

Kotak Mahindra General Insurance Company Ltd. (Formerly Kotak Mahindra General Insurance Ltd.)
Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai - 400051. Maharashtra, India.

Kotak Health Super Top Up Policy Wording

This is a contract of insurance between You and Us which is subject to the receipt of the premium in full and the terms, conditions and exclusions of the Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Persons in the Proposal Form. Please inform Us immediately of any change in the address, state of health or any other changes affecting You or any Insured Person.

PART I

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Admission	means the Insured Person's admission to a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
Alternative Treatments (AYUSH)	are forms of medical or hospitalization treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Yoga, Unani, Sidha and Homeopathy systems in the Indian context.
Ambulance	means a road vehicle operated by a licensed/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
Base Annual Sum Insured	means the amount specified in the Policy Schedule which is Our maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of all Insured Persons. If the Policy Period is more than one year, then the Base Annual Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Base Annual Sum Insured which remains un-utilised in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period.
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	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.
Claim	means a demand made by You for payment of any benefit under the Policy in respect of an Insured Person.
Condition Precedent	means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
Cumulative Bonus	means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
Day care centre	means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under – <ol style="list-style-type: none"> 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	means medical treatment, and/or surgical procedure which is: <ol style="list-style-type: none"> i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
Deductible	means 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. The deductible will apply on individual basis in case of individual policy and on floater basis in case of floater policy. The Deductible will apply on aggregate basis for all hospitalisation expenses during the policy year.
Dental treatment	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
Dependants	means Your legally married spouse, Your natural or adopted dependent children and Your dependent parents.
Disclosure to information norm	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
Domiciliary Hospitalisation	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: <ol style="list-style-type: none"> 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 serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an emergency anymore.
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	means a Policy described as such in the Policy Schedule where under You and Your dependents named in the Schedule are insured under this Policy as at the policy period start date. The Base Annual Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your dependents during each Policy Year.
Genetic Disorder	Means a genetic problem caused by one or more abnormalities in the genome, especially a condition that is present from birth, also it can be hereditary or acquired in nature.
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	<p>For non-AYUSH treatments:</p> <p>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 Regulations) 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:</p> <ol style="list-style-type: none"> i. has qualified nursing staff under its employment round the clock; ii. has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient 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 will make these accessible to the insurance company's authorized personnel. <p>For AYUSH treatment:</p> <ol style="list-style-type: none"> vi. Teaching hospitals of AYUSH college recognised by Central Council of Indian Medicine (CCIM) Central Council of Homeopathy (CCH) vii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT complies with the following as minimum criteria: <ol style="list-style-type: none"> a) Has at least 15 in-patient beds; b) Has minimum 5 qualifies and registered AYUSH doctors; c) Has qualified paramedical staff under its employment round the clock; d) Has dedicated AYUSH therapy sections; e) Maintains daily records of patient and makes these accessible to the insurance company's authorized personnel.
Hospitalisation	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	means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment. <ol style="list-style-type: none"> 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, illness, or injury that has one or more of the following characteristics: <ol style="list-style-type: none"> a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests b. it needs ongoing or long-term control or relief of symptoms c. it requires your rehabilitation or for you to be specially trained to cope with it d. it continues indefinitely e. it recurs or is likely to recur
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	means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
Insured Person(s)	means the Individual or Dependent(s) named in the Policy Schedule, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium received.
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.
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.
Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
Medical Expenses	means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Medically Necessary treatment	means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which <ol style="list-style-type: none"> 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.

Medical Practitioner	means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family. "Immediate Family would comprise of Your spouse, dependent children, brother(s), sister(s) and dependent parent(s).
Network Provider	means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
Non-Network Provider	means any Hospital, day care centre or other provider that is not part of the network.
Notification of Claim	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
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 these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.
Policy Period	means the period commencing from Policy start date and time as specified in Policy Schedule and terminating at midnight on the Policy End Date as specified in Policy Schedule.
Policy Schedule	means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
Policy Year	means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule.
Portability	means transfer by an Individual health insurance policyholder (including family floater cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
Post-Hospitalisation Medical Expenses	means medical expenses incurred during predefined 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.
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-Hospitalisation Medical Expenses	means medical expenses incurred during predefined 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.
Qualified Nurse	means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
Reasonable & Customary Charges	means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
Renewal	means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and 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.
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 <i>Medical Practitioner</i> .
Third Party Administrator (TPA)	means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration for providing health services as defined in those
Unproven /Experimental Treatment	means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
You/Your/ Policyholder	means the policyholder/insured person named in the Policy Schedule.
We/ Our/Us	means Kotak Mahindra General Insurance Company Limited.

PART II

2. WHAT WE WILL PAY (SCOPE OF COVER OF BENEFITS AVAILABLE UNDER THE POLICY)

The Benefits available under this Policy are described below. Benefits will be payable in excess of Deductible stated in the Policy Schedule, subject to

- availability of Base Annual Sum Insured and Cumulative Bonus
- the terms, conditions and exclusions of this Policy and
- any sub-limits specified in respect of that Benefit and any limits applicable under the Plan in force for the Insured Person as specified in the Policy Schedule.

2.1 In-patient Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization that occurs during the Policy Period following an Illness or Injury provided that:

- The Hospitalisation is for a minimum and continuous period of 24 hours
- the Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
- the Medical Expenses incurred are Reasonable and Customary;

2.2 Day Care Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment that occurs during the Policy Period following an Illness or Injury provided that:

- the Day Care Treatment is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
- the Medical Expenses incurred are Reasonable and Customary ;
- We will only cover the Medical Expenses for those Day Care Treatments which are listed in Annexure II of the Policy. The complete list of Day Care Treatments covered is also available on Our website [www.kotakgeneralinsurance.com];
- We will not cover any OPD Treatment under this Benefit.

2.3 Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

We will indemnify the Insured Person's Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses that occurs during the Policy Period following an Illness or Injury provided that:

- (a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under the Policy and the Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses relate to the same Illness/medical condition;
- (b) We will not be liable to pay Pre-Hospitalisation Medical Expenses for more than 30 days preceding the Insured Person's Admission to Hospital for In-patient Care or Day Care Treatment;
- (c) We will not be liable to pay Post-Hospitalisation Medical Expenses for more than 60 days immediately following the Insured Person's discharge from Hospital following In-patient Care or Day Care Treatment.

2.4 Ambulance Cover

We will indemnify the Ambulance Charges incurred up to Rs. 2000 per Hospitalization, for the reasonable expenses incurred by You on availing ambulance services offered by a healthcare or Ambulance service provider for you necessary transportation to the Hospital for treatment of an Illness or Injury following an Emergency provided that:

- (a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under the Policy and the Ambulance service relates to the same illness/ medical condition
- (b) The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;
- (c) We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available/adequate treatment facilities at the existing Hospital.
- (d) The limit under Ambulance cover is applicable for each claim admitted under the policy.

2.5 Organ Donor Cover

We will indemnify the In-patient Hospitalisation Medical Expenses towards the donor for harvesting the organ provided that:

- (a) The organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules;
- (b) The organ donated is for the use of the Insured Person who has been asked to undergo an organ transplant on Medical Advise;
- (c) We have accepted a Claim for In-patient Treatment under the Policy in respect of the Insured Person;
- (d) The payment under this benefit is within the opted Base Annual Sum Insured.
- (e) We will not cover expenses towards the donor in respect of:
 - (i) Any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses;
 - (ii) Costs directly or indirectly associated to the acquisition of the organ;
 - (iii) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

2.6 Alternative Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Alternative Treatment up to INR 50,000/- provided that:

- (a) The Alternative Treatment is administered by a Medical Practitioner;
- (b) The Insured Person is admitted to Hospital as an Inpatient for the Alternative Treatment to be administered.
- (c) The payment under this benefit is within the opted Base Annual Sum Insured.
- (d) We have accepted a Claim for In-patient Treatment or Day Care Treatment under the Policy.

2.7 Restoration of Sum Insured

We will provide a 100% restoration of the opted Base Annual Sum Insured once in a Policy Year if the opted Base Annual Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous Claims in that Policy Year, provided that:

- (a) The restored Base Annual Sum Insured will only be available for future Claims under the Policy and not in respect of any Illness

(including its complications) for which a Claim has already been accepted / paid in that Policy Year for the same person;

- (b) No Cumulative Bonus will apply on the restored Base Annual Sum Insured;
- (c) The restored Base Annual Sum Insured will apply to all Insured Persons on the same basis as the opted Base Annual Sum Insured;
- (d) Any restored Base Annual Sum Insured which is not utilized in a Policy Year shall not be carried forward to any subsequent Policy Year;
- (e) Restoration of Sum Insured will be in addition to opted Base Annual Sum Insured.
- (f) In case of Individual policy, payment under this cover shall be available on Individual basis and In case of floater the payment shall be available on floater basis.
- (g) The restored Base Annual Sum Insured will not be available, in case of admissible claim under 2.8 "Double Sum Insured for Hospitalization due to Accident".

2.8 Double Sum Insured for Hospitalization due to Accident

We will indemnify Medical Expenses incurred in respect of the Insured Person's Hospitalization during the Policy Period in respect of an Injury sustained solely and directly due to an Accident which occurs during the Policy Period upto the Sum Insured mentioned in the Policy Schedule, against this cover and up to the maximum limit of INR 40 lakhs provided that:

- (a) In calculating the amount available to the Insured Person under this Cover, We shall deduct any amount previously paid from available Sum Insured during the Policy Year;
- (b) The amount calculated under this Cover shall not be available for Medical Expenses incurred for treatment of any other Illness;
- (c) The amount calculated under this Cover shall not be available for payment of benefits under any provision other than the In-patient Treatment cover under the Policy;
- (d) The payment under this benefit is over and above the opted Base Annual Sum Insured.

If this amount is un-utilised (in whole or in part) in any Policy Year, it shall not be carried forward to any subsequent Policy Year.

2.9 Cumulative Bonus

We will increase Your Base Annual Sum Insured by 10% at the end of the Policy Year if the Policy is renewed with Us provided that:

- (a) If the Policy is a Family Floater Policy, then the Cumulative Bonus will accrue only if no claims have been made in respect of all the Insured Persons in the expiring Policy Year;
- (b) If the Policy is an Individual policy, then Cumulative Bonus will accrue only if no claim has been made in the expiring Policy Year in respect of that Insured Person;
- (c) The Cumulative Bonus under a Family Floater Policy will be available only to those Insured Persons who were Insured Persons in the immediately completed Policy Year;
- (d) If any Claim is made under the Policy after a Cumulative Bonus has been applied under the Policy, then the accrued Cumulative Bonus under the Policy will reduce by 10% on the commencement of the next Policy Year or the next Renewal of the Policy (as applicable);
- (e) The Cumulative Bonus will not accrue in excess of 50% of the Base Annual Sum Insured;
- (f) If the Base Annual Sum Insured is increased at the time of Renewal, then the Cumulative Bonus will be calculated based on the Base Annual Sum Insured of the immediately completed Policy Year;
- (g) If the Base Annual Sum Insured is reduced at the time of Renewal, then the applicable cumulative bonus will be applicable on the renewed policy Base Annual Sum Insured.
- (h) Cumulative bonus will be carried forward to the next policy year, provided the Insured Person renews the policy before the expiry of the grace period.

If the Policy Period is more than one year, then any Cumulative Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.

3. WHAT WE WILL NOT PAY (EXCLUSIONS APPLICABLE UNDER THE POLICY)

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the exclusions listed below. All waiting periods will apply individually to each Insured Person:

3.1 Pre-Existing Disease Waiting Period

Pre-existing disease waiting period will be as mentioned in the policy schedule and as per plan opted.

Any Pre-Existing Disease will not be covered until waiting period months (as mentioned in the policy schedule) of continuous coverage has elapsed for the Insured Person, since the inception of the first Policy with Us.

This waiting period will be reduced by number of continuous preceding years of coverage of the insured person under previous health insurance policy by Us or any other health insurance plan with an Indian non-life insurer as per guidelines on portability issued by the insurance regulator

3.2 30 Day Waiting Period

Any Illness contracted or Medical Expenses incurred in respect of an Illness will not be covered during the first 30 days from the Policy Period Start Date. This exclusion does not apply to any Medical Expenses incurred as a result of Injury or to Renewals of the Policy with Us or to any Insured Person whose Policy has been accepted under the Portability Benefit under this Policy.

3.3 2 Year Waiting Period

Any Medical Expenses incurred on the treatment of any of the following illnesses/ conditions (whether medical or surgical and including Medical Expenses incurred on complications arising from such illnesses/conditions) shall not be covered during the first 2 consecutive years from inception of the first Policy with Us or date of the Insured Person being included under the Policy, whichever is later:

- (a) Cataract*;
- (b) Benign Prostatic Hypertrophy;
- (c) Myomectomy, Hysterectomy unless because of malignancy;
- (d) All types of Hernia, Hydrocele;
- (e) Fissures and/or Fistula in anus, haemorrhoids/piles;
- (f) Arthritis, gout, rheumatism and spinal disorders;
- (g) Joint replacements unless due to Accident;
- (h) Sinusitis and related disorders;
- (i) Stones in the urinary and biliary systems;
- (j) Dilatation and curettage, Endometriosis;
- (k) All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant;
- (l) Dialysis required for chronic renal failure;
- (m) Surgery on Tonsillitis, adenoids and sinuses;
- (n) Gastric and duodenal erosions and ulcers;
- (o) Deviated nasal septum;
- (p) Varicose Veins/ Varicose Ulcers.

*Our maximum liability for any Claim for an Insured Person's cataract treatment shall not exceed INR 20,000 per eye, during each Policy Year of the Policy Period.

In the event that any of the above Illnesses/conditions are Pre-existing Diseases at the Policy Period Start Date or are subsequently found to be Pre-Existing Diseases, then that Illness/condition shall be covered in accordance with the terms, conditions and exclusions of the Policy after the completion of the Pre-Existing Diseases waiting period stated above.

3.4 Permanent Exclusions:

- (a) Up to Deductible amount mentioned
- (b) Costs of routine medical, eye or ear examinations preventive health check-ups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;
- (c) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively;
- (d) Expenses incurred on all dental treatment unless necessitated due to an Accident;
- (e) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;
- (f) Acupressure, acupuncture, magnetic and such other therapies;
- (g) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;
- (h) Vaccination or inoculation of any kind, unless it is post animal bite;
- (i) Sterility, venereal disease or any sexually transmitted disease;

- (j) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due to use, misuse or abuse of intoxicating drugs or alcohol;
- (k) Any expenses incurred on treatment of mental Illness, stress, psychiatric or psychological disorders;
- (l) Any aesthetic treatment, cosmetic surgery or plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness;
- (m) Any treatment/surgery for change of sex or treatment/surgery /complications/Illness arising as a consequence thereof;
- (n) Any expenses incurred on treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy, childbirth, miscarriage (unless caused due to accident), abortion or complications of any of these, including caesarean section) and any fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy. However, this exclusion does not apply to ectopic pregnancy proved by diagnostic means and which is certified to be life threatening by the Medical Practitioner;
- (o) Treatment relating to Congenital external Anomalies;
- (p) Genetic disorder (not relating to internal congenital conditions) and stem cell implantation/surgery, harvesting, storage or any kind of treatment using stem cells.
- (q) All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind;
- (r) Charges incurred at 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;
- (s) Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner;
- (t) Weight management services and treatment, vitamins and tonics related to weight reduction programs including treatment of obesity (including morbid obesity), any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition or rest cures;
- (u) Costs incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose;
- (v) Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury;
- (w) Any Claim directly or indirectly related to criminal acts;
- (x) Any expenses arising out of Domiciliary Hospitalization;
- (y) Any treatment taken outside India;
- (z) Any treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council;
- (aa) Any consequential or indirect loss arising out of or related to Hospitalization;
- (bb) Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority;
- (cc) Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
- (dd) All non-medical expenses listed in Annexure III of the Policy.

4. CLAIM ADMINISTRATION

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be conditions precedent to admission of Our liability under this Policy:

- (a) On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed;
- (b) The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence of intentional/ deliberate failure to follow such directions, advice or guidance;
- (c) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the facts surrounding the Claim. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person;
- (d) We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such Claim;
- (e) If the Insured Person suffers a relapse within 45 days of the date of discharge from Hospital for a Claim that has been made, then such relapse shall be deemed to be part of the same Claim and all limits for Any One Illness under this Policy shall be applied as if they were part of a single claim.

5. CLAIMS PROCEDURE

On the occurrence or 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:

5.1 For Cashless Facility

Cashless Facility is only available at a Network Provider. The complete list of Network Providers is available on Our website (The list is updated as and when there is any change in the Network Provider) or can be obtained from Our call centre. In order to avail of Cashless Facility, the following procedure shall be followed:

- (a) Pre-authorization for Planned Hospitalization:
At least 48 hours prior to a planned Hospitalization, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that planned Hospitalisation. Each such request must be accompanied by all the following details:
 - (i) The Health Card We have issued to the Insured Person;
 - (ii) The Policy Number;
 - (iii) Name of the Policyholder;
 - (iv) Name and address of Insured Person in respect of whom the request is being made;
 - (v) Nature of the Illness/Injury and the treatment/surgery required;
 - (vi) Name and address of the attending Medical Practitioner;
 - (vii) Hospital where treatment/surgery is proposed to be taken;
 - (viii) Proposed date of Admission.

If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the Claim under the Policy, then We/Our TPA will request additional information or documentation in respect of that request.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorization specifying reasons for the rejection.

Turn Around Time (TAT) for issue of Pre-Authorization within 6 hours from receipt of complete documents

In Case of Claim Contact Us at:

24x7 Toll Free number: 1800 266 4545 or may write an e-mail at care@kotak.com

In the event of claims, please send the relevant documents to:

Family Health Plan (TPA) Ltd,
Srinilaya – Cyber Spazio
Suite # 101, 102, 109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad, 500 034.

(b) Pre-authorization for Emergency Care:

If the Insured Person has been admitted into Hospital for Emergency Care, We or Our TPA shall be contacted to request pre-authorization

for availing the Cashless Facility for that Emergency Care within 24 hours of commencement of Hospitalisation. Each such request must be accompanied by all the following details:

- (i) The Health Card We have issued to the Insured Person;
- (ii) The Policy Number;
- (iii) Name of the Policyholder;
- (iv) Name and address of Insured Person in respect of whom the request is being made;
- (v) Nature of the Illness/Injury and the treatment/surgery required;
- (vi) Name and address of the attending Medical Practitioner;
- (vii) Hospital where treatment/surgery is being taken;
- (viii) Date of Admission.

If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the Claim under the Policy, then We/ Our TPA will request additional information or documentation in respect of that request.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorization specifying reasons for the rejection. In circumstances where We/Our TPA refuse the request for pre-authorization as there is insufficient Base Annual Sum Insured there is insufficient information to determine the admissibility of the request for pre-authorization, a claim for reimbursement may be submitted to Us in accordance with the procedure set out below and We will consider the Claim in accordance with the policy terms, conditions and exclusions.

We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities in Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Providers on Our website or by calling Our call centre.

Turn Around Time (TAT) for settlement of Reimbursement is within 15 days from the receipt of the complete documents.

5.2 For Reimbursement Claims

We shall be given written notice of the Claim for reimbursement along with the following details at least within 30 days of the Insured Person's discharge from Hospital:

- (a) The Policy Number;
- (b) Name of the Policyholder;
- (c) Name and address of the Insured Person in respect of whom the request is being made;
- (d) Nature of Illness or Injury and the treatment/surgery taken;
- (e) Name and address of the attending Medical Practitioner;
- (f) Hospital where treatment/surgery was taken;
- (g) Date of Admission and date of discharge;
- (h) Any other information that may be relevant to the Illness/ Injury/ Hospitalization.

If the Claim is not notified to Us within 30 days of the Insured Person's discharge from Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Kindly note that Company may de-list few of the hospitals and the Company shall not service any claims including re-imburement claims for the treatment undertaken at these hospitals other than in case of a medical Emergency. List of de-listed hospitals would be available on our website and is subject to updates from time to time.

6. CLAIM DOCUMENTS

We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's discharge from Hospital. For Claims under which the use of Cashless Facility has been approved, We will be provided with these documents by the Network Provider immediately following the Insured Person's discharge from Hospital:

- (a) Duly completed Claim form signed by You and the Medical Practitioner (only for reimbursement claims);
- (b) Original Pre – authorization request
- (c) Copy of Pre – authorization approval letter
- (d) Copy of the photo identity document of the Insured Person;
- (e) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
- (f) Original bills from chemists supported by proper prescription;
- (g) Original investigation test reports (including CT/MR/USG/EKG, as applicable) and payment receipts;
- (h) Indoor case papers (if available);

- (i) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
- (j) Hospital discharge summary;
- (k) FIR (if done) or MLC (if conducted) for Accident cases
- (l) Post mortem report (if applicable and conducted);
- (m) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

7. CLAIMS FOR PRE-HOSPITALISATION MEDICAL EXPENSES AND POST-HOSPITALISATION MEDICAL EXPENSES

- (a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital along with the following information and documentation:
 - (i) Duly Completed Claim Form
 - (ii) Investigation Payment Receipt
 - (iii) Original Investigation Report
 - (iv) Original Pharmacy Bills
 - (v) Original Pharmacy Prescription
 - (vi) Medical practitioners bill and receipts.
 - (vii) Copy of Discharge Summary
- (b) All Claims for Post-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the completion of post hospitalisation period as mentioned in your plan. You need to send Medical Expenses being incurred along with the following information and documentation:
 - (i) Duly Completed Claim Form
 - (ii) Investigation Payment Receipt
 - (iii) Original Investigation Report
 - (iv) Original Pharmacy Bills
 - (v) Original Pharmacy Prescription
 - (vi) Medical practitioners bills and receipts
 - (vii) Copy of Discharge Summary
- (c) If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.
- (d) If the original documents mentioned in clause 6 and 7 are submitted to any other insurance company, self-attested copies along with certificate from that Insurance Company to be submitted under this Policy.

8. CLAIM INVESTIGATION, SETTLEMENT & REPUDIATION

- (a) We may investigate claims at Our own discretion to determine the validity of a claim. This investigation will be conducted within 15 days of the date of assigning the claim for investigation and not later than 6 months from the date of receipt of claim intimation. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.
- (b) We shall settle or repudiate a Claim within 30 days of the receipt of the last necessary information and documentation. In case of suspected frauds, the last "necessary" documents will include the receipt of the investigation report from Our representatives.
- (c) Payment for reimbursement claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule.
- (d) In 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 Us.

PART III OF THE POLICY

General Terms and Conditions

1. Disclosure of Information

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or devices being used by You/Insured Person or any one acting on Your/Insured Person's behalf to obtain any benefit under this Policy.

2. Observance of terms and conditions

The due 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, shall be a condition precedent to any of Our liability to make any payment under this Policy.

3. Material Change

Material information to be disclosed to Us includes every matter that You are aware of or could reasonably be expected to know that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk and the terms of acceptance of the risk.

4. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our personnel and not specifically informed to Us by You shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

5. Terms and condition of the Policy

The terms and conditions contained herein and in the Policy Schedule / Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

6. Multiple Policies:

- a. If two or more policies are taken by an Insured during a period from one or more insurers, the contribution shall not be applicable where the cover/benefit offered:
 - o Is fixed in nature;
 - o Does not have any relation to the treatment costs;
- b. In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.
- c. If two or more policies are taken by an insured during a period from one more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.
 - o 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.
 - o Policyholder having multiple policies shall also have the right to prefer claims from other policy/ policies for the amount disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy/ policies so chosen.
- d. If the amount to be claimed exceeds the Base Annual Sum Insured under a single policy after considering the deductible or co-pays, the policy holder shall have the right to choose insurers from whom he/she wants to claim balance amount.
- e. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

7. Limitation of Liability

If a Claim is rejected or partially settled under the terms of the Policy and is not the subject of a pending suit or other proceedings within the applicable period specified under the Limitation Act 1963 (as amended and any other applicable law), the Claim shall be deemed to have been closed and Our liability in respect of it shall be extinguished.

8. Underwriting and Loadings

We may apply a risk loading up to a maximum 100% per Insured Person, on the premium payable (excluding statutory levies & taxes) based on declarations on proposal form, your health status. Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s). There will be no loadings based on individual claims experience.

We will inform You about the applicable risk loading or special condition through a counter offer letter and We will only issue the Policy once We receive your consent on the applicable additional premium.

In case of loading on 2 or more ailments, the loadings shall apply in conjunction, however maximum risk loading per individual shall not exceed 100% of Premium excluding applicable Taxes

In case policies are accepted with loadings, waiting period for Pre-Existing Disease Waiting Period (Section 3.1) as well as 2 Year Waiting Period (Section 3.3) shall continue to be applicable.

9. Free Look Period

The free look period shall be applicable at the inception of the policy and:

- (a) The insured will be allowed a period of at least 15 days (Health Insurance policy contracts with a term of 3 years or more offered over distance marketing mode viz. telephone, website, internet, etc. shall have 30 days provided no claim has already been made on the policy) from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
- (b) If the insured has not made any claim during the free look period, the insured shall be entitled to
 - o A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - o Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - o Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

10. Cancellation/ termination /Refund

- (a) For Policyholder's initiated cancellation, the Company would compute refund amount as pro-rata (for the unexpired duration) premium. This would further be deducted by 25% of computed refundable premium.

This is provided no claim has been made under the Policy.

- (b) No refund of premium is applicable when policy is cancelled by the Insurer on grounds of misrepresentation, fraud, nondisclosure or non-cooperation of the Insured.

11. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

12. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with Indian law and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

13. Portability & Continuity Benefits

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

It is further agreed and understood that:

- (a) You have been covered under an Indian health insurance policy from a non-life insurance company or Health Insurance company registered with IRDAI without any break;
- (b) We should have received Your application for Portability with complete documentation at least 45 days, but not earlier than 60 days from the premium renewal date of his/her existing policy;
- (c) If the Base Annual Sum Insured under the previous Policy is higher than the Base Annual Sum Insured chosen under this Policy, the applicable waiting periods under Section 3 shall be waived to the extent of the Base Annual Sum Insured and eligible cumulative bonus under the expiring policy with the previous insurer;
- (d) In case the proposed Base Annual Sum Insured opted for under Our Policy is more than the insurance cover under the previous policy, then all applicable waiting periods under Sections 3 shall be applicable afresh to the extent of the amount by which the Base Annual Sum Insured under this Policy exceed the total of Base Annual Sum Insured and eligible cumulative bonus under the expiring health insurance policy;
- (e) All waiting periods under Sections 3 shall be applicable individually for each Insured Person and claims shall be assessed accordingly.
- (f) Portability benefit will be offered to the extent of sum of previous Base Annual Sum Insured (if opted for), and Portability shall not apply to any other additional increased Base Annual Sum Insured.
- (g) Portability benefit will be offered to the nearest Base Annual Sum

Insured, in case exact Sum Insured option is not available.

- (h) Portability benefit will be offered to any other suitable policy, in case exact option is not available.
- (i) We may subject Your proposal to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be as per our underwriting practices and underwriting policy of the Company.
- (j) There is no obligation on Us to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.
- (k) We should have received the database and claim history from the previous insurance company for Your previous policy.
- (l) Portability will be allowed in the following cases:
 - o All Individual health insurance policies issued by General Insurers and Health Insurers including family floater policies
 - o Individual members, including the family members covered under any group health insurance policy of a General Insurers and Health Insurers shall have the right to migrate from such a group policy to an individual health insurance policy or a family floater policy with the same insurer. One year thereafter, he or she shall be accorded the right mentioned in clause (b) above.
- (m) The Portability provisions will apply to You, if You wish to migrate from this Policy to any other health insurance policy on Renewals. In case You have opted to switch to any other insurer under Portability provisions and the outcome of acceptance of the Portability request is awaited from the new insurer on the date of renewal,
 - o We may upon Your request extend this Policy for a period of not less than one month at an additional premium to be paid on a pro-rata basis
 - o If during this extension period a claim has been reported, You shall be required to first pay the full premium so as to make the Policy Period of full 12 calendar months. Our liability for the payment of such claim shall commence only once such premium is received. Alternately We may deduct the premium for the balance period.

14. Grace Period & Renewal

- (a) A health insurance Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided the Policy is not withdrawn.
- (b) The Policy will automatically terminate at the end of the Policy Period and must be renewed within the Grace Period of at least 30 days or as informed by Insurer from time to time. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.
- (c) If We have discontinued or withdrawn this product/plan You will have the option to renewal under the nearest substitute Policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI
- (d) You shall make a full disclosure to Us in writing of any material change in the health condition of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
- (e) We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 90 days prior to date of such revision or modification.
- (f) Alterations such as increase/ decrease in Base Annual Sum Insured or change in plan/product or addition/deletion of Insured Persons will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. Underwriting in relation to acceptance of request for changes will be based mainly as per underwriting policy of the company. The terms and conditions of the existing policy will not be altered. Increase/ Enhancement of Base Annual Sum Insured shall be allowed up to maximum Base Annual Sum Insured available under the Plan.
- (g) On Renewal of the Policy if an increased Base Annual Sum Insured is requested then the elapsed period for existing diseases/ illness / injury shall be limited to the Base Annual Sum Insured of the immediately completed Policy Period. Further, the waiting periods will apply afresh in relation to the amount by which the Base Annual Sum Insured has been enhanced.

15. Special Provision for Insured Person who are Senior citizen

The premium charged for health Insurance products offered to Senior citizens shall be fair, justified, transparent and duly disclosed upfront. The insured shall be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loadings shall be obtained before issuance of policy.

16. Communications & Notices

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

In Your case, at Your last known address per Our records in respect of this Policy.

In Our case, at Our address specified in the Policy Schedule.

No insurance agent, broker or any other person is authorised to receive any notice on Our behalf.

17. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified in the Policy Schedule, during normal business hours or contact Our call centre.

18. Instalment Facility:

If You have opted for a Policy Period of one year and payment of premium on an instalment basis of monthly / quarterly / half yearly, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contained elsewhere in the Policy):

- (a) In case of any admissible claim in a Policy year:
 - o If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.

- o If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.
 - (a) Premiums on policies may be accepted in instalment provided that the instalments covering a particular period shall be received within 15 days from the date of commencement of the period.
 - (b) In case the instalment premium is not received within the grace period, the Policy will get cancelled with applicable refund of premium, if any.

19. Grievances

For resolution of any query or grievance, insured may contact the respective branch office of the Company or may call at 18002664545 or may write an e-mail at care@kotak.com.

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e-mail at seniorcitizen@kotak.com.

In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at grievanceofficer@kotak.com. In the event of unsatisfactory response from the Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman is available at website:

www.kotakgeneralinsurance.com

The updated details of Insurance Ombudsman offices are also available on the website of Executive Council of Insurers:

www.gbic.co.in/ombudsman.html

The details of the Insurance Ombudsman is available at Annexure I

Office Details	Jurisdiction of Office Union Territory, District
Ahmedabad: Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel nos: 079-25501201/02/05/06 email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
Bhopal: 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 / 2769202, Fax: 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh and Chattisgarh.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455, Fax: 0674 - 2596429, Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
Chandigarh: Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
New Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi
Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Hyderabad: Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363, Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan.
Ernakulam: Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam - 682 015. Tel.: - 0484-2358759 / 2359338, Fax: - 0484-2359336, Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.

Office Details	Jurisdiction of Office Union Territory, District
Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341, Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052. Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
Noida: Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddha Nagar, Noida, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253. Email:- bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Patna: Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952. Email:- bimalokpal.patna@ecoi.co.in	Bihar and Jharkhand.
Pune: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020 - 32341320. Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

**Annexure II
List of Day Care Surgeries**

Sr No	ENT
1	Stapedotomy
2	Myringoplasty (Type I Tympanoplasty)
3	Revision stapedectomy
4	Labyrinthectomy for severe Vertigo
5	Stapedectomy under GA
6	Ossiculoplasty
7	Myringotomy with Grommet Insertion
8	Tympanoplasty (Type III)
9	Stapedectomy under LA
10	Revision of the fenestration of the inner ear
11	Tympanoplasty (Type IV)
12	Endolymphatic Sac Surgery for Meniere's Disease
13	Turbinectomy
14	Removal of Tympanic Drain under LA
15	Endoscopic Stapedectomy
16	Fenestration of the inner ear
17	Incision and drainage of perichondritis
18	Septoplasty
19	Vestibular Nerve section
20	Thyroplasty Type I
21	Pseudocyst of the Pinna - Excision
22	Incision and drainage - Haematoma Auricle
23	Tympanoplasty (Type II)
24	Reduction of fracture of Nasal Bone
25	Excision and destruction of lingual tonsils
26	Conchoplasty
27	Thyroplasty Type II
28	Tracheostomy
29	Excision of Angioma Septum
30	Turbinoplasty
31	Incision & Drainage of Retro Pharyngeal Abscess
32	Uvulo Palato Pharyngo Plasty

Annexure II
List of Day Care Surgeries

Sr No	ENT		
11	Tympanoplasty (Type IV)	33	Palatoplasty
12	Endolymphatic Sac Surgery for Meniere's Disease	34	Tonsillectomy without adenoidectomy
13	Turbinectomy	35	Adenoidectomy with Grommet insertion
14	Removal of Tympanic Drain under LA	36	Adenoidectomy without Grommet insertion
15	Endoscopic Stapedectomy	37	Vocal Cord lateralisation Procedure
16	Fenestration of the inner ear	38	Incision & Drainage of Para Pharyngeal Abscess
17	Incision and drainage of perichondritis	39	Transoral incision and drainage of a pharyngeal abscess
18	Septoplasty	40	Tonsillectomy with adenoidectomy
19	Vestibular Nerve section	41	Tracheoplasty
20	Thyroplasty Type I	42	Excision of Ranula under GA
21	Pseudocyst of the Pinna - Excision	43	Meatoplasty
22	Incision and drainage - Haematoma Auricle		
Ophthalmology			
44	Incision of tear glands	54	Removal of Foreign body from cornea
45	Other operation on the tear ducts	55	Incision of the cornea
46	Incision of diseased eyelids	56	Other operations on the cornea
47	Excision and destruction of the diseased tissue of the eyelid	57	Operation on the canthus and epicanthus
48	Removal of foreign body from the lens of the eye	58	Removal of foreign body from the orbit and the eye ball
49	Corrective surgery of the entropion and ectropion	59	Surgery for cataract
50	Operations for pterygium	60	Treatment of retinal lesion
51	Corrective surgery of blepharoptosis	61	Removal of foreign body from the posterior chamber of the eye
52	Removal of foreign body from conjunctiva	62	glaucoma surg
53	Biopsy of tear gland		
Oncology			
63	IV Push Chemotherapy	91	Telecobalt Therapy
64	HBI-Hemibody Radiotherapy	92	Telescesium Therapy
65	Infusional Targeted therapy	93	External mould Brachytherapy
66	SRT-Stereotactic Arc Therapy	94	Interstitial Brachytherapy
67	SC administration of Growth Factors	95	Intracavity Brachytherapy
68	Continuous Infusional Chemotherapy	96	3D Brachytherapy
69	Infusional Chemotherapy	97	Implant Brachytherapy
70	CCRT-Concurrent Chemo + RT	98	Intravesical Brachytherapy
71	2D Radiotherapy	99	Adjuvant Radiotherapy
72	3D Conformal Radiotherapy	100	Afterloading Catheter Brachytherapy
73	IGRT- Image Guided Radiotherapy	101	Conditioning Radiotherapy for BMT
74	IMRT- Step & Shoot	102	Extracorporeal Irradiation to the Homologous Bone grafts
75	Infusional Bisphosphonates	103	Radical chemotherapy
76	IMRT- DMLC	104	Neoadjuvant radiotherapy
77	Rotational Arc Therapy	105	LDR Brachytherapy
78	Tele gamma therapy	106	Palliative Radiotherapy
79	FSRT-Fractionated SRT	107	Radical Radiotherapy
80	VMAT-Volumetric Modulated Arc Therapy	108	Palliative chemotherapy
81	SBRT-Stereotactic Body Radiotherapy	109	Template Brachytherapy
82	Helical Tomotherapy	110	Neoadjuvant chemotherapy
83	SRS-Stereotactic Radiosurgery	111	Adjuvant chemotherapy
84	X-Knife SRS	112	Induction chemotherapy
85	Gammaknife SRS	113	Consolidation chemotherapy
86	TBI- Total Body Radiotherapy	114	Maintenance chemotherapy
87	intraluminal Brachytherapy	115	HDR Brachytherapy
88	Electron Therapy	116	Mediastinal lymph node biopsy
89	TSET-Total Electron Skin Therapy	117	High Orchidectomy for testis tumours
90	Extracorporeal Irradiation of Blood Products		
Plastic Surgery			
118	Construction skin pedicle flap	125	Fibro myocutaneous flap
119	Gluteal pressure ulcer-Excision	126	Breast reconstruction surgery after mastectomy
120	Muscle-skin graft, leg	127	Sling operation for facial palsy
121	Removal of bone for graft	128	Split Skin Grafting under RA
122	Muscle-skin graft duct fistula	129	Wolfe skin graft
123	Removal cartilage graft	130	Plastic surgery to the floor of the mouth under GA
124	Myocutaneous flap		

Urology			
131	AV fistula - wrist	149	Ureter endoscopy and treatment
132	URSL with stenting	150	Vesico ureteric reflux correction
133	URSL with lithotripsy	151	Surgery for pelvi ureteric junction obstruction
134	Cystoscopic Litholapaxy	152	Anderson hynes operation
135	ESWL	153	Kidney endoscopy and biopsy
136	Haemodialysis	154	Paraphimosis surgery
137	Bladder Neck Incision	155	injury prepuce- circumcision
138	Cystoscopy & Biopsy	156	Frenular tear repair
139	Cystoscopy and removal of polyp	157	Meatotomy for meatal stenosis
140	Suprapubic cystostomy	158	surgery for fournier's gangrene scrotum
141	percutaneous nephrostomy	159	surgery filarial scrotum
142	Cystoscopy and "SLING" procedure	160	surgery for watering can perineum
143	TUNA- prostate	161	Repair of penile torsion
144	Excision of urethral diverticulum	162	Drainage of prostate abscess
145	Removal of urethral Stone	163	Orchiectomy
146	Excision of urethral prolapse	164	Cystoscopy and removal of FB
147	Mega-ureter reconstruction	165	Surgery for SUI
148	Kidney renoscopy and biopsy	166	URS + LL
Urology			
131	AV fistula - wrist	149	Ureter endoscopy and treatment
132	URSL with stenting	150	Vesico ureteric reflux correction
133	URSL with lithotripsy	151	Surgery for pelvi ureteric junction obstruction
134	Cystoscopic Litholapaxy	152	Anderson hynes operation
135	ESWL	153	Kidney endoscopy and biopsy
136	Haemodialysis	154	Paraphimosis surgery
137	Bladder Neck Incision	155	injury prepuce- circumcision
138	Cystoscopy & Biopsy	156	Frenular tear repair
139	Cystoscopy and removal of polyp	157	Meatotomy for meatal stenosis
Neurology			
167	Facial nerve physiotherapy	174	Stereotactic Radiosurgery
168	Nerve biopsy	175	Percutaneous Cordotomy
169	Muscle biopsy	176	Intrathecal Baclofen therapy
170	Epidural steroid injection	177	Entrapment neuropathy Release
171	Glycerol rhizotomy	178	Diagnostic cerebral angiography
172	Spinal cord stimulation	179	VP shunt
173	Motor cortex stimulation	180	Ventriculoatrial shunt
Thoracic surgery			
181	Thoracoscopy and Lung Biopsy	185	Thoracoscopy and pleural biopsy
182	Excision of cervical sympathetic Chain Thoracoscopic	186	EBUS + Biopsy
183	Laser Ablation of Barrett's oesophagus	187	Thoracoscopy ligation thoracic duct
184	Pleurodesis	188	Thoracoscopy assisted empyaema drainage
Gastroenterology			
189	Pancreatic pseudocyst EUS & drainage	199	Colonoscopy stenting of stricture
190	RF ablation for barrett's Oesophagus	200	Percutaneous Endoscopic Gastrostomy
191	ERCP and papillotomy	201	EUS and pancreatic pseudo cyst drainage
192	Esophagoscope and sclerosant injection	202	ERCP and choledochoscopy
193	EUS + submucosal resection	203	Proctosigmoidoscopy volvulus detorsion
194	Construction of gastrostomy tube	204	ERCP and sphincterotomy
195	EUS + aspiration pancreatic cyst	205	Esophageal stent placement
196	Small bowel endoscopy (therapeutic)	206	ERCP + placement of biliary stents
197	Colonoscopy ,lesion removal	207	Sigmoidoscopy w / stent
198	ERCP	208	EUS + coeliac node biopsy
General Surgery			
209	infected keloid excision	251	Pancreatic Pseudocysts Endoscopic Drainage
210	Incision of a pilonidal sinus / abscess	252	ZADEK's Nail bed excision
211	Axillary lymphadenectomy	253	Subcutaneous mastectomy
212	Wound debridement and Cover	254	Rigid Oesophagoscopy for dilation of benign Strictures
213	Abscess-Decompression	255	Eversion of Sac a) Unilateral b)Bilateral
214	Cervical lymphadenectomy	256	Lord's plication
215	infected sebaceous cyst	257	Jaboulay's Procedure
216	Inguinal lymphadenectomy	258	Scrotoplasty

217	Incision and drainage of Abscess	259	Surgical treatment of varicocele
218	Suturing of lacerations	260	Epididymectomy
219	Scalp Suturing	261	Circumcision for Trauma
220	infected lipoma excision	262	Intersphincteric abscess incision and drainage
221	Maximal anal dilatation	263	Psoas Abscess Incision and Drainage
222	Piles A)Injection Sclerotherapy B)Piles banding	264	Thyroid abscess Incision and Drainage
223	liver Abscess- catheter drainage	265	TIPS procedure for portal hypertension
224	Fissure in Ano- fissurectomy	266	Esophageal Growth stent
225	Fibroadenoma breast excision	267	PAIR Procedure of Hydatid Cyst liver
226	Oesophageal varices Sclerotherapy	268	Tru cut liver biopsy
227	ERCP - pancreatic duct stone removal	269	Photodynamic therapy or esophageal tumour and Lung tumour
228	Perianal abscess I&D	270	Excision of Cervical RIB
229	Perianal hematoma Evacuation	271	laparoscopic reduction of intussusception
230	Fissure in ano sphincterotomy	272	Microdochectomy breast
231	UGI scopy and Polypectomy oesophagus	273	Surgery for fracture Penis
232	Breast abscess I& D	274	Sentinel node biopsy
233	Feeding Gastrostomy	275	Parastomal hernia
234	Oesophagoscopy and biopsy of growth oesophagus	276	Revision colostomy
235	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers	277	Prolapsed colostomy- Correction
236	ERCP - Bile duct stone removal	278	Testicular biopsy
237	Ileostomy closure	279	laparoscopic cardiomyotomy(Hellers)
238	Colonoscopy	280	Sentinel node biopsy malignant melanoma
239	Polypectomy colon	281	laparoscopic pyloromyotomy(Ramstedt)
240	Splenic abscesses Laparoscopic Drainage	282	Keratoses removal under GA
241	UGI SCOPY and Polypectomy stomach	283	Excision Sigmoid Polyp
242	Rigid Oesophagoscopy for FB removal	284	Rectal-Myomectomy
243	Feeding Jejunostomy	285	Rectal prolapse (Delorme's procedure)
244	Colostomy	286	Orchidopexy for undescended testis
245	Ileostomy	287	Detorsion of torsion Testis
246	colostomy closure	288	lap.Abdominal exploration in cryptorchidism
247	Submandibular salivary duct stone removal	289	EUA + biopsy multiple fistula in ano
248	Pneumatic reduction of intussusception	290	Excision of fistula-in-ano
249	Varicose veins legs - Injection sclerotherapy	291	TURBT
250	Rigid Oesophagoscopy for Plummer vinson syndrome		
Orthopedics			
292	Arthroscopic Repair of ACL tear knee	323	Partial removal of metatarsal
293	Closed reduction of minor Fractures	324	Partial removal of metatarsal
294	Arthroscopic repair of PCL tear knee	325	Revision/Removal of Knee cap
295	Tendon shortening	326	Amputation follow-up surgery
296	Arthroscopic Meniscectomy - Knee	327	Exploration of ankle joint
297	Treatment of clavicle dislocation	328	Remove/graft leg bone lesion
298	Arthroscopic meniscus repair	329	Repair/graft achilles tendon
299	Haemarthrosis knee- lavage	330	Remove of tissue expander
300	Abscess knee joint drainage	331	Biopsy elbow joint lining
301	Carpal tunnel release	332	Removal of wrist prosthesis
302	Closed reduction of minor dislocation	333	Biopsy finger joint lining
303	Repair of knee cap tendon	334	Tendon lengthening
304	ORIF with K wire fixation- small bones	335	Treatment of shoulder dislocation
305	Release of midfoot joint	336	Lengthening of hand tendon
306	ORIF with plating- Small long bones	337	Removal of elbow bursa
307	Implant removal minor	338	Fixation of knee joint
308	K wire removal	339	Treatment of foot dislocation
309	POP application	340	Surgery of bunion
310	Closed reduction and external fixation	341	intra articular steroid injection
311	Arthrotomy Hip joint	342	Tendon transfer procedure
312	Syme's amputation	343	Removal of knee cap bursa
313	Arthroplasty	344	Treatment of fracture of ulna
314	Partial removal of rib	345	Treatment of scapula fracture
315	Treatment of sesamoid bone fracture	346	Removal of tumor of arm/ elbow under RA/GA
316	Shoulder arthroscopy / surgery	347	Repair of ruptured tendon
317	Elbow arthroscopy	348	Decompress forearm space
318	Amputation of metacarpal bone	349	Revision of neck muscle (Torticollis release)
319	Release of thumb contracture	350	Lengthening of thigh tendons

320	Incision of foot fascia	351	Treatment fracture of radius & ulna
321	calcaneum spur hydrocort injection	352	Repair of knee joint
322	Ganglion wrist hyalase injection		
Paediatric surgery			
353	Excision Juvenile polyps rectum	358	Excision Juvenile polyps rectum
354	Vaginoplasty	359	Vaginoplasty
355	Dilatation of accidental caustic stricture oesophagea	360	Dilatation of accidental caustic stricture oesophagea
356	Presacral Teratomas Excision	361	Presacral Teratomas Excision
357	Removal of vesical stone	362	Removal of vesical stone
Gynaecology			
363	Hysteroscopic removal of myoma	379	uterine artery embolization
364	D&C	380	Bartholin Cyst excision
365	Hysteroscopic resection of septum	381	Laparoscopic cystectomy
366	thermal Cauterisation of Cervix	382	Hymenectomy(imperforate Hymen)
367	MIRENA insertion	383	Endometrial ablation
368	Hysteroscopic adhesiolysis	384	vaginal wall cyst excision
369	LEEP	385	Vulval cyst Excision
370	Cryocauterisation of Cervix	386	Laparoscopic paratubal cyst excision
371	Polypectomy Endometrium	387	Repair of vagina (vaginal atresia)
372	Hysteroscopic resection of fibroid	388	Hysteroscopy, removal of myoma
373	LLETZ	389	Ureterocoele repair - congenital internal
374	Conization	390	Vaginal mesh For POP
375	polypectomy cervix	391	Laparoscopic Myomectomy
376	Hysteroscopic resection of endometrial polyp	392	Repair recto- vagina fistula
377	Vulval wart excision	393	Pelvic floor repair(excluding Fistula repair)
378	Laparoscopic paraovarian cyst excision	394	Laparoscopic oophorectomy
Critical care			
395	Insert non- tunnel CV cath	398	Insertion catheter, intra anterior
396	Insert PICC cath (peripherally inserted central catheter)	399	Insertion of Portacath
397	Replace PICC cath (peripherally inserted central catheter		
Dental			
400	Splinting of avulsed teeth	403	Oral biopsy in case of abnormal tissue presentation
401	Suturing lacerated lip	404	FNAC
402	Suturing oral mucosa	405	Smear from oral cavity

Annexure III
List of Non-admissible Expenses in Hospitalisation Policy

S. No. Items	Items	Suggestions
I. TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES		
1	Hair Removing Cream	Not Payable
2	Baby Charges (unless specified/indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilites Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and Should be Paid at least Specifically for Cases who have undergone surgery of Thoracic or Lumbar Spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposable Razor Charges (For Site Preparations)	Payable
24	Eau-De-Cologne / Room Freshners	Not Payable
25	Eye Pad	Not Payable

S. No. Items	Items	Suggestions
26	Eye Sheild	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (other than Patient's Diet Provided by Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable/ Payable by the Patient
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then Payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gause Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast/ Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of Upper Arm Fractures may be considered
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	Exclusion in Policy not payable 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 & 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

S. No. Items	Items	Suggestions
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
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 & 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
II. ELEMENTS OF ROOM CHARGE		
96	Luxury Tax	Policy Exclusion - Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits
97	HVAC	Part of Room Charge Not Payable Separately
98	House Keeping Charges	Part of Room Charge Not Payable Separately
99	Service Charges where Nursing Charge also charged	Part of Room Charge Not Payable Separately
100	Television & Air Conditioner Charges	Payable Under Room Charges Not if separately levied
101	Surcharges	Part of Room Charge Not Payable Separately
102	Attendant Charges	Not Payable - Part of Room Charges
103	IM/ IV Injection Charges	Part of Nursing Charges, Not Payable
104	Clean Sheet	Part of Laundry/housekeeping Not Payable Separately
105	Extra Diet of Patient(other than that which forms part of Bed Charge)	Not Payable. Patient Diet Provided by Hospital is Payable
106	Blanket/Warmer Blanket	Not Payable- Part of Room Charges
III. ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Convenience 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 -Hospitalisation where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable Upto 24 Hrs, Shifting Charges Not Payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
IV. External Durable Devices		
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable

S. No. Items	Items	Suggestions
133	Commode	Not Payable
134	CPAP/ CPAD Equipments	Not Payable
135	Infusion Pump - Cost	Not Payable
136	Oxygen Cylinder (for Usage outside the Hospital)	Not Payable
137	Pulseoxymeter Charges	Not Payable
138	Spacer	Not Payable
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 at least 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 at least in Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc.
V. Items Payable If Supported By A Prescription		
156	Betadine \ Hydrogen Peroxide\spirit\ Disinfectants Etc	May be Payable when prescribed for Patient, Not Payable for Hospital use in OT or Ward or for dressings ward or for dressings
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 admissable medicines are not Excluded
160	Cream Powder Lotion (Toileteries are Not Payable, only Prescribed Medical Pharmaceuticals Payable)	Payable when Prescribed
161	Digene Gel	Payable when Prescribed
162	ECG Electrodes	Upto 5 Electrodes are Required for every case visiting OT or ICU. For longer stay in ICU, may Require a Change and at least one set every second day must be Payable.
163	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
164	HIV Kit	Payable - Pre-Operative Screening
165	Listerine/ Antiseptic Mouthwash	Payable When Prescribed
166	Lozenges	Payable When Prescribed
167	Mouth Paint	Payable When Prescribed
168	Nebulisation Kit	If used during Hospitalization is Payable Reasonably
169	Novarapid	Payable When Prescribed
170	Volini Gel/ Analgesic Gel	Payable When Prescribed
171	Zytee Gel	Payable When Prescribed
172	Vaccination Charges	Routine Vaccination Not Payable / Post Bite Vaccination Payable
VI. Part of Hospital's own Costs and not Payable		
173	AHD	Not Payable - Part of Hospital's Internal Cost
174	Alcohol Swabes	Not Payable - Part of Hospital's Internal Cost
175	Scrub Solution/ Sterillium	Not Payable - Part of Hospital's Internal Cost
VII. OTHERS		
176	Vaccine Charges for Baby	Not Payable
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA Charges	Not Payable

S. No. Items	Items	Suggestions
179	Visco Belt Charges	Not Payable
180	Any Kit with no details mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
181	Examination Gloves	Not Payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/ Surgeon's Fees	Not Payable, Except For Telemedicine Consultations Where Covered by Policy
186	Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be Payable in case of PVD requiring traction as this is generally not reused
189	Referral Doctor's Fees	Not Payable
190	Accu Check (Glucometry/ 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	Trolley Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable - Ambulance from home to Hospital or inter-hospital shifts is Payable/ RTA - As Specific Requirement for critical injury is Payable
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.