

Liberty Group Health Policy Policy Wordings

Liberty General Insurance Limited (“the Company, We, Our, or Us”), having received a Proposal from the Proposer, along with declaration, reports and such other documents as may be required, upon receipt of such proposal and in consideration of the Insured named herein paying to the Company, the premium as stated in the Schedule and upon occurrence of the Insured event, the Company agrees to pay the compensation having become payable under Part 2 of this Policy, i.e. that the Sum Insured/ appropriate benefit, subject however to the terms, conditions, provisions, exclusions and limitations as contained herein or endorsed or otherwise expressed herein.

Part I: Definitions

The words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female.

1. **"Accident"** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **"Age"** means the completed age of the Insured Person as on his last birthday.
3. **"Ambulance"** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **"Any One Illness"** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where treatment may have been taken.
5. **"AYUSH treatments"** are forms of treatments other than treatment "Allopathy" or "Modern Medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
6. **Associated Medical expenses** are
 - a. Doctor's fees
 - b. Nursing Expenses
 - c. Surgical Fees, Diagnostic tests, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy
 - d. Drugs and medicines consumed on the premises
 - e. Investigation Services such as Laboratory, X-Ray, Diagnostic tests
 - f. Dressing, Ordinary splints and plaster casts
 - g. Cost of Prosthetic and other devices or equipment if implanted during a surgical procedure

7. **“Cashless facility”** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
8. **“Co-Payment”** is a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/Insured Person will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
9. **“Condition Precedent”** Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
10. **“Congenital Anomaly”** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **“Internal Congenital Anomaly”** means which is not in the visible and accessible parts of the body
 - b) **“External Congenital Anomaly”** means which is in the visible and accessible parts of the body
11. **“Day Care Centre”** means any institution established for day care treatment of illness and /or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-
 - a) has qualified nursing staff under its employment;
 - b) has qualified medical practitioner/s in charge;
 - c) has a fully equipped operation theater of its own where surgical procedures are carried out;
 - d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
12. **“Day care Procedure/ treatment”** refers to medical treatment, and/or surgical procedure which is
 - a) undertaken under General or Local Anesthesia in a hospital/day care centre for less than 24 hours because of technological advancement, and
 - b) 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.
13. **“Deductible”** is a cost-sharing requirement under this Policy that provides that the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. A deductible does not reduce the Sum Insured.
14. **“Dental Treatment”** is treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.

15. **“Disclosure to information norm”** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
16. **“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:
 - a) the condition of the patient is such that he/she is not in a condition to be removed to a hospital or,
 - b) the patient takes treatment at home on account of non-availability of room in a hospital.
17. **“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.
18. **“Endorsement”** means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.
19. **"Family"** means the Primary Insured Person whose name forms the first Insured Person, his/her lawful spouse, child/children, dependent parents/ parent-in-laws, siblings as mentioned in the Schedule to this Policy.
20. **“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.
21. **“Hospital ”:** A hospital means any institution established for in- patient care and day care treatment of Illness and / or Injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - a) has qualified nursing staff under its employment round the clock;
 - b) has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - c) has qualified medical practitioner (s) in charge round the clock;
 - d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e) maintains daily records of patients and makes these accessible to the Insurance company’s authorized personnel.

22. **“Hospitalization”** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
23. **“Illness”** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- a) **Acute Condition-** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- b) **Chronic Condition-** is defined as a disease, illness or injury that has one or more of the following characteristics:
- i. it needs ongoing or long term monitoring through consultations, examinations, check-ups, and/or tests
 - ii. it needs ongoing or long term control or relief of symptoms
 - iii. it requires rehabilitations for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. It recurs or likely to recur.
24. **“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 registered Medical Practitioner.
25. **“Inpatient Care”** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
26. **“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.
27. **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.
28. **“Insured / You/ Your/ Yourself”** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us
29. **“Insured Person/s** means the person/s named in the Schedule to the Policy, who is/are Resident Indian/s and for whom the insurance is also proposed and appropriate premium paid.

30. **“Medical Advice”** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
31. **“Maternity expense/treatment”** shall include -
- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections) incurred during Hospitalization;
 - b) Expenses towards lawful medical termination of pregnancy during the Policy Period.
32. **“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 the scope and jurisdiction of his license provided that this person is not a member of the Insured Person’s family.
33. **“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.
34. **“Medically Necessary Treatment”** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
35. **“Network Provider”** means hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
36. **“New Born Baby”** means baby born during the Policy Period and is aged up to 90 days.
37. **“Non-Network Provider”** means any hospital, day care centre or other provider that is not part of the Network.
38. **“Nominee”** means the person named in the proposal or schedule or who is included as nominee through an endorsement to whom the benefits under the Policy is nominated by the insured person.
39. **“Notification of Claim”** is the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

40. **“Outpatient treatment (OPD)”** is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
41. **"Policy"** means this document of Policy describing the terms and conditions of this contract of **insurance** including the Company’s covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured’s Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.
42. **“Policy period”** means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.
43. **“Pre-hospitalization”** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured person’s hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
44. **“Post-hospitalization Medical Expenses”** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the hospital provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalisation was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
45. **“Pre-existing Condition”** means any condition, ailment or Injury or related conditions for which the Insured Person had signs or symptoms, and/ or were diagnosed, and or received medical advice or treatment within 48 months prior to the first Policy issued by Us.
46. **“Proposal and Declaration Form”** means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.
47. **Qualified Nurse**
Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
48. **“Reasonable and Customary Charges”** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

49. **“Renewal”** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all waiting periods.
50. **“Room rent”** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
51. **“Schedule”** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.
52. **“Surgery”** means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life performed in a hospital or day care centre by a medical practitioner.
53. **“Sum Insured”** means the amount stated in the Policy Schedule as such or limited to the specific insurance details in any Section of this Policy. The Sum Insured shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.
54. **“Third Party Administrator or TPA”** means any person who is licensed under the IRDA (Third Party Administrator- Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purpose of providing health Services.
55. **“Unproven/Experimental treatment”**: Treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Part II : Coverage

The Company undertakes to indemnify the Insured Person against disease or any one Illness or any Injury due to accident during the Policy period and if such disease or injury shall require any such Insured Person, upon the advice of a duly qualified physician/Medical Practitioner to incur medical expenses for medical/surgical treatment at any Hospital / nursing home in India as an inpatient, subject to the terms, conditions, exclusions and definitions contained herein or endorsed. The Company will indemnify reasonable and customary charges incurred during the period of insurance and not exceeding the Sum Insured as mentioned in the schedule towards:

1. **In Patient Hospital Service:**
 - a. Room, Boarding expenses
 - b. ICU (Intensive Care Unit) charges
 - c. Doctor’s fees
 - d. Nursing Expenses

- e. Surgical Fees, Diagnostic tests, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy
 - f. Drugs and medicines consumed on the premises
 - g. Investigation Services such as Laboratory, X-Ray, Diagnostic tests
 - h. Dressing, Ordinary splints and plaster casts
 - i. Cost of Prosthetic and other devices or equipment if implanted during a surgical procedure
2. **Pre and Post Hospitalization** expenses incurred as defined for an ailment / disease / injury not different from the one for which hospitalization was necessary provided that we have accepted the claim under an In-patient Hospital Services as well as Day Care treatment and up to the limits as specified to the Schedule of this Policy.
3. **Day care Procedure:** The medical treatment costs necessary and reasonable in scope for a Day Care Procedure as mentioned in the list of Day Care Procedures in the Policy, where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital.
4. **Emergency Ambulance Charges:** Reimbursement of the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following Accidental Injury/ illness / disease occurring during the Policy period., provided that:
- i) Our maximum liability shall be restricted up to Rs.2,500 per hospitalization, and
 - ii) We have accepted an inpatient Hospitalisation claim
 - iii) The coverage includes the cost of the transportation of the Insured Person to a hospital in case of an emergency or from one Hospital to another nearest Hospital which is prepared to admit the Insured Person and provide necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person was first admitted, provided that the transportation has been prescribed by a Medical Practitioner and is medically necessary.
5. **Domiciliary hospitalization Treatment :**The Medical Expenses incurred by an Insured Person for medical treatment taken at his home in India which would otherwise have required hospitalization because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that the condition for which the medical treatment is required continues for at least 3 days, in which case We will reimburse the reasonable charge of necessary medical treatment upto 10% of the Sum Insured.
Subject however that domiciliary hospitalization benefits shall not cover:-
- a. Expenses incurred for pre and post hospital treatment and
 - b. Expenses incurred for treatment for any of the following diseases:
 - i. Asthma
 - ii. Bronchitis
 - iii. Chronic Nephritis and Nephritic Syndrome

- iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
- v. Diabetes Mellitus and Insipidus
- vi. Epilepsy
- vii. Hypertension
- viii. Influenza, Cough and Cold
- ix. All Psychiatric or Psychosomatic Disorders
- x. Pyrexia of unknown Origin for less than 10 days
- xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
- xii. Arthritis, Gout and Rheumatism

Part III: Exclusions

The Company shall not be liable to make any payment directly or indirectly arising out of the following events unless expressly stated elsewhere in the policy:

1. We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any Pre Existing Disease/disability/Accidental Injury and any complications arising from the same until 48 months of continuous coverage have elapsed, since inception of the first Policy of the Insured Person (s) with us.
2. The Company shall not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:-Any disease contracted by the Insured Person during the first 30 days from the commencement date of the Policy except Accidental Injury requiring Hospitalization.
3. During the first year of the operation of insurance cover of the Insured person (s) with Us, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); Congenital Internal Diseases, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from accident, Age related osteoarthritis and Osteoporosis, Surgery of varicose veins and varicose ulcers, Calculus diseases of Gall bladder and Urogenital system.
4. Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not or caused during service in the armed forces of any country) including Chemical & Biological. civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, ionising radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self sustaining process of nuclear fission.



- a. "Chemical" shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
 - b. "Biological" shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials
5. Any claim in respect of any Illness/disease/Accidental death or Accidental Injury for which treatment is administered in a place which is predominantly a place of rest, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel, health spa, massage center or any convalescent home.
 6. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.
 7. Vaccination and inoculation except in case of post-bite treatment or when it is medically necessary and part of the treatment, refractive error corrective procedures, experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.
 8. Plastic Surgery or cosmetic Surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
 9. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical/non-medical equipment including but not limited to Wheel chair, Walker, Crutches, Belts, Collars, Caps, Splints, Slings , Braces, Stocking, Diabetic foot wear, Glucometer/Thermometer and the like namely that equipment used externally from the human body which can withstand repeated usage eg: CPAP,CAPD, Infusion pump etc.; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in absence of an Illness or Injury and is usable outside of a Hospital. (The detailed list of non payable items can be referred end of this policy wordings).
 10. Any dental treatment Surgery which is corrective, cosmetic or of aesthetic procedure, unless it requires Hospitalization and is carried out under general anesthesia and is necessitated by Illness or Accidental Injury.
 11. Personal comfort and convenience items or services including but not limited to television/ telephone (wherever specifically charged for), barber or beauty service guest service body care products and bath additive, internet, foodstuffs, hygiene articles and similar incidental services and supplies. (The detailed list of non payable items can be referred end of this policy wordings).
 12. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.

13. Expenses incurred towards treatment of Illness/disease/condition arising out of alcohol use / misuse or abuse of alcohol, substance or drugs (not prescribed). Convalescence, general debility, "Run-down" condition or rest cure, venereal disease, tubectomy, vasectomy
14. In vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; sterilization and any treatment related to infertility/sub-fertility/assisted conception procedure.
15. Treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), abortion or complications of any of these, maternity or birth (including caesarian section) except in the case of ectopic pregnancy.
16. All expenses arising out of any condition directly or indirectly caused by or associated with Human T - Cell Lymph tropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS, any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
17. External Congenital anomaly.
18. Suicide, attempted suicide or willfully self-inflicted injury or illness,
19. Treatment of any mental/psychiatric disorder, anxiety/stress /depression/nervousness having no underlying physical illness as a cause; Parkinson and Alzheimer's disease, venereal disease, alcoholism, drunkenness or the abuse of drugs & any treatment related to sleep disorder.
20. Charges incurred at Hospital or nursing home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
21. Expenses on vitamins and tonics unless forming part of treatment for Injury or disease as certified by the attending Physician.
22. Costs incurred on all methods of treatment except Allopathic.
23. Gene Therapy, stem cell implantation Surgery / storage except for the treatment of Cancer.
24. Any loss or damage arising from Insured person committing any breach of law with criminal intent
25. Any treatment/loss required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting



or equestrian, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports or any other potentially dangerous sport.

26. Any treatment, resultant from an accidental injury, received in convalescent homes, convalescent hospitals, health hydros, nature cure clinic, detoxification center, sanatorium, home for the aged, mentally disturbed and remodeling clinic. Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
27. Any OPD treatment
28. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.
29. Sex change or treatment which results from or is in any way related to sex change. Hormone replacement therapy
30. All service charges, surcharges, admission fees / registration charges, private nursing charges, referral fee to family doctors, out station consultants / surgeons fees etc. levied by the Hospital. (The detailed list of non payable items can be referred end of this policy wordings).
31. Doctor's home visit charges, Attendant / Nursing charges during Pre and Post hospitalization period.
32. Expenses related to donor screening, treatment, including Surgery to remove organs from the donor in case of a transplant Surgery
33. EECF & Chelation Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR) or Cytotron therapy
34. Any Insured Person traveling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
35. Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during Hospitalization or primary reasons for admission.
36. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Part IV : Terms & Conditions

1. Disclosure of information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis- representation, mis-description or non-disclosure of any material particulars in the Proposal form, personal statement, Declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or device being used by the Insured/ Insured Person/s or any one acting on his/their behalf to obtain a benefit under this Policy.

2. Observance of Terms and Conditions

The due observance and fulfillment of the terms, conditions and endorsements, including the payment of premium of this Policy insofar as they relate to anything to be done or complied with by the Insured shall be a Condition Precedent to any liability of the Company to make any payment under this Policy.

3. Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except the Company, and any change We make will be evidenced by a written endorsement signed and stamped by the Company.

4. Material Change / Change of Occupation

It is a Condition Precedent to the Company's liability under the Policy that, the Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk or change in business or occupation during the currency of the Policy and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.

The above notification is not mandatory when only the employer changes but the nature of occupation does not change.

5. Records to be maintained

The Insured/Insured person (s) shall keep an accurate record containing all relevant particulars of medical and hospitalization treatment/s. Insured person shall furnish such information as we may require under this policy at any time during the policy period and upto 3 years after the policy period End date or until the final adjustments (if any) and resolution of claim under this policy.

6. Notice of charge

Unless required under any law of the land, the Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person, his/her nominees or legal representatives, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

7. Currency for Payment

All claims shall be payable for treatment in India and in Indian Rupees only.

8. Co payment

Any co-payment agreed to and reflected in the Schedule to the Policy would be applicable in respect of each and every claim reported under the Policy.

9. Fraudulent Claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof or if any fraudulent means or devices are used by the Insured/Insured Person or any one acting on his / her behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no Court action or suit is commenced within twelve months after such rejection all benefits under this Policy shall be forfeited.

10. Renewal

The Policy shall ordinarily be renewable except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Policy will automatically terminate at the end of the Policy Period. However Grace Period of 30 days for renewing the Policy is provided under this Policy. Any claim/loss during the grace period will not be covered.

We are under no obligation to give notice that it is due for renewal or to renew it on the same terms whether as to premium or otherwise. All Renewal applications and requisite premium shall be given to us on or before the Policy Period end date. The Insured shall give the Company written notice along with Renewal Application, of any material changes to the risk insured under the Policy. If no such written notice is received by us along with renewal application it shall be deemed that there is no material change to the risk.

Any revision or modification in a Policy which is approved by the Authority shall be notified to each Policy holder at least three months prior to the date when such revision or modification comes into effect.

Insured Person/s could avail of Policy renewal in terms of the applicable portability norms governing such renewals and the same would be renewed in accordance with the Company's underwriting Policy.

11. Entry Age

- Minimum / Maximum Age of Entry for Adults – 18 years / 65 years
- Dependent Child/children-From 3 months to 30 years

12. Sum Insured Enhancement

The provision for increase in Capital Sum Insured is available at the time of renewal of the Policy and subject to specific approval & acceptance by the Company.

13. Termination / Cancellation

This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in Policy Schedule.

Cancellation by Insurer:

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact. The Company may, in

the event of non-cooperation of the Insured/Insured person/s cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment due to the Insured/ Insured Person/s at his / their last known address in which case the Company shall be liable to repay a rateable proportion of the premium for the unexpired term from the date of the cancellation subject to there being no claim made/ reported under the Policy.

Cancellation by Insured:

The Insured may elect to cancel the Policy by giving 15 days notice in writing to the Company. If no claim has been made under the Policy then the Company shall from the date of receipt of notice cancel the Policy and refund the premium as per the Table below;

Length of time Policy in force	Refund of Premium (% of Annual Premium)
Up to 1 month	75%
Up to 3 months	50%
Up to 6 months	25%
Exceeding 6 months	0%

14. Withdrawal of Product

In case the product is found to be financially unviable or is deficient in any manner, the Company shall, in terms of Insurance Regulatory & Development Authority (Health Insurance) Regulations 2016, have the option to withdraw this product from the market subject to prior approval of such withdrawal from the Regulatory Authority. Any withdrawal of the product would be duly intimated to existing customers, who on expiry of the existing Policy, will have an option to obtain renewal under similar product/s available with Us. The Company shall allow the benefit of Portability in all such cases.

15. Disclaimer

It being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

16. Geographical Area

The cover granted under this insurance is valid only for treatments taken in India.

17. Policy Disputes

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. Subject to Arbitration as provided in Article 18, each party agrees to be subject to the executive jurisdiction of the Courts at Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.



18. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereto.

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

It is hereby expressly stipulated and declared that it shall be a Condition Precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

19. Notice

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

20. Electronic Transaction

The Insured agrees to adhere to and comply with all such terms, conditions and exclusions as the Company may prescribe from time to time, and hereby agrees and validates that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure adherence to conditions of section 41 of the Insurance Act 1938 with full disclosures on terms, conditions and exclusions. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and sent to the Insured Person, duly validated/confirmed by the Insured Person.

21. Portability Clause

Individual Insured including the family members covered under existing group health insurance policy have an option to migrate from the existing group health insurance policy to any other individual health insurance policy or a family floater policy with Us as per the underwriting guidelines of the company and the terms and conditions of the individual or family floater policy to which the insured person wishes to migrate.



Thereafter for subsequent years the insured person can port the policy with other insurer as per the provisions of IRDAI Health Insurance Regulations, 2016 regarding portability or such other regulations/guidelines/ circular as may be applicable from time to time.

22. Claim Procedure:

Notification of Claim-

a. Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Need to be informed immediately and in any event at least 48 hours prior to the Insured Person's admission to the Hospital.
2	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Need to be informed within 24 hours of the Insured Person's admission to the Hospital.

b. The Insured shall deliver to the Company, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim.

c. The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s.

d. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

e. The Company shall settle claims, including its rejection, within thirty days of receipt of the last required documents.

• **For opting Cashless Facility:** (*applicable where the Insured Person/s has opted for cashless facility in a Network Hospital*) - The Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.

• **Reimbursement Claims** - Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on Hospitalization /Injury/ death, failing which admission of claim would be based on the merits of the case at Our discretion.

Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from the Hospital. In event of any claim for Pre – Post Hospitalization expenses incurred, all claim related documents needs to be submitted within 7 days from the date of completion of treatment or eligible Post Hospitalization period as mentioned in the Policy Schedule whichever is earlier

The Claim Procedure would be in full compliance with relevant provisions of Insurance Regulatory and Development Authority Health Regulation 2016.

- In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
- We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.
- If required, the Insured Person/s must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person/s must agree to be examined by a medical practitioner of our choice at Our expenses.
- We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016.
- In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholder's Interests) Regulation, 2017, we shall 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.

For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

- However, where the circumstances of a claim warrant an investigation we shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, we shall settle the claim within 45 days from the date of receipt of last necessary document.
In case of delay beyond stipulated 45 days the we shall pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

No person other than the Insured /Insured Person(s) and/ or nominees named in the Proposal can claim or sue us under this Policy.

CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

In-patient Treatment /Day Care Procedures

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year Policy.
- Original Detailed Discharge Summary / Day care summary from the hospital.
- Original consolidated hospital bill with bill no and break up of each Item, duly signed by the insured.
- Original payment Receipt of the hospital bill with receipt number.
- First Consultation letter and subsequent Prescriptions.



- Original bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
- Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- Original medicine bills and receipts with corresponding Prescriptions.
- Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.

Road Traffic Accident

In addition to the In-patient Treatment documents:

- Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate. In Non Medico legal cases
- Treating Doctor's Certificate giving details of Injuries (How, when and where injury sustained) In Accidental Death cases
- Copy of Post Mortem Report (if conducted) & Death Certificate

For Death Cases

In addition to the In-patient Treatment documents:

- Original Death Summary from the hospital.
- Copy of the Death certificate from treating doctor or the hospital authority.
- Copy of the Legal heir certificate, if the claim is for the death of the principle insured.

Pre and Post-Hospitalization expenses

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year Policy.
- Original Medicine bills, original payment receipt with prescriptions.
- Original Investigations bills, original payment receipt with prescriptions and report.
- Original Consultation bills, original payment receipt with prescription.
- Copy of the Discharge Summary of the main claim.

Ambulance Benefit

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year Policy.
- Original Bill with Original Payment Receipt.
- Treating Doctor's consultation prescription indicating Emergency Hospitalization.

We may call for additional documents/ information as relevant to the claim.

In case you are covered under multiple policies which provide fixed benefits, on the occurrence of the insured event, we shall make the claim payments as per terms and conditions of this policy, independent of payments received by you under other similar policies.

Further, if you are covered under multiple policies to indemnify treatment costs, you shall have the right to get your claim in terms of any of your policies. In case you opt to file the claim with Us, We shall settle the claim as per terms and conditions of this policy. If the amount claimed exceeds the sum insured under the policy after considering the deductibles or co-pay, you shall have the right to claim the balance amount from other insurer/s.

Applicable to all claims under the Policy:

In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, the Company shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

The Insured Person must give Us at his expense, all the information We ask for about the claim.

We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.

If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.

If required, the Insured person must agree to be examined by a Medical Practitioner of our choice at our expenses.

The Policy would generally exclude the non payable items specified in the policy document unless otherwise agreed upon by the Company..

Part V : Discount Parameters

The following discount is applicable on the final pure premium to be charged applicable for fresh coverage sought:

1. Group Discount

The Group Discount is permissible as per the following scale depending upon the total number of Insured persons covered under the Group policy at the inception. Increase / Decrease in the sizes of the group during the currency of the policy is permissible only on monthly basis.

No. of Persons Insured under the Group Policy	Group Discounts %
Upto 100 persons	0%
101 Persons - 250 Persons	2.5%
251 Persons - 500 Persons	5%
501 Persons – 1000 Persons	7.5%
1001 Persons - 2000 Persons	10%
2001 Persons - 5000 Persons	12.5%
5001 Persons – 10000 Persons	15%
10001 Persons - 15000 Persons	20%
15001 Persons - 25000 Persons	22%



25001 Persons - 50000 Persons	25%
Above 50001 Persons	30%

Part VI – Grievance Redressal Procedure

We are concerned about you and are committed to extend the best possible services. In case you are not satisfied with our services or resolutions, please follow the below steps for redressal.

Step 1

Call us on Toll free number: **1800-266-5844**
(8:00 AM to 8:00 PM, 7 days of the week)

or

Email us at: care@libertyinsurance.in

or

Write to us at:

Customer Service

Liberty General Insurance Limited

10th Floor, Tower A, Peninsula Business Park,
Ganpatrao Kadam Marg, Lower Parel, Mumbai 400
013

Step 2

If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in

Step 3

If you are still not satisfied with the resolution provided, you can further escalate at Servicehead@libertyinsurance.in

An acknowledgement will be sent on receipt of your concern, we would then investigate the matter internally and respond with a suitable resolution. Please share your contact details to enable us to get in touch with you.

In case you are not satisfied with the decision or resolution provided by the company you may approach the Insurance Ombudsman for redressal. The details of Insurance Ombudsman offices are given below:

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg,	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	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	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	
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	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 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	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	
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 Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA 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, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti,

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
	Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<p>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</p>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<p>NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<p>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</p>	Bihar, Jharkhand.

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
<p>PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

GOVERNING BODY OF INSURANCE COUNCIL

Shri P.N. Gandhi, Secretary General

Smt Moushumi Mukherji, Secretary

3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai – 400 054.

Tel: 022 – 26106889 / 671 / 980

Fax: 022 – 26106949

Email: inscoun@ecoi.co.in

For updated details of Insurance Ombudsman Offices you may visit Governing Body of Insurance Council (GBIC) website at <http://www.gbic.co.in/ombudsman.html> or our website at <https://www.libertyinsurance.in/customer-support/grievance-redressal>

Addendum to the Policy Wording (to be attached as applicable)

1. Additions/Deletion of Members

It is hereby declared and agreed that the Insured Person/s is/are covered under this Policy only till such time they are on rolls of the Insured (Policy Holder). It is further agreed that any addition/deletion of members shall be communicated to the Insurer in writing within a reasonable time from the date of joining/ leaving but not later than the last day of the succeeding month of joining / leaving the employment.

The cover will commence from the joining date for such Insured Person/s (as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained



with the Insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer. Provided however that the Group Policyholder has intimated the joining of the said Insured person to the group.

Refund on deletion of members will be effected only for such members who have not preferred any claims under the Policy.

Dependents of Primary members shall be declared at the inception of the Policy. Any mid-term inclusion of dependents will not be allowed except for spouse by marriage, child by birth and for insured persons joining the group during the Policy Period.

In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance.

All other terms, conditions, warranties & exclusions of the Policy remain unaltered.

2. Payment of premium on Installment basis

- a. Notwithstanding anything to the contrary in the Policy, the Company as a matter of facility to the Insured, agrees to accept payment of premium by installments. Premium can be paid in either monthly, quarterly or half yearly installments (as indicated in Table below) subject to approval and acceptance by the Company. Given below are the payment terms applicable on standard premiums in case of installments.

Installment Frequency	Inception Premium	2nd Installment	3rd Installment	4th Installment
Four	40% ,	20%	20%	20%
Three	40%	30%	30%	NA
Two	60%	40%	NA	NA
Annual	100%	NA	NA	NA

- b. Notwithstanding the provisions of the preceding clause, upon non-payment of any installment on its due date as specified in the Schedule to this Policy, the Policy shall cease to operate from the time and date of the default in payment of the installment and no liability shall attach under this Policy for any claim occurring thereafter, nor shall any refund of premium become due under the Policy.
- c. The Policy can be revived within the relaxation period (as indicated in the Table below) by payment of the Installment due subject however to the condition that no liability shall attach under this Policy for any claim occurring during the period when the Policy is deemed to have ceased to operate following default in payment of Installment premium due under the Policy.

Installment Frequency	Relaxation Period
Four	15 Days
Three	15 Days
Two	15 Days
Annual	Grace Period

- d. Additionally, in the event of claim during the currency of this Policy from any cause whatsoever, all the subsequent installments applicable to the respective Insured member/s shall immediately become due and payable notwithstanding anything to the contrary hereinabove contained.

NOTE : IT IS NOT OBLIGATORY ON THE PART OF THE INSURERS TO GIVE ANY NOTICE TO THE INSURED FOR PAYMENT OF PREMIUM INSTALMENT.

LIST OF DAY CARE PROCEDURES/TREATMENTS

Day Care Procedures/Treatments include the following Day Care Surgeries & Day Care Treatments and can include other Day Care procedures or surgery or treatment undertaken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not in the Outpatient department of a Hospital:

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 Keratosis removal under GA
- 25 Reduction of fracture of Nasal Bone
- 26 Excision and destruction of lingual tonsils
- 27 Conchoplasty
- 28 Thyroplasty Type II
- 29 Tracheostomy
- 30 Excision of Angioma Septum
- 31 Turbinoplasty
- 32 Incision & Drainage of Retro Pharyngeal Abscess
- 33 Uvulo Palato Pharyngo Plasty
- 34 Palatoplasty
- 35 Tonsillectomy without adenoidectomy
- 36 Adenoidectomy with Grommet insertion
- 37 Adenoidectomy without Grommet insertion
- 38 Vocal Cord lateralisation Procedure
- 39 Incision & Drainage of Para Pharyngeal Abscess
- 40 Transoral incision and drainage of a pharyngeal abscess

- 41 Tonsillectomy with adenoidectomy
- 42 Tracheoplasty

Ophthalmology

- 43 Incision of tear glands
- 44 Other operation on the tear ducts
- 45 Incision of diseased eyelids
- 46 Excision and destruction of the diseased tissue of the eyelid
- 47 Removal of foreign body from the lens of the eye.
- 48 Corrective surgery of the entropion and ectropion
- 49 Operations for pterygium
- 50 Corrective surgery of blepharoptosis
- 51 Removal of foreign body from conjunctiva
- 52 Biopsy of tear gland
- 53 Removal of Foreign body from cornea
- 54 Incision of the cornea
- 55 Other operations on the cornea
- 56 Operation on the canthus and epicanthus
- 57 Removal of foreign body from the orbit and the eye ball.
- 58 Surgery for cataract
- 59 Treatment of retinal lesion
- 60 Removal of foreign body from the posterior chamber of the eye

Oncology

- 61 IV Push Chemotherapy
- 62 HBI-Hemibody Radiotherapy
- 63 Infusional Targeted therapy
- 64 SRT-Stereotactic Arc Therapy
- 65 SC administration of Growth Factors
- 66 Continuous Infusional Chemotherapy
- 67 Infusional Chemotherapy
- 68 CCRT-Concurrent Chemo + RT
- 69 2D Radiotherapy
- 70 3D Conformal Radiotherapy
- 71 IGRT- Image Guided Radiotherapy
- 72 IMRT- Step & Shoot
- 73 Infusional Bisphosphonates
- 74 IMRT- DMLC
- 75 Rotational Arc Therapy
- 76 Tele gamma therapy
- 77 FSRT-Fractionated SRT
- 78 VMAT-Volumetric Modulated Arc Therapy
- 79 SBRT-Stereotactic Body Radiotherapy
- 80 Helical Tomotherapy
- 81 SRS-Stereotactic Radiosurgery
- 82 X-Knife SRS
- 83 Gammaknife SRS

- 84 TBI- Total Body Radiotherapy
- 85 intraluminal Brachytherapy
- 86 Electron Therapy
- 87 TSET-Total Electron Skin Therapy
- 88 Extracorporeal Irradiation of Blood Products
- 89 Telecobalt Therapy
- 90 Telecesium Therapy
- 91 External mould Brachytherapy
- 92 Interstitial Brachytherapy
- 93 Intracavity Brachytherapy
- 94 3D Brachytherapy
- 95 Implant Brachytherapy
- 96 Intravesical Brachytherapy
- 97 Adjuvant Radiotherapy
- 98 Afterloading Catheter Brachytherapy
- 99 Conditioning Radiotherapy for BMT
- 100 Extracorporeal Irradiation to the Homologous Bone grafts
- 101 Radical chemotherapy
- 102 Neoadjuvant radiotherapy
- 103 LDR Brachytherapy
- 104 Palliative Radiotherapy
- 105 Radical Radiotherapy
- 106 Palliative chemotherapy
- 107 Template Brachytherapy
- 108 Neoadjuvant chemotherapy
- 109 Adjuvant chemotherapy
- 110 Induction chemotherapy
- 111 Consolidation chemotherapy
- 112 Maintenance chemotherapy
- 113 HDR Brachytherapy

Plastic Surgery

- 114 Construction skin pedicle flap
- 115 Gluteal pressure ulcer-Excision
- 116 Muscle-skin graft, leg
- 117 Removal of bone for graft
- 118 Muscle-skin graft duct fistula
- 119 Removal cartilage graft
- 120 Myocutaneous flap
- 121 Fibro myocutaneous flap
- 122 Breast reconstruction surgery after mastectomy
- 123 Sling operation for facial palsy
- 124 Split Skin Grafting under RA
- 125 Wolfe skin graft
- 126 Plastic surgery to the floor of the mouth under GA

Urology

- 127 AV fistula - wrist
- 128 URSL with stenting
- 129 URSL with lithotripsy
- 130 Cystoscopic Litholapaxy
- 131 ESWL
- 132 Haemodialysis
- 133 Bladder Neck Incision
- 134 Cystoscopy & Biopsy
- 135 Cystoscopy and removal of polyp
- 136 Suprapubic cystostomy
- 137 percutaneous nephrostomy
- 139 Cystoscopy and "SLING" procedure.
- 140 TUNA- prostate
- 141 Excision of urethral diverticulum
- 142 Removal of urethral Stone
- 143 Excision of urethral prolapse
- 144 Mega-ureter reconstruction
- 145 Kidney renoscopy and biopsy
- 146 Ureter endoscopy and treatment
- 147 Vesico ureteric reflux correction
- 148 Surgery for pelvi ureteric junction obstruction
- 149 Anderson hynes operation
- 150 Kidney endoscopy and biopsy
- 151 Paraphimosis surgery
- 152 injury prepuce- circumcision
- 153 Frenular tear repair
- 154 Meatotomy for meatal stenosis
- 155 surgery for fournier's gangrene scrotum
- 156 surgery filarial scrotum
- 157 surgery for watering can perineum
- 158 Repair of penile torsion
- 159 Drainage of prostate abscess
- 160 Orchiectomy
- 161 Cystoscopy and removal of FB

Neurology

- 162 Facial nerve physiotherapy
- 163 Nerve biopsy
- 164 Muscle biopsy
- 165 Epidural steroid injection
- 166 Glycerol rhizotomy
- 167 Spinal cord stimulation
- 168 Motor cortex stimulation
- 169 Stereotactic Radiosurgery
- 170 Percutaneous Cordotomy



- 171 Intrathecal Baclofen therapy
- 172 Entrapment neuropathy Release
- 173 Diagnostic cerebral angiography
- 174 VP shunt
- 175 Ventriculoatrial shunt

Thoracic surgery

- 176 Thoracoscopy and Lung Biopsy
- 177 Excision of cervical sympathetic Chain Thoracoscopic
- 178 Laser Ablation of Barrett's oesophagus
- 179 Pleurodesis
- 180 Thoracoscopy and pleural biopsy
- 181 EBUS + Biopsy
- 182 Thoracoscopy ligation thoracic duct
- 183 Thoracoscopy assisted empyema drainage

Gastroenterology

- 184 Pancreatic pseudocyst EUS & drainage
- 185 RF ablation for barrett's Oesophagus
- 186 ERCP and papillotomy
- 187 Esophagoscope and sclerosant injection
- 188 EUS + submucosal resection
- 189 Construction of gastrostomy tube
- 190 EUS + aspiration pancreatic cyst
- 191 Small bowel endoscopy (therapeutic)
- 192 Colonoscopy ,lesion removal
- 193 ERCP
- 194 Colonoscopy stenting of stricture
- 195 Percutaneous Endoscopic Gastrostomy
- 196 EUS and pancreatic pseudo cyst drainage
- 197 ERCP and choledochoscopy
- 198 Proctosigmoidoscopy volvulus detorsion
- 199 ERCP and sphincterotomy
- 200 Esophageal stent placement
- 201 ERCP + placement of biliary stents
- 202 Sigmoidoscopy w / stent
- 203 EUS + coeliac node biopsy

General Surgery

- 204 infected keloid excision
- 205 Incision of a pilonidal sinus / abscess
- 206 Axillary lymphadenectomy
- 207 Wound debridement and Cover
- 208 Abscess-Decompression
- 209 Cervical lymphadenectomy
- 210 infected sebaceous cyst
- 211 Inguinal lymphadenectomy



- 212 Incision and drainage of Abscess
- 213 Suturing of lacerations
- 214 Scalp Suturing
- 215 infected lipoma excision
- 216 Maximal anal dilatation
- 217 Piles
 - A) Injection Sclerotherapy
 - B) Piles banding
- 218 liver Abscess- catheter drainage
- 219 Fissure in Ano- fissurectomy
- 220 Fibroadenoma breast excision
- 221 Oesophageal varices Sclerotherapy
- 222 ERCP - pancreatic duct stone removal
- 223 Perianal abscess I&D
- 225 Fissure in ano sphincterotomy
- 226 UGI scopy and Polypectomy oesophagus
- 227 Breast abscess I& D
- 228 Feeding Gastrostomy
- 229 Oesophagoscopy and biopsy of growth oesophagus
- 230 UGI scopy and injection of adrenaline, sclerosants
 - bleeding ulcers
- 231 ERCP - Bile duct stone removal
- 232 Ileostomy closure
- 233 Colonoscopy
- 234 Polypectomy colon
- 235 Splenic abscesses Laparoscopic Drainage
- 236 UGI SCOPY and Polypectomy stomach
- 237 Rigid Oesophagoscopy for FB removal
- 238 Feeding Jejunostomy
- 239 Colostomy
- 240 Ileostomy
- 241 colostomy closure
- 242 Submandibular salivary duct stone removal
- 243 Pneumatic reduction of intussusception
- 244 Varicose veins legs - Injection sclerotherapy
- 245 Rigid Oesophagoscopy for Plummer vinson syndrome
- 246 Pancreatic Pseudocysts Endoscopic Drainage
- 247 ZADEK's Nail bed excision
- 248 Subcutaneous mastectomy
- 249 Excision of Ranula under GA
- 250 Rigid Oesophagoscopy for dilation of benign Strictures
- 251 Eversion of Sac
 - a) Unilateral
 - b) Bilateral
- 252 Lord's plication
- 253 Jaboulay's Procedure
- 254 Scrotoplasty

- 255 Surgical treatment of varicocele
- 256 Epididymectomy
- 257 Circumcision for Trauma
- 258 Meatoplasty
- 259 Intersphincteric abscess incision and drainage
- 260 Psoas Abscess Incision and Drainage
- 261 Thyroid abscess Incision and Drainage
- 262 TIPS procedure for portal hypertension
- 263 Esophageal Growth stent
- 264 PAIR Procedure of Hydatid Cyst liver
- 265 Tru cut liver biopsy
- 266 Photodynamic therapy or esophageal tumour and Lung tumour
- 267 Excision of Cervical RIB
- 268 laparoscopic reduction of intussusception
- 269 Microdocheotomy breast
- 270 Surgery for fracture Penis
- 271 Sentinel node biopsy
- 272 Parastomal hernia
- 273 Revision colostomy
- 274 Prolapsed colostomy- Correction
- 275 Testicular biopsy
- 276 laparoscopic cardiomyotomy(Hellers)
- 277 Sentinel node biopsy malignant melanoma
- 278 laparoscopic pyloromyotomy(Ramstedt)

Orthopedics

- 279 Arthroscopic Repair of ACL tear knee
- 280 Closed reduction of minor Fractures
- 281 Arthroscopic repair of PCL tear knee
- 282 Tendon shortening
- 283 Arthroscopic Meniscectomy - Knee
- 284 Treatment of clavicle dislocation
- 285 Arthroscopic meniscus repair
- 286 Haemarthrosis knee- lavage
- 287 Abscess knee joint drainage
- 288 Carpal tunnel release
- 289 Closed reduction of minor dislocation
- 290 Repair of knee cap tendon
- 291 ORIF with K wire fixation- small bones
- 292 Release of midfoot joint
- 293 ORIF with plating- Small long bones
- 294 Implant removal minor
- 295 K wire removal
- 296 POP application
- 297 Closed reduction and external fixation
- 298 Arthrotomy Hip joint
- 299 Syme's amputation

- 300 Arthroplasty
- 301 Partial removal of rib
- 302 Treatment of sesamoid bone fracture
- 303 Shoulder arthroscopy / surgery
- 304 Elbow arthroscopy
- 305 Amputation of metacarpal bone
- 306 Release of thumb contracture
- 307 Incision of foot fascia
- 308 calcaneum spur hydrocort injection
- 309 Ganglion wrist hyalase injection
- 310 Partial removal of metatarsal
- 311 Repair / graft of foot tendon
- 312 Revision/Removal of Knee cap
- 313 Amputation follow-up surgery
- 314 Exploration of ankle joint
- 315 Remove/graft leg bone lesion
- 316 Repair/graft achilles tendon
- 317 Remove of tissue expander
- 318 Biopsy elbow joint lining
- 319 Removal of wrist prosthesis
- 320 Biopsy finger joint lining
- 321 Tendon lengthening
- 322 Treatment of shoulder dislocation
- 323 Lengthening of hand tendon
- 324 Removal of elbow bursa
- 325 Fixation of knee joint
- 326 Treatment of foot dislocation
- 327 Surgery of bunion
- 328 intra articular steroid injection
- 329 Tendon transfer procedure
- 330 Removal of knee cap bursa
- 331 Treatment of fracture of ulna
- 332 Treatment of scapula fracture
- 333 Removal of tumor of arm/ elbow under RA/GA
- 334 Repair of ruptured tendon
- 335 Decompress forearm space
- 336 Revision of neck muscle (Torticollis release)
- 337 Lengthening of thigh tendons
- 338 Treatment fracture of radius & ulna
- 339 Repair of knee joint

Paediatric surgery

- 340 Excision Juvenile polyps rectum
- 341 Vaginoplasty
- 342 Dilatation of accidental caustic stricture oesophageal
- 343 Presacral Teratomas Excision
- 344 Removal of vesical stone

- 345 Excision Sigmoid Polyp
- 346 Sternomastoid Tenotomy
- 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
- 348 Excision of soft tissue rhabdomyosarcoma
- 349 Mediastinal lymph node biopsy
- 350 High Orchidectomy for testis tumours
- 351 Excision of cervical teratoma
- 352 Rectal-Myomectomy
- 353 Rectal prolapse (Delorme's procedure)
- 354 Orchidopexy for undescended testis
- 355 Detorsion of torsion Testis
- 356 lap.Abdominal exploration in cryptorchidism
- 357 EUA + biopsy multiple fistula in ano
- 358 Cystic hygroma - Injection treatment
- 359 Excision of fistula-in-ano

Gynaecology

- 360 Hysteroscopic removal of myoma
- 361 D&C
- 362 Hysteroscopic resection of septum
- 363 thermal Cauterisation of Cervix
- 364 MIRENA insertion
- 365 Hysteroscopic adhesiolysis
- 366 LEEP
- 367 Cryocauterisation of Cervix
- 368 Polypectomy Endometrium
- 369 Hysteroscopic resection of fibroid
- 370 LLETZ
- 371 Conization
- 372 polypectomy cervix
- 373 Hysteroscopic resection of endometrial polyp
- 374 Vulval wart excision
- 375 Laparoscopic paraovarian cyst excision
- 376 uterine artery embolization
- 377 Bartholin Cyst excision
- 378 Laparoscopic cystectomy
- 379 Hymenectomy(imperforate Hymen)
- 380 Endometrial ablation
- 381 vaginal wall cyst excision
- 382 Vulval cyst Excision
- 383 Laparoscopic paratubal cyst excision
- 384 Repair of vagina (vaginal atresia)
- 385 Hysteroscopy, removal of myoma
- 386 TURBT
- 387 Ureterocoele repair - congenital internal
- 388 Vaginal mesh For POP
- 389 Laparoscopic Myomectomy



- 390 Surgery for SUI
- 391 Repair recto- vagina fistula
- 392 Pelvic floor repair(excluding Fistula repair)
- 393 URS + LL
- 394 Laparoscopic oophorectomy

Critical care

- 395 Insert non- tunnel CV cath
- 396 Insert PICC cath (peripherally inserted central catheter)
- 397 Replace PICC cath (peripherally inserted central catheter)
- 398 Insertion catheter, intra anterior
- 399 Insertion of Portacath

Dental

- 400 Splinting of avulsed teeth
- 401 Suturing lacerated lip
- 402 Suturing oral mucosa
- 403 Oral biopsy in case of abnormal tissue presentation
- 404 FNAC
- 405 Smear from oral cavity

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition

LIST OF NON PAYABLE ITEMS

S.No	NAME OF THE NON MEDICAL ITEM	PAYABLE/NOT PAYABLE
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1.	ANNE FRENCH CHARGES	Not Payable
2.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3.	BABY FOOD	Not Payable
4.	BABY UTILITES CHARGES	Not Payable
5.	BABY SET	Not Payable
6.	BABY BOTTLES	Not Payable
7.	BRUSH	Not Payable
8.	COSY TOWEL	Not Payable
9.	HAND WASH	Not Payable
10.	MOISTURISER PASTE BRUSH	Not Payable
11.	POWDER	Not Payable
12.	RAZOR	Payable
13.	SHOE COVER	Not Payable
14.	BEAUTY SERVICES	Not Payable
15.	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine.
16.	BUDS	Not Payable
17.	BARBER CHARGES	Not Payable
18.	CAPS	Not Payable
19.	COLD PACK/HOT PACK	Not Payable
20.	CARRY BAGS	Not Payable
21.	CRADLE CHARGES	Not Payable
22.	COMB	Not Payable
23.	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24.	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25.	EYE PAD	Not Payable
26.	EYE SHEILD	Not Payable
27.	EMAIL / INTERNET CHARGES	Not Payable
28.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29.	FOOT COVER	Not Payable
30.	GOWN	Not Payable
31.	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32.	LAUNDRY CHARGES	Not Payable

33.	MINERAL WATER	Not Payable
34.	OIL CHARGES	Not Payable
35.	SANITARY PAD	Not Payable
36.	SLIPPERS	Not Payable
37.	TELEPHONE CHARGES	Not Payable
38.	TISSUE PAPER	Not Payable
39.	TOOTH PASTE	Not Payable
40.	TOOTH BRUSH	Not Payable
41.	GUEST SERVICES	Not Payable
42.	BED PAN	Not Payable
43.	BED UNDER PAD CHARGES	Not Payable
44.	CAMERA COVER	Not Payable
45.	CLINIPLAST	Not Payable
46.	CREPE BANDAGE	Not Payable
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.	LACTOGEN/ INFANT FOOD	Not Payable
58.	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59.	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60.	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61.	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
62.	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
63.	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
64.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
65.	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified

ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
66.	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
67.	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
68.	MICROSCOPE COVER	Payable under OT Charges, not separately
69.	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
70.	SURGICAL DRILL	Payable under OT Charges, not separately
71.	EYE KIT	Payable under OT Charges, not separately
72.	EYE DRAPE	Payable under OT Charges, not separately
73.	X-RAY FILM	Payable under Radiology Charges, not as consumable
74.	SPUTUM CUP	Payable under Investigation Charges, not as consumable
75.	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
76.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
77.	ANTISEPTIC OR DISINFECTANT LOTIONS (DETOL, SAVLON)	Payable-Part of Dressing Charges
78.	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
79.	COTTON	Not Payable-Part of Dressing Charges
80.	COTTON BANDAGE	Not Payable- Part of Dressing Charges
81.	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
82.	BLADE	Not Payable
83.	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
84.	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
85.	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
86.	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
87.	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
88.	HVAC	Part of room charge not payable separately
89.	HOUSE KEEPING CHARGES	Part of room charge not payable separately
90.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
91.	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
92.	SURCHARGES	Part of Room Charge, Not payable separately
93.	ATTENDANT CHARGES	Not Payable - Part of Room Charges
94.	IM IV INJECTION CHARGES	Part of nursing charges, not payable

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

129.	SPACER	Not Payable
130.	SPIROMETRE	Device not payable
131.	SPO2 PROBE	Not Payable
132.	NEBULIZER KIT	Not Payable
133.	STEAM INHALER	Not Payable
134.	ARMSLING	Not Payable
135.	THERMOMETER	Not Payable (paid by patient)
136.	CERVICAL COLLAR	Not Payable
137.	SPLINT	Not Payable
138.	DIABETIC FOOT WEAR	Not Payable
139.	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
140.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
141.	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
142.	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
143.	AMBULANCE COLLAR	Not Payable
144.	AMBULANCE EQUIPMENT	Not Payable
145.	MICROSHEILD	Not Payable
146.	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.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
147.	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
148.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
149.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Patient Diet provided by hospital is payable
150.	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded
151.	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
152.	DIGENE GEL/ ANTACID GEL	Payable when prescribed
153.	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.
154.	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
155.	HIV KIT	Payable - payable Pre operative screening

156.	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
157.	LOZENGES	Payable when prescribed
158.	MOUTH PAINT	Payable when prescribed
159.	NEBULISATION KIT	If used during hospitalization is payable reasonably
160.	NOVARAPID	Payable when prescribed
161.	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
162.	ZYTEE GEL	Payable when prescribed
163.	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
164.	AHD	Not Payable - Part of Hospital's internal Cost
165.	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
166.	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
167.	VACCINE CHARGES FOR BABY	Not Payable
168.	TPA CHARGES	Not Payable
169.	VISCO BELT CHARGES	Not Payable
170.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
171.	EXAMINATION GLOVES	Not Payable
172.	KIDNEY TRAY	Not Payable
173.	MASK	Not Payable
174.	OUNCE GLASS	Not Payable
175.	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
176.	OXYGEN MASK	Not Payable
177.	PAPER GLOVES	Not Payable
178.	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
179.	REFERAL DOCTOR'S FEES	Not Payable
180.	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
181.	PAN CAN	Not Payable
182.	SOFNET	Not Payable
183.	TROLLY COVER	Not Payable
184.	UROMETER, URINE JUG	Not Payable
185.	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
186.	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs



187.	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
188.	SOFTOVAC	Not Payable
189.	STOCKINGS	Essential for case like CABG etc. where it should be paid.