHWAR</b>            | Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubneshwar – 751 009.<br>Tel.:- 0674-2596461/2596455<br>Fax:- 0674-2596429                                                                                                                                                                           | Orissa                                                                |

|                   |                                                                                                                                                                                                                                                                                              |                                                                                                                      |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
|                   | Email:-<br><a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>                                                                                                                                                                                          |                                                                                                                      |
| <b>CHANDIGARH</b> | Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor,<br>Batra Building, Sector 17 – D,<br>Chandigarh – 160 017.<br>Tel:- 0172-2706196/2706468<br>Fax:- 0172-2708274<br>Email:- <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a> | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.                                |
| <b>CHENNAI</b>    | Office of the Insurance Ombudsman,<br>Fatima Akhtar Court,<br>4th Floor, 453 (old 312), Anna Salai,<br>Teynampet,<br>CHENNAI – 600 018.<br>Tel:- 044-24333668/24335284<br>Fax:- 044-24333664<br>Email:- <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a>     | Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). |
| <b>DELHI</b>      | Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building,<br>Asaf Ali Road,<br>New Delhi – 110 002.<br>Tel:- 011-23239633 / 23237532<br>Fax:- 011-23230858<br>Email:- <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a>                          | Delhi                                                                                                                |
| <b>GUWAHATI</b>   | Office of the Insurance Ombudsman,<br>Jeevan Nivesh, 5th Floor,<br>Nr. Panbazar over bridge, S.S. Road,<br>Guwahati – 781001(ASSAM).<br>Tel:- 0361-2132204 / 2132205<br>Fax:- 0361-2732937<br>Email:- <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a>     | Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.                                         |
| <b>HYDERABAD</b>  | Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court"<br>Lane Opp. Saleem Function Palace,<br>A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad - 500 004.<br>Tel:- 040-65504123 / 23312122                                                                                          | Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry                                                |

|                  |                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | <p>Fax:- 040-23376599</p> <p>Email:- <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></p>                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>JAIPUR</b>    | <p>Office of the Insurance Ombudsman,<br/>Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani<br/>Singh Marg, Jaipur - 302 005.<br/>Tel.: 0141 – 2740363 Email:<br/><a href="mailto:Bimalokpal.jaipur@gbic.co.in">Bimalokpal.jaipur@gbic.co.in</a></p>                                                   | Rajasthan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>ERNAKULAM</b> | <p>Office of the Insurance Ombudsman,<br/>2nd Floor, Pulinat Bldg.,<br/>Opp. Cochin Shipyard, M. G. Road,<br/>Ernakulam - 682 015.<br/>Tel.:- 0484-2358759 / 2359338<br/>Fax:- 0484-2359336<br/>Email:- <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a></p> | Kerala and Union Territory<br>of (a) Lakshadweep (b)<br>Mahe-a part of Union<br>Territory of Pondicherry.                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>KOLKATA</b>   | <p>Office of the Insurance Ombudsman,<br/>Hindustan Bldg. Annexe, 4th Floor, 4, C.R.<br/>Avenue, KOLKATA - 700 072.<br/>TEL : 033-22124339 / 22124340<br/>Fax : 033-22124341<br/>Email:- <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></p>                    | West Bengal, Sikkim and<br>Union Territories of<br>Andaman and Nicobar<br>Islands.                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>LUCKNOW</b>   | <p>Office of the Insurance Ombudsman,<br/>6th Floor, Jeevan Bhawan,<br/>Phase-II, Nawal Kishore Road, Hazratganj,<br/>Lucknow-226 001.<br/>Tel.:- 0522-2231330 / 2231331<br/>Fax:- 0522-2231310<br/>Email:- <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p> | <p>Districts of Uttar Pradesh :</p> <p>Laitpur, Jhansi, Mahoba,<br/>Hamirpur, Banda,<br/>Chitrakoot, Allahabad,<br/>Mirzapur, Sonbhadra,<br/>Fatehpur, Pratapgarh,<br/>Jaunpur, Varanasi, Gazipur,<br/>Jalaun, Kanpur, Lucknow,<br/>Unnao, Sitapur, Lakhimpur,<br/>Bahraich, Barabanki,<br/>Raebareli, Sravasti, Gonda,<br/>Faizabad, Amethi,<br/>Kaushambi, Balrampur,<br/>Basti, Ambedkarnagar,<br/>Sultanpur, Maharajgang,<br/>Santkabirnagar, Azamgarh,<br/>Kushinagar, Gorkhpur,<br/>Deoria, Mau, Ghazipur,</p> |

|               |                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               |                                                                                                                                                                                                                                                                                            | Chandauli, Ballia,<br>Sidharathnagar.                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>MUMBAI</b> | Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel:- 022-26106552 / 26106960<br>Fax:- 022-26106052<br>Email:- <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a>                   | Goa, Mumbai Metropolitan<br>Region excluding Navi<br>Mumbai & Thane.                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>NOIDA</b>  | Office of the Insurance Ombudsman,<br>Bhagwan Sahai Palace<br>4th Floor, Main Road,<br>Naya Bans, Sector 15,<br>Distt: Gautam Buddh Nagar,<br>U.P-201301.<br>Tel.: 0120-2514250 / 2514252 / 2514253<br>Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a> | State of Uttaranchal and<br>the following Districts of<br>Uttar Pradesh:<br><br>Agra, Aligarh, Bagpat,<br>Bareilly, Bijnor, Budaun,<br>Bulandshehar, Etah,<br>Kanoorj, Mainpuri, Mathura,<br>Meerut, Moradabad,<br>Muzaffarnagar, Oraiyya,<br>Pilibhit, Etawah,<br>Farrukhabad, Firozbad,<br>Gautambodhanagar,<br>Ghaziabad, Hardoi,<br>Shahjahanpur, Hapur,<br>Shamli, Rampur, Kashganj,<br>Sambhal, Amroha, Hathras,<br>Kanshiramnagar,<br>Saharanpur |
| <b>PATNA</b>  | Office of the Insurance Ombudsman,<br>1st Floor, Kalpana Arcade Building,,<br>Bazar Samiti Road,<br>Bahadurpur,<br>Patna 800 006.<br>Tel.: 0612-2680952<br>Email: <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a>                                             | Bihar, Jharkhand                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>PUNE</b>   | Office of the Insurance Ombudsman,<br>Jeevan Darshan Bldg., 3rd Floor,<br>C.T.S. No.s. 195 to 198,<br>N.C. Kelkar Road, Narayan Peth,<br>Pune – 411 030.                                                                                                                                   | Maharashtra, Area of Navi<br>Mumbai and Thane<br>excluding Mumbai<br>Metropolitan Region                                                                                                                                                                                                                                                                                                                                                                |

|  |                                                                                                         |  |
|--|---------------------------------------------------------------------------------------------------------|--|
|  | Tel.: 020-41312555<br>Email: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a> |  |
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**Annexure**

| <b>List of Generally excluded in Hospitalisation Policy</b>                            |                                                                                                |                                                                                                          |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SNO</b>                                                                             | <b>List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy – Item</b> | <b>SUGGESTIONS</b>                                                                                       |
| <b>I. TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES</b> |                                                                                                |                                                                                                          |
| 1                                                                                      | HAIR REMOVAL CREAM                                                                             | Not Payable                                                                                              |
| 2                                                                                      | BABY CHARGES (UNLESS SPECIFIED/INDICATED)                                                      | Not Payable                                                                                              |
| 3                                                                                      | BABY FOOD                                                                                      | Not Payable                                                                                              |
| 4                                                                                      | BABY UTILITES CHARGES                                                                          | Not Payable                                                                                              |
| 5                                                                                      | BABY SET                                                                                       | Not Payable                                                                                              |
| 6                                                                                      | BABY BOTTLES                                                                                   | Not Payable                                                                                              |
| 7                                                                                      | BRUSH                                                                                          | Not Payable                                                                                              |
| 8                                                                                      | COSY TOWEL                                                                                     | Not Payable                                                                                              |
| 9                                                                                      | HAND WASH                                                                                      | Not Payable                                                                                              |
| 10                                                                                     | MOISTURISER PASTE BRUSH                                                                        | Not Payable                                                                                              |
| 11                                                                                     | POWDER                                                                                         | Not Payable                                                                                              |
| 12                                                                                     | RAZOR                                                                                          | Payable                                                                                                  |
| 13                                                                                     | SHOE COVER                                                                                     | Not Payable                                                                                              |
| 14                                                                                     | BEAUTY SERVICES                                                                                | Not Payable                                                                                              |
| 15                                                                                     | BELTS/ BRACES                                                                                  | Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine. |
| 16                                                                                     | BUDS                                                                                           | Not Payable                                                                                              |
| 17                                                                                     | BARBER CHARGES                                                                                 | Not Payable                                                                                              |
| 18                                                                                     | CAPS                                                                                           | Not Payable                                                                                              |
| 19                                                                                     | COLD PACK/HOT PACK                                                                             | Not Payable                                                                                              |
| 20                                                                                     | CARRY BAGS                                                                                     | Not Payable                                                                                              |
| 21                                                                                     | CRADLE CHARGES                                                                                 | Not Payable                                                                                              |
| 22                                                                                     | COMB                                                                                           | Not Payable                                                                                              |
| 23                                                                                     | DISPOSABLES RAZORS CHARGES ( for site preparations)                                            | Payable                                                                                                  |
| 24                                                                                     | EAU-DE-COLOGNE / ROOM FRESHNERS                                                                | Not Payable                                                                                              |
| 25                                                                                     | EYE PAD                                                                                        | Not Payable                                                                                              |
| 26                                                                                     | EYE SHEILD                                                                                     | Not Payable                                                                                              |
| 27                                                                                     | EMAIL / INTERNET CHARGES                                                                       | Not Payable                                                                                              |
| 28                                                                                     | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)                                  | Not Payable                                                                                              |

|    |                                                               |                                                                                                                                 |
|----|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| 29 | FOOT COVER                                                    | Not Payable                                                                                                                     |
| 30 | GOWN                                                          | Not Payable                                                                                                                     |
| 31 | LEGGINGS                                                      | Essential in bariatric and varicose vein Surgery and should be considered for these conditions where Surgery itself is payable. |
| 32 | LAUNDRY CHARGES                                               | Not Payable                                                                                                                     |
| 33 | MINERAL WATER                                                 | Not Payable                                                                                                                     |
| 34 | OIL CHARGES                                                   | Not Payable                                                                                                                     |
| 35 | SANITARY PAD                                                  | Not Payable                                                                                                                     |
| 36 | SLIPPERS                                                      | Not Payable                                                                                                                     |
| 37 | TELEPHONE CHARGES                                             | Not Payable                                                                                                                     |
| 38 | TISSUE PAPER                                                  | Not Payable                                                                                                                     |
| 39 | TOOTH PASTE                                                   | Not Payable                                                                                                                     |
| 40 | TOOTH BRUSH                                                   | Not Payable                                                                                                                     |
| 41 | GUEST SERVICES                                                | Not Payable                                                                                                                     |
| 42 | BED PAN                                                       | Not Payable                                                                                                                     |
| 43 | BED UNDER PAD CHARGES                                         | Not Payable                                                                                                                     |
| 44 | CAMERA COVER                                                  | Not Payable                                                                                                                     |
| 45 | CLINIPLAST                                                    | Not Payable                                                                                                                     |
| 46 | CREPE BANDAGE                                                 | Not Payable/ Payable by the patient                                                                                             |
| 47 | CURAPORE                                                      | Not Payable                                                                                                                     |
| 48 | DIAPER OF ANY TYPE                                            | Not Payable                                                                                                                     |
| 49 | DVD, CD CHARGES                                               | Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)                                                 |
| 50 | EYELET COLLAR                                                 | Not Payable                                                                                                                     |
| 51 | FACE MASK                                                     | Not Payable                                                                                                                     |
| 52 | FLEXI MASK                                                    | Not Payable                                                                                                                     |
| 53 | GAUZE SOFT                                                    | Not Payable                                                                                                                     |
| 54 | GAUZE                                                         | Not Payable                                                                                                                     |
| 55 | HAND HOLDER                                                   | Not Payable                                                                                                                     |
| 56 | HANSAPLAST/ADHESIVE BANDAGES                                  | Not Payable                                                                                                                     |
| 57 | INFANT FOOD                                                   | Not Payable                                                                                                                     |
| 58 | SLINGS                                                        | Reasonable costs for one sling in case of upper arm fractures should be considered                                              |
|    |                                                               |                                                                                                                                 |
| 59 | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES                   | Exclusion in policy unless otherwise specified                                                                                  |
| 60 | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,        | Exclusion in policy unless otherwise specified                                                                                  |
| 61 | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION | Exclusion in policy unless otherwise specified                                                                                  |
| 62 | HORMONE REPLACEMENT THERAPY                                   | Exclusion in policy unless otherwise specified                                                                                  |

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| 63 | HOME VISIT CHARGES                                                                                                                 | Exclusion in policy unless otherwise specified                               |
| 64 | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE                                                                           | Exclusion in policy unless otherwise specified                               |
| 65 | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY                                                                 | Exclusion in policy unless otherwise specified                               |
| 66 | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS                                                                                              | Exclusion in policy unless otherwise specified                               |
| 67 | CORRECTIVE SURGERY FOR REFRACTIVE ERROR                                                                                            | Exclusion in policy unless otherwise specified                               |
| 68 | TREATMENT OF SEXUALLY TRANSMITTED DISEASES                                                                                         | Exclusion in policy unless otherwise specified                               |
| 69 | DONOR SCREENING CHARGES                                                                                                            | Exclusion in policy unless otherwise specified                               |
| 70 | ADMISSION/REGISTRATION CHARGES                                                                                                     | Exclusion in policy unless otherwise specified                               |
| 71 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE                                                                                 | Exclusion in policy unless otherwise specified                               |
| 72 | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED                                    | Not payable - Exclusion in policy unless otherwise specified                 |
| 73 | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable as per HIV/AIDS exclusion                                        |
| 74 | STEM CELL IMPLANTATION/ SURGERY and storage                                                                                        | Not Payable except Bone Marrow Transplantation where covered by Policy       |
| 75 | WARD AND THEATRE BOOKING CHARGES                                                                                                   | Payable under OT Charges, not payable separately                             |
| 76 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS                                                                                                | Rental charged by the Hospital payable. Purchase of instruments not payable. |
| 77 | MICROSCOPE COVER                                                                                                                   | Payable under OT Charges, not payable separately                             |
| 78 | SURGICAL BLADES,HARMONIC SCALPEL,SHAVER                                                                                            | Payable under OT Charges, not payable separately                             |
| 79 | SURGICAL DRILL                                                                                                                     | Payable under OT Charges, not payable separately                             |
| 80 | EYE KIT                                                                                                                            | Payable under OT Charges, not payable separately                             |
| 81 | EYE DRAPE                                                                                                                          | Payable under OT Charges, not payable separately                             |
| 82 | X-RAY FILM                                                                                                                         | Payable under Radiology Charges, not as consumable                           |

|                                                   |                                                                       |                                                                                             |
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| 83                                                | SPUTUM CUP                                                            | Payable under Investigation Charges, not as consumable                                      |
| 84                                                | BOYLES APPARATUS CHARGES                                              | Part of OT Charges, not separately                                                          |
| 85                                                | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES                   | Part of Cost of Blood, not payable                                                          |
| 86                                                | ANTISEPTIC OR DISINFECTANT LOTIONS                                    | Not Payable -Part of Dressing Charges                                                       |
| 87                                                | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES,SYRINGES             | Not Payable -Part of Dressing Charges                                                       |
| 88                                                | COTTON                                                                | Not Payable -Part of Dressing Charges                                                       |
| 89                                                | COTTON BANDAGE                                                        | Not Payable -Part of Dressing Charges                                                       |
| 90                                                | MICROPORE/ SURGICAL TAPE                                              | Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges |
| 91                                                | BLADE                                                                 | Not Payable                                                                                 |
| 92                                                | APRON                                                                 | Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU Charges        |
| 93                                                | TORNIQUET                                                             | Not Payable (service is charged by Hospitals, consumables cannot be separately charged)     |
| 94                                                | ORTHOBUNDLE, GYNAEC BUNDLE                                            | Part of Dressing Charges                                                                    |
| 95                                                | URINE CONTAINER                                                       | Not Payable                                                                                 |
| <b>II. ELEMENTS OF ROOM CHARGE</b>                |                                                                       |                                                                                             |
| 96                                                | LUXURY TAX                                                            | Actual tax levied by government is payable .Part of room charge for sublimits               |
| 97                                                | HVAC                                                                  | Part of room charge not payable separately                                                  |
| 98                                                | HOUSE KEEPING CHARGES                                                 | Part of room charge not payable separately                                                  |
| 99                                                | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED                     | Part of room charge not payable separately                                                  |
| 100                                               | TELEVISION & AIR CONDITIONER CHARGES                                  | Payable under room charges not if separately levied                                         |
| 101                                               | SURCHARGES                                                            | Part of room charge not payable separately                                                  |
| 102                                               | ATTENDANT CHARGES                                                     | Not Payable - Part of Room Charges                                                          |
| 103                                               | IM IV INJECTION CHARGES                                               | Part of nursing charges, not payable                                                        |
| 104                                               | CLEAN SHEET                                                           | Part of Laundry/Housekeeping not payable separately                                         |
| 105                                               | EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by Hospital is payable                                                |
| 106                                               | BLANKET/WARMER BLANKET                                                | Not Payable- part of room charges                                                           |
| <b>III. ADMINISTRATIVE OR NON-MEDICAL CHARGES</b> |                                                                       |                                                                                             |

|                                     |                                                          |                                                                       |
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| 107                                 | ADMISSION KIT                                            | Not Payable                                                           |
| 108                                 | BIRTH CERTIFICATE                                        | Not Payable                                                           |
| 109                                 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | Not Payable                                                           |
| 110                                 | CERTIFICATE CHARGES                                      | Not Payable                                                           |
| 111                                 | COURIER CHARGES                                          | Not Payable                                                           |
| 112                                 | CONVENYANCE CHARGES                                      | Not Payable                                                           |
| 113                                 | DIABETIC CHART CHARGES                                   | Not Payable                                                           |
| 114                                 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES          | Not Payable                                                           |
| 115                                 | DISCHARGE PROCEDURE CHARGES                              | Not Payable                                                           |
| 116                                 | DAILY CHART CHARGES                                      | Not Payable                                                           |
| 117                                 | ENTRANCE PASS / VISITORS PASS CHARGES                    | Not Payable                                                           |
| 118                                 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE            | To be claimed by patient under post- Hospitalization where admissible |
| 119                                 | FILE OPENING CHARGES                                     | Not Payable                                                           |
| 120                                 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)      | Not Payable                                                           |
| 121                                 | MEDICAL CERTIFICATE                                      | Not Payable                                                           |
| 122                                 | MAINTENANCE CHARGES                                      | Not Payable                                                           |
| 123                                 | MEDICAL RECORDS                                          | Not Payable                                                           |
| 124                                 | PREPARATION CHARGES                                      | Not Payable                                                           |
| 125                                 | PHOTOCOPIES CHARGES                                      | Not Payable                                                           |
| 126                                 | PATIENT IDENTIFICATION BAND / NAME TAG                   | Not Payable                                                           |
| 127                                 | WASHING CHARGES                                          | Not Payable                                                           |
| 128                                 | MEDICINE BOX                                             | Not Payable                                                           |
| 129                                 | MORTUARY CHARGES                                         | Payable up to 24 hrs, shifting charges not payable                    |
| 130                                 | MEDICO LEGAL CASE CHARGES (MLC CHARGES)                  | Not Payable                                                           |
| <b>IV. EXTERNAL DURABLE DEVICES</b> |                                                          |                                                                       |
| 131                                 | WALKING AIDS CHARGES                                     | Not Payable                                                           |
| 132                                 | BIPAP MACHINE                                            | Not Payable                                                           |
| 133                                 | COMMODE                                                  | Not Payable                                                           |
| 134                                 | CPAP/ CAPD EQUIPMENTS                                    | Not Payable                                                           |
| 135                                 | INFUSION PUMP - COST                                     | Not Payable                                                           |
| 136                                 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)         | Not Payable                                                           |
| 137                                 | PULSEOXYMER CHARGES                                      | Not Payable                                                           |
| 138                                 | SPACER                                                   | Not Payable                                                           |

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| 139                                                     | SPIROMETRE                                                                                           | Not Payable                                                                                                                                                                                              |
| 140                                                     | SPO2 PROBE                                                                                           | Not Payable                                                                                                                                                                                              |
| 141                                                     | NEBULIZER KIT                                                                                        | Not Payable                                                                                                                                                                                              |
| 142                                                     | STEAM INHALER                                                                                        | Not Payable                                                                                                                                                                                              |
| 143                                                     | ARMSLING                                                                                             | Not Payable                                                                                                                                                                                              |
| 144                                                     | THERMOMETER                                                                                          | Not Payable (paid by patient)                                                                                                                                                                            |
| 145                                                     | CERVICAL COLLAR                                                                                      | Not Payable                                                                                                                                                                                              |
| 146                                                     | SPLINT                                                                                               | Not Payable                                                                                                                                                                                              |
| 147                                                     | DIABETIC FOOT WEAR                                                                                   | Not Payable                                                                                                                                                                                              |
| 148                                                     | KNEE BRACES ( LONG/ SHORT/ HINGED)                                                                   | Not Payable                                                                                                                                                                                              |
| 149                                                     | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER                                                                | Not Payable                                                                                                                                                                                              |
| 150                                                     | LUMBO SACRAL BELT                                                                                    | Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.                                                                                                          |
| 151                                                     | NIMBUS BED OR WATER OR AIR BED CHARGES                                                               | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day                             |
| 152                                                     | AMBULANCE COLLAR                                                                                     | Not Payable                                                                                                                                                                                              |
| 153                                                     | AMBULANCE EQUIPMENT                                                                                  | Not Payable                                                                                                                                                                                              |
| 154                                                     | MICROSHEILD                                                                                          | Not Payable                                                                                                                                                                                              |
| 155                                                     | ABDOMINAL BINDER                                                                                     | Essential and should be paid in post-Surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc. obstruction, |
| <b>V. ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION</b> |                                                                                                      |                                                                                                                                                                                                          |
| 156                                                     | BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC                                                | May be payable when prescribed for patient, not payable for Hospital use in OT or ward or for dressings in Hospital                                                                                      |
| 157                                                     | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES                                                      | Post- Hospitalization nursing charges not Payable                                                                                                                                                        |
| 158                                                     | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES                                          | Patient Diet provided by Hospital is payable                                                                                                                                                             |
| 159                                                     | SUGAR FREE Tablets                                                                                   | Payable -Sugar free variants of admissible medicines are not excluded                                                                                                                                    |
| 160                                                     | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) | Payable when prescribed                                                                                                                                                                                  |
| 161                                                     | Digestion gels                                                                                       | Payable when prescribed                                                                                                                                                                                  |

|                                                         |                                                                               |                                                                                                                                                                        |
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| 162                                                     | ECG ELECTRODES                                                                | Up to 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable. |
| 163                                                     | GLOVES                                                                        | payable /unsterilized gloves not payable                                                                                                                               |
| 164                                                     | HIV KIT                                                                       | Payable - payable Preoperative screening                                                                                                                               |
| 165                                                     | LISTERINE/ ANTISEPTIC MOUTHWASH                                               | Payable when prescribed                                                                                                                                                |
| 166                                                     | LOZENGES                                                                      | Payable when prescribed                                                                                                                                                |
| 167                                                     | MOUTH PAINT                                                                   | Payable when prescribed                                                                                                                                                |
| 168                                                     | NEBULISATION KIT                                                              | If used during Hospitalization is payable reasonably                                                                                                                   |
| 169                                                     | NOVARAPID                                                                     | Payable when prescribed                                                                                                                                                |
| 170                                                     | VOLINI GEL/ ANALGESIC GEL                                                     | Payable when prescribed                                                                                                                                                |
| 171                                                     | ZYTEE GEL                                                                     | Payable when prescribed                                                                                                                                                |
| 172                                                     | VACCINATION CHARGES                                                           | Routine Vaccination not Payable / Post Bite Vaccination Payable                                                                                                        |
| <b>VI. PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b> |                                                                               |                                                                                                                                                                        |
| 173                                                     | AHD                                                                           | Not Payable - Part of Hospital's internal Cost                                                                                                                         |
| 174                                                     | ALCOHOL SWABES                                                                | Not Payable - Part of Hospital's internal Cost                                                                                                                         |
| 175                                                     | SCRUB SOLUTION/STERILLIUM                                                     | Not Payable - Part of Hospital's internal Cost                                                                                                                         |
| <b>VII. OTHERS</b>                                      |                                                                               |                                                                                                                                                                        |
| 176                                                     | VACCINE CHARGES FOR BABY                                                      | Payable as per Plan                                                                                                                                                    |
| 177                                                     | AESTHETIC TREATMENT / SURGERY                                                 | Not Payable                                                                                                                                                            |
| 178                                                     | TPA CHARGES                                                                   | Not Payable                                                                                                                                                            |
| 179                                                     | VISCO BELT CHARGES                                                            | Not Payable                                                                                                                                                            |
| 180                                                     | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable                                                                                                                                                            |
| 181                                                     | EXAMINATION GLOVES                                                            | Not Payable                                                                                                                                                            |
| 182                                                     | KIDNEY TRAY                                                                   | Not Payable                                                                                                                                                            |
| 183                                                     | MASK                                                                          | Not Payable                                                                                                                                                            |
| 184                                                     | OUNCE GLASS                                                                   | Not Payable                                                                                                                                                            |
| 185                                                     | OUTSTATION CONSULTANT'S/ SURGEON'S FEES                                       | Not payable, except for telemedicine consultations w here covered by Policy                                                                                            |
| 186                                                     | OXYGEN MASK                                                                   | Not Payable                                                                                                                                                            |
| 187                                                     | PAPER GLOVES                                                                  | Not Payable                                                                                                                                                            |
| 188                                                     | PELVIC TRACTION BELT                                                          | Should be payable in case of PIVI) requiring traction as this is generally not reused                                                                                  |
| 189                                                     | REFERAL DOCTOR'S FEES                                                         | Not Payable                                                                                                                                                            |

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| 190 | ACCU CHECK ( Glucometer/ Strips) | Not payable pre- Hospitalisation or post- Hospitalisation / Reports and Charts required / Device not payable |
| 191 | PAN CAN                          | Not Payable                                                                                                  |
| 192 | SOFNET                           | Not Payable                                                                                                  |
| 193 | TROLLY COVER                     | Not Payable                                                                                                  |
| 194 | UROMETER, URINE JUG              | Not Payable                                                                                                  |
| 195 | AMBULANCE                        | Payable as per Plan                                                                                          |
| 196 | TEGADERM / VASOFIX SAFETY        | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs                                                        |
| 197 | URINE BAG                        | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs                              |
| 198 | SOFTOVAC                         | Not Payable                                                                                                  |
| 199 | STOCKINGS                        | Essential for case like CABG etc. where it should be paid.                                                   |