

SWASTH PARIVAR HEALTH INSURANCE PRODUCT

POLICY WORDING

MAX BUPA HEALTH INSURANCE COMPANY LIMITED

**B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044**

1. Policy Document Terms & Conditions

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

2. Benefits

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

2.1. In-patient Care

We will cover Medical Expenses for:

- (a) Medical Practitioner's' fees
- (b) Diagnostics Tests
- (c) Medicines, drugs and consumables
- (d) Intravenous fluids, blood transfusion, injection administration charges
- (e) Operation Theatre charges
- (f) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.
- (g) Intensive Care Unit charges

2.2. Hospital Accommodation

We will cover Reasonable and Customary charges for Room Rent for Hospital accommodation.

2.3. Pre-hospitalization Medical Expenses

We will cover only the Reasonable and Customary expenses for Diagnostic Tests and pathological investigations which have been incurred due to Illness up to 30 days immediately before an Insured Person's admission to a Hospital for the same Illness as long as We have accepted an In-patient Care Hospitalisation claim under Section 2.1 above. Pre-hospitalization Medical Expenses can be claimed as reimbursement only.

2.4. **Post-hospitalization Medical Expenses**

We will cover only the Reasonable and Customary expenses for Diagnostic Tests and pathological investigations which have been incurred due to Illness up to 60 days immediately after an Insured Person's discharge from Hospital for the same Illness as long as We have accepted an In-patient Care Hospitalisation claim under Section 2.1 above. Post-hospitalization Medical Expenses can be claimed as reimbursement only.

2.5. **Day-Care Treatment**

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

2.6 **Emergency ambulance**

We will cover the Reasonable and Customary Charges for expenses incurred on a ground ambulance used to transfer the Insured Person to the nearest Hospital with adequate facilities following an Emergency provided that We have accepted an In-patient Care Hospitalization claim under Section 2.1 above;

3. **Co-payment**

It is agreed that We shall only pay 80% of the amount We assess for any claim admitted under this Policy for treatment taken at a Non-Network Hospital and the remainder of the assessed amount shall be borne by the Insured Person.

4. **Exclusions**

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

a. **Pre-Existing Diseases**

Benefits will not be available for Pre-existing Diseases until the completion of 48 months of continuous coverage from the date of commencement of coverage for the Insured Person.

b. **30 Days Waiting Period**

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

c. **Specific Waiting Periods**

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

1. Migraine / Vascular headaches
2. Stones in the urinary system or hepatobiliary system
3. Surgery on tonsils / adenoids
4. Any type of cysts, nodules, polyps
5. Any type of breast lumps
6. Prostatectomy for Benign Prostate Hypertrophy
7. Hysterectomy for benign conditions of uterus or other parts of the female reproductive system
8. Myomectomy for Fibroid Uterus
9. Heart diseases.
10. Any type of cancer
11. Gastric and duodenal Ulcers
12. Thyroidectomy for benign conditions of the thyroid
13. Varicocele
14. Spermatocele
15. Rectal Prolapse
16. Dilatation and Curettage (D&C)
17. Vitrectomy & retinal detachment surgery for retinopathy
18. Diabetes and it's direct complications
19. Fistula in Ano
20. Fissure in Ano
21. Hernia
22. Hydrocele
23. Haemorrhoids
24. Sinusitis
25. Joint replacement procedures
26. Chronic Renal Failure (CRF) or End stage renal failure
27. Cataract
28. Mastoidectomy (operation to remove piece of bone behind the ear)
29. Tympanoplasty (surgery to repair tympanic membrane i.e. eardrum)
30. Surgery of genito urinary tract
31. Gout
32. Rheumatism, osteoarthritis, spondylosis or spondylitis, degenerative Intervertebral Disc Prolapse and all other degenerative joint disorders
33. Hypertension
34. Varicose veins & Varicose ulcers

d. Permanent Exclusions

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

i. Addictive conditions and disorders

Treatment related to Rehabilitation from addictive conditions and disorders/ Accident resulting from use/ consumption of drugs/ alcohol or any other intoxicating substance or from any kind of substance abuse or misuse.

ii. Ageing and puberty

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

iii. Artificial life maintenance

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

iv. Circumcision

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

v. Conflict and disaster

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

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

Terrorism is an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group of persons, whether acting alone or on behalf of or in connection with any organization or government, or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

vi. Congenital conditions

Treatment for any Congenital Anomaly.

vii. Convalescence and Rehabilitation

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

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

3. receiving services from a therapist or complementary medical practitioner or a practitioner of Alternative Treatment.

viii. Cosmetic surgery

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

1. treatment related to or arising from the removal of non-diseased, or surplus or fat tissue, whether or not it is needed for medical or psychological reasons.
2. any treatment or procedure to change the shape or appearance of breast(s) whether or not it is needed for medical or psychological reasons, unless for reconstruction carried out within two years of surgery for breast cancer.

ix. Dental/oral treatment

Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the tempromandibular joint.

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

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

x. Domiciliary Hospitalisation

We will not cover Medical Expenses for any medical treatment taken at home.

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

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

xii. Eyesight

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

xiii. Unproven/Experimental treatment

Unproven/Experimental Treatment, including medication, which in Our opinion is experimental or has not generally been proved to be effective.

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

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

xv. HIV and AIDS

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

xvi. Hereditary conditions

Treatment of abnormalities, deformities, Illnesses which are Hereditary Conditions and are present only because they have been passed down through the generations. Hereditary Condition is a condition which is transmitted from parents to the off-spring through genes which excludes conditions such as asthma, diabetes, hypertension and obesity which are known to be influenced by multiple factors including lifestyle and environmental factors.

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

1. Telephone, television and diet charges (unless included in room rent), personal attendant or barber or beauty services, baby food, cosmetics, napkins, toiletry items, guest services and similar incidental expenses or services.
2. Private nursing/attendant's charges incurred during Pre-hospitalization or Post-hospitalization.
3. Drugs and medical supplies not supported by a prescription.
4. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
5. Any charges incurred to procure any treatment/Illness related documents pertaining to any period of Hospitalization/Illness.

6. External and/or durable medical/non medical equipment of any kind used for diagnosis and/or treatment including CPAP, CAPD, Infusion pump etc.
7. Ambulatory devices i.e. walker, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and similar items and also any medical equipment which is subsequently used at home.
8. Nurses hired in addition to the Hospital's own staff.

xviii. Alternative Treatment

Any Alternative Treatment.

xix. Neurological and Psychiatric Conditions

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

xx. Obesity

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

xxi. Organ Donor

Treatment for donating any organ or for harvesting of the donated organ.

xxii. OPD Treatment

OPD treatment is not covered.

xxiii. Pregnancy or childbirth

1. Maternity Expenses and any consequences thereof, unless required due to an Accident or ectopic pregnancy;
2. Any medical check-ups during pregnancy.

xxiv. Reproductive medicine - Birth control & Assisted reproduction

1. Any type of contraception, sterilization, termination of pregnancy or family planning.

2. Treatment to assist reproduction, including IVF treatment.

xxv. Self-inflicted injuries

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

xxvi. Sexual problems and gender issues

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

xxvii. Sexually transmitted diseases

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

xxviii. Sleep disorders

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

xxix. Speech disorders

Treatment for speech disorders, including stammering unless the disorder occurs directly due to an Accident.

xxx. Treatment for developmental problems

Treatment for, or related to developmental problems, including:

1. learning difficulties, such as dyslexia;
2. behavioral problems, including attention deficit hyperactivity disorder (ADHD);

xxxi. Treatment received outside India

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

xxxii. Unrecognised physician or Hospital:

1. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.
2. Treatment in any Hospital or by any Medical Practitioner or any other provider of services that We have blacklisted. Details of the same can be viewed on Our website.

3. Treatment provided by anyone with the same residence address as of the Insured Person or who is related to the Insured Person.

xxxiii. Unlawful Activity

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

Xxxiv Any costs or expenses specified in the List of Expenses Generally Excluded at Annexure II.

5. Standard Terms and Conditions

a. Reasonable Care

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

b. Observance of terms and conditions

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

c. Subrogation

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

d. Contribution

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

settled and if this Policy is chosen then We will settle the claim by applying the Contribution provisions.

e. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement or declaration or if any fraudulent means or devices are used by the Insured Person or anyone acting on behalf of the Insured Person or any false or incorrect Disclosure to Information Norms to obtain any benefit under this Policy, then this Policy may be declared void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by all Insured Persons who shall be jointly liable for such repayment.

f. Free Look Provision

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

g. Cancellation/ Termination

1. Cancellation by Policyholder:

You may terminate this Policy by giving 7 days' prior written notice to Us. We will cancel the Policy and refund the premium in accordance with the specifications below, provided that no claim has been made under the Policy by or on behalf of any Insured Person till the termination date of the Policy. We shall not be liable for any claim made after We have terminated the Policy:

| Length of time Policy in force | Refund of premium |
|---------------------------------------|--------------------------|
| up to 30 days | 75% |
| up to 90 days | 50% |
| up to 180 days | 25% |
| exceeding 180 days | 0% |

2. Automatic Cancellation:

Termination:

The Policy shall automatically terminate in the case of death of all the Insured Persons.

3. Cancellation by Us:

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

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

h. Portability Benefit**i. From another company to Our Policy**

- (i) If the proposed Insured Person was insured continuously and without a break under another Indian retail health insurance policy with any other Indian General Insurance company or stand alone Health Insurance company, it is understood and agreed that:

(1) If You wish to exercise the Portability benefit, We should have received Your application and the completed Portability Form with complete documentation at least 45 days before the expiry of Your present period of insurance;

(2) This benefit is available only at the time of renewal of the existing health insurance policy.

(3) Portability benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

(4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

(5) The Portability Benefit shall be applied by Us within 15 days of receiving Your completed Application and Portability Form subject to the following:

- (a) You shall give Us all additional documentation and/or information We request;
- (b) You pay Us the applicable premium in full;
- (c) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;
- (d) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;
- (e) We have received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance policy through the IRDA's web portal.
- (f) No additional loading or charges shall be applied by Us exclusively for porting the policy.

ii. From Our existing health insurance policies to this Policy

(i) If the proposed Insured Person was insured continuously and without a break under another health insurance policy with Us, it is understood and agreed that:

(1) If You wish to exercise the Portability Benefit, We should have received Your application and completed Portability Form before the expiry of Your present period of insurance;

(2) This benefit is available only at the time of renewal of existing health insurance policy.

(3) Portability Benefit is available only upto the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

(4) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

(5) The Portability Benefit shall be applied by Us within 15 days of receiving Your completed Application and Portability Form subject to the following :

- (a) You shall give Us all additional documentation and/or information We request;
- (b) You pay Us the applicable premium in full;
- (c) We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion;
- (d) There is no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.
- (e) No additional loading or charges shall be applied by Us exclusively for porting the policy.

We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

i. Territorial Jurisdiction

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

j. Policy Disputes

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

k. Renewal of Policy

The Renewal premium is payable on or before the due date in the amount specified by Us as applicable at the time of the Renewal or at such altered rate as may be reviewed and notified by

Us, with the approval of the Insurance Regulatory and Development Authority. We are under no obligation to notify You of the Renewal date of Your Policy. The amount of premium is dependent on the age of the Insured Person and the geographical locations. The reference of age for calculating the premium for Family Floater Policies shall be the age of the eldest Insured Person. We shall allow the enhancement in Sum Insured or scope of cover only at the time of Renewal, provided You submit a written request to Us at the time of Renewal. You understand and agree that the decision of acceptance of enhancement of the Sum Insured or the scope of cover will solely be based on Our discretion, Our underwriting policy and shall be subject to payment of applicable premium by You for such enhanced cover.

We are under no obligation to notify You of the Renewal date of Your Policy. We will allow a Grace Period of 30 days from the due date of the Renewal premium for payment to Us.

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

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

I. Notices

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

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

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

Salcon **Ras Vilas**,

District Centre, **Saket**,

New Delhi-110 017

Fax No.: 1800-3070-3333

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

m. Claims Procedure

- (a) Cashless Hospitalization Facility for Network Provider:

- (i) The health card We provide will enable an Insured Person to access treatment on a cashless basis only at any Network Provider on the production of the card to the Hospital prior to admission, provided that:
 - (1) The Insured Person has notified Us in writing at least 72 Hours before a planned Hospitalization. In an Emergency the Insured Person (or person on behalf of the Insured Person) should notify Us in writing within 48 hours of Hospitalization; and
 - (2) We have pre-authorized the In-patient Care or Day Care Treatment.
 - (ii) For Cashless Facility We will make the payment of the amounts assessed to be due directly to the Network Hospital. The treatment must take place within 15 days of the pre-authorization date and pre-authorization is only valid if all the details of the authorized treatment, including dates, diagnosis, treatment, clinical details, Hospital and locations, match with the details of the actual treatment received.
 - (iii) If pre-authorization is not obtained then the Cashless Facility will not be available and the claims procedure shall be as per (b)(ii) below.
- (b) Non-Network Hospitals & All Other Claims for Reimbursement:
- (i) In all Hospitalizations which have not been pre-authorized, We must be notified in writing within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier. The Notification of Claim should be ideally provided by the Policyholder/Insured Person. In the event Policyholder and Insured Person is unwell, then the Notification of Claim should be provided by any immediate adult member of the family.

The following information is mandated in the notification:

 1. Policy number.
 2. Name of Policyholder.
 3. Name of Insured Person in respect of whom the claim has been notified.
 4. Name of Hospital with address and contact number.
 5. Diagnosis.
 6. Treatment undergone (medical / surgical management with name of Surgical Procedure undergone, if applicable) and approximate amount being claimed for.
 - (ii) For any Illness or Accident or medical condition that requires Hospitalization, the Insured Person shall deliver to Us the necessary documents listed below, at his own expense, within 15 days of the Insured Person's discharge from Hospital

(when the claim is only in respect of Post-hospitalization, within 15 days of the completion of the Post-hospitalization):

- (1) Claim form duly completed and signed by the claimant
- (2) Cancelled Cheque
- (3) Self attested copy of valid age proof (Passport / Driving License / PAN card / class X certificate / Birth certificate)
- (4) Self attested copy of identity proof (Passport / Driving License / PAN card / Voters identity card)
- (5) Original discharge summary.
- (6) Original final bill from Hospital with detailed break-up and paid receipt..
- (7) Original bills of medicines purchased, or of any other investigation done at an outside hospital with reports and requisite prescriptions.
- (8) Invoice of major accessories in case billed and utilized during treatment (if not included in the final hospital bill).
- (9) For Medicolegal cases (MLC/FIR copy attested by the concerned hospital / police station (if applicable)
- (10) Original self-narration of incident in absence of MLC / FIR
- (11) Original first consultation paper (in case disease is first time diagnosed).
- (12) Original Laboratory Investigation reports.
- (13) Original X-Ray/ MRI / Ultrasound films and other Radiological investigations
- (14) Indoor case paper/OT notes (if required)

(c) In all cases:

(i) We reserve the right to call for:

- (1) Any other necessary documentation or information that We believe may be required; and
- (2) A medical examination by Our Medical Practitioner or for an investigation as often as We believe this to be necessary. Any expenses related to such examinations or investigations shall be borne by Us.

(ii) In the event of the Insured Person's death, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us within 14 days regardless

of whether any other notice has been given to Us. We reserve the right to require an autopsy.

- (d) All claims are to be notified to Us within a timeline as per Sections 5(m)(b)(i). In case where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule, We may condone such delay and process the claim, We reserve a right to decline such requests for claim process where there is no merit for a delayed claim.
- (e) Upon acceptance of a claim, the payment of the amount due shall be made within 30 days from the date of acceptance of the claim. In the case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- (f) It is hereby agreed and understood that in providing pre-authorisation or accepting a claim for reimbursement under this Policy or making a payment under this Policy, We make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the treatment sought or provided.

n. Withdrawal of Product

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

o. Revision or Modification

This product may be revised or modified subject to prior approval of the IRDA. In such case We shall notify You of any such change at least 3 months prior to the date from which such revision or modification shall come into effect, provided it is not otherwise provided by the IRDA.

p. Alteration to the Policy

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

q. Nomination & Assignment

You are mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims, in the event of Your death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Schedule is made by Us.

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

No assignment of this Policy or the benefits thereunder shall be permitted.

r. Obligations in case of a minor

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

s. Customer Service and Grievances Reddressal:

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

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

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

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

- iii. In case You/ Insured Person are not satisfied with Our decision/resolution, You/ Insured Person may approach the Insurance Ombudsman at the addresses given in Annexure I.
- iv. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.

- v. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made
1. only if the grievance has been rejected by the Grievance Redressal Machinery of the Insurer;
 2. within a period of one year from the date of rejection by the insurer;
 3. if it is not simultaneously under any litigation.

6. Interpretations & Definitions

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

- Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external visible and violent means.
- Def. 2. **Alternative Treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- Def. 3. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre-authorization approved.
- Def. 4. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 5. **Congenital Anomaly** refers to a condition (s) which is present since birth, and which is abnormal with reference to form, structure or position.
- i. **Internal Congenital Anomaly:** Congenital Anomaly which is not in the visible and accessible parts of the body.
- Def. 6. **External Congenital Anomaly:** Congenital Anomaly which is in the visible and accessible parts of the body
- i)
- Def. 7. **Contribution** is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.

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

Def. 9. **Day Care Center:** A 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 within the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:- has Qualified Nursing staff under its employment; has qualified Medical Practitioner (s) in charge; had a fully equipped operation theatre of its own where Surgical Procedures are carried out maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Def. 10. **Day Care Treatment** refers to medical treatment, and/or surgical procedure which is:

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

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

Def. 11. **Deductible:** Deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

Def. 12. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Def. 13. **Dependents** means Your family members listed below:

- i) Legally married spouse as long as he or she continues to be married to You;
- ii) Unmarried children aged 5 years or more and less than 21 years, who are financially dependent on You and do not have their own independent households.

Def. 14. **Diagnostic Tests:** Investigations, such as X-Ray or blood tests, to find the cause of Insured Person's symptoms and medical condition.

Def. 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.

- Def. 16. **Emergency** means a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 17. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 18. **Family Floater Cover** means a cover in terms of which the You and/or Your Dependents named in the Schedule are covered under the Policy as Insured Persons.
- Def. 19. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.
- Def. 20. **Hospital** means any institution established for In-patient care and Day Care Treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- a) has Qualified Nursing staff under its employment round the clock;
 - b) has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places
 - c) has qualified Medical Practitioner (s) in charge round the clock;
 - d) has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e) maintains daily records of patients and will make these accessible to Our authorized personnel.
- Def. 21. **Hospitalization** or **Hospitalized** means the admission in a Hospital for a minimum period of 24 Inpatient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours .
- Def. 22. **Information Summary Sheet** means the record and confirmation of information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.
- Def. 23. **Injury**: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

- Def. 24. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 25. **Illness** means sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment
- i) **Acute condition-** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his/her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
 - ii) **Chronic condition-** A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests- it needs ongoing or long-term control or relief of symptoms –it requires your rehabilitation or for you to be specifically trained to cope with it- it continues indefinitely – it comes back or is likely to come back.
- Def. 26. **In-patient** means the Insured Person's admission to for treatment in a Hospital for more than 24 hours for a covered event.
- Def. 27. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 28. **Insured Person** means the person named as insured in the Schedule. Any Family member may be added as an Insured Person during the Policy Period if We have accepted his application for insurance and issued an endorsement confirming the addition of such person as an Insured Person.
- Def. 29. **Maternity Expenses:** Maternity expense 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.
- Def. 30. **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.
- Def. 31. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy setup by the

Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

Def. 32. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a Cashless Facility.

Def. 33. **Non- Network** means any Hospital, Day Care Centre or other provider that is not part of the Network.

Def. 34. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

Def. 35. **OPD Treatment** is one in which the Insured Person visits a clinic/ hospital, or associated facility like a consultation room, for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-Patient.

Def. 36. **Policy** means this Policy alongwith the terms and conditions, any annexure thereto and the Schedule (as amended from time to time), the information statements in the proposal form and the Information Summary Sheet and the policy wording (including endorsements, if any).

Def. 37. **Policy Period** means the period between the date of commencement and the expiry date specified shown in the Schedule.

Def. 38. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and / or were diagnosed, and / or received Medical Advice/ treatment, within 48 months prior to the first Policy issued by Us.

Def. 39. **Pre-hospitalization Medical Expenses**

Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

- I. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- II. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Def. 40. **Post-hospitalization Medical Expenses**

Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:

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

- Def. 41. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- Def. 42. **Product Benefits Table** means the Product Benefits Table issued by Us and accompanying this Policy and annexures thereto.
- Def. 43. **Rehabilitation:** Treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.
- Def. 44. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
- Def. 45. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- Def. 46. **Room Rent** means the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical Expenses.
- Def. 47. **Schedule** means the schedule issued by Us, and, if more than one, then the latest in time.
- Def. 48. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 49. **Sum Insured** means the sum shown in the Schedule which represents Our maximum total and cumulative liability for any and all claims under the Policy during the Policy Period.
- Def. 50. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- Def. 51. **Unproven/Experimental Treatment:** treatment, including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 52. **We/Our/Us** means Max Bupa Health Insurance Company Limited.
- Def. 53. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

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

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Annexure I

List of Ombudsmen

| Office of the Ombudsman | Name of the Ombudsmen | Contact Details | Areas of Jurisdiction |
|-------------------------|-----------------------|--|---|
| AHMEDABAD | | Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com | Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu |
| BHOPAL | | Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | | Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in | Orissa |
| CHANDIGARH | | Insurance Ombudsman, | Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh |

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| | | Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in | |
| CHENNAI | Shri V. Ramasaamy | Shri V. Ramasaamy, Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email insombud@md4.vsnl.net.in | Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry) |
| NEW DELHI | Shri Surendra Pal Singh | Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com | Delhi & Rajashtan |
| GUWAHATI | Shri Sarat Chandra Sarma | Shri Sarat Chandra Sarma, Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, | Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |

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| | | <p>GUWAHATI-781 001 (ASSAM).</p> <p>Tel.:- 0361-2132204/5</p> <p>Fax : 0361-2732937</p> <p>Email ombudsmanghy@rediffmail.com</p> | |
| HYDERABAD | Shri K. Chandrahas | <p>Shri K Chandrahas</p> <p>Insurance Ombudsman,</p> <p>Office of the Insurance Ombudsman,</p> <p>6-2-46, 1st Floor, Moin Court,</p> <p>A.C. Guards, Lakdi-Ka-Pool,</p> <p>HYDERABAD-500 004.</p> <p>Tel : 040-65504123</p> <p>Fax: 040-23376599</p> <p>Email insombudhyd@gmail.com</p> | Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry |
| ERNAKULAM | | <p>Insurance Ombudsman,</p> <p>Office of the Insurance Ombudsman,</p> <p>2nd Floor, CC 27/2603, Pulinat Bldg.,</p> <p>Opp. Cochin Shipyard, M.G. Road,</p> <p>ERNAKULAM-682 015.</p> <p>Tel : 0484-2358759</p> <p>Fax : 0484-2359336</p> <p>Email iokochi@asianetindia.com</p> | Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry |
| KOLKATA | Ms. Manika Datta | <p>Ms. Manika Datta</p> <p>Insurance Ombudsman,</p> <p>Office of the Insurance Ombudsman,</p> <p>North British Bldg.,</p> <p>29, N.S. Road, 4th Floor,</p> <p>KOLKATA-700 001.</p> <p>Tel : 033-22134866</p> <p>Fax : 033-22134868</p> <p>Email iombkol@vsnl.net</p> | West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim |
| LUCKNOW | | <p>Insurance Ombudsman,</p> <p>Office of the Insurance Ombudsman,</p> | Uttar Pradesh and Uttaranchal |

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| | | <p>Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com</p> | |
| MUMBAI | Shri S. Viswanathan | <p>Shri S Viswanathan Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com</p> | Maharashtra , Goa |

Annexure II

| List of Generally excluded in Hospitalisation Policy | | |
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| SNO | List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy - | SUGGESTIONS |
| TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS | | |
| 1 | HAIR REMOVAL CREAM | Not Payable |
| 2 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | Not Payable |
| 3 | BABY FOOD | Not Payable |
| 4 | BABY UTILITES CHARGES | Not Payable |
| 5 | BABY SET | Not Payable |
| 6 | BABY BOTTLES | Not Payable |
| 7 | BRUSH | Not Payable |
| 8 | COSY TOWEL | Not Payable |
| 9 | HAND WASH | Not Payable |
| 10 | M01STUR1SER PASTE BRUSH | Not Payable |
| 11 | POWDER | Not Payable |
| 12 | RAZOR | Payable |
| 13 | SHOE COVER | Not Payable |
| 14 | BEAUTY SERVICES | Not Payable |
| 15 | BELTS/ BRACES | Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine. |
| 16 | BUDS | Not Payable |
| 17 | BARBER CHARGES | Not Payable |
| 18 | CAPS | Not Payable |
| 19 | COLD PACK/HOT PACK | Not Payable |
| 20 | CARRY BAGS | Not Payable |
| 21 | CRADLE CHARGES | Not Payable |
| 22 | COMB | Not Payable |
| 23 | DISPOSABLES RAZORS CHARGES (for site preparations) | Payable |
| 24 | EAU-DE-COLOGNE / ROOM FRESHNERS | Not Payable |
| 25 | EYE PAD | Not Payable |
| 26 | EYE SHEILD | Not Payable |
| 27 | EMAIL / INTERNET CHARGES | Not Payable |
| 28 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | Not Payable |
| 29 | FOOT COVER | Not Payable |
| 30 | GOWN | Not Payable |

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| 31 | LEGGINGS | Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable. |
| 32 | LAUNDRY CHARGES | Not Payable |
| 33 | MINERAL WATER | Not Payable |
| 34 | OIL CHARGES | Not Payable |
| 35 | SANITARY PAD | Not Payable |
| 36 | SLIPPERS | Not Payable |
| 37 | TELEPHONE CHARGES | Not Payable |
| 38 | TISSUE PAPER | Not Payable |
| 39 | TOOTH PASTE | Not Payable |
| 40 | TOOTH BRUSH | Not Payable |
| 41 | GUEST SERVICES | Not Payable |
| 42 | BED PAN | Not Payable |
| 43 | BED UNDER PAD CHARGES | Not Payable |
| 44 | CAMERA COVER | Not Payable |
| 45 | CLINIPLAST | Not Payable |
| 46 | CREPE BANDAGE | Not Payable/ Payable by the patient |
| 47 | CURAPORE | Not Payable |
| 48 | DIAPER OF ANY TYPE | Not Payable |
| 49 | DVD, CD CHARGES | Not Payable (However if CD is specifically sought by Insurer/TPA then payable) |
| 50 | EYELET COLLAR | Not Payable |
| 51 | FACE MASK | Not Payable |
| 52 | FLEXI MASK | Not Payable |
| 53 | GAUSE SOFT | Not Payable |
| 54 | GAUZE | Not Payable |
| 55 | HAND HOLDER | Not Payable |
| 56 | HANSAPLAST/ADHESIVE BANDAGES | Not Payable |
| 57 | INFANT FOOD | Not Payable |
| 58 | SLINGS | Reasonable costs for one sling in case of upper arm fractures should be considered |
| ITEMS SPECIFIC ALL Y EXCLUDED IN THE POLICIES | | |
| 59 | WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES | Exclusion in policy unless otherwise specified |
| 60 | COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC., | Exclusion in policy unless otherwise specified |
| 61 | DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION | Exclusion in policy unless otherwise specified |
| 62 | HORMONE REPLACEMENT THERAPY | Exclusion in policy unless otherwise specified |
| 63 | HOME VISIT CHARGES | Exclusion in policy unless otherwise specified |
| 64 | INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE | Exclusion in policy unless otherwise specified |

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| 65 | OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY | Exclusion in policy unless otherwise specified |
| 66 | PSYCHIATRIC & PSYCHOSOMATIC DISORDERS | Exclusion in policy unless otherwise specified |
| 67 | CORRECTIVE SURGERY FOR REFRACTIVE ERROR | Exclusion in policy unless otherwise specified |
| 68 | TREATMENT OF SEXUALLY TRANSMITTED DISEASES | Exclusion in policy unless otherwise specified |
| 69 | DONOR SCREENING CHARGES | Exclusion in policy unless otherwise specified |
| 70 | ADMISSION/REGISTRATION CHARGES | Exclusion in policy unless otherwise specified |
| 71 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE | Exclusion in policy unless otherwise specified |
| 72 | EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED | Not payable - Exclusion in policy unless otherwise specified |
| 73 | ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY | Not payable as per HIV/AIDS exclusion |
| 74 | STEM CELL IMPLANTATION/ SURGERY and storage | Not Payable except Bone Marrow Transplantation where covered by policy |
| ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS | | |
| 75 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charges, not payable separately |
| 76 | ARTHROSCOPY & ENDOSCOPY INSTRUMENTS | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| 77 | MICROSCOPE COVER | Payable under OT Charges, not payable separately |
| 78 | SURGICAL BLADES,HARMONIC SCALPEL,SHAVER | Payable under OT Charges, not payable separately |
| 79 | SURGICAL DRILL | Payable under OT Charges, not payable separately |
| 80 | EYE KIT | Payable under OT Charges, not payable separately |
| 81 | EYE DRAPE | Payable under OT Charges, not payable separately |
| 82 | X-RAY FILM | Payable under Radiology Charge s, not as consumable |
| 83 | SPUTUM CUP | Payable under Investigation Charges, not as consumable |
| 84 | BOYLES APPARATUS CHARGES | Part of OT Charges, not seperately |

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| 85 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 86 | Antiseptic or disinfectant lotions | Not Payable -Part of Dressing Charges |
| 87 | BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES,SYRINGES | Not Payable -Part of Dressing Charges |
| 88 | COTTON | Not Payable -Part of Dressing Charges |
| 89 | COTTON BANDAGE | Not Payable -Part of Dressing Charges |
| 90 | MICROPORE/ SURGICAL TAPE | Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges |
| 91 | BLADE | Not Payable |
| 92 | APRON | Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges |
| 93 | TORNIQUET | Not Payable (service is charged by hospitals,consumables can not be separately charged) |
| 94 | ORTHOBUNDLE, GYNAEC BUNDLE | Part of Dressing Charges |
| 95 | URINE CONTAINER | Not Payable |
| ELEMENTS OF ROOM CHARGE | | |
| 96 | LUXURY TAX | Actual tax levied by government is payable .Part of room charge for sublimits |
| 97 | HVAC | Part of room charge not payable separately |
| 98 | HOUSE KEEPING CHARGES | Part of room charge not payable separately |
| 99 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of room charge not payable separately |
| 100 | TELEVISION & AIR CONDITIONER CHARGES | Payable under room charges not if separately levied |
| 101 | SURCHARGES | Part of room charge not payable separately |
| 102 | ATTENDANT CHARGES | Not Payable - Part of Room Charges |
| 103 | IM IV INJECTION CHARGES | Part of nursing charges, not payable |
| 104 | CLEAN SHEET ^ | Part of Laundry/Housekeeping not payable separately |
| 105 | EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by hospital is payable |
| 106 | BLANKET/WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES | Not Payable- part of room charges |
| 107 | ADMISSION KIT | Not Payable |
| 108 | BIRTH CERTIFICATE | Not Payable |
| 109 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | Not Payable |
| 110 | CERTIFICATE CHARGES | Not Payable |

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| 111 | COURIER CHARGES | Not Payable |
| 112 | CONVENYANCE CHARGES | Not Payable |
| 113 | DIABETIC CHART CHARGES | Not Payable |
| 114 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | Not Payable |
| 115 | DISCHARGE PROCEDURE CHARGES | Not Payable |
| 116 | DAILY CHART CHARGES | Not Payable |
| 117 | ENTRANCE PASS / VISITORS PASS CHARGES | Not Payable |
| 118 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | To be claimed by patient under Post Hosp where admissible |
| 119 | FILE OPENING CHARGES | Not Payable |
| 120 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | Not Payable |
| 121 | MEDICAL CERTIFICATE | Not Payable |
| 122 | MAINTENANCE CHARGES | Not Payable |
| 123 | MEDICAL RECORDS | Not Payable |
| 124 | PREPARATION CHARGES | Not Payable |
| 125 | PHOTOCOPIES CHARGES | Not Payable |
| 126 | PATIENT IDENTIFICATION BAND / NAME TAG | Not Payable |
| 127 | WASHING CHARGES | Not Payable |
| 128 | MEDICINE BOX | Not Payable |
| 129 | MORTUARY CHARGES | Payable upto 24 hrs,shifting charges not payable |
| 130 | MEDICO LEGAL CASE CHARGES (MLC CHARGES) | Not Payable |
| EXTERNAL DURABLE DEVICES | | |
| 131 | WALKING AIDS CHARGES | Not Payable |
| 132 | BIPAP MACHINE | Not Payable |
| 133 | COMMODE | Not Payable |
| 134 | CPAP/ CAPD EQUIPMENTS Device | Not Payable |
| 135 | INFUSION PUMP - COST Device | Not Payable |
| 136 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 137 | PULSEOXYMETER CHARGES Device | Not Payable |
| 138 | SPACER | Not Payable |
| 139 | SPIROMETRE Device | Not Payable |
| 140 | SPO 2PROB E | Not Payable |
| 141 | NEBULIZER KIT | Not Payable |
| 142 | STEAM INHALER | Not Payable |
| 143 | ARMSLING | Not Payable |
| 144 | THERMOMETER | Not Payable (paid by patient) |

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| 145 | CERVICAL COLLAR | Not Payable |
| 146 | SPLINT | Not Payable |
| 147 | DIABETIC FOOT WEAR | Not Payable |
| 148 | KNEE BRACES (LONG/ SHORT/ HINGED) | Not Payable |
| 149 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER | Not Payable |
| 150 | LUMBOSACRAL BELT | Essential and should be paid specifically for cases who have undergone surgery of lumbar spine. |
| 151 | NIMBUS BED OR WATER OR AIR BED CHARGES | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day |
| 152 | AMBULANCE COLLAR | Not Payable |
| 153 | AMBULANCE EQUIPMENT | Not Payable |
| 154 | MICROSHEILD | Not Payable |
| 155 | ABDOMINAL BINDER | Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal liver transplant etc. obstruction, |
| ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION | | |
| 156 | BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC | May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital |
| 157 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES | Post hospitalization nursing charges not Payable |
| 158 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES DIET CHARGES | Patient Diet provided by hospital is payable |
| 159 | SUGAR FREE Tablets | Payable -Sugar free variants of admissible medicines are not excluded |
| 160 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) | Payable when prescribed |
| 161 | Digestion gels | Payable when prescribed |
| 162 | ECG ELECTRODES | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable. |
| 163 | GLOVES Sterilized Gloves | payable /unsterilized gloves not payable |
| 164 | HIV KIT | Payable - payable Preoperative screening |
| 165 | LISTERINE/ ANTISEPTIC MOUTHWASH | Payable when prescribed |

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| 166 | LOZENGES | Payable when prescribed |
| 167 | MOUTH PAINT | Payable when prescribed |
| 168 | NEBULISATION KIT | If used during hospitalization is payable reasonably |
| 169 | NOVARAPID | Payable when prescribed |
| 170 | VOLINI GEL/ ANALGESIC GEL | Payable when prescribed |
| 171 | ZYTEE GEL | Payable when prescribed |
| 172 | VACCINATION CHARGES | Routine Vaccination not Payable / Post Bite Vaccination Payable |
| PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE | | |
| 173 | AHD | Not Payable - Part of Hospital's internal Cost |
| 174 | ALCOHOL SWABES | Not Payable - Part of Hospital's internal Cost |
| 175 | SCRUB SOLUTION/STERILLIUM | Not Payable - Part of Hospital's internal Cost |
| OTHERS | | |
| 176 | VACCINE CHARGES FOR BABY | Not Payable |
| 177 | AESTHETIC TREATMENT / SURGERY | Not Payable |
| 178 | TPA CHARGES | Not Payable |
| 179 | VISCO BELT CHARGES | Not Payable |
| 180 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable |
| 181 | EXAMINATION GLOVES | Not Payable |
| 182 | KIDNEY TRAY | Not Payable |
| 183 | MASK | Not Payable |
| 184 | OUNCE GLASS | Not Payable |
| 185 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not payable, except for telemedicine consultations where covered by policy |
| 186 | 186 OXYGEN MASK | Not Payable |
| 187 | PAPER GLOVES | Not Payable |
| 188 | PELVIC TRACTION BELT | Should be payable in case of PIVI) requiring traction as this is generally not reused |
| 189 | REFERAL DOCTOR'S FEES | Not Payable |
| 190 | ACCU CHECK (Glucometry/ Strips) | Not payable prehospitalisation or post hospitalisation / Reports and Charts required / Device not payable |
| 191 | PAN CAN | Not Payable |
| 192 | SOFNET | Not Payable |
| 193 | TROLLY COVER | Not Payable |
| 194 | UROMETER, URINE JUG | Not Payable |
| 195 | AMBULANCE | Payable as per Plan |

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| 196 | TEGADERM / VASOFIX SAFETY | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs |
| 197 | URINE BAG P | Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs |
| 198 | SOFTOVAC | Not Payable |
| 199 | STOCKINGS | Essential for case like CABG etc. where it should be paid. |