1. Policy Document Terms & Conditions

The insurance cover provided under this Policy to the Insured Person up to the Sum Insured and within the Aggregate Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium, and (c) Disclosure to Information Norm (including by way of the proposal form) by You on Your behalf and on behalf of all persons to be insured. Please inform Us immediately of any change in the address, Primary Insured, state of health, or of any other changes affecting You and/or any Insured Person.

2. Benefits

The Policy covers Medical Expenses incurred towards medical treatment taken by an Insured Person during the Policy Period for an Illness, Accident or condition described below if this is contracted or sustained by an Insured Person during the Policy Period and subject always to the Sum Insured and within the Aggregate Sum Insured, any subsidiary limit specified in the Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for in the Product Benefits Table shown in the Schedule under either the Employee First plan or Employee First – Classic plan as specified to be applicable in the Schedule:

2.1. Inpatient Care

We will cover Medical Expenses for:

(a) Medical Practitioners' fees

(b) Diagnostics tests

(c) Medicines, drugs and consumables

(d) Intravenous fluids, blood transfusion, injection administration charges

(e) Operation theatre charges

(f) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

(g) Intensive Care Unit charges

2.2. Hospital Accommodation

We will cover Reasonable and Customary Charges for Room Rent for Hospital accommodation as shown in the Schedule of Insurance Certificate

2.3. Pre-hospitalization Medical Expenses

We will cover Medical Expenses incurred due to Illness up to 30 days immediately before an Insured Person's admission to a Hospital for the same Illness as long as We have accepted an Inpatient Care

Hospitalisation claim under Section 2.1 above. Pre-hospitalization Medical Expenses can be claimed as reimbursement only.

2.4. **Post-hospitalization Medical Expenses**

We will cover Medical Expenses incurred due to Illness up to 60 days immediately after an Insured Person's discharge from Hospital for the same Illness as long as We have accepted an Inpatient Care Hospitalisation claim under Section 2.1 above. Post-hospitalization Medical Expenses can be claimed as reimbursement only.

2.5. **Day-Care Treatment**

We will cover Medical Expenses for Day-Care Treatment where such procedures/ treatments are undertaken by an Insured Person in a Hospital requiring stay for a continuous period of less than 24 hours. Any OPD Treatment undertaken in a Hospital or a Day Care Center will not be covered.

2.6 **Domiciliary Hospitalisation (Only available for Employee First plan)**

We will cover Medical Expenses for Domcilliary Hospitalisation if this continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated Hospitalization as long as either (i) the attending Medical Practitioner confirms that the Insured Person could not be transferred to a Hospital or (ii) the Primary Insured satisfies Us that a Hospital bed was unavailable.

2.7 **Organ Donor (Only available for Employee First plan)**

We will cover Medical Expenses for an organ donor's treatment for the harvesting of the organ donated provided that:

a. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;

b. The Insured Person has been Medically Advised to undergo an organ transplant;

We will not cover:

a. Pre-hospitalisation or Post-hospitalization Medical Expenses or screening expenses of the donor or any other Medical Expenses as a result of the harvesting from the donor;

b. Costs directly or indirectly associated with the acquisition of the donor's organ.

2.8 **Emergency ambulance**

We will cover Reasonable and Customary Charges for ambulance expenses incurred to transfer the Insured Person following an Emergency to the nearest Hospital with adequate facilities if:

a. The ambulance service is offered by a healthcare or ambulance service provider;

b. We have accepted an Inpatient Care claim under the provisions of 2.1 above;

In the case of Non Network Hospitalization Our maximum liability for ambulance expenses is limited to Rs.2,000/- per event.

2.9 **Health Checkup (Only available under Employee First plan)**

We will cover the cost of a health checkup as per Your plan eligibility as defined in the Product Benefits Table. We will only cover health checkups arranged by Us through Our empanelled service providers.

3. Co-Payment

If any Insured Person is 60 years of age or over on the date of commencement of the current Policy Period, then it is agreed that We will only pay 80% of any amount We assess for payment or reimbursement in respect of any claim under the Policy made by that Insured Person and the balance will be borne by the Insured Person.

4. Exclusions

We shall not be liable under this Policy for any claim in connection with or in respect of the following:

a. Pre-Existing Disease

Benefits will not be available for Pre-existing Disease until 48 months of continuous coverage have been elapsed from the date of commencement of coverage for the Insured Person.

b. 30 Days Waiting Period

We will not cover any treatment taken during the first 30 days from the date of commencement of coverage for the Insured Person, unless the treatment needed is the result of an Accident or Emergency. This waiting period does not apply for any subsequent and continuous renewals of Your Policy.

c. Specific Waiting Periods

For all Insured Persons the conditions listed below will be subject to a waiting period of 24 months from the date of commencement of coverage for the Insured Person:

1. Stones in the urinary system
2. Stones in billiary system
3. Surgery on tonsils / adenoids
4. Uternie Polyps
5. Any type of breast lumps
6. Treatment of Spondylosis /Spondylitis - any type
7. Inter Vertebral Disc Prolapse (IVDP) and such other degenerative disorders
8. Cataract
9. BHP

10. Hysterectomy / Myomectomy done due to Menorrhagia / fibroids
11. Fistula in ano
12. Fissure in ano
13. Piles
14. Hernia
15. Hydrocele
16. Sinusitis
17. Knee / hip joint replacement
18. CRF or end stage renal failure
19. Congenital cardiac ailments
20. Any type of Carcinoma / sarcoma / blood cancer
21. Osteo Arthritis of any joint
22. Gastric and duodenal Ulcers
23. Varicocele
24. Spermatocele
25. Dilatation and Curettage (D&C)
26. Diabetic Nephropathy and Retinopathy
27. Mastoidectomy (operation to remove piece of bone behind the ear)
28. Tympanoplasty (Surgery to repair tympanic membrane i.e. eardrum)
29. Gout
30. Rheumatism
31. Varicose veins, Varicose ulcers

d. Permanent Exclusions

We will not be liable under any circumstances, for any claim in connection with or with regard to any of the following permanent exclusions:-

i. Addictive conditions and disorders

Treatment related to Rehabilitation from addictive conditions and disorders, or from any kind of substance abuse or misuse.

ii. Ageing and puberty

Treatment to relieve symptoms caused by ageing, puberty, or other natural physiological cause, such as menopause and hearing loss caused by maturing or ageing.

iii. Artificial life maintenance

Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.

iv. Circumcision

Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

v. Conflict and disaster

Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity), if one or more of the following conditions apply:

1. The Insured Person put himself in danger by entering a known area of conflict where active fighting or insurrections are taking place
2. The Insured Person was an active participant in the above mentioned acts or events of a similar nature.
3. The Insured Person displayed a blatant disregard for personal safety

vi. Congenital conditions

Treatment for any Congenital Anomaly.

vii. Convalescence and Rehabilitation

Hospital accommodation when it is used solely or primarily for any of the following purposes:

1. convalescence, Rehabilitation, supervision or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in Hospital.
2. receiving general nursing care or any other services that do not require the Insured Person to be in Hospital and could be provided in another establishment that is not a Hospital
3. receiving services from a therapist or complementary medical practitioner or a practitioner of Alternative Treatment

viii. Cosmetic surgery

Treatment undergone purely for cosmetic or psychological reasons to improve appearance including:

1. treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons.

2. any treatment or procedure to change the shape or appearance of breast(s) whether or not it is needed for medical or psychological reasons, unless for reconstruction carried out within two years of surgery for breast cancer.

ix. Dental/oral treatment

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 tempromandibular joint.

EXCEPTION: We will pay for a Surgical Procedure undertaken as an Inpatient Care in a Hospital for a continuous minimum period of 24 hours carried out by a Medical Practitioner to:

1. put a natural tooth back into a jaw bone after it is knocked out or dislodged in an Accident
2. treat irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage
3. surgically remove a complicated, buried or impacted tooth root, for example in the case of an impacted wisdom tooth.

x. Drugs and dressings for OPD Treatment or take-home use

Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in Post-hospitalization expenses under Section 2.4 above.

xi. Eyesight

Treatment to correct eyesight, unless required as the result of an Accident. We will not pay for routine eye examinations, contact lenses, spectacles or laser eye sight correction.

xii. Unproven / Experimental treatment

Any Unproven/Experimental treatment.

xiii. Health hydros, nature cure, wellness clinics etc.

Treatment or services received in health hydros, nature cure clinics or any establishment that is not a Hospital.

xiv. HIV and AIDS

Any treatment for, or treatment arising from, Human Immunodeficiency Virus (HIV) or Acquired Immuno Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

xv. Hereditary conditions

Treatment of abnormalities, deformities, Illnesses present only because they have been passed down through the generations of the family.

xvi. Items of personal comfort and convenience, including but not limited to:

1. Telephone, television, diet charges, (unless included in room rent) personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.

2. Private nursing/attendant's charges incurred during Pre-hospitalization or Post-hospitalization.

3. Drugs and medical supplies not supported by prescription.

4. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.

5. Any charges incurred to procure any treatment/Illness related documents pertaining to any period of Hospitalization/Illness.

6. External and or durable medical/non medical equipment of any kind used for diagnosis and/or treatment including CPAP, CAPD, Infusion pump etc.

7. Ambulatory devices i.e. walker , crutches, belts ,collars ,caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and similar items and also any medical equipment which is subsequently used at home.

8. Nurses hired in addition to the Hospital's own staff.

xvii. Alternative Treatment

Any Alternative Treatment.

xviii. Neurological and Psychiatric Conditions

Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour, Parkinsons or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness or general debility or exhaustion ("run-down condition");

xix. Obesity

Treatment for obesity where the body mass index (BMI) is greater than 29.

xx. OPD Treatment

OPD Treatment is not covered.

xxi. Reproductive medicine - Birth control & Assisted reproduction

1. Any type of contraception, sterilization, termination of pregnancy (except as provided for under Section 2.7 above) or family planning.

2. Treatment to assist reproduction, including IVF treatment.

xxii. Self-inflicted injuries

Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.

xxiii. Sexual problems and gender issues

Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction.

xxiv. Sexually transmitted diseases

Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

xxv. Sleep disorders

Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

xxvi. Speech disorders

Treatment for speech disorders, including stammering

xxvii. Treatment for developmental problems

Treatment for, or related to developmental problems, including:

1. learning difficulties, such as dyslexia;

2. behavioral problems, including attention deficit hyperactivity disorder (ADHD);

xxviii. Treatment received outside India

Any treatment received outside India is not covered under this Policy.

xxix. Unrecognised physician or Hospital:

1. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.

2. Treatment in any Hospital or by any Medical Practitioner or any other provider of services that We have blacklisted. Details of the same can be viewed on Our website.

3. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family.

xxx. Unlawful Activity

Any condition as a result of an Insured Person committing or attempting to commit a breach of law with criminal intent.

xxxi. Any costs or expenses specified in the List of Expenses Generally Excluded in Annexure III.

5. Standard Terms and Conditions

a. Reasonable Care

The Insured Person shall take all reasonable steps to safeguard against any Accident or Illnesses that may give rise to any claim under this Policy.

b. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a Condition Precedent to any liability to make payment under this Policy.

c. Subrogation

The Insured Person shall do and concur in doing and permit to be done all such acts and things as may be necessary or required by Us, before or after indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which We are or would become entitled or subrogated. Neither You nor any Insured Person shall do any acts or things that prejudice these Subrogation rights in any manner. Any recovery made by Us pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and the costs and expenses incurred by Us in effecting the recovery, where after We shall pay the balance amount to You.

d. Contribution

It is agreed and understood that if in addition to this Policy, there is any other insurance policy in force under which a claim for reimbursement of Medical Expenses in respect of the Insured Person could be made, then the Insured Person may choose the insurance policy under which the Insured Person wishes the claim to be settled. If, in such cases, the amount claimed (after considering the applicable deductibles and co-payment) exceeds the sum insured under a single policy, the Insured Person may choose the insurance policies under which the claim is to be settled and if this Policy is chosen then We will settle the claim by applying the Contribution provisions.

e. Free Look Period

You will 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 You have any objections to any of the terms and conditions, You 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 You after deducting the amounts spent on 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

f. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement or declaration or if any fraudulent means or devices are used by the Insured Person or any false or incorrect Disclosure to Information Norms or anyone acting on behalf of the Insured Person 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.

g. Cancellation/ Termination (Other than Free Look cancellation)

1. Cancellation by Policyholder:

The Policyholder may terminate this Policy by giving 7 days' prior written notice to Us. We shall cancel the Policy and refund the premium for the period as mentioned herein below, provided that no claim has been reported under the Policy by or on behalf of any Insured Person till the termination date of the Policy. Further, We shall not be liable for any claim, if reported after the termination date of the Policy:

Length of time Policy in force	Refund of premium
Up to 30 days	75%
Up to 90 days	50%
Up to 180 days	25%
Exceeding 180 days	0%

2. Cancellation by Us:

We may terminate this Policy by sending 30 days prior written notice to Your address shown in the Schedule without refund of premium if in Our opinion:

i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner, provided false or incorrect information, or suppressed any important information, under or in relation to this Policy; and/or

ii. Continuance of the Policy poses a moral hazard;

h. Territorial Jurisdiction

All benefits are available in India only, and all claims shall be payable in India in Indian Rupees only.

i. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

j. Renewal of Policy

The Renewal premium is payable on or before the due date in the amount shown in the Schedule or at such altered rate as may be reviewed and notified by Us with the approval of the Authority. We will allow a Grace Period of 30 days from the due date of the Renewal premium for payment to Us. We are under no obligation to notify You of the Renewal date of Your Policy.

If the Policy is not renewed on or before the due date or within the Grace Period then We shall issue a fresh policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

Renewal of the Policy will not ordinarily be denied other than on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You.

k. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to

i. You and/or the Insured Person at the address specified in the Schedule or at the changed address of which We must receive written notice.

ii. Us at the following address.

Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,

Salcon **Ras Vilas,**

District Centre, **Saket**,

New Delhi-110 017

Fax No.: 1800-3070-3333

In addition, We may send You other information through electronic and telecommunications means with respect to Your Policy from time to time.

l. Claims Procedure

(a) Cashless Hospitalization Facility for Network Hospitals:

(i) The health card We provide will enable an Insured Person to access treatment on a cashless basis only at any Network Hospital on the production of the card to the Hospital prior to admission, provided that:

(1) The Insured Person has notified Us in writing at least 72 Hours before a planned Hospitalization. In an Emergency the Insured Person (or person on behalf of the Insured Person) should notify Us in writing within 48 hours of Hospitalization; and

(2) We have pre-authorized the Inpatient Care or Day Care Treatment.

(ii) Cashless Facility will not be available if the Insured Person takes treatment in a Non - Network Hospital.

(iii) For cashless Hospitalization We will make the payment of the amounts assessed to be due directly to the Network Hospital. The treatment must take place within 15 days of the pre-authorization date and pre-authorization is only valid if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. In case the Insured person is covered under the Co-pay clause, We would pay the final bill as assessed and approved by Us, to the Network Hospital, net of the applicable Co-pay applied to the approved amount. The balance amount and other inadmissible costs will be borne by the Insured person and paid directly by the Insured Person to the Network Hospital.

(iv) If pre-authorisation is not obtained then the Cashless Facility will not be available and the claims procedure shall be as per (b)(ii) below.

(b) Non - Network Hospitals & All Other Claims for Reimbursement:

(i) In all Hospitalizations which have not been pre-authorized, We must be notified within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier. The Notification of Claim should be ideally provided by the Policyholder/Insured Person. In the event Policyholder and Insured Person is unwell, then the Notification of Claim should be provided by any immediate adult member of the family.

The following information is mandated in the notification:

1. Policy number.
2. Name of Policyholder.
3. Name of Insured Person in respect of whom the claim has been notified.
4. Name of Hospital with address and contact number.
5. Diagnosis.
6. Treatment being/to be undergone (medical / surgical management with name of Surgical Procedure being/to be undergone, if applicable) and approximate amount being claimed for.

(ii) For any Illness or Accident or medical condition that requires Hospitalization, the Insured Person shall deliver to Us the necessary documents listed below, at his own expense, within 30 days of the Insured Person's discharge from Hospital (when the claim is only in respect of Post-hospitalization, within 30 days of the completion of the Post-hospitalization):

a. Claim form duly completed and signed
b. Self attested copy of valid age proof (Passport / Driving Licence / PAN Card (if the card has the date of birth)/ Class X certificate / Birth certificate)

c. Self attested copy of photo identity proof of proposer (Passport / PAN card /Voters ID card)
d. Original hospital Discharge Summary
e. Original first consultation paper (in case the disease is freshly diagnosed)
f. Original laboratory investigation reports
g. X-Ray / MRI and Ultrasound films with reports
h. Indoor case papers / Operation Theater notes (if required)
i. Copy of Medico legal certificate / FIR attested by concerned hospital / police station (if required)
j. Original self narration of incident in absence of MLC or FIR
k. Original final bill from hospital with detailed break-up and paid receipt
l. Cancelled cheque copy

(iii) For any medical treatment taken from a Non-Network Hospital We will only pay Medical Expenses which are Reasonable and Customary. Delayed payments shall attract interest as per applicable regulations.

(c) For Network and Non -Network Hospitals

In all cases:

(i) We reserve the right to call for:

(1) Any other necessary documentation or information that We believe may be required; and

(2) A medical examination by Our Medical Practitioner or for an investigation as often as We believe this to be necessary. Any expenses related to such examinations or investigations shall be borne by Us.

(ii) In the event of the Insured Person's death during Hospitalization, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us within 14 days regardless of whether any other notice has been given to Us. We reserve the right to require an autopsy.

(d) For the purposes of Section 2.2, it is understood and agreed that if a Hospital room of the category permitted by the insurance plan opted for, as shown in the Product Benefits Table, is unavailable, then We will only be liable to make payment for a Hospital room of a lower category that is actually occupied or in case Hospital room of higher category is occupied then We will only be liable to make payment for a Hospital room of the category permitted by the insurance plan opted for, as shown in the Product Benefits Table and all associated medical costs. Further where Medical Expenses are linked with Room Rents, Medical Expenses as applicable to the room that is actually occupied or as per room rates entitlement under the plan opted, whichever is lower shall be paid.

(e) It is hereby agreed and understood that in providing pre-authorisation or accepting a claim for reimbursement under this Policy or making a payment under this Policy, We make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the treatment sought or provided.

(f) If any delay in intimation is genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. We reserve the right to decline such requests for claim processing where there is no merit for the delay in reporting the claim

(g) Upon acceptance of a claim, the payment of the amount due shall be made within 7 days from the date of acceptance of the claim. In the case of delay in payment , We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it .

m. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed, stamped and communicated by Us. No one except Us can change or vary this Policy.

n. Nominee & Assignment

The Primary Insured is mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than the Primary Insured under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be the Primary Insured.

No assignment of this Policy shall be permitted or accepted by Us.

o. Obligations in case of a minor

If an Insured Person is less than 18 years of age, the Primary Insured shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that Insured Person.

p. Obligations of the Policyholder

You shall inform Us immediately about any addition or deletion of the Insured Person in the Policy. Any person may be added as an Insured Person during the Policy Period if his application for insurance cover has been accepted by Us, additional proportionate premium is paid and We have issued an endorsement confirming the addition of this person as an Insured Person.

q. Disclosures on Continuity

If a Primary Insured ceases to be Your employee during the Policy Period, then cover under the Policy for that Primary Insured and his Dependants (who are named as Insured Persons in the Schedule) will immediately and automatically cease unless the Primary Insured gives Us a written request prior to or within 5 days of the date of cessation of employment, to issue a new health insurance policy to himself and his Dependents (who were named as Insured Persons in the Schedule) for cover up to his Sum Insured under the Policy, on payment of premium in full for the new policy. The Primary Insured understands and agrees that:

(i) the issue of a new policy shall be subject to Our underwriting requirements, as applicable from time to time, and We may obtain additional information before issuing a new policy;

(ii) We are not bound to continue all terms and conditions of the present cover under the Policy of the Primary Insured and his Dependents under the new policy, however for calculation of waiting periods including for pre-existing diseases under the new policy the time spent by Primary Insured and his Dependants under this Policy may be taken into account, provided new policy is taken without any break from this Policy. Coverage under the new policy shall be available only for the period for which the premium has been received by Us;

Children whose age exceeds the maximum entry age would also be given an option to migrate to our suitable retail health insurance offering as available with Us at the time of renewal.

r. Customer Service and Grievances Reddressal:

i. In case of any query or complaint/grievance, You/ Insured Person may approach Our office at the following address:

Customer Services Department
Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,
Salcon **Ras Vilas,**
District Centre, **Saket**,
New Delhi-110 017
Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

ii. In case You/ Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You/ Insured Person may contact the following official for resolution:

Head – Customer Services
Max Bupa Health Insurance Company Limited
D-1, 2nd Floor,
Salcon **Ras Vilas,**
District Centre, **Saket**,
New Delhi-110 017
Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333

Email ID: customercare@maxbupa.com

iii. In case You/ Insured Person are not satisfied with Our decision/resolution, You/ Insured Person may approach the Insurance Ombudsman at the addresses given in Annexure II.

iv. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.

v. As per provision 13(3)of the Redressal of Public Grievances Rules 1998,the complaint to the Ombudsman can be made

1. only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer;
2. within a period of one year from the date of rejection by the insurer;
3. if it is not simultaneously under any litigation.

s. Notification :

You will inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person through the format (Annexure A).

We shall allow the enhancement in sum insured or scope of cover only at the time of renewal. However, if You require enhancement in sum insured and/or change in scope of cover for any group members in the event of their change in grade or salary, You shall intimate Us the same immediately in the format attached as Annexure B. The decision of acceptance of enhancement of the sum insured or the scope of cover for such group members will be based on our underwriting policy and shall be subject to payment of applicable premium for such enhanced cover.

t. Withdrawal of Product: This product may be withdrawn at the option of the Insurer subject to prior approval of Insurance Regulatory and Development Authority (IRDA) or due to a change in regulations. In such a case We shall provide an option to migrate to our other suitable retail products as available with Us.

u. Revision or Modification: This product may be revised or modified subject to prior approval of Insurance Regulatory and Development Authority (IRDA). In such case We shall notify You of any such change atleast 3 months prior to the date from which such revision or modification shall come into effect, provided it is not otherwise provided by the authority.

6. Interpretations & Definitions

In this Policy the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy and for this purpose the singular will be deemed to include the plural, the male gender includes the female where the context permits:

Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Def. 2. **Aggregate Sum Insured** means the sum shown in the Schedule which represents Our maximum, total and cumulative liability for any and all claims under the Policy during the Policy Period.

Def. 3. **Alternative Treatments** are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

Def. 4. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

Def. 5. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateble proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 7. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly : Which is not in the visible and accessible parts of the body
b) External Congenital Anomaly: Which is in the visible and accessible parts of the body.

Def. 8. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

Def. 9. **Corporate Floater** means additional Sum Insured which can be available to the policy holder under Employee First Classic Plan.

Def. 10. **Day Care Centre** means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-

- has qualified nursing staff under its employment;
- has qualified Medical Practitioner (s) in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel

Def. 11. **Day Care Treatment** refers to medical treatment, and/or surgical procedure which is:

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

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

Def. 12. **Dependents** means the Primary Insured's family members listed below:

i) Legally married spouse as long as he or she continues to be married to Primary Insured;

ii) Dependent Children

Def. 13. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital Cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured

Def. 14. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form o f cosmetic surgery/implants.

Def. 15. **Dependent Child** means unmarried children (natural or legally adopted), less than 21 years of age at the time inception and at every renewal of the Policy with Us who are financially dependent on the Primary Insured or proposer and do not have their independent sources of income.

Def. 16. **Diagnostic Tests:** Investigations, such as X-Ray or blood tests, to find the cause of Insured Person's symptoms and medical condition.

Def. 17. **Disclosure to information norm** means 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.

Def. 18. **Domiciliary Hospitalisation** means medical treatment for an illness/disease/Injurywhich in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

b) The patient takes treatment at home on account of non availability of room in a hospital.

Def. 19. **Emergency care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the insured person's health.

Def. 20. **Family Floater Cover means** a cover in terms of which the Primary Insured and the Primary Insured's Dependents named in the Schedule are covered under the Policy as Insured Persons.

Def. 21. **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.

Def. 22. **Hospital** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act or complies with all minimum criteria as under:

a) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and atleast 15 inpatient beds in all other places;
b) has qualified nursing staff under its employment round the clock;
c) has qualified Medical Practitioner (s) in charge round the clock;
d) has a fully equipped operation theatre of its own where surgical procedures are carried out
e) maintains daily records of patients and will make these accessible to Our authorized personnel.

Def. 23. **Hospitalisation or Hospitalised means** admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours**.**

Def. 24. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 25. **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.

Def. 26. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

i) 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.

ii) Chronic condition- A chronic condition is defined as a disease, illnesss, or injury that has one or more of the following characteristics:- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests- it needs ongoing or long-term control or relief of symptoms –it requires your rehabilitation or for you to be specifically trained to cope with it- it continues indefinitely – it comes back or is likely to come back.

Def. 27. **Inpatient Care** means Treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 28. **Insured Person** means the Primary Insured named in the Schedule and those of his Dependents named as insured in the Schedule, provided that We will not cover more than 2 Dependent Children of the Primary Insured.

Def. 29. **Medical Advise** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def. 30. **Maternity Expenses**: Maternity expense shall include:

i. Medical Treatment Expenses traceable to child birth (including complicated deliveries and caesarean sections) incurred during Hospitalization;

ii. Expenses towards lawful medical termination of pregnancy during the Policy Period

Def. 31. **Medical Expenses** means expenses necessarily and actually incurred for medical treatment during the Policy Period on the advice of a Medical Practitioner due to Illness or Accident, by an Insured Person, which are Reasonable and Customary.

Def. 32. **Medically Necessary:** Medically necessary treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

a) is required for the medical management of the illness or Injury suffered by the Insured Person;

b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

c) must have been prescribed by a Medical Practitioner; and

d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 33. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy setup by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license

Def. 34. **New Born Baby** means those babies born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Def. 35. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a Cashless Facility

Def. 36. **Notification of Claim m**eans the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Def. 37. **Non - Network** means any Hospital, day care centre or other provider that is not part of the Network.

Def. 38. **OPD treatment** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient

Def. 39. **Policy** means these terms and conditions, any annexure thereto and the Schedule (as amended from time to time), the information statements in the proposal form or the Information Summary Sheet and the policy wording (including endorsements, if any).

Def. 40. **Policy Period** means the period between the date of commencement and the expiry date specified shown in the Schedule.

Def. 41. **Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which the Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first Policy issued by Us.

Def. 42. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

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

Def. 43. **Post-hospitalization Medical Expenses** means Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:

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

Def. 44. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

Def. 45. **Primary Insured** means any of Your eligible employees who are named as an Insured Person in the Schedule.

Def. 46. **Product Benefits Table** means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.

Def. 47. **Rehabilitation** means the Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

Def. 48. **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

Def. 49. **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 all waiting periods.

Def. 50. **Room rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Def. 51. **Schedule** means the schedule issued by Us, and, if more than one, then the latest in time.

Def. 52. **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

Def. 53. **Sum Insured** means the sum shown in the Schedule for a Primary Insured which represents Our maximum total and cumulative liability for any and all claims made by that Primary Insured and his Dependants under the Policy during the Policy Period.

Def. 54. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner

Def. 55. **Unproven/Experimental treatment:** Unproven/Experimental treatment is treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Def. 56. **We/Our/Us** means Max Bupa Health Insurance Company Limited

Def. 57. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.

Annexure I

List of Covered Vaccinations

Time interval	Vaccination to be done (age)	Frequency
Vaccination for first year		
0-3 months	BCG (From birth to 2 weeks)	1
	OPV (0,6,10 weeks) OR OPV + IPV1 (6,10 weeks)	3 OR 4
	DPT (6 & 10 week)	2
	Hepatitis-B (0 & 6 week)	2
	Hib (6 & 10 week)	2
3-6 months	OPV (14 week) OR OPV + IPV2	1 OR 2
	DPT (14 week)	1
	Hepatitis-B (14 week)	1
	Hib (14 week)	1
9 months	Measles (+9 months)	1
12 months	Chicken Pox(12 months)	1

All the above vaccinations are as per WHO recommendations.

Annexure II

List of Insurance Ombudsmen

Office of the Ombudsman	Name of the Ombudsmen	Contact Details	Areas of Jurisdiction
AHMEDABAD	Shri Amitabh	Shri Amitabh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Shri N.A.Khan	Shri N.A. Khan, Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri S.K.Dhal	Shri S.K. Dhal, Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Shri K.M.Chadha	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Shri V. Ramasaamy	Shri V. Ramasaamy, Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI		Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajashthan
GUWAHATI	Shri Sarat	Shri Sarat Chandra Sarma,	Assam ,

	Chandra Sarma	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri K. Chandrahas	Shri K Chandrahas Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
ERNAKULAM	Shri James Muricken	Shri James J. Muricken, Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA		Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4th Floor, KOLKATA-700 001. Tel : 033-22134866 Fax : 033-22134868 Email iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim
LUCKNOW	Shri M.S.Pratap	Shri M.S. Pratap, Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Shri S. Viswanathan	Shri S Viswanathan Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

Annexure III

List of Generally excluded in Hospitalisation Policy		
SNO	**List of Expenses Generally Excluded ("Non-Medical")in Hospital Indemnity Policy -**	**SUGGESTIONS**
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable

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

		specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not 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 Charge s, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
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, STERLILE 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 patien t 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 cha rged by hospitals,consumables can not be separate ly charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable .Part of room charge for 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 - P art 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 ADMINISTRATIVE OR NON-MEDICAL CHARGES	Not Payable- part of room charges
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs,shifting cha rges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS Device	Not Payable
135	INFUSION PUMP - COST Device	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable

137	PULSEOXYMETER CHARGES Device	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE Device	Not Payable
140	SP0 2PROB E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone su rg e ry of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU p atien t requiring more th an 3 days in ICU, all patients with paraplegia /quadripiegia for any reason and at rea sonable cost of ap proxim ate ly 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 hern ia repair, exploratory laparotomy for intestinal liver transplant etc.obstruction,
ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	May be payable when pre sc rib ed for patien t, 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 CHARGESDIET CHARGES	Patien t Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissable medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed

161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT o r ICU. For longer stay in ICU, may req u ire a change and at least one set every second day must be payable.
163	GLOVES Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Preop e ra tiv e screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PA YA BLE		
173	AHD	Not Payable - Part of Hospita l's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospita l's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospita l's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT,ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations w here covered by policy
186	186 OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVI) requiring trac tion as this is generally not reused

189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not payable prehospitilasation o r 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-Ambulance from home to hospital or int rhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum o f 3 in 48 hrs an d then 1 in 24 hrs
197	URINE BAG P	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Annexure IV

1) CANCER OF SPECIFIED SEVERITY

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

The following are excluded -

i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to:Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
ii. Any skin cancer other than invasive malignant melanoma
iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
v. Chronic lymphocyctic leukaemia less than RAI stage 3
vi. Microcarcinoma of the bladder
vii. All tumours in the presence of HIV infection.

2) FIRST HEART ATTACK - OF SPECIFIED SEVERITY

I. The first occurrence of 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 for this will be evidenced by all of the following criteria:

i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
ii. new characteristic electrocardiogram changes
iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
ii. Other acute Coronary Syndromes
iii. Any type of angina pectoris.

3) OPEN CHEST CABG

I. The actual undergoing of open chest surgery for the correction of one or more coronary arteries,which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures
ii. any key-hole or laser surgery.

4) OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is 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.

5) COMA OF SPECIFIED SEVERITY

I. 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:

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6) 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.

7) STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae.This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial 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.

II. 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) MAJOR ORGAN /BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

9) 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.

10) MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscularatrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateralsclerosis. 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.

11) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

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