

## Global Health Secure - Policy Terms and Conditions

### Section A. PREAMBLE

This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy/ Policy Schedule / Product Benefit Table of this Policy.

#### Key Notes:

The terms listed in Section D (Definitions) and which have been used elsewhere in the Policy shall have the meaning set out against them in Section D (Definitions), wherever they appear in the Policy.

The Policy Schedule shall specify which of the following covers are in force and available for the Insured Persons under the Policy during the Policy Period.

### Section B. BENEFITS UNDER THE POLICY

#### Section I: Basic Covers

Benefits under this Section B.I are subject to the terms, conditions and exclusions of this Policy. The Sum Insured and/or the sub-limit for each Benefit under Section B.I is specified against that Benefit in the Policy Schedule / Product Benefit Table of this Policy. Payment of the Benefit shall be subject to the availability of the Sum Insured/applicable sub-limit for that Benefit. Our maximum, total and cumulative liability in respect of an Insured Person for any and all claims arising under a Benefit during the Policy Period for that Insured Person shall not exceed the Sum Insured/sub-limit specified against the applicable Benefit in the Policy Schedule / Product Benefit Table.

We will indemnify the Reasonable and Customary Charges incurred towards medical treatment taken by the Insured Person during the Policy Period for an Illness, Injury or conditions described in the Benefits below if it is contracted or sustained by an Insured Person during the Policy Period. This Policy covers only treatment which is planned and scheduled in advance and taken outside India and does not cover any Emergencies occurring or Emergency Care required while the Insured Person is overseas or in India.

All claims paid under this Section will impact the Sum Insured available under the Policy, and must be made in accordance with the procedure set out in Section C (B).

#### (a) Worldwide Major Illness In-patient Hospitalization (outside India)

##### What is covered

We will cover the Medical Expenses incurred towards the Insured Person for one or more of the following arising out of an Insured Person's Inpatient Care outside India during the Policy Period caused solely and directly due to a Major Illness that occurs or manifests itself during the Policy Period:

- (1) Reasonable and Customary Charges incurred towards the Room Rent of a Hospital room and other boarding charges, up to the sub-limits as specified in the Policy Schedule / Product Benefit Table of this Policy;
- (2) ICU Charges;
- (3) Operation theatre expenses;
- (4) Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
- (5) Qualified Nurses charges;
- (6) Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
- (7) Investigative tests or diagnostic procedures directly related to the Major Illness for which the Insured Person is Hospitalized;
- (8) Anaesthesia, blood, oxygen and blood transfusion charges;
- (9) Surgical appliances and allowable prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure;
- (10) Medication applied as per the medical prescription issued by the treating Medical Practitioner while the Insured Person is Hospitalized for treatment of a Major Illness;
- (11) Medication prescribed for post-operative treatment is covered for up to 30 days from the date the Insured Person has completed the stage of the treatment received out of India and only when this medication is purchased prior to the Insured Person returning to India.

##### Conditions

- (i) The Hospitalization is towards Medically Necessary Treatment, and follows the written advice of a Medical Practitioner.
- (ii) For the purpose of this Benefit, the treatment should be taken in a registered Hospital or clinic as per law, rules and/ or regulations applicable to the country where the treatment is taken, and which is a listed Network Provider. For the list of Network Providers, You may please visit Our/Our Empanelled Service Provider's website or contact Us at Our call centre on the toll free number specified in the Policy Schedule.
- (iii) Any payment shall be made only on a Cashless Facility basis.
- (iv) Requisite pre-authorization shall be obtained from Us/ Our Empanelled Service Provider for the said Illness/Injury in accordance with the Claims Procedure set out in Section C (B).
- (v) The symptoms of the Major Illness first occur or manifest itself during the Policy Period and after completion of the initial waiting period of 30 days, subject to applicability of any waiting periods specified in the Policy Schedule.
- (vi) The rate of exchange as published by the Reserve Bank of India (RBI) as on the date of payment to the Hospital shall be used for conversion of amounts not settled in Indian rupee into Indian rupees for calculation of claim payments under this Benefit. If the RBI rates are not published on the date of the Insured Person's discharge from the Hospital, the exchange rate next published by the RBI shall be considered for conversion of any amounts not settled in Indian rupee.
- (vii) The Medical Expenses are incurred outside India.
- (viii) Permanent Exclusion no. 37 is not applicable in respect of this Benefit.
- (ix) No Pre-hospitalisation Medical Expenses are covered under this Benefit.

For the purpose of this Policy, Major Illness shall mean the Illnesses, medical events or Surgical Procedures as specifically defined below:

S.No.	Major Illnesses	Definition
1	Cancer Treatment	<p>I. We will be covering Primary Treatment of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer including but not limited to leukemia, lymphoma and sarcoma (except cutaneous lymphoma).</p> <p>II. Any In-situ Cancer which is limited to the epithelium where it originated and did not invade the stroma or the surrounding tissues.</p> <p>III. Any pre-cancerous change in the cells that are cytologically or histologically classified as high grade dysplasia or severe dysplasia.</p> <p>IV. The following are excluded – All tumours in the presence of HIV infection.</p>
2	Coronary Artery By-Pass Surgery	<p>I. We will be covering the actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</p> <p>II. The following are excluded: Angioplasty and/or any other intra-arterial procedures.</p>
3	Heart Valve Replacement	<p>I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.</p> <p>II. The following are excluded: Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.</p>
4	Major Organ Transplantation	<p>I. We will be covering the actual undergoing of a transplant of one of the following human organs: lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.</p> <p>II. The following are excluded:</p> <ol style="list-style-type: none"> <li>Any transplant when the need for a transplant arises as a consequence of alcoholic liver disease.</li> <li>Any transplant when the transplant is conducted as a self-transplant.</li> <li>Any transplant when the Insured is a donor for a third-party.</li> <li>Any transplants from a dead donor.</li> <li>Any organ transplant that involves Stem Cells treatment.</li> <li>Where only islets of langerhans are transplanted.</li> <li>The transplant made possible by the purchase of donor organs.</li> <li>Any disease which has been caused by an organ transplant save where the disease in question is qualified as a major illnesses covered under the product.</li> </ol>
5	Bone Marrow Transplant	<p>We will be covering Bone Marrow Transplantation (BMT) or Peripheral Blood Stem Cell Transplantation (PBSCT) of bone marrow cells to the Insured originating from:</p> <ol style="list-style-type: none"> <li>the Insured (Autologous bone marrow transplant); or</li> <li>from a living compatible donor (allogeneic bone marrow transplant).</li> </ol>
6	Neurosurgery	<p>We will be covering any</p> <ol style="list-style-type: none"> <li>Surgical intervention of the brain or any other intracranial structures;</li> <li>Surgical Treatment of benign solid tumours located in the spinal cord.</li> </ol>
7	Pulmonary artery graft surgery	<p>I. We will be covering the undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.</p>
8	Aorta Graft Surgery	<p>I. We will be covering the actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.</p> <p>II. The following are excluded:</p> <ol style="list-style-type: none"> <li>Surgery performed using only minimally invasive or intra-arterial techniques.</li> <li>Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.</li> </ol>
9	Coronary Artery By-Pass surgery post occurrence of Myocardial Infraction	<p>I. We will be covering the actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures, post the occurrence of myocardial infraction. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.</p> <p>II. The following are excluded: Angioplasty and/or any other intra-arterial procedures.</p>

10	Surgical Treatment for Stroke	<p>I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial 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 at least 3 months has to be produced.</p> <p>II. We will be covering surgical treatment of Stroke limited to:</p> <ol style="list-style-type: none"> <li>a. Intra cranial surgery by the route of Burr Hole Procedure or Craniotomy;</li> <li>b. Stenting of Intra cranial blood vessels, needed for the treatment of Stroke.</li> </ol> <p>III. The following are excluded:</p> <ol style="list-style-type: none"> <li>a. Transient ischemic attacks (TIA);</li> <li>b. Traumatic injury of the brain;</li> <li>c. Vascular disease affecting only the eye or optic nerve or vestibular functions.</li> </ol>
11	Surgical Treatment for Benign Brain Tumour	<p>I. We will be covering surgical treatment of Benign solid brain tumour limited to:</p> <ol style="list-style-type: none"> <li>a. Surgical Removal of solid brain tumour through Intra cranial surgery by the route of Burr Hole Procedure or Craniotomy;</li> <li>b. Embolization of Intra cranial blood vessels, needed for the treatment of solid brain Tumour</li> </ol> <p>II. Benign solid brain tumour is defined as a life threatening, non-cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumour must be confirmed by imaging studies such as CT scan or MRI.</p> <p>III. This brain tumour must result in at least one of the following and must be confirmed by the relevant medical specialist:</p> <ol style="list-style-type: none"> <li>a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days; or</li> <li>b. Undergone surgical resection or radiation therapy to treat the brain tumour.</li> </ol>
12	Lung Transplant Surgery in case of End Stage Lung Disease	<p>I. We will be covering Lung Transplant Surgery due to following cases:</p> <ol style="list-style-type: none"> <li>a. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following: <ol style="list-style-type: none"> <li>i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and</li> <li>ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and</li> <li>iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> &lt; 55mmHg); and</li> <li>iv. Dyspnea at rest.</li> </ol> </li> </ol>
13	Kidney Transplant Surgery in case of End Stage Renal Failure	<p>We will be covering Kidney Transplant Surgery due to following cases:</p> <ol style="list-style-type: none"> <li>I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.</li> </ol>
14	Skin Grafting Surgery for Major Burns	<p>I. We will be covering the undergoing of skin transplantation due to accidental major burns where major burns is as defined below:</p> <ol style="list-style-type: none"> <li>a. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.</li> </ol> <p>II. Skin grafting surgery for Major Burns should be medically required and not aesthetic/cosmetic in nature.</p>
15	Surgical treatment of Coma	<p>I. We will be covering surgical treatment of Coma limited to:</p> <ol style="list-style-type: none"> <li>a. Intra cranial surgery by the route of Burr Hole Procedure or Craniotomy</li> </ol> <p>II. 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:</p> <ol style="list-style-type: none"> <li>a. no response to external stimuli continuously for at least 96 hours;</li> <li>b. life support measures are necessary to sustain life; and</li> <li>c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.</li> <li>d. The condition has to be confirmed by a specialist medical practitioner.</li> </ol> <p>III. The following are excluded: Coma resulting directly from alcohol or drug abuse is excluded.</p>
16	Surgery for Pheochromocytoma	<p>I. We will be covering the actual undergoing of surgery to remove the tumour.</p> <p>II. Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines and the Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.</p>

**b) Post – hospitalization Medical Expenses:**

**What is covered**

We shall cover the Insured Person's Post-hospitalization Medical Expenses incurred following a Major Illness as specified under Section B.I.(a) that occurs or manifests during the Policy Period on a reimbursement basis, up to the limit specified against this Benefit, for the number of days specified in the Policy Schedule / Product Benefit Table of this Policy.

**Conditions**

- i. We have accepted a claim for In-patient Hospitalization under Section B.I.(a) for the same Major Illness.
- ii. The date of discharge from Hospital for the purpose of this Benefit shall be the date of the Insured Person's discharge from Hospital in relation to the same Major Illness.
- iii. Permanent Exclusion no. 42 is not applicable in respect of this Benefit.

**(c) Organ Donor Expenses:**

**What is covered**

We shall cover the Medical Expenses, up to the limit specified against this Benefit in the Policy Schedule / Product Benefit Table, incurred by or in respect of the Insured Person's organ donor solely towards the harvesting of the organ donated, for any organ transplant Surgery accepted by Us under Section B.I.(a) .

**Conditions**

- (i) The organ donation conforms to the Transplantation of Human Organs Act 1994 as amended from time to time.
- (ii) The Insured Person is the recipient of the organ so donated by the organ donor.
- (iii) The Insured Person has been advised to undergo an organ transplant based on the Medical Advice of the treating Medical Practitioner.
- (iv) Permanent Exclusion no. 28 does not apply to this Benefit.

**What is not covered**

- (1) Pre-hospitalization Medical Expenses or Post-Hospitalization Medical Expenses of the organ donor.
- (2) Any costs incurred towards donor screening expenses.
- (3) Any other Medical Expenses or treatment incurred by the organ donor as a result of the harvesting from the organ donor.
- (4) Costs directly or indirectly associated with the acquisition of the donor's organ.
- (5) Transplant of any organ/tissue where the transplant is experimental or investigational.
- (6) Expenses related to organ transportation or preservation.
- (7) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

**(d) Travel Expenses**

**What is covered**

If We have admitted a claim under Section B.1.(a) in respect of the Insured Person and Our pre-authorization has been obtained , then We/Our Empanelled Service Provider shall arrange the following travel expenses up to the limit specified against this Benefit in the Policy Schedule / Product Benefit Table, for the Insured Person, one accompanying attendant from the Country of Residence and the living donor (only in the case of any organ transplant Surgery accepted by Us) for the same Major Illness:

- i. Transportation from the Insured Person's place of residence to the designated airport.
- ii. One-time economy class air fare by direct route to the city of treatment and onwards transportation to the designated place of accommodation in the city of treatment or the Hospital.
- iii. Transportation from the airport to the Hospital or place of accommodation in the city of treatment.
- iv. Transportation from the place of accommodation in the city of treatment or the Hospital to the nearest airport in the city of treatment.
- v. One-time economy class air fare by direct route to the city of the Insured Person's permanent address, and onwards transportation to his/her place of residence.

**Conditions:**

- I. We shall be liable to pay an amount only up to the costs of direct route economy class fare (business class, air ambulance or medical stretcher may be provided subject to availability in the international carrier, but only for the Insured Person under written advice of the attending Medical Practitioner due to the severity of his/her medical conditions) as available on the date of the journey.
- II. The costs for the accompanying attendant's and/ or living donor's airfare shall be indemnified by Us only if the treating Medical Practitioner has certified in writing that an accompanying attendant and /or living donor must accompany the Insured Person.
- III. Permanent Exclusion no. 42 is not applicable in respect of this Benefit.
- IV. We/Our Empanelled Service Provider will provide an onward travel date based on the agreement reached with the treating Medical Practitioner and Hospital.
- V. We/Our Empanelled Service Provider will arrange the onward travel subject to a ready to fly certificate from the attending Medical Practitioner in the Insured Person's Country of Residence.
- VI. We/Our Empanelled Service Provider will arrange the return travel based on the completion of the Medically Necessary Treatment and the agreement with the treating Medical practitioner that the Insured Person is fit to travel.
- VII. In the event that the Insured Person changes the dates of travel from those booked and communicated by Us/Our Empanelled Service Provider, You will be liable to compensate Us for all the associated costs of organizing and providing new arrangements, unless the changes are proven to be necessary from a medical standpoint and Our prior approval is obtained in writing.
- VIII. This benefit is available on Cashless Facility basis only, unless a prior approval in writing has been taken from Us before making such travel booking.

**Documents to be submitted for any Claim under this Benefit**

It is a Condition Precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or Our Empanelled Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- I. A certificate from the Medical Practitioner specifying the period of Hospitalization.
- II. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- III. Original bill and receipt from the carrier indicating the amount paid for the travel.
- IV. Payment receipt of any change in the travel booking with the documentation, if Cashless Facility for the same is not provided.
- V. Pre Authorization form and Claim form duly filed and signed by the Insured Person for Cashless Facility.

**(e) Accommodation Expenses**

**What is covered**

If We have admitted a Claim under Section B.1.(a) and Our pre-authorization has been obtained, then We/Our Empanelled Service Provider shall arrange a reasonable accommodation for the Insured Person and/or accompanying attendant and/or living donor (only in the case of any organ transplant Surgery accepted by Us) in the city of treatment which is not the Insured Person's permanent address as specified in the Policy Schedule, up to the limit specified in the Policy Schedule / Product Benefit Table of this Policy.

**Conditions:**

- I. We/Our Empanelled Service Provider will arrange the accommodation booking dates based on the approved treatment schedule. These dates will be communicated to the Insured Person to allow for sufficient time for the Insured Person to make all the necessary personal arrangements.

- II. We/Our Empanelled Service Provider will arrange a checking-out date for the place of accommodation based on the completion of the treatment and the agreement with the treating Medical practitioner that the Insured Person is fit to travel.
- III. In the event that the Insured Person changes the dates of travel from those booked and communicated by Us/Our Empanelled Service Provider, You will be liable to compensate Us for all the associated costs of organizing and providing new accommodation arrangements, unless the changes are proven to be necessary from a medical standpoint and Our prior approval is obtained in writing.
- IV. The accommodation arrangements will include bookings for a double room or twin bed room in a three or four-star hotel or accommodation category. (The choice of accommodation will always be subject to availability and the proximity to the Hospital or treating Medical Practitioner.)
- V. The accommodation arrangements exclude any expenses towards breakfast, meals and incidental costs (not limited to minibar, laundry, personal expenses) at the place of accommodation, and any upgrades to the room.
- VI. This benefit is available on Cashless Facility basis only, unless a prior approval in writing has been taken from Us before making such accommodation booking.

**Documents to be submitted for any Claim under this Benefit**

It is a Condition Precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or Our Empanelled Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- I. A certificate from the Medical Practitioner specifying the period of Hospitalization.
- II. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
- III. Original bill and receipt or letter obtained from the hotel indicating the amount paid for the accommodation.
- IV. Payment receipt of extension of hotel booking with the documentation, if Cashless Facility for the same is not provided.
- V. Pre Authorization form and Claim form duly filed and signed by the Insured Person for Cashless Facility.

**(f) Repatriation of mortal remains**

**What is covered**

If the Insured Person dies whilst undergoing treatment which has been pre-authorized by Us/ Our Empanelled Service Provider under Section B.1.(a) in the Policy Period for any of the Major Illnesses, We shall reimburse the costs of repatriation of the mortal remains of the Insured Person up to the limit specified against this Benefit in the Policy Schedule / Product Benefit Table, to the city of his/her permanent address in the Country of Residence, up to an equivalent amount, for a local burial (excluding costs incurred towards buying / procuring a grave) or cremation at the country where death has occurred.

**Conditions**

- (i) This Benefit may also be provided on a Cashless Facility basis, provided that the costs are authorized by Us or Our Empanelled Service Provider in advance.

**Documents to be submitted for any Claim under this Benefit:**

It is a Condition Precedent to Our liability under this Benefit that the following necessary information and documentation shall be submitted to Us or Our Empanelled Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- I. Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
- II. Copy of the post-mortem report/certificate;
- III. Documentary proof for expenses incurred towards disposal of the mortal remains;
- IV. In case of transportation of the body of the deceased to the city of his/her permanent address in the Country of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased;
- V. Copy of Embalming certificate.

**Section II: Additional Benefits**

The Benefits listed below are in-built Additional Benefits and shall be available under the Policy if any, to all Insured Persons in accordance with the applicable Plan as specified in the Policy Schedule / Product Benefit Table of this Policy.

Benefits under this Section B.II are subject to the terms, conditions and exclusions of this Policy.

Claims made under this Section will not impact the Sum Insured.

**(g) International Second E-opinion for Major Illness**

**What is covered**

If an Insured Person is diagnosed with any listed Major Illnesses as specified under Section B.I.(a) during the Policy Period, the Insured Person may at his/her sole discretion choose to avail an e-opinion from Our panel of internationally available Medical Practitioners, provided that.

- (1) The insured on diagnosis of Major Illness should share the following for the e-opinion:
  - a) First consultation paper
  - b) Final Diagnosis paper
  - c) Treating doctor certification on final diagnosis
  - d) All investigation reports supporting documents
  - e) Consent Form to collect documents from various source
  - f) Any other relevant documents to ascertain eligibility of claim
- (2) On the basis of the Insured Person's reported medical condition, We/Our Empanelled Service Provider will identify Medical Practitioners from our network.
- (3) The Insured Person may choose one of the Medical Practitioners out of the 3 choices given by Us/ Our Empanelled Service Provider.
- (4) Medical Reports and all other information pertaining to the Insured Person is shared with the chosen Medical Practitioner.
- (5) After receipt of all Medical information, a detailed e- opinion from the selected Medical Practitioner would be delivered to the Insured | Person as soon as it is available.

**Conditions:**

It is agreed and understood that the Second E- Opinion will be based only on the information and documentation provided to Us, which will be shared with the Our empanelled Medical Practitioners and is subject to the conditions specified below:

- (i) It is agreed and understood that the Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained, it is the Insured Person's sole and absolute discretion to follow the suggestion for any advice related to his/her health.
- (ii) Appointments to avail of this Additional Benefit may be availed through Our Website or Our mobile application or through calling Our call centre on the toll free number specified in the Policy Schedule.
- (iii) Under this Additional Benefit, We are only providing the Insured Person with access to an e-opinion and such e-opinion shall not be deemed to substitute the Insured Person's physical visit or consultation to an independent Medical Practitioner.



- (iv) The e-opinion provided under this Additional Benefit shall be limited to the covered listed Major Illnesses under Section B.1.(a) and not be valid for any medico legal purposes.
- (v) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/ Our Empanelled Service Provider.
- (vi) This benefit is available on Cashless Facility basis only.

#### (h) Visa Documentation Guidance

##### What is covered

We / Our Empanelled Service Provider shall provide information concerning visa documentation and guidance for overseas travel for the purpose of any Medically Necessary Treatment pre-authorized by Us/ Our Empanelled Service Provider under Section B.1.(a). This assistance shall be provided to the Insured Person at any time, whether or not the Insured Person is travelling or an emergency has occurred. We / Our Empanelled Service Provider shall inform the Insured Person requesting such information that We / Our Empanelled Service Provider is simply communicating the information set forth as per applicable procedure and We / Our Empanelled Service Provider shall specify the source of such information.

We / Our Empanelled Service Provider shall also provide the address, telephone number and hours of opening of the appropriate consulate and embassy worldwide, nearest to the Insured Person.

##### Conditions

- (i) We do not assume any liability towards any loss or damage arising out of or in relation to any rejection of visa by the foreign country.
- (ii) We do not assume any liability towards any actual or alleged errors in the information provided by us, including any consequence of the Insured Person's actions taken or not taken in reliance thereon.
- (iii) Under this Additional Benefit, We are only providing the Insured Person with information concerning visa documentation and this shall not be construed to be a provision of visa or facilitation of the visa process itself, on Our part.

### Section C. Terms and Conditions

#### A. Waiting periods and Permanent Exclusions

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by or arising out of or howsoever attributable to any of the following waiting periods. All waiting periods and permanent exclusions shall apply individually for each Insured Person and claims shall be assessed accordingly.

##### i. First 30 days waiting period

We shall not be liable for any claim arising due to any condition for which consultation, investigation, diagnosis, treatment or admission commencing within 30 days from Start Date, except for any claims arising solely and directly due to an Accident sustained by the Insured Person. This waiting period does not apply for any Insured Person that is accepted under Portability and for subsequent and continuous Renewals of the Policy with Us.

##### ii. Two Year waiting periods

The conditions listed below, whether medical or surgical and of the Illness/conditions and their complications specified below, will be subject to a waiting period of 24 months from the commencement of the 1st Policy Year and will be covered from the commencement of the 3rd Policy Year as long as the Insured Person has been insured continuously under the Policy without any break.

Body System	Illness	Treatment/ Surgery
Eye	Cataract	Cataract Surgery
	Glaucoma	Glaucoma Surgery
	Refractive Error Correction	Correction Surgery
Ear Nose Throat	Sinusitis	Medical & Surgical Treatment
	Rhinitis	Medical & Surgical Treatment
	Tonsillitis & Adenitis	Medical & Surgical Treatment
	Tympanitis & Non Traumatic Perforation	Medical & Surgical Treatment
	Deviated Nasal Septum	Medical & Surgical Treatment
	Otitis Media	Medical & Surgical Treatment
	Adenoiditis	Medical & Surgical Treatment
	Mastoiditis	Medical & Surgical Treatment
Gynecology	Cholesteatoma	Medical & Surgical Treatment
	All Cysts, Mass, Swelling, Lump, Granulomas, Polyps, Fibroids & Benign Tumour of the female genital urinary system	Medical & Surgical treatment
	Polycystic Ovarian Disease	Medical & Surgical treatment
	Uterine Prolapse	Medical & Surgical treatment
	Fibroids (Fibromyoma)	Medical & Surgical treatment
	Breast Lumps (excluding Malignant)	Medical & Surgical treatment
	Dysfunctional Uterine Bleeding (DUB)	Medical & Surgical treatment
	Endometriosis	Medical & Surgical treatment
	Menorrhagia	Medical & Surgical treatment
Pelvic Inflammatory Disease	Medical & Surgical treatment	
Orthopedic / Rheumatological	Gout	Medical & Surgical treatment
	Rheumatism, Rheumatoid Arthritis	Medical & Surgical treatment
	Non Infective Arthritis	Medical & Surgical treatment
	Osteoarthritis	Medical & Surgical treatment
	Osteoporosis	Medical & Surgical treatment

	Prolapse of the Intervertebral Disc	Medical & Surgical treatment
	Spondilosis, Spondioarthritis, Spondylopathies	Medical & Surgical treatment
	Ankylosing Spondilitis / Spondylopathies	Medical & Surgical treatment
	Psoriatic Arthritis / Arthropathy	Medical & Surgical treatment
	Internal Derangement of Knee / Ligament or Tendon or Meniscus Tear	Medical & Surgical treatment
	Joint Replacement Surgery	Medical & Surgical treatment
	Non Specific Arthritis	Medical & Surgical treatment
Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder, Bile duct & other parts of Biliary System	Medical & Surgical treatment
	Cholecystitis	Surgical treatment
	Pancreatitis	Surgical treatment
	Fissure, Fistula in ano, Hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	Medical & Surgical treatment
	Rectal Prolapse	Medical & Surgical treatment
	Gastric or Duodenal Erosions or Ulcers, Gastritis, Duodenitis & Colitis	Medical & Surgical treatment
	Gastro Esophageal Reflux Disease (GERD)	Medical & Surgical treatment
	Cirrhosis	Medical & Surgical treatment
	Chronic Appendicitis	Surgical treatment
	Appendicular Lump, Appendicular Abscess	Medical & Surgical treatment
Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Medical & Surgical treatment
	Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	Medical & Surgical treatment
	Hernia, Hydrocele	Medical & Surgical treatment
	Varicocoele / Spermatocele	Medical & Surgical treatment
Skin	Skin Tumour (unless malignant)	Medical & Surgical treatment
	All skin Diseases	Medical & Surgical treatment
General Surgery	Any Swelling, Tumour, Cyst, Nodule, Ulcer, Polyp, Mass, Swelling, Lump, Granulomas, Benign Tumour anywhere in the body (unless malignant)	Medical & Surgical treatment
	Varicose veins, Varicose ulcers	Medical & Surgical treatment
	Internal Congenital Anomaly or Internal Congenital Diseases	Medical & Surgical treatment

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they shall be covered only after the completion of the Pre-Existing Disease Waiting Period described in Section C. A.iii below.

### iii. Pre-Existing Disease waiting Period

Pre-Existing Diseases shall not be covered until the waiting period specified in the Policy Schedule / Product Benefit Table for Pre-Existing Diseases has elapsed since the inception of the first Policy with Us (provided that the Insured Person(s) has/have been insured continuously under the Policy without any break with Us).

### iv. Four Year waiting period

The conditions listed below, whether medical or surgical and of the Illness/conditions and their complications specified below, will be subject to a waiting period of 48 months from the commencement of the 1st Policy Year and will be covered from the commencement of the 5th Policy Year as long as the Insured Person has been insured continuously under the Policy without any break.

### v. Permanent Exclusions:

- Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
- An Insured Person committing or attempting to commit a breach of law with criminal intent, intentional self-Injury or attempted suicide while sane or insane.
- Willful or deliberate exposure to danger, intentional self-Injury, participation or involvement in naval, military or air force operation, circus personnel, racing in wheels or horseback, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, bungee jumping, paragliding, parasailing, ballooning, skydiving, river rafting, polo, snow and ice sports in a professional or semiprofessional nature.
- Any Illness/Injury/Accident due to abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including alcohol withdrawal, smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies, impairment of Insured Person's intellectual faculties by abuse of stimulants or depressants. This exclusion shall apply only in case Illness/Accident is caused due to the above specified abuse by the Insured Person.
- Weight management programs or treatment in relation to the same including vitamins and tonics, treatment of obesity (including morbid obesity).
- Treatment for correction of eyesight due to refractive error including routine examination.
- All routine examinations and preventive health check-ups.

8. Cosmetic, aesthetic and re-shaping treatments and Surgeries. Plastic Surgery or cosmetic Surgery or treatments to change appearance unless medically necessary and certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
9. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
10. Non allopathic treatment.
11. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization.
12. Investigational treatments, Unproven / Experimental treatment, or drugs yet under trial, devices and pharmacological regimens.
13. Diagnostic tests/procedures/treatment/consumables not related to Illness for which Hospitalization has been done.
14. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care, treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification centre, home for the aged, mentally disturbed remodelling clinic or any treatment taken in an establishment which is not a Hospital.
15. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any examinations or testing.
16. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
17. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens.
18. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.
19. Medical supplies including elastic stockings, diabetic test strips, and similar products.
20. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.), devices used for ambulatory monitoring of blood pressure, blood sugar, glucometers, nebulizers and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively). Sleep-apnea and other sleep disorders
21. Any External Congenital Anomalies or diseases or defects.
22. Stem cell therapy or Surgery (except Bone Marrow Transplantation), or growth hormone therapy or Hormone Replacement Therapy.
23. Venereal disease, all sexually transmitted disease or Illness including but not limited to HPV, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
24. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including Opportunistic infections but not limited to any conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis, Pneumocystis Carinii Pneumoniae etc.
25. Complications arising out of pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section)
26. Treatment for sterility, infertility, sub-fertility or other related conditions and complications arising out of the same, assisted conception, surrogate or vicarious pregnancy, birth control, and similar procedures; contraceptive supplies or services including complications arising due to supplying services.
27. Expenses for organ donor screening, and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery).
28. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended).
29. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
30. Dentures, implants and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident.
31. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
32. Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:
  1. Deep coma and unresponsiveness to all forms of stimulation; or
  2. Absent pupillary light reaction; or
  3. Absent oculovestibular and corneal reflexes; or
  4. Complete apnea.
33. Treatment for developmental problems, learning difficulties eg. Dyslexia, behavioral problems including attention deficit hyperactivity disorder (ADHD).
34. Treatment for Age Related Macular Degeneration (ARMD), Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, high intensity focused ultrasound, balloon sinuplasty, Deep Brain Stimulation, Holmium Laser Enucleation of Prostate, KTP Laser Surgeries, cyber knife treatment, Femto laser surgeries, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants, oral chemotherapy, use of Infliximab, rituximab, avastin, lucentis.
35. Expenses which are medically not necessary such as items of personal comfort and convenience including but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty service, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. Non-Medical Expenses including but not limited to RMO, CMO, DMO charges, surcharges, night charges, service charges levied by the Hospital under any head and as specified in the Annexure (B) for Non-Medical Expenses to this Policy, and on Our website [www.adityabirlahealth.com/healthinsurance](http://www.adityabirlahealth.com/healthinsurance).
36. Treatment taken from a person not falling within the scope of definition of registered Medical Practitioner with any state medical council/ medical council of India, or.
37. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
38. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's immediate family or stays with him in the same residence, except if pre-approved by Us.
39. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
40. Administrative charges related to a Hospital stay not expressly specified as being covered, including but not limited to charges for admission, discharge, administration, registration, bio-medical, linen, documentation and filing, including MRD charges (medical records department charges).
41. Treatment taken inside India.
42. Insured Person whilst flying or taking part in aerial activities except as a fare-paying passenger in a regular scheduled airline or air charter company.
43. Robotic surgery (whether invasive or non-invasive) unless specifically approved by Us.
44. All forms of Bariatric surgery.
45. Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.
46. Admission primarily for diagnostic purposes not consistent with the treatment taken.
47. General debility or exhaustion ("rundown condition").
48. Admission / Hospitalization primarily for investigation & evaluation purpose.



## B. Claims Administration & Process

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

- (1) On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.
- (2) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as may be considered reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
- (3) We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

## I. Claims Procedure

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy the following procedure shall be complied with:

### a. For Availing Cashless Facility

- i. Cashless Facility can be availed only at Our Network Providers/ Empaneled Service Providers.
- ii. We reserve the right to modify, add or restrict any Network Provider/ Empaneled Service Provider for Cashless Facilities at Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Providers and Empaneled Service Providers on Our website.

### b. Process for Obtaining Pre-Authorisation for Planned Treatment:

- (i) We/ Empaneled Service Provider must be contacted to pre-authorise Cashless Facility for planned treatment at the earliest possible prior to the proposed treatment. Each request for pre-authorisation must be accompanied with all the following details:
  - 1) The health card issued by Us to the Insured Person, along with the Insured Person's KYC documents;
  - 2) The Policy Number;
  - 3) Name of the Policyholder;
  - 4) Name and address of Insured Person in respect of whom the request is being made;
  - 5) Nature of the Illness/Injury and the treatment/Surgery required;
  - 6) Name and address of the attending Medical Practitioner.
  - 7) The Insured Person on diagnosis of Major Illness should share the following for e-opinion:
    - (i) First consultation paper from treating medical practitioner in India;
    - (ii) Final Diagnosis paper;
    - (iii) Treating doctor certification on final diagnosis;
    - (iv) All investigation reports supporting documents;
    - (v) Consent Form to collect documents from various source;
    - (vi) Any other relevant documents to ascertain eligibility of claim.
  - 8) On the basis of the Insured Person's medical condition, We/ Our Empanelled Service Provider will identify 3 Hospitals from our network.
  - 9) The Insured Person may choose one of the Hospitals/treatment centres out of the 3 choices given by Us/ Our Empanelled Service Provider.
  - 10) Medical Reports and all other information is shared with the chosen Hospital/ clinic.
  - 11) After the receipt of all medical information, a detailed Medical Opinion from the selected Hospital/ Treatment center would be delivered to You at the earliest.
  - 12) Insured Person must notify Us of the willingness to take the treatment abroad and the country of choice.
  - 13) On receipt of the Insured Person's confirmation of his/her decision to receive treatment abroad at the selected country for treatment, We/ Our Empanelled Service Provider will identify 3 Hospitals from our Network.
  - 14) You may choose one of the Hospitals/ treatment centres out of the 3 Choices given by Us/ Our Empanelled Service Provider or You may choose from a fourth option from Our/Empaneled Service Provider's network Hospitals.
  - 15) We will organize the necessary logistical, travel, accommodation and medical arrangements for the correct admission of the Insured Person and will issue a Preliminary Medical Certificate valid only for that Hospital.
  - 16) We will provide coverage only in the indicated Hospital in the Preliminary Medical Certificate. Any expense incurred in a different Hospital from the one specified in the Preliminary Medical Certificate will not be covered.
  - 17) Any expense incurred before the issuance of the Preliminary Medical Certificate will not be covered.
  - 18) The list of recommended Hospitals and the Preliminary Medical Certificate are issued on the basis of the medical condition of the Insured Person at the time of issue of Preliminary Medical Certificate. Since the health condition of the Insured Person may change over time, both documents will have a validity of three months.
  - 19) In the event that the Insured Person does not select a Hospital from the list of recommended Hospital or does not initiate treatment within 3 months of issuance of Preliminary Medical Certificate within 3 months of issue, We on the request of customer shall reinitiate the process of Pre-Authorisation for planned treatment based on the health condition of the Insured Person at that time.
  - 20) Reimbursement of expenses is not available under B.1.(a), B.1.(c), B.1.(d), B.1.(e), as this benefit is meant to cover planned treatment outside India and does not cover Emergencies occurring while the Insured Person is overseas or within India.
- (ii) If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.
- (iii) When we have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.
- (iv) The authorization letter shall be issued to the Network Provider within 24 hours of receiving the complete information.

### c. For Reimbursement Claims:

- (i) For all claims under benefit B.I.(b) and B.I.(f) for which pre-authorization under Cashless Facility has not been accepted or for which treatment has not been taken at a Network Provider, We shall be given written notice of the claim along with the following details within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier:
  - (1) The Policy Number;
  - (2) Name of the Policyholder;
  - (3) Name and address of the Insured Person in respect of whom the request is being made;
  - (4) Health Card, Photo ID, KYC documents;
  - (5) Nature of Illness or Injury and the treatment/Surgery taken;
  - (6) Name and address of the attending Medical Practitioner;

- (7) Hospital where treatment/Surgery was taken;
- (8) Date of admission and date of discharge;
- (9) Any other information that may be relevant to the Illness/ Injury/ Hospitalization.

- (ii) If the claim is not notified to Us within the earlier of 72 hours of the Insured Person's admission to the Hospital or within 72 hours of the Insured Person's discharge from the Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

## II. Claims Documentation:

We shall be provided the following necessary information and documentation in respect of all Claims at Your/Insured Person's expense within 30 days of the Insured Person's discharge from Hospital:

- (i) Claims for Post-hospitalization Medical Expenses to be submitted to us within 30 days of the completion of the post Hospitalization treatment.
- (ii) For those claims for which the use of Cashless Facility has been authorised, We/Our Empanelled Service Provider will be provided these documents by the Network Provider/ You (as the case may be) immediately following the Insured Person's discharge from Hospital:
  - (1) Duly signed, stamped and completed Claim Form
  - (2) Photo ID & Age Proof
  - (3) Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents)
  - (4) Copy of the Network Provider's Registration Certificate / Copy of Form C in case of Hospitalization
  - (5) Original Discharge Card / Day Care Summary / Transfer Summary
  - (6) Original final Hospital Bill with all original deposit and final payment receipt
  - (7) Original invoice with payment receipt and implant stickers for all implants used during surgeries i.e. invoice in Surgery, stent invoice and sticker in Angioplasty Surgery.
  - (8) All previous consultation papers indicating history and treatment details for current ailment
  - (9) All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center
  - (10) All original medicine / pharmacy bills along with Medical Practitioner's prescription
  - (11) MLC / FIR Copy – in Accidental cases only
  - (12) Copy of Death Summary and copy of Death Certificate (in death claims only)
  - (13) Pre and Post-Operative Imaging reports – in Accidental cases only
  - (14) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress
  - (15) Original invoice for Vaccination and payment receipt
  - (16) KYC documents in accordance with the provisions of the regulations, circulars and guidelines issued by the IRDAI with respect to KYC from time to time.
  - (17) A valid ticket / proof of travel (such as Airline boarding pass) to the location the Insured Person is travelling as a bona fide passenger
  - (18) As per terms of IRDAI Circular ref: IRDA/SDD/GDL/CIR/O20/O2/2013 dated 08.02.2013, KYC shall be performed for the claims cases where the payment to the claimant is above Rs. 1 lakh or such revised limit as may be prescribed by the Authority from time to time in this regard.

Additional documents in case of below covers

### In case of Multiple Policy claims:

- o Photocopy of entire claim document duly attested by previous Insurer or TPA
- o Original payment receipts for expenses not claimed/settled by previous insurer
- o Discharge voucher/settlement letter by previous insurer

### Ambulance expenses under Section B.I.(d):

- o Photocopy of discharge card
- o Original Ambulance invoice & paid receipt

- (iii) For acceptance of claims in electronic mode, the documents shall be submitted in such form and manner as may be specified by Us.

## III. Claims Assessment & Repudiation:

- (a) At Our discretion, We may investigate claims to determine the validity of a claim. This investigation shall be completed at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.  
If there are any deficiencies in the necessary claim documents which are not met or are partially met. We will send a maximum of 3 (three) reminders following which We will send a rejection letter or make apart-payment if we have not received the deficiency documents after 45 days from the date of the initial request for such documents.
- (b) We may decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if We observe that such a claim is otherwise valid under the Policy. However documents/ details received beyond such period shall be considered, and the delay may be condoned if there are valid reasons for any delay which are proved to be for reasons beyond Insured Person's control.
- (c) We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information and documentation set out above (in case of investigation being carried out, 45 days from the date of receipt of last necessary document) in the manner prescribed under applicable Regulations. In case of any suspected fraud, the last "necessary" documents will include the receipt of the investigation report from Our investigator/representatives.
- (d) Payment for reimbursement claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule or Your legal heirs or legal representatives holding a valid succession certificate.
- (e) In case of delay in payment of any claim that has been admitted as payable by Us under the Policy, beyond the time period as prescribed under IRDAI (Protection of Policyholders Interests) Regulations, 2017, We shall be liable to pay interest at a rate which is 2% above the bank rate "bank rate" shall mean the bank rate fixed by the Reserve Bank of India at the beginning of the financial year in which claim has fallen due.

For details on the claims process or assistance during the process, You may contact the Us at Our call centre on the toll free number specified in the Policy Schedule or through the website. In addition, We will keep You informed of the claim status and explain requirement of documents. Such means of communication shall include but not be limited to mediums such as letters, email, SMS messages, and information on Our Website.

## C. Portability & Continuity Benefits

### 1. From another Insurer to Us

- (i) If the proposed Insured Person was insured continuously and without a break under another Indian retail International Major Illness indemnity

based health insurance policy with any other Indian General Insurance company or standalone Health Insurance company, it is understood and agreed that:

- a) If the Insured Person wishes to avail the Portability benefit, he/she must apply to Us with the completed application form and Portability Form with complete documentation at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.
  - b) This benefit is available only at the time of Renewal of the existing health insurance policy.
  - c) This benefit is available only up to the existing cover. If the proposed sum insured is higher than the sum insured under the expiring policy, then waiting periods would be applied on the amount of proposed increase in sum insured only subject to the existing guidelines regarding Portability issued by the IRDAI.
  - d) Waiting period credits shall be extended to Pre-Existing Diseases and time bound exclusions/waiting periods in accordance with the existing IRDAI guidelines as applicable.
  - e) Subject to the applicable Portability norms issued by the IRDAI, Portability benefit shall be applied by Us within 15 days of receiving the Insured Person's completed application form and Portability Form subject to the following:
    - The Insured Person shall give Us all additional documentation and/or information We request;
    - The Insured Person shall pay Us the applicable premium in full;
    - We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion and in accordance with Our board approved underwriting policy;
    - There is no obligation on Us to insure all the Insured Persons or to insure all the Insured Persons on the proposed terms, even if the Insured Person(s) have given Us all documentation;
    - We have received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance policy through the IRDAI's web portal.
- (ii) No additional loading or charges shall be applied by Us exclusively for porting the policy.

## **2. From Our existing health insurance Policy to this Policy**

- (i) If the proposed Insured Person was insured continuously and without a break under another retail international Major Illness health insurance policy with Us, it is understood and agreed that:
  - a) If the Insured Person wishes to avail the Portability benefit, he/she must apply to Us with the completed application form and Portability Form with additional documentation as may be required at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy with Us.
  - b) This benefit is available only at the time of Renewal of the existing health insurance policy.
  - c) This benefit is available only up to the existing cover. If the proposed sum insured is higher than the sum insured under the expiring policy, then waiting periods would be applied on the amount of proposed increase in sum insured only subject to the existing guidelines regarding Portability issued by the IRDAI.
  - d) Waiting period credits shall be extended to Pre-Existing Diseases and time bound exclusions/waiting periods in accordance with the existing IRDAI guidelines as applicable.
  - e) Subject to the applicable Portability norms issued by the IRDAI, Portability benefit shall be applied by Us within 15 days of receiving the Insured Person's completed application form and Portability Form subject to the following:
    - The Insured Person shall give Us all additional documentation and/or information We request;
    - The Insured Person shall pay Us the applicable premium in full;
    - We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion and in accordance with Our board approved underwriting policy;
    - There is no obligation on Us to insure all the Insured Persons or to insure all the Insured Persons on the proposed terms, even if the Insured Person(s) have given Us all documentation.
- (ii) No additional loading or charges shall be applied by Us exclusively for porting the policy.

We reserve the right to modify or amend the terms and the applicability of the Portability benefit in accordance with the provisions of the regulations, circulars and guidelines issued by the IRDAI from time to time.

## **D. Free Look Period**

We shall provide You a period of 15 days (30 days in case the Policy is sold over distance marketing mode) from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We shall refund the premium paid by You after deducting the amounts spent on any medical check-ups, stamp duty charges and proportionate risk premium for the period on cover. All rights and benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look period shall not be available on Renewals or on Portability.

## **E. Fraudulent Claims**

If any claim is found to be fraudulent, or if any false declaration is made, or if any fraudulent devices are used by You or the Insured Person or anyone acting on their behalf to obtain any Benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons. All sums paid under this Policy shall be repaid to Us by You on behalf of all Insured Persons who shall be jointly liable for such repayment.

## **F. Material Change**

Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, or endorsement of the contract. The Policy terms and conditions shall not be altered.

## **G. Alterations in the Policy**

This Policy constitutes the complete contract of insurance. No change or alteration shall be effective or valid unless approved in writing which shall be evidenced by a written endorsement, signed and stamped by Us.

## **H. No Constructive Notice**

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

## **I. Multiple Policies**

1. If two or more policies are taken by an Insured Person and valid at the time of claim, from one or more insurers to indemnify treatment costs, the Policyholder/Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

2. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
3. Claims under other policy/ies may be made after exhaustion of sum insured in the earlier chosen policy / policies. It is clarified that the Policyholder/Insured Person having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. The insurer shall then settle the claim subject to the terms and conditions of the other policy/policies so chosen.
4. If the amount to be claimed exceeds the sum insured under a single policy after considering Co-payment, the Policyholder/Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
5. Where the Policyholder/Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, subject to choice made by the policyholder regarding the policy under which claim to be preferred as envisaged under clause 1.1 above, the Policyholder/Insured Person shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

**J. Special Provisions**

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or the Policy Schedule, or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. However, such special provisions will not be in form of permanent exclusion.

**K. Records to be maintained**

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

**L. Cancellation (other than Free Look Cancellation)**

1. Cancellation by You  
In case You are not satisfied with the Policy or our services, You can request for a cancellation of the Policy by giving 15 days' notice in writing. We shall cancel the Policy and refund the premium in accordance with the grid below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

In force Period-Up to	Refund		
	1 Year	2 Year	3 Year
1 Month	75.00%	85.00%	90.00%
3 months	50.00%	75.00%	85.00%
6 months	25.00%	60.00%	75.00%
12 months	Nil	50.00%	60.00%
15 months		30.00%	50.00%
18 months		20.00%	35.00%
24 months		Nil	30.00%
30 months	15.00%		
30+ months	NIL		

2. Automatic Cancellation:
  - a. Individual Policy: The Policy shall automatically terminate on the death of all Insured Persons.
  - b. Refund: A refund in accordance with the grid above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person.
3. Cancellation by Us:  
You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing to Your last known address on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material fact by You or the Insured Person and all premium paid thereon shall be forfeited by Us.

**M. Endorsements**

The Policy shall allow the following endorsements during the Policy Period. Any request for endorsement must be made by You in writing along with the mandatory documents. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later except in the case of date of birth and gender correction in which the endorsement effective date will be the Start Date or date of any subsequent Renewals of this Policy.

- (i) Non-Financial Endorsements – which do not affect the premium.
  - (1) Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
  - (2) Rectification in gender of the Proposer/ Insured Person (if this does not impact the premium)\*
  - (3) Rectification in relationship of the Insured Person with the Proposer
  - (4) Rectification of date of birth of the Insured Person (if this does not impact the premium)\*
  - (5) Change in the correspondence address of the Proposer
  - (6) Change/Updation in the contact details viz., Phone No., E-mail Id, alternate contact address of the Proposer etc.
  - (7) Change in Nominee Details
  - (8) Updation of PAN/Aadhaar/passport/EIA/CKYC No.
  - (9) Change in Height, weight, marital status (if this does not impact the premium) \*
  - (10)Change in bank details
  - (11)Change in educational qualification
  - (12)Change in occupation
  - (13)Change in Nationality
  - (14)Others

\* These endorsements, if impact the premium, and if accepted, shall be effective from the Start Date of the Policy.

- (ii) Financial Endorsements – which result in alteration in premium.
  - (1) Addition of Insured Person^ (or newly wedded spouse)
  - (2) Deletion of Insured Person on death or separation or Policyholder/Insured Person leaving India
  - (3) Change in Age/date of birth\*
  - (4) Change in Height, weight\*
  - (5) Others

\* These endorsements, if impact the premium, and if accepted, shall be effective from the Start Date of the Policy.

^ The Policyholder should provide a fresh application in a proposal form along with birth certificate / marriage certificate as the case may be for addition of Insured Person.

All endorsement requests may be assessed by Us and if required additional information/documents may be requested.

#### **N. Grace Period**

The Policy may be Renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the expiry date of the Policy and in no case later than the Grace Period of 30 days from the Policy expiry date. We shall not be liable to pay for any claim arising out of an Illness/Injury/ Accident that occurred during the Grace Period. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover. If the Policy is not Renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting guidelines and no continuity of benefits shall be available from the expired Policy.

#### **O. Renewal Terms**

- (i) The Policy will automatically terminate at the end of the Policy Period. The Policy is ordinarily renewable for life on mutual consent, subject to realization of Renewal premium.
- (ii) The premium payable on Renewal shall be paid to Us on or before the Policy Period end date and in any event before the expiry of the Grace Period. Policy would be considered as a fresh policy if there would be break of more than 30 days between the previous Policy expiry date and current Policy Start date.
- (iii) We however shall not be liable for any claim arising out of an ailment suffered or Hospitalization commencing or disease/Illness/condition contracted during the period between the expiry of previous policy and date of inception of subsequent policy and such disease/Illness/condition shall be treated as a Pre-Existing Disease.
- (iv) Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure of material facts or non-co-operation by You.
- (v) Where We have discontinued or withdrawn this product/plan You will have the option to renew under the nearest substitute Policy being issued by Us, however benefits payable shall be subject to the terms contained in such other Policy which has been approved by IRDAI. We shall intimate You/ the Insured Person regarding the withdrawal of the Policy at least 3 months in advance.
- (vi) We may revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.
- (vii) Alterations like increase/ decrease in Sum Insured or Change in Plan/Product, addition/deletion of Insured Persons (except due to /Marriage or Death) will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the Proposal Form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.
- (viii) Any Sum insured enhancement at the time of renewal would be applicable only up to maximum entry age under the product
- (ix) Any enhanced Sum Insured during any Policy Renewals will not be available for an Illness, disease, Injury already contracted under the preceding Policy Periods. All waiting periods as specified below shall apply afresh for this enhanced limit from the effective date of such enhancement.
- (x) Wherever the Sum Insured is reduced on any Policy Renewals, the waiting periods as specified in the Policy Schedule shall be waived only up to the lowest Sum Insured as applicable to the relevant waiting periods of the Plan in force.
- (xi) Where an Insured Person is added to this Policy, either by way of endorsement, all waiting periods under Section C(A) will be applicable considering such Policy Year as the first year of Policy with Us with respect to the Insured Person.

#### **P. Communications & Notices**

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- (i) The Policyholder, at the address/ E-mail ID as specified in the Policy Schedule/Proposal form or provided to Us by the Policyholder
- (ii) To Us, at the address/E-mail ID specified in the Schedule.
- (iii) No insurance agents, brokers, other person or entity is authorised to receive any notice on the behalf of Us, unless explicitly stated in writing by Us.

#### **Q. Electronic Transactions**

The Policyholder agrees to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, 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, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.

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 Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent shall be subsequently validated / confirmed by the Policyholder.

#### **R. Policy Disputes**

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

#### **S. Complete Discharge**

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, or other dealing with or relating to this Policy. The payment made by Us to the Insured Person or to the Nominee/legal representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete, valid and construe as an effectual discharge in favour of Us.

#### **T. Grievances Redressal Procedure**

In case of a grievance, the Insured Person/ Policyholder can contact Us with the details through:

Our website: <https://www.adityabirlacapital.com/healthinsurance>

Email: [care.healthinsurance@adityabirlacapital.com](mailto:care.healthinsurance@adityabirlacapital.com)

Toll Free : 1800 270 7000

Address: Aditya Birla Health insurance Co. Limited

9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013



For senior citizens, please contact Our respective branch office or call at 1800 270 7000 or write an e- mail at seniorcitizen.abh@adityabirla.com

The Insured Person/Policyholder can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person/Policyholder is not satisfied with the response then they can contact Our Head of Customer Service at the following email: headcustomercare.abh@adityabirla.com

If the Insured Person/Policyholder is not satisfied with Our redressal, he/she may use the Integrated Grievance management Services (IGMS). For registration in IGMS please visit IRDAI website [www.irdai.gov.in](http://www.irdai.gov.in)

If the Insured Person/Policyholder are still not satisfied, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure [A].

#### U. Assignment

The Policy and the benefits under this Policy may be assigned in whole or in part.

#### V. Duty of Disclosure

The Policy shall be null and void and no Benefit shall be payable hereunder in the event of an untrue or incorrect statement, misrepresentation, mis-description or non-disclosure of any material particular in the Proposal Form, personal statements, declarations, medical history and connected documents, or any material information having been withheld by the Policyholder or any one acting on their behalf, under this Policy. Under such circumstances We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

#### W. Territorial Jurisdiction

All benefits are available outside India only [except Section B.1.(b), B.II.(g) and B.II.(h)], and all claims shall be payable in India in Indian Rupees only.

#### X. Payment of premium in case of instalment

If the Policy Schedule specifies the premium payment mode of the Policy other than single premium, then You shall pay the premium instalment within maximum 15 days from the due date of the instalment payable to continue the Policy without loss of continuity benefits with regards to Pre-Existing Diseases, Two year waiting periods, Four year waiting periods and initial 30 days waiting period. We shall not charge any interest on instalment premium paid within maximum 15 days from the due date of the instalment. We shall not prejudice a claim if incurred and/or reported within maximum 15 days from the due date of the instalment payable. If We do not receive the due instalment of premium within this stipulated time period, the Policy shall be terminated. We may agree to issue a fresh Policy subject to Our underwriting guidelines and no continuity of benefits shall be available from the expired Policy. In case an event giving rise to a claim under this Policy occurs during this time period wherein We have not received the due premium instalment, We shall deduct the amount equivalent to all remaining instalments of premium for the balance Policy Period from the admissible claim amount. ECS/ equivalent auto debit mode is also available for the payment of instalment premium.

### Section D. DEFINITIONS

The terms and conditions, benefits, exclusions, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy. 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 and vice versa.

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** or **Aged** is the completed age as on his/her last birthday, and which means completed years as at the Start date.
3. **Ambulance** means a road vehicle operated by a licenced/authorised service provider only, and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **Annexure** means a document attached and marked as Annexure to this Policy.
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 is approved.
6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
7. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
  - a) **Internal Congenital Anomaly**  
Congenital anomaly which is not in the visible and accessible parts of the body.
  - b) **External Congenital Anomaly**  
Congenital anomaly which is in the visible and accessible parts of the body.
8. **Co-payment** means a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured shall bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.
9. **Country of Residence** means the country in which the Insured Person is currently residing and as specified in the Insured Person's corresponding address as specified in the Policy Schedule which for the purpose of this Policy shall be India.
10. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
  - i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
  - ii. which would have otherwise required hospitalization of more than 24 hours.

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

11. **Day Care Centre** - means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-
  1. has qualified nursing staff under its employment;
  2. has qualified medical practitioner/s in charge;
  3. has fully equipped operation theatre of its own where surgical procedures are carried out;
  4. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
12. **Dependent Child** means a child (natural or legally adopted or stepchild), who is financially dependent on You does not have his / her independent source of income, is up to the Age of 25 years.
13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Disclosure to information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
15. **Emergency shall** mean a serious medical condition or symptom resulting from Injury or Illness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
16. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
17. **Empanelled Service Provider** means such person or person as may be appointed by Us or enlisted by Us, TPA or jointly by Us and TPA to provide assistance and OPD medical services to the Insured Person by a Cashless Facility available under this Policy. The updated list of Empanelled Service Providers (along with complete contact details) shall be available on Our website.
18. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
19. **Hospital** means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
  - i. has qualified nursing staff under its employment round the clock;
  - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - iii. has qualified medical practitioner (s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
 Or  
 Any equivalent institution established for in- patient care and day care and treatment of Injury or Illness and which has been registered as a Hospital or a clinic with the local authorities as per law rules and/or regulations applicable for the country where the treatment is being taken.
20. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In- patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
21. **IRDAI** means the Insurance Regulatory and Development Authority of India.
22. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  - a. **Acute condition-** Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
  - b. **Chronic condition-** A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
    2. it needs ongoing or long- term control or relief of symptoms
    3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    4. it continues indefinitely
    5. it recurs or is likely to recur
23. **Individual Policy** means a policy named as an Individual Policy in the Policy Schedule under which one or more persons may be covered as Insured Persons, if specified to be covered. The following relationships shall be covered in an Individual Policy: Self, legally married spouse as long as they continue to be married, son, daughter, mother, father, brother, sister, mother in-law, father in-law, grandfather, grandmother, grandson, granddaughter, son in-law, daughter in-law, brother in-law, sister in-law, nephew, niece.
24. **Intensive Care Unit (ICU)** 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.
25. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
26. **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.
27. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

28. **Insured Person** means the person(s) named in the Policy Schedule who are covered under this Policy and in respect of whom the appropriate premium has been received.
29. **Major Illness** means any of the Illnesses, medical events or Surgical Procedures as specifically defined and listed under Section B.I.(a).
30. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
31. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
32. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
1. is required for the medical management of the illness or injury suffered by the insured;
  2. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
  3. must have been prescribed by a medical practitioner;
  4. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
33. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government or the appropriate authority for the same in the relevant jurisdiction, and is thereby entitled to practice medicine within its jurisdiction per the scope of its registration/license.
34. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.
35. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
36. **Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.
37. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
38. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
39. **Policy** means this terms & conditions document, the Proposal Form, Policy Schedule, Benefit and Additional Benefit details (if applicable) and any annexures which form part of the Policy contract including endorsements, as amended from time to time which form part of the Policy contract and shall be read together.
40. **Policy Period** means the period between the Start date and the expiry date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
41. **Policy Year** means a period of 12 consecutive months commencing from the Start date or any subsequent Policy anniversary.
42. **Policy Schedule** means Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the sub-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.
43. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
44. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
45. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
  - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
46. **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.
47. **Qualified Nurse** means a person who holds a valid registration of nursing in the country of treatment, or from the Nursing Council of India or the Nursing Council of any state in India.
48. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
49. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
50. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
51. **Start Date** of the Policy means the inception date of the current Policy Period, as specified in the Policy Schedule.

52. **Sum Insured** means the amount specified in the Policy Schedule against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims arising under any and all Benefit/Additional Benefits during a Policy Year in respect of any and all Insured Persons named in the Policy Schedule.
53. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
54. **TPA** means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations 2016 (as may be amended, replaced or modified) by the IRDAI, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services. The updated list of TPAs (along with complete address and contact numbers) shall be available on Our website.
55. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
56. **We/Our/Us/Company** means Aditya Birla Health Insurance Co. Limited.
57. **You/Your/Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

#### Annexure A: Ombudsmen

CONTACT DETAILS	Jurisdiction of Office (Union Territory, District)
<b>AHMEDABAD - Shri/Smt.....</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU - Smt. Neerja Shah</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
<b>BHOPAL - Shri Guru Saran Shrivastava</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202   Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh.
<b>BHUBANESHWAR - Shri/Smt.....</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455   Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
<b>CHANDIGARH - Dr. Dinesh Kumar Verma</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468   Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
<b>CHENNAI - Shri M. Vasantha Krishna</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284   Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<b>DELHI - Shri/Smt.....</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
<b>GUWAHATI - Shri Kiriti .B. Saha</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD - Shri I. Suresh Babu</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122   Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry

<p><b>JAIPUR - Smt. Sandhya Baliga</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	Rajasthan.
<p><b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338   Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
<p><b>KOLKATA - Shri/Smt.....</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340   Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<p><b>LUCKNOW - Shri/Smt.....</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 223133   Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<p><b>MUMBAI - Shri Milind A. Kharat</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960   Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<p><b>NOIDA - Shri/Smt.....</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Dist: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<p><b>PATNA - Shri/Smt.....</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	Bihar, Jharkhand.
<p><b>PUNE - Shri/Smt.....</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman offices are available on the IRDAI website: [www.irdai.gov.in](http://www.irdai.gov.in), on the website of Executive Council of Insurers [www.ecoi.co.in](http://www.ecoi.co.in), Our website at: [adityabirlahealthinsurance.com](http://adityabirlahealthinsurance.com) or can be obtained from any of Our offices.



**ANNEXURE B - NON MEDICAL EXPENSES**

Sr. No.	List of Non Medical Expenses / Items	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	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 paid specifically for cases that have undergone surgery of thoracic or lumbar Spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable

45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	LACTOGEN/ INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered.
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	HOME VISIT CHARGES	Not Payable
62	DONOR SCREENING CHARGES	Not Payable
63	ADMISSION/REGISTRATION CHARGES	Not Payable
64	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
65	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
66	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
67	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Not Payable
68	MICROSCOPE COVER	Payable under OT Charges, not payable separately
69	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Not Payable
70	SURGICAL DRILL	Not Payable
71	EYE KIT	Payable under OT Charges, not payable separately
72	EYE DRAPE	Payable under OT Charges, not payable separately
73	X-RAY FILM	Payable under Radiology Charges, not as consumable
74	SPUTUM CUP	Not Payable
75	BOYLES APPARATUS CHARGES	Payable under OT Charges, not payable separately
76	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
77	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable
78	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
79	COTTON	Not Payable
80	COTTON BANDAGE	Not Payable
81	MICROPORE/ SURGICAL TAPE	Not Payable
82	BLADE	Not Payable
83	APRON	Not Payable
84	TORNIQUET	Not Payable
85	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
86	URINE CONTAINER	Not Payable

<b>ELEMENTS OF ROOM CHARGE</b>		
87	LUXURY TAX	Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable -Part of Room Charge for Sub Limits
88	HVAC	Not Payable
89	HOUSE KEEPING CHARGES	Not Payable
90	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Not Payable
91	TELEVISION & AIR CONDITIONER CHARGES	Payable - If under room charges not if separately levied
92	SURCHARGES	Not Payable
93	ATTENDANT CHARGES	Not Payable
94	IM IV INJECTION CHARGES	Not Payable
95	CLEAN SHEET	Not Payable
96	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not payable, Patient diet provided by Hospital is payable
97	BLANKET/WARMER BLANKET	Not Payable
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
98	ADMISSION KIT	Not Payable
99	BIRTH CERTIFICATE	Not Payable
100	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
101	CERTIFICATE CHARGES	Not Payable
102	COURIER CHARGES	Not Payable
103	CONVENYANCE CHARGES	Not Payable
104	DIABETIC CHART CHARGES	Not Payable
105	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
106	DISCHARGE PROCEDURE CHARGES	Not Payable
107	DAILY CHART CHARGES	Not Payable
108	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
109	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Not Payable--To be Claimed by Patient Post -Hospitalisation where admissible
110	FILE OPENING CHARGES	Not Payable
111	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
112	MEDICAL CERTIFICATE	Not Payable
113	MAINTAINANCE CHARGES	Not Payable
114	MEDICAL RECORDS	Not Payable
115	PREPARATION CHARGES	Not Payable
116	PHOTOCOPIES CHARGES	Not Payable
117	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
118	WASHING CHARGES	Not Payable
119	MEDICINE BOX	Not Payable
120	MORTUARY CHARGES	Payable - upto 24 hrs, shifting charges not payable
121	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	<b>EXTERNAL DURABLE DEVICES</b>	<b>Not Payable</b>
122	WALKING AIDS CHARGES	Not Payable
123	BIPAP MACHINE	Not Payable
124	COMMODOE	Not Payable
125	CPAP/ CAPD EQUIPMENTS	Not Payable
126	INFUSION PUMP - COST	Not Payable
127	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
128	PULSEOXYMETER CHARGES	Not Payable
129	SPACER	Not Payable

130	SPIROMETRE	Not Payable
131	SPO2 PROBE	Not Payable
132	NEBULIZER KIT	Not Payable
133	STEAM INHALER	Not Payable
134	ARMSLING	Not Payable
135	THERMOMETER	Not Payable
136	CERVICAL COLLAR	Not Payable
137	SPLINT	Not Payable
138	DIABETIC FOOT WEAR	Not Payable
139	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
140	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
141	LUMBO SACRAL BELT	Payable - If Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
142	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable -for any ICU patient requiring more than 3 days in ICU, all patient with paraplegia /quadriplegia or for any major illness requiring prolonged hospitalization. (Prevent Bed Sores & DVT)
143	AMBULANCE COLLAR	Not Payable
144	AMBULANCE EQUIPMENT	Not Payable
145	MICROSHEILD	Not Payable
146	ABDOMINAL BINDER	Payable - If Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
147	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
148	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Not Payable
149	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Not Payable
150	SUGAR FREE Tablets	Payable - Sugar free variants of admissible medicines are not excluded
151	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable - If prescribed
152	Digestion Gels	Payable - If prescribed
153	ECG ELECTRODES	Payable - Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
154	GLOVES	Payable -Sterilized Gloves Payable. Unsterilized Gloves not Payable
155	HIV KIT	Payable
156	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable - If prescribed
157	LOZENGES	Payable - If prescribed
158	MOUTH PAINT	Payable - If prescribed
159	NEBULISATION KIT	Payable - If used during hospitalization is payable reasonably
160	NOVARAPID	Payable - If prescribed
161	VOLINI GEL/ ANALGESIC GEL	Payable - If prescribed
162	ZYTEE GEL	Payable - If prescribed
163	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
164	AHD	Not Payable

165	ALCOHOL SWABES	Not Payable
166	SCRUB SOLUTION/STERILLIUM	Not Payable
<b>OTHERS</b>		
167	VACCINE CHARGES FOR BABY	Not Payable
168	TPA CHARGES	Not Payable
169	VISCO BELT CHARGES	Not Payable
170	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
171	EXAMINATION GLOVES	Not Payable
172	KIDNEY TRAY	Not Payable
173	MASK	Not Payable
174	OUNCE GLASS	Not Payable
175	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
176	OXYGEN MASK	Not Payable
177	PAPER GLOVES	Not Payable
178	PELVIC TRACTION BELT	Not Payable
179	REFERAL DOCTOR'S FEES	Not Payable
180	ACCU CHECK ( Glucometry/ Strips)	Not Payable
181	PAN CAN	Not Payable
182	SOFNET	Not Payable
183	TROLLY COVER	Not Payable
184	UROMETER, URINE JUG	Not Payable
185	AMBULANCE	Payable - Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
186	TEGADERM / VASOFIX SAFETY	Payable - If maximum of 3 in 48 hrs and then 1 in 24 hrs
187	URINE BAG	Payable - where medically necessary till a reasonable cost - maximum 1 per 24 hrs
188	SOFTOVAC	Not Payable
189	STOCKINGS	Payable - If Essential for case like CABG etc. where it should be paid.