L&T Insurance

my:health Medisure Plus Insurance

Policy Wording

A. PREAMBLE

L&T General Insurance Company Limited will provide insurance cover to the person(s) named in the Schedule to this Policy subject to Your statements in the Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this Policy which is incorporated into the Policy and is the basis of it.

If during the **Policy Period,** You contract any illness or sustain any bodily injury on account of any accident, and if such illness or injury, shall require you to undergo treatment by way of inpatient Hospitalization, We will reimburse Medical Expenses for the covers as stated below and in the Schedule subject to maximum of **Sum Insured** (including earned Cumulative Bonus, if any).

B. DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to the male include the female and references to any statutory enactment include subsequent changes to the same.

Def 1 **We/Our/Us** means the L&T General Insurance Company Limited.

Def 2 **You/Your/Insured/Insured Person** means the person(s) named as Insured/Insured Person in the Schedule to this Policy, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.

Def 3 **Accident** is a sudden, unforeseen and involuntary event caused by external visible and violent means.

Def 4 **Any one illness:** means continuous Period of Illness and it includes relapse with in 45 days from the date of hospitalization at the Hospital/Nursing home where treatment may have been taken.

Def 5 **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 6 **Cancellation**: defines the terms on which the Policy contract can be terminated either by the Insurer or the Insured by giving sufficient notice to other which is not lower than period of 15 days.

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

- Internal Congenital anomaly: which is not in visible and accessible part of the body.
- External Congenital Anomaly: which is visible and accessible parts of the body

Def 8 **Co-payment** is a cost sharing requirement under a Health Insurance policy which provides that You will bear a specific percentage of the admissible Claim amount. A Co-payment is applicable on a claim and does not reduce the Sum Insured.

Def 9 **Condition Precedent:** shall mean Policy term or condition upon which the Insurers liability under the Policy is conditional upon.

Def 10 **Critical Illness**: means the following major disease(s), which the Insured Person is diagnosed with during the Policy Period and is required to undergo treatment by way of Hospitalization:

i. **Cancer (of specific severity)**

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

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

ii. **Open Chest CABG**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner.
Excluded are: (1) Angioplasty and/or any other intra-arterial procedures (2) any key-hole or laser surgery.

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iii. **First Heart Attack (of specific severity)**

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

- a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- new characteristic electrocardiogram changes
- elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- The following are excluded:
- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- other acute Coronary Syndromes
- any type of angina pectoris.

iv. **Kidney Failure (requiring regular dialysis)**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

v. **Multiple Sclerosis with persisting symptoms**

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

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

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

vi. **Major Organ/bone marrow Transplant**

The actual undergoing of a transplant of:

- one of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- human bone marrow using hematopoietic stem cells.

The undergoing of a transplant has to be confirmed by a specialist Medical

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Practitioner.

Coverage includes reimbursement of expenses incurred towards hospitalization of the donor, provided that the

- organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules,
- organ donated is for the use of the Insured Person.

Coverage under this section shall not pay for any Pre-Post hospitalization expenses of the donor, donor screening, cost of organ or any other medical treatment for the donor consequent on the harvesting.

The following are excluded:

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

vii. **Stroke (resulting in permanent symptoms)**

Any cerebro-vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extra-cranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

viii. **Aorta Graft Surgery**

The actual surgical repair of an aortic aneurysm (an abnormal bulge in the wall of the aortic blood vessel causing the aorta to dilate or widen and the aortic valve to leak leading to bursting of arterial wall) for the first time by a surgeon. The diagnosis to be evidenced by any two of the following:

- Computerised tomography (CT) scan
- Magnetic resonance imaging (MRI) scan
- Echocardiography (an ultrasound of the heart)
- Abdominal ultrasound (for associated abdominal aneurysms)
- Angiography (an x-ray of the blood vessels)

ix. **Primary Pulmonary Arterial Hypertension**

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The first diagnosis of a primary pulmonary hypertension (PPH) which results in elevation of blood pressure in the pulmonary artery with no apparent reason and measures greater than 25 mm Hg at rest or 30 mm Hg during exercise. The diagnosis of the condition to be evidenced by:

- Electrocardiogram or X-Ray and
- Echocardiography
- Pulmonary Function test
- High Resolution Computerized Tomography Scan (HRCT-Chest)

Further diagnosis to be evidenced by Cardiac Catheterization or Pulmonary ateriography in case the above are not sufficient to confirm PPH.

x. **Permanent paralysis of limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner-(Neurologist, Orthopaedic Surgeon or Ortho Physician ,MD-Medicine)must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

xi. **Coma of specified Severity**

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and
- permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

xii. **Motor Neurone disease with permanent symptoms**

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

Def 11 **Commencement Date/Inception Date:** means the commencement date of this Policy as specified in the Schedule.

Def 12 **Cumulative Bonus:** Cumulative Bonus shall mean any increase in Sum Insured granted by Us without an associated increase in Premium.

Def 13 **Contribution:** is essentially the right of the Company to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Def 14 **Day Care Centre:** A Day care centre means any institution established for day care treatment of illness and/or injuries or a medical set up with in a hospital and which has been registered with local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all minimum criteria as under:

- Has qualified nursing staff under its employment
- Has qualified medical practitioner (s) in charge
- Has fully equipped operation theater 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.

Def 15 **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 for less than 24 hours due to technological advancement, and
- which would have otherwise required hospitalization of more than 24 hours.
- Treatment taken as an outpatient is not included under the Policy.

Def 16 **Dental treatment:** is a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants

Def 17 **Deductible:** A deductible is a cost-sharing requirement under this Policy that provides that the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. A deductible does not reduce the Sum Insured. Deductible is applicable per Insured per claim.

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Def 18 **Dependents:** mean only the family members listed below:

i. Your legally married spouse ,
ii. Your dependent children – being your children (natural or legally adopted) aged between 3 months and 23 years, who is/are financially dependent on the primary insured or proposer and does not have his / her independent sources of income.
iii. Your parents or parents in-law

Def 19 **Disease:** means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner to that effect.

Def 20 **Disclosure to information norm:** The Policy shall be void and all Premium paid here on shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def 21 **Domiciliary hospitalization:** means medical treatment actually taken at home for a period exceeding 3 days, for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually undertaken while confined at home under medical advice and under any of the following compelling circumstances:

a. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital

OR

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

Def 22 **Emergency Care**: means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and required immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

Def 23 **Family:** means You, Your: Spouse, Dependent Children, Dependant Parents/in laws, Grand Mother, Grand Father, Grand Son, Grand Daughter, Daughter in Law, Son in law, Sister, Brother, Sister in law, Nephew, Niece

Def 24 **Family Floater**: means a Policy described as such in the Schedule whereunder You and Your Dependents named in the Schedule are insured under this Policy from date of inception. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents

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Our maximum liability for any and all claims made by You or Your Dependents during the Policy Period.

Def 25 **Grace Period:** means the specified period of 30 days 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 26 **Hospital/Nursing Home:** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all the minimum criteria as under:

- 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;
- 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 respective Insurance company's authorized personnel

Def 27 **Hospitalization:** means admission in a Hospital/Nursing Home for minimum period of 24 consecutive hours in Inpatient Care except for specified procedures/treatments, where such admission could be for period of less than 24 consecutive hours.

Def 28 **Hospitalization Expenses** means expenses for treatment in any Instance of Illness or accidental injury as In Patient in a Hospital/Nursing Home for a minimum period of 24 hours (except in respect of Day Care Treatment), as admissible under the Policy.

Def 29 **Intensive Care Unit:** 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 30 **Illness:** means sickness or disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy period and requires medical treatment. Illness does not include any mental disease (a mental or bodily condition marked by disorganization of personality, mind and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.

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Acute condition - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

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 specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

Def 31 **Injury**: means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Def 32 **In-patient:** means the person(s) named in the Schedule to this Policy who is/are admitted to Hospital/Nursing Home and stays for at least 24 hours for the sole purpose of receiving medical treatment covered under the Policy.

Def 33 **Inpatient Care:** means a treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def 34 **Maternity expenses:** 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 35 **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 license, provided that this person is not the Insured/Insured Person or a member of his/her family.

Def 36 **Medical Expenses**: means those expenses that 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 due to Illness or Accident occurring during the Policy Period, as long as these are no more than what would have been payable if the Insured what would have been if the Insured Person(s) had not been insured and no more than other hospitals and doctors in the same locality would have charged for the same medical treatment.

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Def 37 **Medical Advise:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def 38 **Medically Necessary** treatment means any treatment, tests, medication, or stay in a Hospital/Nursing Home which

- is required for the medical management of the illness or injury suffered by the Insured Person(s);
- 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.

Def 39 **Network Hospital(s)** means all such Hospitals, day care centers or other providers that the Insurance company/TPA have mutually agreed with, to provide services like Cashless access to Policy holders. The list of Network Hospitals is available with Us/TPA and is subject to amendment from time to time.

Def 40 **New born baby:** means those babies born to you and your spouse during Policy Period aged between 1 day and 90 days, both days inclusive.

Def 41 **Non-Network Hospital** means any Hospital, day care centre or other provider that is not part of the list of Network Hospitals.

Def 42 **Notification of a 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 43 **OPD Treatment (Outpatient):** OPD treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for a diagnosis and treatment based on the advice of a medical practitioner. The Insured is not admitted as a Day Care or Inpatient.

Def 44 **Qualified Nurse** means a qualified person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Def 45 **Policy** means Your statements in the Proposal Form, this Policy wording (including endorsements, if any), and the Schedule.

Def 46 **Policy Period** means the period between the inception date and the expiry date of the Policy as specified in the Schedule to this Policy or the date of cancellation of this policy, whichever is earlier.

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Def 47 **Policy Year** means a year from the date of inception.

Def 48 **Proposal Form** means the proposal and any other information given to Us by the Insured Person(s) prior to the inception of the Policy which forms the basis of this contract of Insurance.

Def 49 **Pre-existing condition** means any condition, ailment or injury or r related condition(s) for which You had signs or symptoms, and / or diagnosed, and / or received medical advice/ treatment, within 36 months prior to the first Policy issued by Us.

Def 50 **Pre Hospitalization Medical Expenses**: means medical expenses incurred immediately before the Insured Person is hospitalized provided that;

i. such Medical Expenses are incurred for the same condition for which the Insured Persons's hospitalization was required and
ii. The Inpatient Hospitalization claim for such hospitalization is admissible by Us

Def 51 **Post Hospitalization Medical Expenses**: means medical expenses incurred immediately after the Insured Person is discharged 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 Us

Def 52 **Portability:** Portability means transfer by an individual health insurance policyholder (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 or from one plan to another plan o f the same insurer, provided the previous policy has been maintained without any break.

Def 53 **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 among comparable providers only, taking into account the nature of the illness / injury involved.

Def 54 **Renewal:** 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 and Cumulative Bonus (if applicable).

Def 55 **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 56 **Schedule** means Schedule attached to and forming part of this Policy mentioning Your details, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any annexure and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Def 57 **Subrogation:** 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 58 **Sum Insured** means, subject to terms, conditions and exclusions of this Policy, the Sum Insured representing Our maximum liability for any or all claims during the Policy Period specified in the Schedule to this Policy separately in respect of the Insured person(s)

In case of two year policies, the Sum Insured specified on the Policy is the limit for the first Policy Year. These limits will lapse at the end of the first year and fresh limits upto the full Sum Insured as opted will be available for the second year.

In the event of a claim being admitted under this Policy, the Sum Insured for the remaining Policy Period shall stand correspondingly reduced by the amount of claim paid (including 'taxes') or admitted and shall be reckoned accordingly.

In respect of an admissible claim for treatment of a Critical Illness listed under this Policy, reimbursement upto twice the available Sum Insured shall be payable, wherever opted.

Def 59 **Surgery or Surgical operation** means manual and/or operative procedures for correction of illness or Injury, deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a Hospital/Nursing Home or Day Care centre by a Medical Practitioner.

Def 60 **Alternative Treatment:** Alternative treatments are forms of treatments other than treatment under "Allopathy" or "Modern Medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Def 61 **Unproven/Experimental treatment**: Treatment including drug experimental therapy which is not based on established medical practice in India and is a treatment experimental or unproven.

C. SCOPE OF COVERS

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Claims made in respect of any of the benefits below will be subject to maximum of Sum Insured including Cumulative Bonus and will affect the entitlement to Cumulative bonus.

Section I – Standard Coverage

A. Inpatient Hospitalization Expenses:

If any Insured Person suffers an Illness or Accident during the Policy Period requiring Hospitalization as an inpatient, then We will pay:

1.1 Room Rent/ Boarding & Nursing: Actuals limited to 1% of Sum Insured (excluding cumulative bonus) per day subject to a maximum of Rs.4,000/- per day;
1.2 ICU Rent/Boarding & Nursing: Actuals limited to 2% of Sum Insured (excluding cumulative bonus) per day subject to a maximum of Rs.6,000/- per day;
1.3 Fees of Surgeon, Anesthetist, Nurses and Specialists: Actuals
1.4 Cost of Operation Theatre, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a Surgical Procedure: Actuals

Provided that, expenses on account of Room Rent/ ICU Boarding & Nursing if incurred higher than the limits mentioned at 1.1 and 1.2 above, amount payable under 1.3 and 1.4 shall be reduced in the same proportion as such actual costs bears to the eligible limits above.

limits mentioned above are not applicable where Optional Cover for Waiver of Room Rent and ICU Sub-limits has been opted.

Occurrence of any one illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy

B. Pre-Hospitalization Expenses –

We will pay the Medical Expenses incurred in the 30 days immediately before You were Hospitalized, provided that:

i. Such Medical Expenses were in fact incurred for the same condition requiring subsequent Hospitalization, and;
ii. We have accepted the claim under Section I A. “Inpatient Hospitalization expenses.”

C. Post Hospitalization Expenses –

We will pay the Medical Expenses incurred in the 60 days immediately after You were discharged, provided that:

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i. Such Medical Expenses were in fact incurred for the same condition for which Your Hospitalization was required, and;
ii. We have accepted the Claim I A. "Inpatient Hospitalization expenses"

D. Day Care Treatment –

We will pay the Medical Expenses incurred for a Day Care Treatment where the treatment or surgery is taken by You as an inpatient and;

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

Indicative list of Day Care procedure is attached in Annexure A (Please refer at the end of this document)

E. Domiciliary Hospitalization

We will pay Medical Expenses incurred for Domiciliary Hospitalization provided that treatment is actually taken at home for a period exceeding 3 days, for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually undertaken while confined at home under medical advice and under any of the following compelling circumstances:

i. The condition of the Insured Person is such that he/she is not in a condition to be removed to a Hospital

OR

ii. The Insured takes treatment at home on account of non availability of a room in a hospital.

If We accept a claim under this Section, We will not make any payment for Post-Hospitalization expenses. Pre-hospitalization expenses for up to 30 days will be payable.

F. Ambulance Charges –

We will reimburse the expenses incurred on an ambulance used to transfer the Insured to the nearest Hospital with adequate emergency facilities for the provision of health services following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention). The maximum cover will be actuals or upto Rs. 1,500 per hospitalisation whichever is less provided that –

i. Ambulance service used is offered by a healthcare or ambulance service provider
ii. We have accepted an inpatient Hospitalization claim under Section 1A

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Section II – Renewal Incentives

A. Health Check Up

On every third Policy Renewal, We will provide Health Check up coupon of Rs, 1,000/- for this Policy towards the cost of a medical check-up for Insured person(s) who are above age 50 years.
This limit is available per individual in case of an individual Policy/Individual Sum insured Policy and for all members put together in case of a floater Policy.

B. Cumulative Bonus (CB)

If no claim has been made in respect of Section 1 under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 10% of the Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year.

In relation to a Family Floater, the cumulative bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.

If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year, We will automatically decrease the cumulative bonus by 10% of the Sum Insured in that following Policy Year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased.

In case of 2 years Policy, CB for both the years (10% for year 1 and 10% for year 2) will be applied at the time of renewal however CB of 10% will be available in case of any claim in 2nd year of the Policy.

Cumulative Bonus is not applicable to Value added covers and is calculated on Basic Sum Insured under the Policy excluding Sum Insured of Optional covers.

Section III – Optional covers

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Covers mentioned below are applicable only if these are opted and sought by You in the Proposal form, Premium is paid/reduced against such Cover and it is specifically mentioned on the Policy Schedule.

A. Critical Illness Cover (Indemnity Basis):

We will provide additional Sum Insured equal to Basic Sum Insured for Medical expenses incurred for treatment of Critical Illnesses mentioned below in accordance with Scope of Cover Section I - A,B,C,D and subject to exclusions as mentioned in the Policy

List of Critical Illness Covered under the Policy:

1. Cancer (of specific severity)
2. Coronary Artery Bypass Graft
3. First Heart Attack (of specific severity)
4. Kidney Failure (requiring regular dialysis)
5. Multiple Sclerosis
6. Major Organ Transplant
7. Stroke (resulting in permanent symptoms)
8. Aorta Graft Surgery
9. Primary Pulmonary Arterial Hypertension
10. Permanent paralysis of limbs
11. Coma of specified severity
12. Motor Neurone Diseases with permanent symptoms

Additional Sum Insured Limit for each Critical Illness is available only once during the lifetime of the Insured. Claims for the same Critical Illness during subsequent renewals will be payable upto Basic Sum Insured only.

The additional Sum Insured available under this Section will not qualify for benefits under Section II A and B.

Sum Insured under this Section cannot be utilized if claim is paid / payable under Section III B. Reinstatement of Sum Insured. ***Only one of the covers i.e. Critical Illness or Reinstatement of Sum Insured can be opted under the Policy. Both the covers cannot be availed of together.***

B. Reinstatement of Sum Insured

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If the Sum Insured including cumulative bonus under the Policy is exhausted/inadequate due to claims paid and/or payable during the Policy period We will reinstate the Sum Insured to the extent of Claim payable subject to maximum of 100% of Basic Sum Insure provided that;

- The Reinstated Sum Insured will be Applicable only after the Sum Insured inclusive Cumulative Bonus has been exhausted in that year;
- The Reinstated Sum Insured can be used only for Medical expenses incurred on new Illness or Accident. It will not be applicable on Illness(including its complications) or Accidental hospitalization for which the claims are already paid/payable in the current Policy;
- The Reinstatement of the Sum Insured will only be applied once during a Policy Year;
- The additional Sum Insured available under this Section will not qualify for benefits under Section II A and B.

Sum Insured under this Section cannot be utilized if claim is paid/payable under Section III A. Critical Illness Cover. ***Only one of the covers i.e. Critical Illness or Reinstatement of Sum Insured can be opted under the Policy. Both the covers cannot be availed of together.***

C. Waiver of Room Rent and ICU Sub-limits:

If you have opted for this waiver, We will waive the Sub limits as applicable under Scope of Cover Section I –A, 1.1 and 1.2 and medical expenses incurred on;

- Room Rent boarding and nursing
- ICU boarding and nursing

will be payable as per actual without sub-limits.

D. Extended Coverage for Pre and Post hospitalization expenses:

If You have opted for this extension, limits for expenses incurred against Pre and Post hospitalization as given under Section I B and C stand extended to 60 days and 90 days respectively.

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Extended Period of cover for Pre hospitalization expenses will be applicable for Claim under Domiciliary hospitalization also.

E. Deletion of Pre and Post hospitalization Expenses option :

If you have opted to delete the Coverage of Pre and Post hospitalization expenses, no claim will be payable under the Policy for such expenses.

F. Hospital Cash

We will pay Hospital Cash allowance upto Rs. 500 per day subject to;

- This allowance being payable only for a continuous Hospitalization exceeding 3 days;
- Payment will be applicable from 4th day till the time of hospitalization or till 10th day, whichever is less;
- Claim is admitted under Section 1 of the Policy.

G. Recovery Benefit

We will pay a lump sum amount of Rs. 10,000/- towards recovery benefit if;

- You are hospitalized continuously for more than 10 days;
- Claim is admitted under Section 1 of the Policy.

H. Expenses for accompanying Person

We will pay amount of Rs. 500 per day for the period of hospitalization for one Person accompanying You during hospitalization subject to;

- If you are hospitalized for a continuous period of more than 3 days;
- Expenses will be paid from 4th day for the period of hospitalization subject to maximum of 10th day of hospitalization;
- Claim is admitted under Section I of the Policy.

SECTION D EXCLUSIONS

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 36 months of continuous covers have elapsed since inception of the first Policy with us.

2. Any disease contracted and/or medical expenses incurred by You in respect of any disease/illness during the first 30 days from the commencement date of the Policy except in case of accidental injuries. This exclusion doesn't apply for those having any health insurance indemnity policy in India at least for 1 year prior to taking this Policy as well as for subsequent renewals with Us without a break.
3. All expenses towards following ailments/diseases along with their complications are excluded and will be covered after the first two years (24 months) of continuous operation of this insurance cover:

    - Cataract
    - Hysterectomy other than for malignancy
    - Uterine prolapse including any condition requiring Hysterectomy
    - Polycystic Ovarian Diseases, Myomectomy for Fibroids
    - Knee Replacement Surgery (other than caused by an accident)
    - Osteoarthritis and Osteoporosis
    - Arthritis, Arthroscopic Surgery, Rheumatism, Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertibral discs(other than caused by accident)
    - Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary, uro-genital and biliary systems, Benign Prostate Hypertrophy, Hydrocele
    - Congenital internal anomaly
    - Fistula in anus, Piles, Fissures
    - Fibroids, Dilatation & Curettage for treatment purposes, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM)
    - Deviated Nasal Septum, Sinusitis and related disorders
    - Surgery on tonsils/Adenoids
    - Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps, and any type of Breast lumps, benign ear, Nose and Throat disorders and surgeries Chronic Nephritis and Nephropathy (Kidney diseases)
    - Hypertension and Diabetes and related complications

4. Domiciliary hospitalization expenses in respect of following:

    a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
    b. Arthritis, Gout and Rheumatism,
    c. Chronic Nephritis and Nephritic Syndrome,
    d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
    e. Diabetes Mellitus and Insipidus,
    f. Epilepsy,
    g. Hypertension,
    h. Psychiatric or Psychosomatic Disorders of all kinds,
    i. Pyrexia of unknown Origin.

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5. Copayment: All person(s) named in the Schedule to this Policy above the age of 80 years (age last birthday) shall bear a co-pay of 10% for each and every claim.

6. Deductible: Claims/Claim amount falling with in deductible limit as opted by you and mentioned in the Schedule

7. Any treatment arising from or traceable to pregnancy, childbirth including caesarean section. However, this exclusion/waiting period will not apply to Ectopic Pregnancy proved by diagnostic means.
8. Genetic disorder and stem cell implantation/surgery.

9. Dental treatment or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalization or treatment of 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.
10. Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
11. Routine medical, eye and ear examinations, cost of spectacles, laser surgery for cosmetic purposes or corrective surgeries, contact lenses or hearing aids, vaccinations except post-bite treatment, issue of medical certificates and examinations as to suitability for employment or travel.
12. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-call Lymph tropic virus type III (HTLV-III) or Lymphadinopathy Associated Virus (LAV) or Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV and sexually transmitted diseases.
13. Vitamins and tonics unless forming part of treatment for disease, illness or injury and prescribed by a Medical Practitioner.
14. Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.
15. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder(ADHD)
16. Treatment for general debility, ageing, convalescence, run down condition or rest cure, Congenital external anomaly/ies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty or menopause
17. Committing or attempting to commit a criminal or illegal act, or intentional self injury or attempted suicide while sane or insane
18. Certification / Diagnosis / Treatment by a family member or from persons not registered as Medical Practitioners under the respective Medical Councils, or any diagnosis or treatment that is not scientifically recognized or experimental or unproven.
19. Ailment requiring treatment due to use, abuse or a consequence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.
20. Any illness or hospitalization arising or resulting from You or any of Your family members committing any breach of law with criminal intent.
21. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.

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22. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the disease/ illness/ injury for which You were hospitalised.
23. Any stay in Hospital/Nursing Home without undertaking any treatment or where there is no active line of treatment by the Medical Practitioner.
24. Treatment of any mental illness or sickness or disease including a psychiatric condition, disorganization of personality or mind, or emotions or behaviour, Parkinson's 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").
25. Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/morbid obesity or treatment/surgery /complications/illness arising as a consequence thereof.
26. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.
27. Costs of donor screening and organ.
28. Costs incurred on all medical treatments other than Allopathy Treatments.
29. whilst You are engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
30. whilst You are flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
31. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
32. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. .
33. All non-medical expenses as per annexure B attached.
34. Any condition after the point at which it is certified by the attending Medical Practitioner to be of such a nature that further medical treatment may serve to stabilize or maintain it but it is unlikely to result in a material improvement within a reasonable time.
35. Service charges or any other charges levied by the Hospital/Nursing Home, except registration/admission charges.
36. Expenses incurred on alternative treatments **.**

E CLAIMS PROCEDURE

It is a condition precedent to Our liability that upon the discovery or happening of any disease/illness/injury that may give rise to a claim under this Policy, You shall:-

1. Claim Notification

Give immediate notice to the TPA named in this Policy/Health Card, by calling the Help Line number as specified in the Policy/Health Card, or in writing to the address shown in the Schedule with particulars as below:

Policy Number,

Name of the person(s) named in the Schedule to this Policy availing treatment,

Nature of disease/illness/injury,

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Name and address of the attending Medical Practitioner/Hospital

Date of admission & probable date of discharge

Approximate Claim Expenses

Any other relevant information.

Intimation of claim must be done at least 72 hours prior to Hospitalization in case of planned Hospitalization and within 24 hours of Hospitalization in case of an emergency Hospitalization.

2. Cashless Facility for Hospitalization

i) We may provide Cashless facility for Hospitalization expenses either directly or through the Third Party Administrator (TPA) if treatment is undergone at a **Network Hospital** by issue of pre-authorization by Us or the TPA.

ii) For the purpose of considering pre-authorization and Cashless facility, You shall submit to the TPA complete information of the disease, illness or injury requiring treatment along with necessary certification from the Medical Practitioner and/or Hospital.

iii) If claim for treatment appears admissible, We or TPA shall issue pre-authorization to the Hospital concerned for Cashless facility whereby Hospitalization expenses shall be paid directly by Us or through the TPA as confirmed in the pre-authorization.

iv) Cashless facility for Hospitalization will not be available for treatment in Non-Network Hospital and may be declined even for treatment at Network Hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such a case, You shall bear the expenses and claim reimbursement, immediately after discharge from Hospital/Nursing Home in accordance with the stipulations herein.

v) Cashless facility for Hospitalization Coverage shall be limited exclusively to Medical Expenses incurred for treatment at a Network Hospital for disease, illness or injury which are covered under the Policy and shall be extended only for Coverage mentioned under Section IA, ID, IIIA and IIIB .

3. Claims Processing for Reimbursement

i) After intimation as aforesaid, further submit following documents to the TPA at Your own expense within 30 days of discharge from the Hospital, the following:-

- Claim Form Duly filled with requisite information and signed by Insured & Hospital
- Copy of the claim intimation
- Original Hospital Main Bill
- Original Hospital Bill break up (Where issued by the Hospital)
- Original Hospital Bill Payment Receipt
- Hospital Discharge Card/Summary
- Original Pharmacy Bill with supporting prescriptions
- Medical Investigation report: ECG/X-Ray/USG/CT/MRI/Histopathology/pathological and all other medical investigation report in support of diagnosis as advised by the treating doctor.

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- All Doctor's consultation note: confirming provisional & final diagnosis/advise for admission/medical complication/proposed line of treatment/past medical history
- Original bills and receipts for claiming Ambulance charges(if any)
- By signing the claim form you are authorizing us to collect the following documents from the Hospital. If you have obtained these documents, then please submit the same
- Operation Theatre Notes in surgical cases
- Bar code sticker & Invoice for implants and prosthesis (if used)
- In case of Accidental Injuries, Medico Legal Certificate and/ or First information Report, where applicable and self statement giving description of the incident
- Indoor case papers

Pre and Post hospitalization Claims documents

- Duly filled claim form(s)(If claimed Separately)
- Pharmacy Bills with supporting prescriptions
- Medical investigation test reports and payment receipts with doctor's advice note for such investigations.
- All Doctor's consultation note with original bills and receipts for claiming Doctors fees,

Domiciliary hospitalization Claims documents

- Duly filled claim form(s)
- Original bills from chemists supported by proper prescription
- Original Investigation test reports and payment receipts
- Original bills and receipts for claiming Doctors fees,
- Certificate from treating doctor stating the reason for domiciliary treatment

Documents applicable if claiming under Critical Illness

Critical Illness	Documents / Reports Needed	
Cancer (of specific severity)	1. Histopathology	
	2. CT Scan / MRI	
Coronary artery bypass grafting	1. 2D Echo studies	
	2. Coronary Angiography report or CT coronary angiogram	
	3. Trop – T, Trop – I and CPK – MB (In case of recent Acute Coronary syndrome)	
First Heart Attack (of specific	1. Clinical History and serial ECGs	
	2. Trop T, Trop I and CPK – MB	

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severity)	3. Coronary Angiography report	
	4. 2D Echo	
Kidney Failure (requiring regular dialysis)	1. Renal Profile	
	2. Renal Biopsy (if available)	
	3. Neutrophil gelatinase-associated lipocalin	
	4. Renal CT Scan / MRI	
	5. Radio - isotope Renography (DMSA or MAG - 3 scan)	
Multiple Sclerosis	1. Certificate from Neurologist for symptoms & signs of multiple sclerosis.	
	2. Evoked potential test for afferent or efferent CNS pathways.	
	3. CSF Report:	
	4 MRI	
Major Organ Transplant	Basic claim documents with certification from the surgeon for the need of Organ	
Stroke (resulting in permanent symptoms)	1. CT Scan or MRI	
	2. Certification from neurologist for permanent neurological deficit with duration	
Aorta Graft Surgery	1. CT Scan	
	2. MRI	
	3. 2D Echo / Trans esophageal echocardiogram-	
	4. Abdominal Ultrasound (for associated abdominal aneurysms)	
	5. Coronary Angiography	
	6. MRI Angiography	
Primary Pulmonary Arterial	1. Electrocardiogram or X-Ray and	
	2. Echocardiography	

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Hypertension	3. Pulmonary Function test	
	4. High Resolution Computerized Tomography Scan (HRCT-Chest)	
	5. Cardiac Catheterization or Pulmonary ateriography	
Permanent paralysis of limbs	Certification from a neurologist describing type of paralysis with duration	
Coma of specified Severity	1. Clinical Papers showing detailed clinical history and neurological examination findings.	
	2. Certification from Neurologist for severity of coma with the Glasgow coma scale Report of toxicology Reports of serum glucose, calcium, sodium, potassium, magnesium, phosphate urea and creatinine	
	3. CT or MRI scan	
	4. EEG	
	5. Coma Assessment certification from Neurologist at least after 30 days from onset of coma.	
Motor Neurone disease with permanent symptoms	Certification from a neurologist for symptoms of Motor Neurone disease with duration	

Know Your Customer (KYC) documents viz. (address proof of claimant (nominee) and photo ID) would be required for all admissible Claims more than Rs. 100000/-.

ii) Documents pertaining to the Post Hospitalization claim shall be submitted to the TPA within 15 days from the date of expiry of Post Hospitalisation coverage period.

iii) At any time You may be required to authorize and permit the TPA and/or Us or anyone deputed by Us or TPA to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim.

iv) You should under go medical examination by Medical Practitioner designated by Us or the TPA and the cost of such medical examination will be borne by Us.

We may carry out verification/investigation on a case to case basis to ascertain the facts/collect additional information of the case to determine the assessment of loss. Verification carried out, if

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any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/investigation shall be borne by Us.

For determining the amount of admissible claim, applicable taxes prevailing at the time of the claim will be considered as part of claim amount and Our aggregate liability, including any payment towards such taxes shall in no case exceed the Sum Insured.

For processing of Benefit component of an Indemnity policy, the original documents submitted by Insured can be returned back if required

Alternatively attested copies from insurer/hospital may be submitted.

4. TPA to Pay or Reject

The TPA where appointed, shall process and communicate rejection, if a claim is found to be not admissible under this Policy as authorized by Us. However all decisions shall be Our responsibility.

5. Representation against Rejection

Where rejection is communicated, You, may if so desired, represent to Us within 15 days for reconsideration of the decision.

6. Condition Precedent

Completed claim forms and documents must be furnished to Us within the stipulated timelines. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim, if You can satisfy Us that it was not reasonably possible for You to submit/give proof within such time.

The due intimation, submission of documents and compliance with requirements by You as mentioned above shall be essential, failing which We/TPA shall not be bound to entertain a claim.

7. Claims Service Assurance

1) If You notify a cashless facility request by sending the pre-authorization form duly filled in and signed through email, fax to Us or Our representative, then within 6 hours of the actual receipt of such a request, We will respond with:
   a) Approval, or
   b) Rejection.

If such request has been notified during office hours (9am to 9 pm) on Monday to Saturday and We fail to either approve or reject or seek further information after the expiry of 6 hours from the actual receipt of the request then, We shall be liable to pay You for the delay in the following manner:

i) For delay beyond 6 hours: Rs.1,000/-

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ii) The maximum amount that We shall be liable to pay to You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.

If such request has been notified after office hours on a working day or at any time during a holiday and We fail to either approve or reject after the expiry of 8 hours from the actual receipt of the request, then We shall be liable to pay You for the delay in the following manner:

iii) For delay beyond 8 hours: Rs.1,000/-

iv) The maximum amount that We shall be liable to pay You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.

2) In case of reimbursement claims, We shall communicate its decision on payment within 6 working days after You submit the complete details, information and document requirements in respect of the claim. If You have provided such information and documents as required by Us and We fail to communicate its decision, then We shall pay You Rs. 1,000/- for a delay beyond 6 days. The maximum amount that We shall be liable to pay You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs.1,000/-.
3) We will not be liable to make any payments under Clauses 1 and 2 above in case of any natural event or manmade disturbance which impedes Our ability to make a decision or to communicate such decision to You.
4) Any amounts paid under this Clause will not affect the Sum Insured as specified in the Schedule. That Our liability to make payments under this Clause shall at all times be restricted to the amounts specified in Clause 1 and 2 above including the maximum amount specified therein and You shall not be entitled to any sum whatsoever, in excess of those amounts. That any payment made under this Clause by Us will not amount to any admission of liability for a claim notified by You. Service Assurance is applicable only to the first response on a single claim and no subsequent correspondence.

The above compensation shall be paid to You notwithstanding Our obligation 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 the Company in cases of delay in settlement of claims, as per Reg. 9(6) of IRDA (Protection of PolicyHolder's Interests) Regulations 2002

8. Claim Settlement

Wherever a claim has not been settled within the stipulations of the Claims Service Clause above, We will settle the Claim within a period of 30 days from receipt of final completed set of necessary documents/investigation reports (if applicable)

In the event that We decide to reject a claim made under this Policy, We shall intimate the same to you within a period of 30 days of receipt of the final completed set of necessary documents/investigation reports (if applicable), in accordance with the provisions of IRDA (Protection of Policyholder's Interests) Regulations, 2002.

VI. General Conditions

1. Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of the following:

L&T General Insurance Co Ltd
6th & 7th Floor, City 2, Plot No 177
CST Road, Kalina, Santacruz (E)
Mumbai 400 098, India

Registered Office
L&T House, NM Marg
Ballard Estate, Mumbai 400 001, India
CIN: U66030MH2007PLC177117

call 1800 209 5846
sms LTI to 5607058

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- In case of any untrue or incorrect statements or misrepresentation, mis-description or non-disclosure or suppression of any material particulars as sought to be declared on the Proposal Form
- if any material information had been withheld in the Proposal Form, personal statement, declaration or other documents,
- if a claim is found to be fraudulent or any fraudulent means or device is used by You or any one acting on Your behalf to obtain a benefit under this Policy.

Material information to be disclosed includes every matter that You know, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Our decision to accept the risk of insurance and if so on those terms. You must exercise the same duty to disclose those matters to Us before the renewal, extension, variation, endorsement or reinstatement of the Policy.

2. **Observance of Terms and Conditions**

The due observance and fulfilment of the terms, conditions and endorsements of this Policy insofar as they relate to anything to be done or complied with by You shall be a condition precedent to any liability on Us to make any payment under this Policy.

3. **Reasonable Care**

You shall take all reasonable steps to safeguard against any Accident or illnesses that may give rise to any claim under this Policy.

4. **Notice of Charge**

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but Our payment to You or Your nominee or Your legal representative or to the Hospital/Nursing Home, as the case may be, of any benefit under the Policy shall in all cases be a full, valid and an effectual discharge by Us.

5. Electronic Transactions

You agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of this Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by You.

6. Subrogation

In the event of payment under this Policy, We shall be subrogated to Your rights of recovery thereof against any person or organization, and You shall execute and deliver instruments and papers necessary to secure such rights. You and any claimant under this Policy shall at Our expense 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 Your indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which We shall be or would become entitled or subrogated. This clause does not apply to coverage provided on benefit basis.

7. Contribution

If there shall be existing any other insurance covering the same Insured/Insured Person whether effected by the Insured/Insured Person or not and If the Claim amount exceeds the Sum Insured under the Policy after considering the deductible or Co-pay, the Company shall not be liable to pay or contribute more than its ratable proportion of Claim. This clause does not apply where Claim amount is not exceeding the Sum Insured and/or to benefit sections under this Policy. Insured Person has the right to choose the Insurer by who Claim to be settled.

8. Fraudulent Claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all person(s) named in the Schedule to this Policy and all sums paid under this Policy shall be repaid to Us by all person(s) named in the Schedule to this Policy who shall be jointly liable for such repayment.

9. **Cancellation/Termination**

We reserve the right and may at any time, cancel Your Policy, on grounds of misrepresentation, fraud, non disclosure or suppression of material facts as sought to be declared on the Proposal form or non co-operation, by giving 15 days notice in writing by Registered Post Acknowledgment Due to You at Your last known address in which case, We shall not be liable to repay the premium for the unexpired term.

You may also give 15 days notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at Our short period scales as under:

Period On Risk	Rate of Premium Refunded
Up to 1 month	75% of annual Premium
Up to 3 months	50% of annual Premium

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Up to 6 months	25% of annual Premium
Exceeding six months upto 365 days	Nil

In case of 2 year Policy;

If cancellation done before completion of 1 year: same grid as given above is applicable on first year Premium and second year Premium will be completely refunded.

If cancellation is done after completion of 1 year: same grid as given above is applicable however retention Premium on second year premium will be calculated on Annual Premium without long term Policy discount.

An individual policy with a single person named in the Schedule to this Policy shall automatically terminate in case of death of the Policyholder. In case of an individual Policy with multiple persons named in the Schedule to this Policy and incase of a floater, the Policy shall continue to be in force for the remaining members of the family upto the expiry of current Policy Period. The Policy may be renewed on an application by another adult person named in the Schedule to this Policy, whenever such is due.

However, in case of a valid claim having been paid or reported under this Policy, there would be no refund of premium.

Minimum premium of Rs 250 per Policy will be retained by Us towards administrative charges.

10. **Free-look Period**

On the inception of the Policy, A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions. We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced). Cancellation will be allowed only if there are no claims paid or reported under the Policy.. Minimum premium shall not apply for free look cancellations.

11. Place/Currency

No claim shall be payable under this Policy for any treatment or expenses outside India. All claims shall be payable in India and in Indian Rupees only.

12. Income Tax benefit

Premium paid under the Policy shall be eligible for benefits under the Income Tax laws prevailing from time to time.

13. Law Applicable

Laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy or any claim there under.

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14. If a claim is rejected or partially settled and is not the subject matter of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability extinguished and shall not be recoverable thereafter.

15. **Renewal**

a. We shall not be bound to give notice that renewal is due.

b. If You desire renewal, You shall apply to Us for the same prior to expiry of the Policy Period of Insurance.

c. Renewals are deemed to be continuous when received within a period of 30 days from the date of expiry of last policy, subject to however, to the effective policy inception date being reckoned from such period when the renewal premium is received by Us.

   Policy will be considered as a fresh policy if there is a break of thirty or more days between the previous policy expiry date and current policy start date.

   We will not be liable to pay hospitalization expenses incurred during break period. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.

d. Any enhanced Sum Insured during subsequent policy renewals will not be available for an illness, disease, injury already contracted under the preceding policy periods. All Waiting periods as defined in the Policy shall apply for this enhanced limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with Us. Sum Insured enhancement will be subject to Underwriting approval.

e. Where an individual is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with Us.

f. In case of floater Policies, where dependent child crosses age 23 years, renewal can be done in a separate Policy under the same Product or any other available Products with continuity benefits.

g. A Policy shall be ordinarily renewable for lifetime unless:

   I. any fraud, misrepresentation or suppression of material facts as sought to be declared on the Proposal form by You or on Your behalf is found either in obtaining insurance or subsequently in relation thereto or,

   II. We have discontinued issuance of Policy under this Product, in which event You will have the option of renewal under any similar Policy being issued by Us; provided however, benefits payable shall be subject to the terms contained in such other Policy. Such modification or revision of the

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terms and conditions of the Product shall be intimated to you 3 months in advance along with reasons of modification and revision.

h. Based on the experience of the Product, Premium, terms and conditions may be revised subject to prior approval of Insurance Regulatory and Development Authority. Such revision shall be intimated to you 3 months in advance with an option of renewal under any similar Policy being issued by Us. However, benefits payable shall be subject to the terms contained in such other Policy. Individual Claims experience loading is not applicable under the Policy.

16. **Continuity Benefits**

For Portability Policies, continuity benefits shall be offered to all in accordance with the Portability Guidelines issued by IRDA from time to time. Portability benefits are not automatically applicable under the Policy unless application for portability has been specifically made and subsequently accepted by the Company. Application for portability must be made 45 days before expiry of the Policy.

Where the product is discontinued or offered to the customers of a specific institution, with which We have a tie up, continuity of benefits will be provided under the same or similar policies available with Us during such period in the event that such tie-up has been discontinued or Product is withdrawn.

17. Pre-acceptance Medical Test Requirement

a. All Individuals upto 50 years (age last birthday as at Policy inception date) - The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.

b. For age group 51-65 years (age last birthday as at Policy inception date)- The Individuals would be required to undergo pre-acceptance medical tests as follows- Medical Examination Report, Treadmill Test, Lipid Profile, HbA1C, Serum Creatinine, Complete Blood Count, Urinalysis.

c. For the following category:

Scenarios	Medical Tests Requirement	Charges of Medical check up pre agreed with the network provider

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Age group 51 to 65 years	Medical Examination Report, ECG, Lipid Profile, HbA1C, Serum Creatinine, Complete Blood Count, Urinalysis.	<will be mentioned As agreed with network provider>
Age group 50 - 65 years with Optional Cover for Double Sum Insured for Critical Illness or Optional cover of Reinstatement of Sum Insured	Medical Examination Report, ECG, Complete Blood Count, Lipid Profile, HBA1C, Serum Creatinine, Urinalysis, SGOT, SGPT and GGT	<will be mentioned As agreed with network provider>
If Sum Insured of Rs. 1,000,000/- or more is opted		
Optional Cover for Double Sum Insured for Critical Illness at Renewal with or without Claim irrespective of age		

Age last birthday as at Policy inception date to be considered

The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

In case of accepted proposals, the Company shall reimburse 50% of the pre-acceptance medical test costs. (on our pre agreed rates with the network provider Agreed rates will be mentioned here) . Please refer our website www.ltinsurance.com for the list of DC in your area.

The Health check up and subsequent Medical reports are valid upto 30 days from date of Health Check up.

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18. Medical Underwriting

Proposers above 50 years of age and those having medical history are subject to Medical Underwriting by the Company. We reserve the right to accept such proposals on standard terms/Decline/Accept with exclusion or Premium loading (up to maximum of 100% on basic Premium). These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us.

19. **Endorsements**: Following type of endorsement are permissible under the Policy.

Premium Bearing

- Increase in Sum Insured – Subject to medical underwriting permissible at Renewal
- Decrease in Sum Insured – Permissible at Renewal unless wrongly entered
- Addition of member – Newly married spouse or New born baby permissible at Renewal
- Policy cancellation
- Addition of Covers - Subject to medical underwriting permissible at Renewal unless missed out while booking the Policy.

Non Premium Bearing

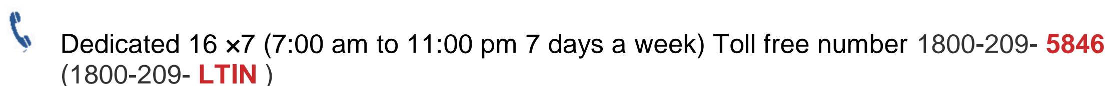
- Address change
- Corrections – Names, address etc
- Change of Occupation

Above list is indicative.

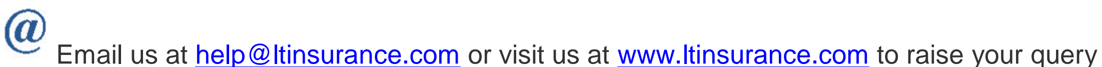
20. Customer Support

L&T General Insurance Company has a strong focus on providing exemplary Service to our Customers.

Our customers can contact us through the below mentioned touch points.



Dedicated 16 ×7 (7:00 am to 11:00 pm 7 days a week) Toll free number 1800-209- **5846** (1800-209- **LTIN**)



Email us at help@ltinsurance.com or visit us at www.ltinsurance.com to raise your query

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SMS **'LTI'** to 56070 **58** (56070-**LT**) and we will call the customer

Our Network of Branches

Write to us at our Corporate office address –

L&T General Insurance Company Limited
6th Floor, City 2, Plot No. 177,
CST Road, Near Bandra Kurla Telephone Exchange,
Kalina, Santacruz (East), Mumbai – 400098, India.

21. Grievances Redressal Procedure

Our Grievance Management process follows a philosophy of providing ease of complaint redressal to the customer as well as influencing effectiveness of service delivery by in depth analysis of grievance causes.

You or your legal representative can approach us through the below mentioned touch points:

- Call us on toll-free number: 1800-209-5846
- Email on 'help@ltinsurance.com'
- Write to us at: Head-Customer Services at our Corporate Office Address

In case You are not satisfied with the decision of the above office, You may:

- Email on 'grievance@ltinsurance.com'
- Write to us at: Grievance Officer at our Corporate Office Address

L&T General Insurance Co. Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policy holders Interests) Regulations, 2002. Under this Regulation and with an objective to provide a forum to Policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council, list of which is given below. For further Information you could refer to http://www.gbic.co.in/contact.html.

Senior Citizen Cell

'Good things come with time' and so for our customers who are above 60 years of age We have created special channels to address any health insurance related query. At L&T Insurance, our

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senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

- Dedicated prompt in our Toll Free Number 1800-209- **5846** (1800-209- **LTIN**)
- SMS “SENIOR” to 5607058
- Email us at ‘senior@ltinsurance.com’

The details of the Insurance Ombudsman and their jurisdiction are as listed below-

Ombudsman Offices	
Areas of Jurisdiction	**Addresses of the Ombudsman Offices**
State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	**AHMEDABAD** 2nd Floor, Ambica House, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rdiffmail.com
States of Madhya Pradesh and Chattisgarh.	**BHOPAL** 1st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011 Tel: 0755 - 2769200, Fax: 0755-2578103 Email:insombmp@satyam.net.in
State of Orissa.	**BHUBANESWAR** 62, Forst Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net
States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	**CHANDIGARH** S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 0172- 2706196 EPBX:0172-2706468 Fax: 0172-2708274
State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	**CHENNAI** Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284 Fax: 044-24333664 Email:insombud@md4.vsnl.net.in
States of Delhi and Rajasthan.	**DELHI** 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: insombudsmandel@netcracker.com
States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of	**HYDERABAD** 6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599

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Pondicherry.	Email:insombud@hd2.vsnl.net.in
State of Kerela and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.	**KOCHI** 2nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmankochi@hclinfinet.com
States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.	**KOLKATTA** North British Building 29, N S Road, 3rd Floor, KOLKATTA-700 001 Tel: 22212666, 22212669, Fax:033-22212668
States of Uttar Pradesh and Uttaranchal.	**LUCKNOW** Jeevan Bhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331 Fax:0522-2231310 E-mail: ioblko@sancharnet.in
States of Maharashtra and Goa.	3rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054 Tel: 26106889, EPBX:022-26106889 Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com
States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	**GUWAHATI** Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 021 Tel: 2413525 EPBX:0361-2415430 Fax: 0361-2414051
Address and contact number of Governing Body of Insurance Council	Secretary General Governing Body of Insurance Council 5th Floor, Royal Insurance Building, 14 Jamshedji Tata Road, Churchgate, Mumbai 400020 022-22817515 Email: inscoun@vsnl.net

22. **IRDA REGULATIONS:** This Policy is subject to Regulations of IRDA (Protection of Policyholder's Interests) Regulations, 2002 as amended from time to time.

23. Discounts: Following discounts are available under the Policy.

- Family Discounts – If more than 2 members covered on Individual Sum Insured basis - 10%
- L&T Employee Discount - 10%.

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- Two Year Policy Discount - 5% on total Premium for 2 years

Total allowable discounts on a policy shall not exceed 20% for 1 year policies and 25% for two year policies. (5% discount applicable on 2 year Policies)

24.

Annexure A – Indicative list of covered day care treatments

Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. ***Revision of a stapedectomy***
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the ey*elid*
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus

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40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids
73. Trauma surgery and orthopaedics
74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

Operations on the breast

79. Incision of the breast
80. Operations on the nipple

Operations on the digestive tract

81. Incision and excision of tissue in the perianal region
82. Surgical treatment of anal fistulas
83. Surgical treatment of haemorrhoids
84. Division of the anal sphincter (sphincterotomy)
85. Other operations on the anus
86. Ultrasound guided aspirations
87. Sclerotherapy

Operations on the female sexual organs

88. Incision of the ovary
89. Insufflation of the Fallopian tubes
90. Other operations on the Fallopian tube
91. Dilatation of the cervical canal
92. Conisation of the uterine cervix
93. Other operations on the uterine cervix
94. Incision of the uterus (hysterotomy)
95. Therapeutic curettage

L&T General Insurance Co Ltd
6th & 7th Floor, City 2, Plot No 177
CST Road, Kalina, Santacruz (E)
Mumbai 400 098, India
Registered Office
L&T House, NM Marg
Ballard Estate, Mumbai 400 001, India
CIN: U66030MH2007PLC177117
call 1800 209 5846
sms LTI to 5607058
www.ltinsurance.com
Insurance is the subject matter of solicitation. IRDA Registration No.146

96. Culdotomy
97. Incision of the vagina
98. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
99. Incision of the vulva
100. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

101. Incision of the prostate
102. Transurethral excision and destruction of prostate tissue
103. Transurethral and percutaneous destruction of prostate tissue
104. Open surgical excision and destruction of prostate tissue
105. Radical prostatovesiculectomy
106. Other excision and destruction of prostate tissue
107. Operations on the seminal vesicles
108. Incision and excision of periprostatic tissue
109. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

110. Incision of the scrotum and tunica vaginalis testis
111. Operation on a testicular hydrocele
112. Excision and destruction of diseased scrotal tissue
113. Plastic reconstruction of the scrotum and tunica vaginalis testis
114. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

115. Incision of the testes
116. Excision and destruction of diseased tissue of the testes
117. Unilateral orchidectomy
118. Bilateral orchidectomy
119. Orchidopexy
120. Abdominal exploration in cryptorchidism
121. Surgical repositioning of an abdominal testis
122. Reconstruction of the testis
123. Implantation, exchange and removal of a testicular prosthesis
124. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

125. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
126. Excision in the area of the epididymis
127. Epididymectomy
128. Reconstruction of the spermatic cord
129. Reconstruction of the ductus deferens and epididymis
130. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

131. Operations on the foreskin
132. Local excision and destruction of diseased tissue of the penis
133. Amputation of the penis
134. Plastic reconstruction of the penis
135. Other operations on the penis

Operations on the urinary system

136. Cystoscopical removal of stones

Other Operations

137. Lithotripsy
138. Coronary angiography
139. *Haemodialysis*
140. Radiotherapy for Cancer
141. Cancer Chemotherapy

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Annexure B - List of non medical (non payable) items

Sr. No.	Expense Head	Special Remarks
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless	Not Payable
3	Baby Food	Not Payable
4	Baby Utilites Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Not Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and may be paid specifically for cases who have
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	Payable for Site Preparations
24	Eau-De-Cologne / Room Freshners	Not Payable
25	Eye Pad	Not Payable
26	Eye Shield	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (Other Than Patient's	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
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable

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NON PAYABLE ITEMS		
Sr. No	Expense Head	Special Remarks
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	If CD is specifically sought by Insurer, then Payable
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gauze 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
59	Weight Control Programs / Supplies	Not Payable
60	Cost Of Spectacles / Contact Lenses	Not Payable
61	Dental Treatment Expenses That Do	Not Payable
62	Hormone Replacement Therapy	Not Payable
63	Home Visit Charges	Not Payable
64	Infertility / Sub fertility / Assisted	Not Payable
65	Obesity (Including Morbid Obesity)	Not Payable
66	Psychiatric & Psychosomatic	Not Payable
67	Corrective Surgery For Refractive	Not Payable
68	Treatment Of Sexually Transmitted	Not Payable

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NON PAYABLE ITEMS		
Sr. No	Expense Head	Special Remarks
69	Donor Screening Charges	Not Payable
70	Admission / Registration Charges	Not Payable
71	Hospitalisation For Evaluation /	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	Not Payable except Bone Marrow Transplantation where
75	Ward And Theatre Booking Charges	Payable under OT Charges, not Payable separately
76	Arthroscopy & Endoscopy	Rental charged by the hsopital Payable. Purchase of
77	Microscope Cover Payable Under OT	Payable under OT Charges, not Payable separately
78	Surgical Blades, Harmonic Scalpel,	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 Charges, not as consumable
83	Sputum Cup	Payable under Investigation Charges, not as consumable
84	Boyles Apparatus Charges	Payable under OT Charges, not Payable separately
85	Blood Grouping And Cross Matching	Not Payable, Part of cost of blood
86	Antiseptic Or Disinfectant Lotions	Not Payable, Part of Dressing Charges
87	Band Aids, Bandages, Sterlile	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, Part of Hospital Services / Disposable Linen to

NON PAYABLE ITEMS		
Sr. No.	Expense Head	Special Remarks
93	Tourniquet	Not Payable
94	Orthobundle, Gynaec Bundle	Not Payable, Part of Dressing Charges
95	Urine Container	Not Payable
96	Luxury Tax	Actual tax levied by government is Payable. Part of charge
97	HVAC	Not Payable, part of room charge
98	Housekeeping Charges	Not Payable, part of room charge
99	Service Charges Where Nursing	Not Payable, part of room charge
100	Television & Air Conditioner Charges	Not Payable, part of room charge
101	Surcharges	Not Payable, part of room charge
102	Attendant Charges	Not Payable, part of room charge
103	IM IV Injection Charges	Not Payable, part of Nursing charges
104	Clean Sheet	Not Payable, pat of laundry / housekeeping
105	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed	Patient Diet provided by hospital is Payable
106	Blanket / Warmer Blanket	Not Payable, part of room charge
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges And Ante	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges /	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass	Not Payable
118	Expenses Related To Prescription On	Not Payable. To be claimed by patient under post
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable

NON PAYABLE ITEMS		
Sr. No.	Expense Head	Special Remarks
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable upto 24 Hours. Shifting charges not Payable
130	Medico Legal Case Charges (MLC	Not Payable
131	External Durable Devices	Not Payable
132	Walking Aids Charges	Not Payable
133	Bipap Machine	Not Payable
134	Commode	Not Payable
135	CPAP / CAPD Equipments	Not Payable
136	Infusion Pump - Cost	Not Payable
137	Oxygen Cylinder (For Usage Outside	Not Payable
138	Pulse Oxy meter Charges	Not Payable
139	Spacer	Not Payable
140	Spiro meter	Not Payable
141	Sp02 Probe	Not Payable
142	Nebulizer Kit	Not Payable
143	Steam Inhaler	Not Payable
144	Arm Sling	Not Payable
145	Thermometer	Not Payable
146	Cervical Collar	Not Payable
147	Splint	Not Payable
148	Diabetic Foot Wear	Not Payable
149	Knee Braces (Long / Short / Hinged)	Not Payable
150	Knee Immobilizer / Shoulder	Not Payable
151	Lumbo Sacral Belt	Essential and may be paid specifically for cases who have
152	Nimbus Bed Or Water Or Air Bed	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 /
153	Ambulance Collar	Not Payable
154	Ambulance Equipment	Not Payable
155	Micro shield	Not Payable

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NON PAYABLE ITEMS		
Sr. No.	Expense Head	Special Remarks
156	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
157	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
158	Private Nurses Charges- Special	Post hospitalization nurisng charges not Payable
159	Nutrition Planning Charges -	Not Payable
160	Sugar Free Tablets	Payable. Sugar free variants of admissible medicines are
161	Creams Powders Lotions	Toiletries are not Payable, only prescribed medical
162	Digestion Gels	Payable when prescribed
163	ECG Electrodes Upto 5 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.
164	Gloves	Sterilized Gloves Payable, Unsterilized Gloves not Payable
165	Hiv Kit	Payable for pre operative screening
166	Listerine / Antiseptic Mouthwash	Payable when prescribed
167	Lozenges	Payable when prescribed
168	Mouth Paint	Payable when prescribed
169	Nebulisation Kit	If used during hospitalization is Payable reasonably
170	Novarapid	Payable when prescribed
171	Volini Gel / Analgesic Gel	Payable when prescribed
172	Zytee Gel	Payable when prescribed
173	Vaccination Charges	Routine Vaccination not Payable. Post Bite Vaccination
174	AHD	Not Payable. Part of hospital's own internal cost
175	Alcohol Swabs	Not Payable. Part of hospital's own internal cost
176	Scrub Solution / Sterillium	Not Payable. Part of hospital's own internal cost
177	Vaccine Charges For Baby	Not Payable
178	Aesthetic Treatment / Surgery	Not Payable
179	TPA Charges	Not Payable
180	Visco Belt Charges	Not Payable

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NON PAYABLE ITEMS - NEW HEALTH INSURANCE REGULATIONS		
Sr. No.	Expense Head	Special Remarks
181	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit,	Not Payable
182	Examination Gloves	Not Payable
183	Kidney Tray	Not Payable
184	Mask	Not Payable
185	Ounce Glass	Not Payable
186	Outstation Consultant's / Surgeon's	Not Payable, except for telemedicine consultations where
187	Oxygen Mask	Not Payable
188	Paper Gloves	Not Payable
189	Pelvic Traction Belt	Not Payable
190	Referral Doctor'S Fees	Not Payable
191	Accu Check (Glucometery/ Strips)	Not Payable pre hospitilasation or post hospitalisation /
192	Pan Can	Not Payable
193	Sofnet	Not Payable
194	Trolly Cover	Not Payable
195	Urometer, Urine Jug	Not Payable
196	Ambulance	Payable-Ambulance from home to hospital or inter hospital shifts is Payable / RTA as specific requiremen t is Payable
197	Tegaderm / Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
198	Urine Bag	Payable where medically necessary till a reasonable cost -
199	Softovac	Not Payable
200	Stockings	Essential for case like CABG etc. where it should be paid.