

# THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001

## NEW INDIA SIXTY PLUS MEDICLAIM POLICY

This is Your NEW INDIA SIXTY PLUS MEDICLAIM POLICY, which has been issued by Us, relying on the information disclosed by You in Your Proposal for this Policy or its preceding Policy/Policies of which this is a renewal.

The terms and conditions set out in this Policy and its Schedule will be the basis for any claim and/or benefit under this Policy.

This Policy states:-

**What We Cover**

**Definitions**

**How much we will reimburse**

**What are Excluded under this Policy**

**Conditions**

Please read this Policy carefully and point out discrepancy, if any, in the Schedule. Otherwise, it will be presumed that the Policy and the Schedule correctly represent the cover agreed upon.

### **1. WHAT WE COVER**

If during the Period of Insurance, You or any Insured Person incurs Hospitalisation Expenses which are Reasonable and Customary, and Medically Necessary for treatment of any Illness or Injury, We will reimburse such expense incurred by You, through the Third Party Administrator, in the manner stated herein.

Please note that the above coverage is subject to Limits, Terms and Conditions contained in this Policy and no Exclusion being found applicable.

### **2. DEFINITIONS**

- 2.1 ACCIDENT** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2.2 ANY ONE ILLNESS** means continuous period of Illness and includes relapse within forty-five days from the date of last consultation with the Hospital where treatment was taken.
- 2.3 ATTENDANT** means a person who provides basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants and nursing aides.

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

**2.5 CLAIM FREE YEAR** means coverage under the New India Sixty Plus Mediclaim Policy for a period of one year during which no claim is paid or payable under the terms and conditions of the Policy in respect of Insured Person.

**2.6 CONDITION PRECEDENT** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**2.7 CONGENITAL ANOMALY** means to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

**2.6.1 CONGENITAL INTERNAL ANOMALY** means a Congenital Anomaly which is not in the visible and accessible parts of the body.

**2.6.2 CONGENITAL EXTERNAL ANOMALY** means a Congenital Anomaly which is in the visible and accessible parts of the body.

**2.8 CONTINUOUS COVERAGE** means uninterrupted coverage of the Insured Person with Us or any other Insurer, from the time the coverage incepted under any of the Health Insurance policies till the date of commencement of Period of Insurance of this Policy.

A break in insurance for a period not exceeding thirty days shall not be reckoned as an interruption in coverage for the purpose of this Clause. In case of change in Sum Insured during such uninterrupted coverage, the lowest Sum Insured would be reckoned for determining Continuous Coverage.

**2.9 CO-PAYMENT** is a cost-sharing requirement under a health insurance policy that provides that the Insured Person will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

**2.10 CUMULATIVE BONUS BUFFER** means Bonus, as stated in the Schedule, carried forwarded at commencement of this Policy. CUMULATIVE BONUS BUFFER shall not be treated as part of the Sum Insured for the purposes of reckoning any limit specified in the Policy.

**2.11 DAY CARE TREATMENT** refers to medical treatment, and/or Surgical Procedure which is:

- Undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than twenty four hours because of technological advancement, and
- Which would have otherwise required a Hospitalization of more than twenty four hours.

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

**2.12 DAY CARE CENTRE** means any institution established for Day Care Treatment of Illness and/or Injury or a medical setup within a Hospital and which has been registered with the local authorities, wherever

applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:

- has qualified nursing staff under its employment;
- has qualified Medical Practitioner/s in charge;
- Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- Maintains daily record of patients and will make these accessible to the insurance company's authorized personnel.

**2.13 DENTAL TREATMENT** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**2.14 DOMICILIARY HOSPITALISATION** means medical treatment for an Illness/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:

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

**2.15 HOSPITAL** means any institution established for Inpatient Care and Day Care Treatment of Illness and/or Injury and which has been registered as a Hospital with the local authorities under the Clinical Establishment (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:

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

**2.16 HOSPITALISATION** means admission in a Hospital for a minimum period of twenty four consecutive hours of Inpatient Care except for specified procedures / treatments as mentioned in Annexure I, where such admission could be for a period of less than twenty four consecutive hours.

**Note:** Procedures / treatments usually done in outpatient department are not payable under the Policy even if converted as an in-patient in the Hospital for more than twenty four consecutive hours.

**2.17 ILLNESS** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

**2.18 INJURY** means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**2.19 INPATIENT CARE** means treatment for which the insured person has to stay in a Hospital for more than twenty-four hours for a covered event.



- 2.20 INSURED PERSON** means You and each of the others who are covered under this Policy as shown in the Schedule.
- 2.21 ICU (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.
- 2.22 ICU 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.
- 2.23 MEDICAL ADVICE** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- 2.24 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 Medical Practitioner in the same locality would have charged for the same medical treatment.
- 2.25 MEDICALLY NECESSARY TREATMENT** means 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.
- 2.26 MEDICAL PRACTITIONER** is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Indian Medicine or for Homeopathy 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.
- Note:** The Medical Practitioner should not be the insured or close family members.
- 2.27 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. The list is available with the insurer/TPA and subject to amendment from time to time.
- 2.28 NON-NETWORK PROVIDER** means any Hospital, Day Care Centre or other provider that is not part of the Network.
- 2.29 PERIOD OF INSURANCE** means the period for which this Policy is taken as specified in the Schedule.

- 2.30 PRE-EXISTING CONDITION/DISEASE** means any condition, ailment or Injury or related condition(s) for which You had signs or symptoms, and/or were diagnosed, and/or for which You received medical advice / treatment within forty eight months prior to the first policy issued by Us (as mentioned in the Schedule) and renewed continuously thereafter.
- 2.31 PRE-HOSPITALISATION MEDICAL EXPENSES** mean Medical Expenses incurred during thirty days preceding the Hospitalisation 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 Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.32 POST-HOSPITALISATION MEDICAL EXPENSES** mean Medical Expenses incurred during sixty 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 Hospitalisation was required, and
  - ii. The Inpatient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
- 2.33 PORTABILITY** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another of the same insurer.
- 2.34 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.
- 2.35 REASONABLE AND CUSTOMARY CHARGES** mean 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.
- 2.36 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.
- 2.37 ROOM RENT** means the amount charged by a Hospital towards Room and Boarding expense and shall include associated medical expenses.
- 2.38 SUM INSURED** is the maximum amount of coverage opted for each Insured Person and as shown in the Schedule.
- 2.39 SURGERY OR SURGICAL PROCEDURE** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

**2.40 TPA (THIRD PARTY ADMINISTRATORS)** means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulation, 2016 notified by the Authority, and is engaged, for a fee or remuneration by Us, for the purposes of providing Health Services defined in those Regulations.

**2.41 UNPROVEN/EXPERIMENTAL TREATMENT** means treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

**2.42 Grace Period:** Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

**2.43 WE/OUR/US/COMPANY** means **The New India Assurance Co. Ltd.**

**2.44 YOU/YOUR** means the person who has taken this Policy and is shown as Insured or the first insured (if more than one) in the Schedule.

### **3. HOW MUCH WE WILL REIMBURSE**

**3.1** Our liability for all claims admitted during the Period of Insurance will be only up to Sum Insured for which the Insured Person is covered as mentioned in the Schedule. In respect of those Insured Persons with Cumulative Bonus Buffer, Our liability for claims admitted under this Policy shall not exceed the aggregate of the Sum Insured and the Cumulative Bonus Buffer.

Subject to above, We will reimburse the following Reasonable and Customary, and Medically Necessary Expenses admissible under the following heads.

| <b>Section</b> | <b>Hospitalisation Benefit</b>  | <b>Limits</b>  |
|----------------|---|--|
| <b>3.1.1</b>   | Room charges subject to 1% of sum insured per day and Intensive care unit (ICU) charges subject to 2% of sum insured per day (including nursing care, RMO charges, IV fluids / blood transfusion / injection administration charges).       | Maximum limit under Section 3.1.1 will be 25% of the aggregate of Sum Insured and Cumulative Bonus Buffer per illness / injury<br><br>Please Note that basic Sum Insured will only be considered for reckoning of Per day room rent eligibility. |
| <b>3.1.2</b>   | Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees  | Maximum limit under Section 3.1.2 will be 25% of the aggregate of Sum Insured and Cumulative Bonus Buffer per illness / injury   |
| <b>3.1.3</b>   | Anesthesia, Blood, Oxygen, OT charges, Surgical appliances (any disposable surgical consumables), Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, Artificial limbs and implants other than Orthopedic. | Maximum limit under Section 3.1.3 will be 50% of the aggregate of Sum Insured and Cumulative Bonus Buffer per illness / injury   |



**3.2** Claims in respect of the following Treatments/ Surgeries including all types of implants used in the surgery, will be subject to the following limits (including Pre & Post Hospitalization expenses). Co-Payment/voluntary co-payment and sub limits mentioned in section 3.1 are not applicable if a claim is admissible under the below mentioned specified Treatments/Surgeries.

| <b>Treatments/Surgeries</b>  | <b>2 Lakhs</b> | <b>3 Lakhs</b> | <b>5 Lakhs</b> |
|--|----------------|----------------|----------------|
| Angiography (CT Angiogram excluded)  | 14000          | 20000          | 25000          |
| Cataract (each eye)  | 15000          | 20000          | 25000          |
| Hydrocele Surgery  | 20000          | 30000          | 50000          |
| Dialysis (With a cap of 1500 per sitting)  | 25000          | 35000          | 50000          |
| Fissurectomy   | 27000          | 38000          | 45000          |
| Fistulectomy   | 27000          | 38000          | 45000          |
| Surgery of Hernia  | 30000          | 40000          | 60000          |
| Appendectomy   | 30000          | 40000          | 60000          |
| Transurethral resection of the prostate (TURP)/ BPH surgery  | 30000          | 40000          | 60000          |
| Hysterectomy   | 30000          | 40000          | 60000          |
| Cholecystectomy  | 30000          | 40000          | 60000          |
| Arthroscopic Surgery   | 30000          | 40000          | 60000          |
| Haemorrhoidectomy  | 30000          | 40000          | 60000          |
| Renal stones related surgical procedures   | 38000          | 55000          | 70000          |
| All major Surgical and Medical Treatment for Fractures and Dislocations  | 50000          | 70000          | 100000         |
| PID-Discectomy   | 70000          | 80000          | 100000         |
| PTCA (Angioplasty)   | 75000          | 120000         | 150000         |
| Joint Replacement for Major Joints (Per Joint)   | 80000          | 100000         | 150000         |
| Major Spinal Surgeries   | 100000         | 150000         | 200000         |
| All Major Cancer Surgeries   | 140000         | 200000         | 275000         |
| Major Organ Transplant (Including Donor Expenses)  | 150000         | 200000         | 300000         |
| CABG (Coronary Artery Bypass Graft)  | 150000         | 200000         | 275000         |
| <b>Note:</b> In case of multiple surgeries in one sitting, in same incident and on same site, highest grade surgery amongst them will be approved at 100%, second surgery at 50% and third surgery at 25% of the capped amount specified above in section 3.2. |                |                |                |

**3.3 ATTENDANT BENEFIT:**

We will pay a benefit of up to Rs. 5000/-, Rs. 7000/- and Rs. 10,000/- per hospitalization for the Sum Insured of Two, Three and Five Lakhs respectively subject to the limit of Maximum Rs. 800 per day or actuals, whichever is less, and after submitting relevant supporting documents. This amount will reduce the Sum Insured.

**3.4 OPTIONAL COVER: VOLUNTARY CO-PAY**

If You opt for a voluntary co-pay of an extra 10% i.e. for a total co-pay of 20%, a discounted Premium given in the table shall be charged.

**3.5 CO-PAYMENT:**

You shall bear a Co-Payment of 10% of the final claim admissible amount and Our liability shall be restricted to the payment of the balance amount subject to the available Sum Insured and Cumulative Bonus Buffer i.e., In the Claims admitted, the Company's liability will be:

- a) Sum Insured and Cumulative Bonus Buffer (or)
- b) 90% of the admissible claim amount

Whichever is less.

If You opt for a voluntary co-pay of extra 10% i.e. for a total co-payment of 20% then the Claims admitted, the Company's liability will be:

- a) Sum Insured and Cumulative Bonus Buffer **(or)**
- b) 80% of the admissible claim amount

Whichever is less.

Co-Payment is not applicable if a Claim is admissible under section 3.2.

### **3.6 HOSPITAL CASH:**

We will pay Hospital Cash at the rate of 0.1% of the Sum Insured, for each day of Hospitalization admissible under the Policy. The payment under this Clause for Any One Illness shall not exceed 1% of the Sum Insured. The payment under this Clause is applicable only where the period of Hospitalization exceeds twenty-four consecutive hours. Payment under this clause shall reduce the Sum Insured. Hospital Cash will be payable for completion of every twenty-four hours and not part thereof.

### **3.7 LIMIT ON PAYMENT FOR CATARACT:**

Our liability for payment of any claim relating to Cataract, for each eye shall not exceed the limit mentioned in the section 3.2

The limit mentioned above shall be applicable per event for all the Policies of Our Company including Group Policies. Even if two or more Policies of New India are invoked, sublimit of the Policy chosen by Insured shall prevail and our liability is restricted to stated sublimit.

### **3.8 PAYMENT OF AMBULANCE CHARGES:**

We will pay You the charges for Ambulance services not exceeding 1% of the Sum Insured per Hospitalization, Reasonably and Medically Necessarily incurred for shifting any Insured Person to Hospital for admission in Emergency Ward or ICU, or from one Hospital to another Hospital for better medical facilities.

**3.9 PRE & POST HOSPITALIZATION EXPENSES:** We will pay You the Pre & Post Hospitalization expenses of 30 days, 60 days respectively, subject to the maximum limit of 10% of the Sum Insured, if the Claim has been accepted under section 3.1

### **3.10 PAYMENTS ONLY IF INCLUDED IN HOSPITAL BILL**

No payment shall be made for any Hospitalisation expenses incurred, unless they form part of the Hospital Bill. However, the bills raised by Surgeon, Anaesthetist directly and not included in the Hospital Bill shall be paid provided a numbered Bill is produced in support thereof, for an amount not exceeding Rs. Ten thousand, where such payment is made in cash and for an amount not exceeding Rs. Twenty thousand, where such payment is made by cheque.

### **3.11 MEDICAL EXPENSES FOR ORGAN TRANSPLANT:**

If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the insured recipient will be limited to amount stated in section 3.2



### **3.12 MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:**

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy only. Sum Insured of the Renewed Policy will not be available for the Hospitalisation (including Pre & Post Hospitalisation Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

## **4. WHAT ARE EXCLUDED UNDER THIS POLICY**

### **No claim will be payable under this Policy for the following:**

**4.1** Treatment of any Pre-Existing Condition/Disease, until forty-eight months of Continuous Coverage of such Insured Person has elapsed from the Date of inception of his/her first Policy with Us as mentioned in the Schedule.

**4.2** Any Illness contracted by the Insured person during the first thirty days of the commencement date of this Policy. However, claims for Hospitalization due to accidents occurring during the first thirty days are payable. This exclusion shall not apply if the Insured person has Continuous Coverage for more than twelve months.

**4.3.1** Unless the Insured Person has Continuous Coverage in excess of twenty-four months with Us, expenses on treatment of the following Illnesses are not payable:

1. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age related eye ailments
5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types
8. Hydrocele
9. Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from Accident
13. Skin Disorders
14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure

**Note:** Even after twenty-four months of Continuous Coverage, the above Illnesses will not be covered if they arise from a Pre-existing Condition, until forty-eight months of Continuous Coverage have elapsed since inception of the first Policy with the Company.

**4.3.2** Unless the Insured Person has Continuous Coverage in excess of forty-eight months with Us, the expenses related to treatment of

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis

are not payable.

- 4.4.1 Injury / Illness 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), nuclear weapon/ ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel.
- 4.4.2
  - a. Circumcision unless Medically Necessary for treatment of an Illness not excluded here under or as may be necessitated due to an Accident
  - b. Change of life/sex change or cosmetic or aesthetic treatment (except for burns/Injury) of any description such as correction of eyesight, etc.
  - c. Plastic Surgery other than as may be necessitated due to an Accident or as a part of any Illness.
- 4.4.3 Vaccination and/or inoculation.
- 4.4.4 Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.
- 4.4.5 Dental treatment or Surgery of any kind unless necessitated by Accident and requiring Hospitalisation.
- 4.4.6 Convalescence, general debility, 'Run-down' condition or rest cure, any treatment relating to Obesity or complications of obesity, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, Venereal disease, intentional self-Injury and Illness or Injury caused by the use of intoxicating drugs/alcohol.
- 4.4.7 Congenital Internal and External Disease or Defects or anomalies.

However, the exclusion for Congenital **Internal** Disease or Defects or anomalies shall not apply after **twenty-four** months of Continuous Coverage, if it was unknown to You or to the Insured Person at the commencement of such Continuous Coverage.

The exclusion for Congenital **External** Disease or Defects or anomalies shall not apply after **forty-eight** months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to **10% of the average Sum Insured of the Insured Person in the preceding four years.**

- 4.4.8 Bodily Injury due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide.
- 4.4.9 Treatment of any Bodily Injury or Illness sustained whilst or as a result of active participation in the following hazardous sports.

Bobsledding; Bungee Jumping; Canopying; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling; Mountain Biking; Mountain Climbing (under

14,000 feet); Paragliding; Parasailing; Safari; Scuba Diving, Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Snorkeling Trekking; White water Rafting; Wind Surfing; Zip Lining, Equestrian; Fencing; Rugby.

- 4.4.10** Treatment of any Injury or Illness sustained whilst or as a result of participating in any criminal act.
- 4.4.11** Sexually Transmitted Diseases, any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.4.12** Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which confinement is required at a Hospital.
- 4.4.13** Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner.
- 4.4.14** Maternity Expenses, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.
- 4.4.15** Naturopathy, Siddha Treatments and AYUSH treatments are not covered in this policy.
- 4.4.16** External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and similar related items etc., and also any medical equipment, which is subsequently used at home and outlives the use and life of the Insured Person.
- 4.4.17** Any expenses relating to cost of items detailed in Annexure II.
- 4.4.18** Stem cell implantation/Surgery.
- 4.4.19** Domiciliary Hospitalisation.
- 4.4.20** Acupressure, acupuncture, magnetic therapies
- 4.4.21** Experimental or unproven treatments/ therapies.
- 4.4.22** Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital.
- 4.4.23** Treatment for Age Related Macular Degeneration (ARMD) , Treatment for Sleep Apnoea Syndrome, treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter



Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy and CPAD (Continuous Peritoneal Ambulatory Dialysis)

## **5. CONDITIONS**

### **5.1 BASIS OF INSURANCE:**

This Policy is issued on the basis of the truth and accuracy of statements in the Proposal. If there is any misrepresentation or non-disclosure, we will be entitled to treat the Policy as void.

### **5.2 PREMIUM:**

Unless premium is paid before commencement of risk, this Policy shall have no effect.

### **5.3 PLACE OF TREATMENT AND PAYMENT:**

This Policy covers medical/surgical treatment and/or services rendered only in India.

Admissible claims shall be payable only in Indian Rupees.

Payment shall be made directly to Network Hospital if Cashless facility is applied for before treatment and accepted by TPA. If request for Cashless facility is not accepted by TPA, bills shall be submitted to the TPA after payment of Hospital bills by you.

**Note:** Cashless facility is only a mode of claim payment and cannot be demanded in every claim. If we/TPA have doubts regarding admissibility of a claim at the initial stage, which cannot be decided without further verification of treatment records, request for Cashless facility may be declined. Such decision by TPA or Us shall be final. Denial of Cashless facility would not imply denial of claim. If Cashless facility is denied, You may submit the papers on completion of treatment and admissibility of the claim would be subject to the terms, conditions and exceptions of the Policy.

### **5.4 COMMUNICATION:**

You must send all communications and papers regarding a claim to the TPA at the address shown in the Policy Schedule.

For all other matters relating to the policy, communication must be sent to our Policy issuing office.

Communications you wish to rely upon must be in writing.

### **5.5 NOTICE OF CLAIM:**

If You intend to make any claim under this Policy You **must:**

- a. Intimate TPA in writing on detection of any Illness/Injury being suffered immediately or forty-eight hours before Hospitalisation.
- b. Intimate within twenty-four hours from the time of Hospitalisation in case of Hospitalisation due to medical emergency.
- c. Submit following supporting documents TPA relating to the claim within seven days from the date of discharge from the Hospital:
  - i. Bill, Receipt and Discharge certificate / card from the Hospital.
  - ii. Cash Memos from the Hospitals (s) / Chemists (s), supported by proper prescriptions.
  - iii. Receipt and Pathological test reports from Pathologist supported by the note from the

attending Medical Practitioner / Surgeon recommending such Pathological tests / pathological.

- iv. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.
- v. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.

- d. In case of Post-Hospitalisation treatment (limited to sixty days), submit all claim documents within 7 days after completion of such treatment.
- e. Provide TPA with authorization to obtain medical and other records from any Hospital, Laboratory or other agency.

**Note:** The above stipulations are not intended merely to prejudice Your claims, but their compliance is of utmost importance and necessity for Us to identify and verify all facts and surrounding circumstances relating to a claim and determine whether it is payable.

Waiver of delay may be considered in extreme cases of hardship, but only if it is proved to Our satisfaction it was not possible for You or any other person to comply with the prescribed time-limit.

**5.6** The Insured person shall submit to the TPA all original bills, receipts and other documents upon which a claim is based and shall also give the TPA/Us such additional information and assistance as the TPA / We may require.

**5.7** Any Medical Practitioner authorised by the TPA/Us shall be allowed to examine the Insured Person, at our cost, if We deem Medically Necessary in connection with any claim.

**5.8 FRAUD, MISREPRESENTATION, CONCEALMENT:**

The policy shall be null and void, and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his/her behalf.

**5.9 MULTIPLE POLICIES:**

If two or more policies are taken by You during a period from Us or other Insurers to indemnify treatment costs, You shall have the right to require a settlement of Your claim in terms of any of Your policies.

1. In all such cases 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 chosen policy.
2. Policyholder having multiple policies shall also have the right to prefer claims from other Policy/policies for the amounts disallowed under the earlier chosen Policy/Policies, even if the Sum Insured is not exhausted. The Claim shall be settled subject to the terms and conditions of the other Policy/Policies so chosen.
3. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, You shall have the right to choose Insurers from whom You want to claim the balance amount.
4. You shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen Policy.

**Note:** The Insured Person must disclose such other Insurance at the time of making a claim under this Policy.

**None of the provisions of this Clause shall apply for payments under Clause 3.7 of the Policy and if the expenses for illness/treatments listed under section 3.2 of the policy clause barring cataract are exceeding the amount capped thereunder, the balance admissible expenses can be claimed from other policies of New India, if any.**

**5.10 RENEWAL CLAUSE:**

We shall renew this Policy if You shall remit the requisite Premium to Us prior to expiry of the Period of Insurance stated in the Schedule. The Renewal is subject to the revision of rates & terms in future.

We shall be entitled to decline Renewal if

1. We have withdrawn the Policy, in which event You shall have the option for Renewal under any similar Policy being issued by Us, provided however, benefits payable shall be subject to the terms contained in such other Policy; or
2. Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining Insurance or subsequently in relation thereto, or non-cooperation of the Insured Person; or
3. You fail to remit Premium for Renewal before expiry of the Period of Insurance. We will accept Renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of Renewal, We however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.
4. Upon migration to any other health product available with Us we shall allow suitable credits for all the previous policy years provided the policy has been maintained without break.

**Note:** In case of revision or modification or withdrawal of the Policy a notice will be provided to You 90 days before such revision or modification or withdrawal.

**5.11 ENHANCEMENT OF SUM INSURED:**

Insured may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted at Our discretion. Before granting such request for enhancement of Sum Insured, We have the right to have the Insured examined by a Medical Practitioner authorized by Us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner and subject to limits as stated below:

|                   |   |
|-------------------|---|
| Age <= 50 years   | Up to Sum Insured of 5 lakhs without Medical Examination. |
| Age 51 – 65 Years | By one slab without Medical Examination.                  |
| Age 51 – 65 Years | Up to Sum Insured of 5 lakhs with Medical Examination.    |
| Age 66 – 70 Years | By one slab with Medical Examination.                     |

Enhancement of Sum Insured will not be considered for:

- 1) Any Insured Person over 70 years of age.
- 2) Any Insured Person who had undergone more than one Hospitalization in the preceding two years.
- 3) Any Insured Person suffering from one or more of the following Illnesses/Conditions:
  - a) Any chronic Illness
  - b) Any recurring Illness
  - c) Any Critical Illness

In respect of any enhancement of Sum Insured, exclusions 4.1, 4.2 and 4.3 would apply to the additional Sum Insured from such date.



### 5.12 **CUMULATIVE BONUS BUFFER:**

Cumulative Bonus Buffer could be carried over to the next year only if the renewal is effected before, or within thirty days of, expiry of the Policy.

The Cumulative Bonus buffer will be carried forward unless and until it is completely utilized.

The Cumulative Bonus Buffer accrued under any of our policies, on migration to New India Sixty Plus Mediclaim Policy is protected. However no fresh accrual will be allowed

### 5.13 **CANCELLATION CLAUSE:**

We may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact by you by sending fifteen days' notice in writing by Registered A/D to you at the address stated in the Policy. Even if there are several insured persons, notice will be sent to you.

On such cancellation, premium corresponding to the unexpired period of Insurance will be refunded, if no claim has been made or paid under the Policy

You may at any time cancel this Policy and in such event We shall allow refund of premium, if no claim has been made or paid under the Policy, at Our short period rate table given below:

| <b>PERIOD ON RISK</b> | <b>RATE OF PREMIUM TO BE CHARGED (RETAINED)</b> |
|-----------------------|---|
| Up to one month       | 1/4th of the annual rate                        |
| Up to three months    | 1/2 of the annual rate                          |
| Up to six months      | 3/4th of the annual rate                        |
| Exceeding six months  | Full annual rate                                |

### 5.14 **FREE LOOK PERIOD:**

The free look period shall be applicable at the inception of the first New India Sixty Plus Mediclaim Policy.

You will be allowed a period of fifteen days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.

If You have not made any claim during the free look period, You shall be entitled to:

1. A refund of the premium paid less any expenses incurred by Us on medical examination and the stamp duty charges or;
2. where the risk has already commenced and the option of return of the policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
3. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

### 5.15 **ARBITRATION:**

If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration.

The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

No reference to Arbitration shall be made unless We have Admitted Our liability for a claim in writing. If a claim is declined and within twelve calendar months from such disclaimer any suit or proceeding is

not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

**5.16 PROTECTION OF POLICY HOLDERS' INTEREST:**

This policy is subject to IRDAI (Protection of Policyholders' Interests) Regulation, 2017.

**5.17 SETTLEMENT/REJECTION OF CLAIM:**

- i. We shall settle or reject a claim, as may be the case, within thirty days of the receipt of the last 'necessary' document.
- ii. While efforts will be made by Us to not call for any document not listed in Clause 5.5, where any additional document or clarification is necessary to take a decision on the claim, such additional documents will be called for.
- iii. All necessary claim documents pertaining to Hospitalization should be furnished by the Insured Person in original to the TPA (as mentioned in the Schedule), within seven days from the date of discharge from the Hospital. However, claims filed even beyond such period will be considered if there are valid reasons for delay in submission.
  - a. In case of any deficiency in submission of documents, the TPA shall issue a deficiency request.
  - b. In case of non-submission of documents requested in the deficiency request within seven days from the date of receipt of the deficiency request, three reminders shall be sent by the TPA at an interval of seven days each.
  - c. The claim shall stand repudiated if the documents, mandatory for taking the decision of admissibility of the Claim, are not submitted within seven days of the third reminder. If the required documents are such that it does not affect the admissibility of the claim and is limited to payment of certain expenditure only, the Claim will be paid after reducing such amount from the admissible amount.

**5.18 PORTABILITY:**

This policy is subject to portability guidelines issued by IRDAI and as amended from time to time.

**5.19 GRIEVANCE REDRESSAL:**

In the event of Your having any grievance relating to the insurance or any claim thereunder, You may contact any of the Customer Care Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact detail of the office of the Insurance Ombudsman is provided in the Annexure III.

**5.20 SINGLE POLICY:**

You are allowed to take only Single Policy of New India Sixty Plus Mediclaim Policy.

**ANNEXURE I: LIST OF DAY CARE PROCEDURES:**

|    |   |    |  |
|----|---|----|--|
| 1  | Stapedotomy   | 2  | Excision And Destruction Of A Lingual Tonsil   |
| 3  | Stapedectomy  | 4  | Other Operations On The Tonsils And Adenoids   |
| 5  | Revision Of A Stapedectomy  | 6  | Incision On Bone, Septic And Aseptic   |
| 7  | Other Operations On The Auditory Ossicles   | 8  | Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis             |
| 9  | Myringoplasty (Type -I Tympanoplasty)   | 10 | Suture And Other Operations On Tendons And Tendon Sheath                                 |
| 11 | Tympanoplasty (Closure Of An Eardrum Perforation/Reconstruction Of The Auditory Ossicles) | 12 | Reduction Of Dislocation Under Ga  |
| 13 | Revision Of A Tympanoplasty   | 14 | Arthroscopic Knee Aspiration   |
| 15 | Other Microsurgical Operations On The Middle Ear  | 16 | Incision Of The Breast   |
| 17 | Myringotomy   | 18 | Operations On The Nipple   |
| 19 | Removal Of A Tympanic Drain   | 20 | Incision And Excision Of Tissue In The Perianal Region                                   |
| 21 | Incision Of The Mastoid Process And Middle Ear  | 22 | Surgical Treatment Of Anal Fistulas  |
| 23 | Mastoidectomy   | 24 | Surgical Treatment Of Haemorrhoids   |
| 25 | Reconstruction Of The Middle Ear  | 26 | Division Of The Anal Sphincter (Sphincterotomy)  |
| 27 | Other Excisions Of The Middle And Inner Ear   | 28 | Other Operations On The Anus   |
| 29 | Fenestration Of The Inner Ear   | 30 | Ultrasound Guided Aspirations  |
| 31 | Revision Of A Fenestration Of The Inner Ear   | 32 | SclerotherapyEtc   |
| 33 | Incision (Opening) And Destruction (Elimination) Of The Inner Ear                         | 34 | Incision Of The Ovary  |
| 35 | Other Operations On The Middle And Inner Ear  | 36 | Insufflation Of The Fallopian Tubes  |
| 37 | Excision And Destruction Of Diseased Tissue Of The Nose                                   | 38 | Other Operations On The Fallopian Tube   |
| 39 | Operations On The Turbinates (Nasal Concha)   | 40 | Dilatation Of The Cervical Canal   |
| 41 | Other Operations On The Nose  | 42 | Conisation Of The Uterine Cervix   |
| 43 | Nasal Sinus Aspiration  | 44 | Other Operations On The Uterine Cervix   |
| 45 | Incision Of Tear Glands   | 46 | Incision Of The Uterus (Hysterotomy)   |
| 47 | Other Operations On The Tear Ducts  | 48 | Therapeutic Curettage  |
| 49 | Incision Of Diseased Eyelids  | 50 | Culdotomy  |
| 51 | Excision And Destruction Of Diseased Tissue Of The Eyelid                                 | 52 | Incision Of The Vagina   |
| 53 | Operations On The Canthus And Epicanthus  | 54 | Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas |



|     |   |     |   |
|-----|---|-----|---|
| 55  | Corrective Surgery For Entropion And Ectropion                                | 56  | Incision Of The Vulva   |
| 57  | Corrective Surgery For Blepharoptosis   | 58  | Operations On Bartholin'S Glands (Cyst)                           |
| 59  | Removal Of A Foreign Body From The Conjunctiva                                | 60  | Incision Of The Prostate  |
| 61  | Removal Of A Foreign Body From The Cornea                                     | 62  | Transurethral Excision And Destruction Of Prostate Tissue         |
| 63  | Incision Of The Cornea  | 64  | Transurethral And Percutaneous Destruction Of Prostate Tissue     |
| 65  | Operations For Pterygium  | 66  | Open Surgical Excision And Destruction Of Prostate Tissue         |
| 67  | Other Operations On The Cornea  | 68  | Radical Prostatovesiculectomy                                     |
| 69  | Removal Of A Foreign Body From The Lens Of The Eye                            | 70  | Other Excision And Destruction Of Prostate Tissue                 |
| 71  | Removal Of A Foreign Body From The Posterior Chamber Of The Eye               | 72  | Operations On The Seminal Vesicles                                |
| 73  | Removal Of A Foreign Body From The Orbit And Eyeball                          | 74  | Incision And Excision Of Periprostatic Tissue                     |
| 75  | Operation Of Cataract   | 76  | Other Operations On The Prostate                                  |
| 77  | Incision Of A Pilonidal Sinus   | 78  | Incision Of The Scrotum And Tunica Vaginalis Testis               |
| 79  | Other Incisions Of The Skin And Subcutaneous Tissues                          | 80  | Operation On A Testicular Hydrocele                               |
| 81  | Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues        | 82  | Excision And Destruction Of Diseased Scrotal Tissue               |
| 83  | Other Excisions Of The Skin And Subcutaneous Tissues                          | 84  | Plastic Reconstruction Of The Scrotum And Tunica Vaginalis Testis |
| 85  | Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues | 86  | Other Operations On The Scrotum And Tunica Vaginalis Testis       |
| 87  | Free Skin Transplantation, Donor Site   | 88  | Incision Of The Testes  |
| 89  | Free Skin Transplantation, Recipient Site                                     | 90  | Excision And Destruction Of Diseased Tissue Of The Testes         |
| 91  | Revision Of Skin Plasty   | 92  | Unilateral Orchiectomy  |
| 93  | Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues     | 94  | Bilateral Orchiectomy   |
| 95  | Chemosurgery To The Skin  | 96  | Orchidopexy   |
| 97  | Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues           | 98  | Abdominal Exploration In Cryptorchidism                           |
| 99  | Incision, Excision And Destruction Of Diseased Tissue Of The Tongue           | 100 | Surgical Repositioning Of An Abdominal Testis                     |
| 101 | Partial Glossectomy   | 102 | Reconstruction Of The Testis                                      |
| 103 | Glossectomy   | 104 | Implantation, Exchange And Removal Of A Testicular Prosthesis     |
| 105 | Reconstruction Of The Tongue  | 106 | Other Operations On The Testis                                    |

|     |   |     |  |
|-----|---|-----|--|
| 107 | Other Operations On The Tongue  | 108 | Surgical Treatment Of A Varicocele And A Hydrocele Of The Spermatic Cord |
| 109 | Incision And Lancing Of A Salivary Gland And A Salivary Duct            | 110 | Excision In The Area Of The Epididymis                                   |
| 111 | Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct     | 112 | Epididymectomy   |
| 113 | Resection Of A Salivary Gland   | 114 | Reconstruction Of The Spermatic Cord                                     |
| 115 | Reconstruction Of A Salivary Gland And A Salivary Duct                  | 116 | Reconstruction Of The Ductus Deferens And Epididymis                     |
| 117 | Other Operations On The Salivary Glands And Salivary Ducts              | 118 | Other Operations On The Spermatic Cord, Epididymis And Ductus Deferens   |
| 119 | External Incision And Drainage In The Region Of The Mouth, Jaw And Face | 120 | Operations On The Foreskin   |
| 121 | Incision Of The Hard And Soft Palate                                    | 122 | Local Excision And Destruction Of Diseased Tissue Of The Penis           |
| 123 | Excision And Destruction Of Diseased Hard And Soft Palate               | 124 | Amputation Of The Penis  |
| 125 | Incision, Excision And Destruction In The Mouth                         | 126 | Plastic Reconstruction Of The Penis                                      |
| 127 | Plastic Surgery To The Floor Of The Mouth                               | 128 | Other Operations On The Penis  |
| 129 | Palatoplasty  | 130 | Cystoscopic Removal Of Stones  |
| 131 | Other Operations In The Mouth   | 132 | Lithotripsy  |
| 133 | Transoral Incision And Drainage Of A Pharyngeal Abscess                 | 134 | Coronary Angiography   |
| 135 | Tonsillectomy Without Adenoidectomy                                     | 136 | Haemodialysis  |
| 137 | Tonsillectomy With Adenoidectomy  | 138 | Radiotherapy For Cancer  |
| 139 | Cancer Chemotherapy   |     |  |

#### **ANNEXURE II: LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")**

| <b>SNO</b>  | <b>LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")</b> | <b>SUGGESTIONS</b> |
|---|--|--------------------|
| <b><i>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</i></b> |  |                    |
| 1   | HAIR REMOVAL CREAM                               | Not Payable        |
| 2   | BABY CHARGES (UNLESS SPECIFIED/INDICATED)        | Not Payable        |
| 3   | BABY FOOD  | Not Payable        |
| 4   | BABY UTILITES CHARGES                            | Not Payable        |
| 5   | BABY SET   | Not Payable        |
| 6   | BABY BOTTLES                                     | Not Payable        |
| 7   | BRUSH  | Not Payable        |
| 8   | COSY TOWEL                                       | Not Payable        |
| 9   | HAND WASH  | Not Payable        |
| 10  | MO1STUR1SER PASTE BRUSH                          | Not Payable        |
| 11  | POWDER   | Not Payable        |
| 12  | RAZOR  | Payable            |

|    |   |   |
|----|---|---|
| 13 | SHOE COVER  | Not Payable   |
| 14 | BEAUTY SERVICES   | Not Payable   |
| 15 | BELTS/ BRACES   | Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.                        |
| 16 | BUDS  | Not Payable   |
| 17 | BARBER CHARGES  | Not Payable   |
| 18 | CAPS  | Not Payable   |
| 19 | COLD PACK/HOT PACK  | Not Payable   |
| 20 | CARRY BAGS  | Not Payable   |
| 21 | CRADLE CHARGES  | Not Payable   |
| 22 | COMB  | Not Payable   |
| 23 | DISPOSABLES RAZORS CHARGES ( for site preparations)           | Payable   |
| 24 | EAU-DE-COLOGNE / ROOM FRESHNERS                               | Not Payable   |
| 25 | EYE PAD   | Not Payable   |
| 26 | EYE SHEILD  | Not Payable   |
| 27 | EMAIL / INTERNET CHARGES                                      | Not Payable   |
| 28 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | Not Payable   |
| 29 | FOOT COVER  | Not Payable   |
| 30 | GOWN  | Not Payable   |
| 31 | LEGGINGS  | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable. |
| 32 | LAUNDRY CHARGES   | Not Payable   |
| 33 | MINERAL WATER   | Not Payable   |
| 34 | OIL CHARGES   | Not Payable   |
| 35 | SANITARY PAD  | Not Payable   |
| 36 | SLIPPERS  | Not Payable   |
| 37 | TELEPHONE CHARGES   | Not Payable   |
| 38 | TISSUE PAPER  | Not Payable   |
| 39 | TOOTH PASTE   | Not Payable   |
| 40 | TOOTH BRUSH   | Not Payable   |
| 41 | GUEST SERVICES  | Not Payable   |
| 42 | BED PAN   | Not Payable   |
| 43 | BED UNDER PAD CHARGES   | Not Payable   |
| 44 | CAMERA COVER  | Not Payable   |
| 45 | CLINIPLAST  | Not Payable   |
| 46 | CREPE BANDAGE   | Not Payable/ Payable by the patient   |
| 47 | CURAPORE  | Not Payable   |
| 48 | DIAPER OF ANY TYPE  | Not Payable   |
| 49 | DVD, CD CHARGES   | Not Payable ( However if CD is specifically sought by In surer/TPA then payable)  |
| 50 | EYELET COLLAR   | Not Payable   |
| 51 | FACE MASK   | Not Payable   |
| 52 | FLEXI MASK  | Not Payable   |
| 53 | GAUSE SOFT  | Not Payable   |
| 54 | GAUZE   | Not Payable   |



|   |  |  |
|---|--|--|
| 55  | HAND HOLDER  | Not Payable  |
| 56  | HANSAPLAST/ADHESIVE BANDAGES   | Not Payable  |
| 57  | INFANT FOOD  | Not Payable  |
| 58  | SLINGS   | Reasonable costs for one sling in case of upper arm fractures should be considered |
| <b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>  |  |  |
| 59  | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES  | Not Payable  |
| 60  | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,   | Not Payable  |
| 61  | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION  | Not Payable  |
| 62  | HORMONE REPLACEMENT THERAPY  | Not Payable  |
| 63  | HOME VISIT CHARGES   | Not Payable  |
| 64  | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE   | Not Payable  |
| 65  | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY   | Not Payable  |
| 66  | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS  | Not Payable  |
| 67  | CORRECTIVE SURGERY FOR REFRACTIVE ERROR  | Not Payable  |
| 68  | TREATMENT OF SEXUALLY TRANSMITTED DISEASES   | Not Payable  |
| 69  | DONOR SCREENING CHARGES  | Not Payable  |
| 70  | ADMISSION/REGISTRATION CHARGES   | Not Payable  |
| 71  | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE   | Not Payable  |
| 72  | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED                                    | Not Payable  |
| 73  | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not Payable  |
| 74  | STEM CELL IMPLANTATION/ SURGERY and storage  | Not Payable  |
| <b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b> |  |  |
| 75  | WARD AND THEATRE BOOKING CHARGES   | Payable under OT Charges, not separately   |
| 76  | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS  | Rental charged by the Hospital payable. Purchase of Instruments Not Payable.       |
| 77  | MICROSCOPE COVER   | Payable under OT Charges, not separately   |
| 78  | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER  | Payable under OT Charges, not separately   |
| 79  | SURGICAL DRILL   | Payable under OT Charges, not separately   |
| 80  | EYE KIT  | Payable under OT Charges, not separately   |
| 81  | EYE DRAPE  | Payable under OT Charges, not 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 OR DISINFECTANT LOTIONS                                     | Not Payable - Part of Dressing Charges   |
| 87   | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES             | Not Payable - Part of Dressing charges   |
| 88   | COTTON   | Not Payable -Part of Dressing Charges  |
| 89   | COTTON BANDAGE   | Not Payable- Part of Dressing Charges  |
| 90   | MICROPORE/ SURGICAL TAPE   | Not Payable – Part of Dressing Charges   |
| 91   | BLADE  | Not Payable  |
| 92   | APRON  | Not Payable  |
| 93   | TORNIQUET  | Not Payable  |
| 94   | ORTHOBUNDLE, GYNAEC BUNDLE   | Not Payable, Part of Dressing Charges  |
| 95   | URINE CONTAINER  | Not Payable  |
| <b>ELEMENTS OF ROOM CHARGE</b>                 |  |  |
| 96   | LUXURY TAX   | 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                                   | Part of room charge, Not Payable separately                                    |
| 101  | SURCHARGES   | Part of room charge, Not Payable separately                                    |
| 102  | ATTENDANT CHARGES  | Part of room charge, Not Payable separately                                    |
| 103  | IM IV INJECTION CHARGES  | Part of nursing charge, Not Payable separately                                 |
| 104  | CLEAN SHEET  | Part of Laundry / Housekeeping, Not Payable separately                         |
| 105  | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by Hospital is payable                                   |
| 106  | BLANKET/WARMER BLANKET   | Part of room charge, Not Payable separately                                    |
| <b>ADMINISTRATIVE OR NON - MEDICAL CHARGES</b> |  |  |
| 107  | ADMISSION KIT  | Not Payable  |
| 108  | BIRTH CERTIFICATE  | Not Payable  |
| 109  | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES               | Not Payable  |
| 110  | CERTIFICATE CHARGES  | Not Payable  |
| 111  | COURIER CHARGES  | Not Payable  |
| 112  | CONVENYANCE CHARGES  | Not Payable  |

|                                 |   |   |
|---------------------------------|---|---|
| 113                             | DIABETIC CHART CHARGES                              | Not Payable   |
| 114                             | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES     | Not Payable   |
| 115                             | DISCHARGE PROCEDURE CHARGES                         | Not Payable   |
| 116                             | DAILY CHART CHARGES                                 | Not Payable   |
| 117                             | ENTRANCE PASS / VISITORS PASS CHARGES               | Not Payable   |
| 118                             | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE       | Payable 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 up to 24 hrs, shifting charges not payable  |
| 130                             | MEDICO LEGAL CASE CHARGES (MLC CHARGES)             | Not Payable   |
| <b>EXTERNAL DURABLE DEVICES</b> |   |   |
| 131                             | WALKING AIDS CHARGES                                | Not Payable   |
| 132                             | BIPAP MACHINE                                       | Not Payable   |
| 133                             | COMMODE   | Not Payable   |
| 134                             | CPAP/ CAPD EQUIPMENTS                               | Device not payable  |
| 135                             | INFUSION PUMP – COST                                | Device not payable  |
| 136                             | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)    | Not Payable   |
| 137                             | PULSEOXYMETER CHARGES                               | Device not payable  |
| 138                             | SPACER  | Not Payable   |
| 139                             | SPIROMETRE  | Device not payable  |
| 140                             | SPO2 PROBE  | Not Payable   |
| 141                             | NEBULIZER KIT                                       | Not Payable   |
| 142                             | STEAM INHALER                                       | Not Payable   |
| 143                             | ARMSLING  | Not Payable   |
| 144                             | THERMOMETER   | Not Payable   |
| 145                             | CERVICAL COLLAR                                     | Not Payable   |
| 146                             | SPLINT  | Not Payable   |
| 147                             | DIABETIC FOOT WEAR                                  | Not Payable   |
| 148                             | KNEE BRACES ( LONG/ SHORT/ HINGED)                  | Not Payable   |
| 149                             | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER               | Not Payable   |
| 150                             | LUMBOSACRAL BELT                                    | Payable for surgery of lumbar spine.  |
| 151                             | NIMBUS BED OR WATER OR AIR BED CHARGES              | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day |
| 152                             | AMBULANCE COLLAR                                    | Not Payable   |
| 153                             | AMBULANCE EQUIPMENT                                 | Not Payable   |
| 154                             | MICROSHEILD   | Not Payable   |
| 155                             | ABDOMINAL BINDER                                    | Essential and should be paid in   |



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|   |  | post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
| <b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b> |  |  |
| 156   | BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC                                | Not Payable  |
| 157   | PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES<br>POST HOSPITALIZATION NURSING CHARGES | Not Payable  |
| 158   | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES<br>DIET CHARGES                           | Patient Diet provided by hospital is payable   |
| 159   | SUGAR FREE TABLETS   | Payable - Sugar free variants of admissible medicines are not excluded   |
| 160   | CREAMS POWDERS LOTIONS   | Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)  |
| 161   | DIGESTION GELS   | Payable when prescribed  |
| 162   | ECG ELECTRODES   | One set every second day is 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 Hospitalisation is Payable reasonably   |
| 169   | NOVARAPID  | Payable when prescribed  |
| 170   | VOLINI GEL/ ANALGESIC GEL  | Payable when prescribed  |
| 171   | ZYTEE GEL  | Payable when prescribed  |
| 172   | VACCINATION CHARGES  | Routine Vaccination not Payable / Post Bite Vaccination Payable  |
| <b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b> |  |  |
| 173   | AHD  | Not Payable - Part of Hospital's internal Cost   |
| 174   | ALCOHOL SWABES   | Not Payable - Part of Hospital's internal Cost   |
| 175   | SCRUB SOLUTION/STERILLIUM  | Not Payable - Part of Hospital's internal Cost   |
| <b>OTHERS</b>                                       |  |  |
| 176   | VACCINE CHARGES FOR BABY   | Not Payable  |
| 177   | AESTHETIC TREATMENT / SURGERY  | Not Payable  |
| 178   | TPA CHARGES  | Not Payable  |
| 179   | VISCO BELT CHARGES   | Not Payable  |
| 180   | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]            | Not Payable  |
| 181   | EXAMINATION GLOVES   | Not payable  |
| 182   | KIDNEY TRAY  | Not Payable  |

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| 183 | MASK                                    | Not Payable  |
| 184 | OUNCE GLASS                             | Not Payable  |
| 185 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not payable  |
| 186 | OXYGEN MASK                             | Not Payable  |
| 187 | PAPER GLOVES                            | Not Payable  |
| 188 | PELVIC TRACTION BELT                    | Payable in case of PIVD requiring traction   |
| 189 | REFERAL 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 | TROLLY COVER                            | Not Payable  |
| 194 | UROMETER, URINE JUG                     | Not Payable  |
| 195 | AMBULANCE                               | 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 - maximum 1 per 24 hrs   |
| 198 | SOFTOVAC                                | Not Payable  |
| 199 | STOCKINGS                               | Payable for case like CABG etc.  |

**ANNEXURE III: CONTACT DETAILS OF INSURANCE OMBUDSMEN**

| <b>Office Details</b>  | <b>Jurisdiction of Office<br/>(Union Territory, District)</b>                   |
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| <b>AHMEDABAD -</b><br>Office of the Insurance Ombudsman,<br>2nd floor, Ambica House,<br>Near C.U. Shah College,<br>5, Navyug Colony, Ashram Road,<br>Ahmedabad – 380 014<br>Tel.: 079 - 27546150 / 27546139<br>Fax: 079 - 27546142<br>Email: bimalokpal.ahmedabad@gbic.co.in | Gujarat,<br>Dadra & Nagar Haveli,<br>Daman and Diu                              |
| <b>BENGALURU -</b><br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building, PID No. 57-27-N-19,<br>Ground Floor, 19/19, 24th Main Road,<br>JP Nagar, 1st Phase,<br>Bengaluru – 560 078<br>Tel.: 080 - 26652048 / 26652049<br>Email: bimalokpal.bengaluru@gbic.co.in  | Karnataka   |
| <b>BHOPAL -</b><br>Office of the Insurance Ombudsman,<br>Janak Vihar Complex, 2nd Floor,<br>6, Malviya Nagar, Opp. Airtel Office,<br>Near New Market,<br>Bhopal – 462 003<br>Tel.: 0755 - 2769201 / 2769202<br>Fax: 0755 - 2769203<br>Email: bimalokpal.bhopal@gbic.co.in    | Madhya Pradesh<br>Chattisgarh   |
| <b>BHUBANESHWAR - Shri. B. N. Mishra</b><br>Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubneshwar – 751 009<br>Tel.: 0674 - 2596461 / 2596455<br>Fax: 0674 - 2596429<br>Email: bimalokpal.bhubaneswar@gbic.co.in   | Orissa  |
| <b>CHANDIGARH -</b><br>Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor,<br>Batra Building, Sector 17 – D,<br>Chandigarh – 160 017<br>Tel.: 0172 - 2706196 / 2706468<br>Fax: 0172 - 2708274<br>Email: bimalokpal.chandigarh@gbic.co.in             | Punjab,<br>Haryana,<br>Himachal Pradesh,<br>Jammu & Kashmir,<br>Chandigarh      |
| <b>CHENNAI -</b><br>Office of the Insurance Ombudsman,<br>Fatima Akhtar Court, 4th Floor, 453,<br>Anna Salai, Teynampet,<br>Chennai – 600 018<br>Tel.: 044 - 24333668 / 24335284<br>Fax: 044 - 24333664<br>Email: bimalokpal.chennai@gbic.co.in                              | Tamil Nadu,<br>Pondicherry Town and<br>Karaikal (which are part of Pondicherry) |



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| <p><b>DELHI - Smt. Sandhya Baliga</b><br/>Office of the Insurance Ombudsman,<br/>2/2 A, Universal Insurance Building,<br/>Asaf Ali Road,<br/>New Delhi – 110 002<br/>Tel.: 011 - 23239633 / 23237532<br/>Fax: 011 - 23230858<br/>Email: bimalokpal.delhi@gbic.co.in</p>                                     | <p>Delhi</p>   |
| <p><b>GUWAHATI -</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Nivesh, 5th Floor,<br/>Nr. Panbazar over bridge, S.S. Road,<br/>Guwahati – 781001<br/>Tel.: 0361 - 2132204 / 2132205<br/>Fax: 0361 - 2732937<br/>Email: bimalokpal.guwahati@gbic.co.in</p>   | <p>Assam,<br/>Meghalaya,<br/>Manipur,<br/>Mizoram,<br/>Arunachal Pradesh,<br/>Nagaland and Tripura</p> |
| <p><b>HYDERABAD -</b><br/>Office of the Insurance Ombudsman,<br/>6-2-46, 1st floor, "Moin Court",<br/>Lane Opp. Saleem Function Palace,<br/>A. C. Guards, Lakdi-Ka-Pool,<br/>Hyderabad - 500 004<br/>Tel.: 040 - 65504123 / 23312122<br/>Fax: 040 - 23376599<br/>Email: bimalokpal.hyderabad@gbic.co.in</p> | <p>Andhra Pradesh,<br/>Telangana,<br/>Yanam and<br/>part of Territory of Pondicherry</p>               |
| <p><b>JAIPUR - Shri. Ashok K. Jain</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Nidhi – II Bldg., Gr. Floor,<br/>Bhawani Singh Marg,<br/>Jaipur - 302 005<br/>Tel.: 0141 - 2740363<br/>Email: bimalokpal.jaipur@gbic.co.in</p>   | <p>Rajasthan</p>   |
| <p><b>ERNAKULAM -</b><br/>Office of the Insurance Ombudsman,<br/>2nd Floor, Pulinat Bldg.,<br/>Opp. Cochin Shipyard, M. G. Road,<br/>Ernakulam - 682 015<br/>Tel.: 0484 - 2358759 / 2359338<br/>Fax: 0484 - 2359336<br/>Email: bimalokpal.ernakulam@gbic.co.in</p>  | <p>Kerala,<br/>Lakshadweep,<br/>Mahe - a part of Pondicherry</p>                                       |
| <p><b>KOLKATA - Shri. K. B. Saha</b><br/>Office of the Insurance Ombudsman,<br/>Hindustan Bldg. Annexe, 4th Floor,<br/>4, C.R. Avenue,<br/>KOLKATA - 700 072<br/>Tel.: 033 - 22124339 / 22124340<br/>Fax : 033 - 22124341<br/>Email: bimalokpal.kolkata@gbic.co.in</p>                                      | <p>West Bengal,<br/>Sikkim,<br/>Andaman &amp; Nicobar Islands</p>                                      |

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| <p><b>LUCKNOW - Shri. N. P. Bhagat</b><br/>Office of the Insurance Ombudsman,<br/>6th Floor, Jeevan Bhawan, Phase-II,<br/>Nawal Kishore Road, Hazratganj,<br/>Lucknow - 226 001<br/>Tel.: 0522 - 2231330 / 2231331<br/>Fax: 0522 - 2231310<br/>Email: bimalokpal.lucknow@gbic.co.in</p>     | <p>Districts of Uttar Pradesh :<br/>Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot,<br/>Allahabad, Mirzapur, Sonbhadra, Fatehpur,<br/>Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun,<br/>Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur,<br/>Bahraich, Barabanki, Raebareli, Sravasti, Gonda,<br/>Faizabad, Amethi, Kaushambi, Balrampur, Basti,<br/>Ambedkarnagar, Sultanpur, Maharajgang,<br/>Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur,<br/>Deoria, Mau, Ghazipur, Chandauli, Ballia,<br/>Sidharathnagar</p> |
| <p><b>MUMBAI -</b><br/>Office of the Insurance Ombudsman,<br/>3rd Floor, Jeevan Seva Annexe,<br/>S. V. Road, Santacruz (W),<br/>Mumbai - 400 054<br/>Tel.: 022 - 26106552 / 26106960<br/>Fax: 022 - 26106052<br/>Email: bimalokpal.mumbai@gbic.co.in</p>                                    | <p>Goa,<br/>Mumbai Metropolitan Region<br/>excluding Navi Mumbai &amp; Thane</p>  |
| <p><b>NOIDA - Shri. Ajesh Kumar</b><br/>Office of the Insurance Ombudsman,<br/>Bhagwan Sahai Palace<br/>4th Floor, Main Road,<br/>Naya Bans, Sector 15,<br/>Distt: Gautam Buddh Nagar,<br/>U.P-201301<br/>Tel.: 0120-2514250 / 2514252 / 2514253<br/>Email: bimalokpal.noida@gbic.co.in</p> | <p>State of Uttaranchal and the following Districts of<br/>Uttar Pradesh:<br/>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun,<br/>Bulandshehar, Etah, Kanooj, Mainpuri, Mathura,<br/>Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit,<br/>Etawah, Farrukhabad, Firozbad, Gautambodhanagar,<br/>Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli,<br/>Rampur, Kashganj, Sambhal, Amroha, Hathras,<br/>Kanshiramnagar, Saharanpur</p>  |
| <p><b>PATNA - Shri. Sadasiv Mishra</b><br/>Office of the Insurance Ombudsman,<br/>1st Floor, Kalpana Arcade Building,,<br/>Bazar Samiti Road,<br/>Bahadurpur,<br/>Patna 800 006<br/>Tel.: 0612-2680952<br/>Email: bimalokpal.patna@gbic.co.in</p>   | <p>Bihar,<br/>Jharkhand</p>   |
| <p><b>PUNE - Shri. A. K. Sahoo</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Darshan Bldg., 3rd Floor,<br/>C.T.S. No.s. 195 to 198,<br/>N.C. Kelkar Road, Narayan Peth,<br/>Pune – 411 030<br/>Tel.: 020-41312555<br/>Email: bimalokpal.pune@gbic.co.in</p>                         | <p>Area of Navi Mumbai and Thane<br/>excluding Mumbai Metropolitan Region</p>   |