

**SUPER HEALTHCARE INSURANCE
POLICY WORDING****PREAMBLE**

WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED (hereinafter called the COMPANY and/or INSURER) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED MEMBER) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal, any insured person contracts any disease or suffers from any illness or sustains any bodily injury through accident (hereinafter called INJURY) and if such illness or injury requires any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital/Day Care Centre in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the *Company will* pay through Third Party Administrator (hereinafter called TPA) to the Hospital / Nursing Home or the Insured Person the amount of such expenses specified under Covered Expenses, as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person subject to Basis of Payment Clause but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

DEFINITIONS

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth: Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

1. **Accident:** An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Aggregate Deductible:** Aggregate deductible is a cost sharing requirement under this policy that provides the *company will* not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses (admissible under policy) incurred during the policy period by insured (individual policy) or insured family (in case of family floater).
3. **Any one illness:** Any one illness means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
4. **AYUSH Hospital:**
 - a) Central or State Government AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa & Homeopathy) Hospital.
 - b) NABH accredited AYUSH Hospital
 - c) Teaching hospitals attached to AYUSH colleges recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy



- d) Any AYUSH Hospital, standalone or otherwise, established for in-patient care and day care therapeutic procedures/ interventions for diseases or disorders with indicated procedures; and which is registered with the local authorities, wherever applicable, and is under the supervision of a registered qualified AYUSH practitioner and complies with all the following criteria:
 - i. At least 05 in-patient beds;
 - ii. Has qualified nursing staff/AYUSH therapists under its employment round the clock;
 - iii. Has qualified AYUSH practitioner in-charge round the clock;
 - iv. Has dedicated AYUSH therapy sections; and
 - v. Maintains daily records of the patients and will make these accessible to the insurance company's authorized representative.
- 5. AYUSH Centre:**
 - a) An AYUSH Centre is a healthcare facility (other than an OPD in a hospital) including Clinic, Polyclinic, CHC, PHC, Dispensary, etc. having facilities for AYUSH therapies (excluding in-patient services) under the supervision of qualified and registered AYUSH practitioner(s).
 - b) NABH accredited Panchakarma centres and similar other AYUSH related therapy centres.
- 6. AYUSH Treatment:** AYUSH Treatment refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
- 7. Base Annual Sum Insured:** means the amount specified in the Policy Schedule which is Company's maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of all Insured Persons. If the Policy Period is more than one year, then the Base Annual Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Base Annual Sum Insured which remains un-utilised in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period.
- 8. Cashless facility:** Cashless facility means a facility extended by the insurer or TPA on behalf of the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- 9. Claim:** A claim shall mean a formal request to an insurer by the insured for coverage or compensation for a covered loss or policy event which the policy shall cover.
- 10. Condition Precedent:** Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 11. Congenital Anomaly:** 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
- 12. Cumulative Bonus:** Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 13. Day Care Centre:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with 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–
 - i. has qualified nursing staff under its employment;



- ii. has qualified medical practitioner/s in charge;
- iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv. Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

14. Day Care Treatment: Day care treatment refers to 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 a hospitalization of more than 24 hours.

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

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

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

17. Dependent Child: Dependent Child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income. For the purpose of this policy, child up to age 30 years is considered as dependent child.

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

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

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

20. Emergency Care: 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.

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

22. Hospital: A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and 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.

23. Hospitalisation: 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.

24. Illness: 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 on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
- 2. it needs on-going 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.

25. Inpatient Care: Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

26. Injury: 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. Intensive Care Unit: Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

28. ICU Charges: 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 intensives charge.

29. IRDAI: IRDAI means Insurance Regulatory and Development Authority of India

30. Law: Law shall mean and include the applicable laws of India including IRDAI ACT, 1999, Insurance Act, 1938, Health Insurance Regulations, 2016 and other prevailing laws of India modified amended, changed from time to time.

31. Limit of Indemnity: Limit of Indemnity represents our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during



the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule as sum insured.

32. Maternity expenses: Maternity expenses means;

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization.
- b) Expenses towards lawful medical termination of pregnancy during the policy period.

33. Medical Advice: Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

34. Medical expenses: 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.

35. Medical Practitioner: Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

36. Medically Necessary Treatment: Medically necessary treatment means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:

- i. is required for the medical management of the illness or injury suffered by the insured;
- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

37. Network Hospitals / Network Hospitals: Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to you on request.

38. Network Provider: 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.

39. New Born Baby: New born baby means baby born during the Policy Period and is aged up to 91 days.

40. Non-Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

41. Notification of Claim: Notification of claim is the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

42. OPD treatment: 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.



- 43. Policy:** Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy.
- 44. Policy Period:** Policy Period means the period between the commencement date and the expiry date specified in the Schedule and includes both the commencement date as well as the expiry date.
- 45. Portability:** “Portability” means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
- 46. Pre-Existing Disease:** 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 36/24/12 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- 47. Pre-hospitalization Medical Expenses:** Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 48. Premium:** The term premium shall mean a sum or consideration payable to insurer by the insured to cover the risks mentioned under the terms of this policy.
- 49. Post-hospitalization Medical Expenses:** Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person’s hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 50. Qualified Nurse:** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 51. Reasonable and Customary Charges:** 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.
- 52. Room rent:** Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 53. Renewal:** 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.



- 54. Senior citizen:** “Senior citizen” means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.
- 55. Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 56. Schedule:** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.
- 57. Unproven/Experimental treatment:** Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- 58. Insured Member(s), You, Your, yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.
- 59. The Company, We, Our, Ours means the Universal Sampo General Insurance Company Ltd.**

SCOPE OF COVER

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay and/or reimburse actual expenses incurred in excess of the Deductible as specified in the Policy Schedule.

The company will pay for the Medical Expenses, in excess of deductible stated in the Policy Schedule either **on per admissible claim basis (for Top Up - Plan 2 and Plan 3)** or when the aggregate of covered medical expenses exceeds the deductible applicable **on policy per year basis (for Super Top Up – Gold, Diamond and Platinum)** depending upon the plan opted.

However, the total liability of the Company under this Policy for payment of any and all admissible Claims in aggregate/per admissible claim during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.



Benefit Summary

1	Eligibility Criteria					
1.1	Who can be covered	Family Floater: Self, Spouse, 4 dependent Children under this policy.				
		Individual: Self, spouse, dependent children, brother, sister, dependent parent, grandparents, grandchildren, mother-in-law, father-in-law, son-in-law, daughter-in-law, dependent brother-in-law, dependent sister-in-law, Niece and Nephew.				
1.2	Entry Age	Minimum : Proposer/Adult 18 yrs				
		Maximum : Proposer/Adult 80 yrs				
		Dependent Children Maximum Entry Age : 30 years under Family Floater Plan				
		Entry age for children-3 months				
1.3	Renewal Age	Lifetime				
1.4	Pre- Medical Test	Under certain circumstances such as declaration(s) in the proposal form or if insured member/s are/is above 65 years and SI is greater than 20 lakhs, we may ask you to undergo mentioned medical check-ups to help us understand your health condition in a better way.				
1.5	Policy Tenure	The Policy can be taken for 1 year/ 2 Years/ 3 Years.				
2	Coverage's and SI options					
	Plan	Top Up			Super Top Up	
	Options	Plan 2	Plan 3	Gold	Diamond	Platinum
	Sum Insured	2, 3, 5, 7, 10 Lakhs	5, 7, 10, 15, 20 Lakhs	2, 3, 5, 7, 10 Lakhs	3, 5, 7, 10, 15, 20 Lakhs	10, 15, 20, 30, 50, 100 Lakhs
	Deductible	3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	10, 15, 20, 30, 40 Lakhs
	Deductible Applicable	Per admissible claim basis	Per admissible claim basis	Per policy year basis	Per policy year basis	Per policy year basis
	Sr.No.	Benefits	Coverage			



1	Inpatient Hospitalization	Minimum 24 Hrs. hospitalisation as an In-patient	Covered	Covered	Covered	Covered	Covered
2	Day Care Treatment	Medical Expenses for day care treatment/ surgical procedures, taken as an inpatient for less than 24 hours in a Hospital or day care centre but not in the outpatient department(399+)	Covered	Covered	Covered	Covered	Covered
3	Pre-Hospitalisation	Medical expenses incurred prior to the covered Hospitalization	30	60	60	90	120
4	Post-Hospitalisation	Medical expenses incurred after the covered Hospitalization	60	90	90	120	150
5	Room Rent	Amount charged by a Hospital towards Room and Boarding expenses and includes the associated medical expenses.	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured
6	Domiciliary Hospitalization	The <i>Company will</i> pay for the medical expenses incurred by Insured member(s) for medical treatment taken at home which would otherwise have required Hospitalization	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured
7	Organ Donor	Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and harvesting the organ, up to SI.	Covered	Covered	NA	Covered	Covered



8	Ambulance Expenses	—	Actuals or maximum up to RS 2000	Actuals or maximum up to RS 3000	Actuals or maximum up to RS 3000	Actuals or maximum up to RS 3500	Actuals or maximum up to RS 4000
9	AYUSH Benefit	—	Covered :Up to SI	Covered : Up to SI	NA	Covered: Up to SI	Covered: Up to SI
10	Maternity Expenses Including Born Baby New	Maternity Expenses incurred after 9 months from the policy inception. From 1st Day till expiry of Policy or the child is 91 days old whichever is earlier within Maternity limit.	Covered Limit Rs.50000	Covered - Limit Rs. 75,000	NA	Covered - Limit Rs.50,000	Covered - Limit Rs. 75,000
11	Automatic Restoration	100% of Base Annual Sum Insured	Available	Available	NA	Available	Available
12	Bariatric Surgery Cover	coverage for reasonable and customary expenses for Bariatric Surgery	NA	NA	NA	Covered - Limit 3 Lakhs	Covered - Limit 5 Lakhs
13	Emergency Assistance Services	—	Available	Available	NA	Available	Available
Value Added Benefits							
	Wellness Program (to be utilized through mobile application)	1) Everyday Care	Available	Available	Available	Available	Available
		2) Complete Wellness & HealthCare	Available	Available	Available	Available	Available
		3) Health Coach (up to 5 calls per year)	Available	Available	NA	Available	Available
		On Payment of additional premium					



		4) Disease Management Program (up to 5 calls per year)	Rs 415	Rs 415	Rs 415	Rs 415	Rs 415
Renewal Benefits							
1	Cumulative Bonus	20% increase in SI for every claims free year subject to maximum of 100%.The increased SI shall be decreased by 20% in event of claim.	Covered	Covered	Covered	Covered	Covered
2	Health Check-up	For every renewal, we will provide free health check-up for insured member in our empanelled hospitals/diagnostic centre, irrespective of the claims.	Covered	Covered	Covered	Covered	Covered
Optional Extension							
	Global Care	The <i>Company</i> will reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days upto the sum insured, provided that the diagnosis was made in India and referred by Medical Practitioner and the insured member(s) travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization.	NA	Available	NA	Available	Available
Waiting Period							
1	Pre-existing	Benefits will not be available for Any Pre-existing condition, ailment or injury.	24 months	24 months	36 months	24 months	12 months



2	30 days waiting period	Any Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury	Applicable	Applicable	Applicable	Applicable	Applicable
3	Specific Waiting period	claims arising out of or howsoever connected to the specific disease for the first 2 years.	Applicable	Applicable	Applicable	Applicable	Applicable
Discounts under the Policy							
1	Family Discount :	Discount for covering more than one Family Member under the Policy on individual sum insured basis: Applicable to all type of plan	Number of Members	Discounts			
			More than 2 member	10%			
2	Long Term Discount	Applicable to all type of plan	Duration of Policy	Discount			
			2 years	2 year annual premium in advance less 7.5% discount			
			3 years	3 year annual premium in advance less 10% discount			
3	Loyalty Discount	5%					



COVERAGES

1) Medical Expenses

The company will pay Insured the Reasonable charges of Medical Expenses incurred in excess of the deductible stated in the schedule provided that the Insured members are hospitalised on the advice of a Doctor due to the Illness or accidental Bodily Injury sustained or contracted during the Policy Period.

1.1 In Patient Hospitalisation Expenses

In-patient Hospitalisation Medical Expenses as stated below:

- Room Rent boarding expenses
- Nursing Charges
- Intensive Care Unit
- Medical Practitioner(s)
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables
- Intravenous fluids, blood transfusion, injection administration charges
- Diagnostic procedures
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

1.2 Day Care Treatment

The *Company* will pay for the Medical Expenses for day care treatment/ surgical procedures, taken by the Insured as an inpatient for less than 24 hours in a Hospital or day care centre but not in the outpatient department of a Hospital or day care centre as enlisted in the list of Day care Treatment/Procedures annexed to this Policy and also available on company's website.

1.3 Pre-Hospitalization Expenses:

The *Company* will pay for the Medical Expenses incurred during the policy period ,for the period as stated in Policy Schedule immediately before Insured were hospitalized , provided that:

- Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and
- We have accepted an inpatient Hospitalisation claim under Medical expenses.

1.4 Post-Hospitalization Expenses:

The *Company* will pay for the Medical Expenses incurred during the policy period for the period as stated in Policy Schedule immediately after Insured were discharged post Hospitalisation provided that:

- Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and
- We have accepted an inpatient Hospitalisation claim under Medical expenses

1.5 Organ Donor Expenses:

The *Company* will pay the in-patient Hospitalization Medical Expenses for a successful organ transplant including pre-transplant medical tests for legitimate donor and for harvesting the organ up to the sum insured mentioned in policy schedule, provided that:

- i. The organ donor is any person whose organ has been made available in compliance with The Transplantation of Human Organ Act 1994, The Transplantation of Human Organs Act (Amendment) 2011(or any amendments thereafter); and other applicable Central / State Rules / Regulations, as applicable, in respect of transplantation of human organs.
- ii. The organ donated is for the use of the Insured Person who has been medically advised to undergo organ transplant , and



- iii. The Company has accepted an In-patient Hospitalization claim for the Insured member under medical expenses.
- iv. The policy will not cover expenses towards the donor in respect of:
 - (a) Any Pre Hospitalisation Medical Expenses or Post Hospitalisation Medical Expenses other than pre-transplant medical test for legitimate organ donor and cost of organ harvesting;
 - (b) Costs directly or indirectly associated to the acquisition of the organ/ or cost of organ.
 - (c) Any other medical treatment or complication in respect of the donor, consequent to harvesting.
 - (d) Claims which have NOT been admitted under in-patient Hospitalization Medical Expenses for the insured.

1.6. In Patient AYUSH Hospitalization: The *Company will* pay for the medical expenses incurred as per guidelines for reimbursement/settlement of AYUSH treatment expenditure claims under insurance coverage attached as **Annexure III** as an **in-patient treatment** taken under AYUSH in any of the following:

- i. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers excluding centre for spas, massage and health rejuvenation procedures.
- ii. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH).
- iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
 - a) has at least fifteen in-patient beds;
 - b) has minimum five qualified and registered AYUSH doctors;
 - c) has qualified paramedical staff under its employment round the clock;
 - d) has dedicated AYUSH therapy sections;
 - e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

1.7. Domiciliary Hospitalization

The Company will pay for the medical expenses incurred by Insured member(s) for medical treatment taken at home which would otherwise have required In-Patient Hospitalization, provided that:

- The condition for which the medical treatment is required continues for at least 3 days, in such a case the *Company will* pay the reasonable charge of any necessary medical treatment for the entire period, and
- If the Company accept a claim under this Cover then the *Company will* not make any payment for Post- Hospitalization Expenses but the *company will* pay Pre-Hospitalization expenses for up to the maximum days as mentioned in benefit structure for number of days under Pre-hospitalization benefit, and
- No payment will be made if the condition for which You require medical treatment is:
 1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
 2. Arthritis, Gout and Rheumatism
 3. Chronic Nephritis and Nephritic Syndrome
 4. Diarrhoea and all type of Dysenteries including Gastroenteritis,
 5. Diabetes Mellitus and Insipidus,
 6. Epilepsy,
 7. Hypertension,
 8. Psychiatric or Psychosomatic Disorders of all kinds,
 9. Pyrexia of unknown Origin.



2) Ambulance Expenses

The *company will* pay the ambulance expenses incurred for Road Ambulance Expenses, Special Cardiac Ambulance expenses, Air Ambulance up to the maximum amount as specified in Policy Schedule, per valid hospitalization claim for transferring the Insured member(s) to the nearest Hospital with adequate facilities, If a claim is accepted under In-patient hospitalization,.

3) Maternity & New Born Care Cover:

The Company will pay for

i. Maternity Cover:

The Company shall pay the Medical Expenses incurred as an inpatient for a delivery (including caesarean section) or lawful medical termination of pregnancy during the policy period limited to two deliveries or terminations or either, during the lifetime of the Insured Person.

ii. Pre and Post natal expenses:

The cost of pre-natal and post-natal expenses per delivery limited up to the amount stated in the Schedule under maternity coverage.

iii. New Born Care

Medical Expenses incurred by Insured member(s)'s New Born Baby as an In-Patient from the first day till expiry of the Policy or the child is 91 days old whichever is earlier. The maximum liability for new born care will be subject to the amount specified in the schedule to cover Maternity & new Born Care, Provided that,

When the New Born Baby is older than 91 days, then Insured member(s) will have to take an individual policy for the New Born or wait till your next renewal to cover the baby under a regular family floater plan.

Provided that,

- Maximum liability per delivery will be subject to the amount specified in the Schedule.
- This benefit is available only to the Insured or his spouse provided that this policy has been in force for a continuous period of minimum 9 months in respect of both the Insured and his/her spouse.
- Pre-natal and post-natal expenses are not covered unless admitted in Hospital and treatment is taken there. Prenatal is the medical care given to a pregnant woman and for the purpose of this policy it starts from the date of conception up-to the childbirth. Post natal is the medical care given to a woman after her baby is born and coverage is for a period of six weeks from the date of childbirth.
- Subject to the terms & conditions, the policy covers New Born Baby beyond 90 days only on payment of requisite premium.

4) Automatic Restoration (this benefit is available for the plans with deductible limit 2 Lakh and above)

The *Company will* provide a 100% restoration of Base Annual Sum Insured opted by the Insured once in a policy year, if the opted Base Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous claims in that policy year, provided that:

- a) Restoration of Sum Insured will be in addition to opted Base Annual Sum Insured.
- b) The restored Base Annual Sum Insured can only be used for all future claims within the same policy year, not related to the illness/disease/injury for which a claim has been paid in that policy year for the same Insured member(s)
- c) The claim will be admissible under the restored Base Annual Sum Insured only if the claim is admissible under "Medical Expenses section"
- d) Restore will not trigger for the first claim



- e) No Cumulative Bonus will apply on the restored Base Annual Sum Insured;
- f) For individual policies, restore Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis
- g) Any unutilized restored Base Annual Sum Insured will not be carried forward to subsequent policy year
- h) Automatic restoration of Base Annual Sum Insured will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum Insured was exhausted.
- i) For any single claim during a policy year, the maximum claim amount payable shall not exceed the sum of Base Sum Insured as mentioned in schedule, and Cumulative Bonus
- j) During a Policy Year, the aggregate claim amount payable, shall not exceed the sum of: The Base Sum Insured, Cumulative bonus and Restored Sum Insured (100% of Base Sum Insured)

5) Bariatric Surgery Cover

The *Company will* pay for reasonable and customary expenses for Bariatric Surgery if the insured fulfils the following conditions:

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The member has to be 18 years of age or older and
- iii. Body Mass Index (BMI) greater than or equal to 40
- iv. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 - a) Obesity-related cardiomyopathy
 - b) Coronary heart disease
 - c) Severe sleep apnea
 - d) Uncontrolled Type 2 Diabetes

6) Emergency Assistance Services:

The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company /through our appointed Service provider, with prior intimation and acceptance by the Company.

- i. **Medical Consultation, Evaluation and Referral-** In case of any emergency situation, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
- ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- iii. **Emergency Medical Evacuation -** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.
- iv. **Medical Repatriation (Transportation):** When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.



- v. **Compassionate Visit:** When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

VALUE ADDED BENEFIT

The policyholder can avail the benefits through Mobile application or web portal without any additional cost, subject to terms and conditions of the policy.

The Wellness Services and Activities Are Categorized As Below:

The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards.

1. Everyday Care

The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empaneled Network providers. The list of such network providers will be updated from time to time and can be obtained from Our website, mobile application or by calling our call centre. *The Company* will assist in scheduling appointments for consultation and diagnostic test as per time convenience of the insured person. Alternatively, the insured person may also schedule his/her own appointment themselves by contacting the Network Provider or through the mobile application. The insured person(s) can avail these facilities as many number of time as the client wishes to avail.

- i. **OPD Consultation:** The Company offers family/general physician as well as special consultations at discounted rates from the Network Providers. The insured person(s) can also store the prescription letters and bills in the electronic health portal system provided by the Company.
- ii. **Diagnostic Services:** The Company offers diagnostic facilities at discounted rates from the Network Providers. The insured person(s) can also store these medical test reports and bills in the electronic health portal system provided by the Company.
- iii. **Pharmacies:** If the insured person(s) want to obtain medicines and consumables prescribed by a medical practitioner, he/she can avail the same at discounted rates subject to a valid prescription from the Network providers. The medicines can be also ordered through the Mobile App or our Web portal.

2. Complete Wellness & HealthCare

The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

- i. **Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self-performed by the insured person. We will aid the insured person to complete the HRA whenever required.
- ii. **Electronic Health Records:** the Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.



- iii. **Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a “Health Goal” which is identified post identification of risk factors for improving insured person’s overall well-being.

“Health Goal”, which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

3. Health Coach

The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s). The service will offer immediate and complete assistance to the Insured Person looking after his/her day-to-day health care. Post the complete health profile building of the Insured Person, Health Coach will interact with the Insured Person as per Health requirement.

4. Disease Management Program (On payment of additional Premium)

Those insured person(s) who get detected or assessed as high risk in the HRA or are already suffering from chronic diseases, the Company offers a variety of Disease Management Programs (DMP). This service aims to help the insured person cope with their disease and show them ways of dealing with them in everyday life. The DMP aims to improve the Insured Person/s quality of life. The DMP is provided for diseases or conditions like Asthma, Diabetes, Hypertension, Thyroid, Heart related, Maternity, Obesity, Tropical diseases etc.

Based on the identified DMP, the Company will assign a Health Coach for online diet Consultation & tracking mechanism, indulging the insured person into physical activities, encouraging for meditation and breathing techniques at home or online counselling through Company’s Health Portal and/or Mobile Application. The insured person(s) will also be provided with services like exercise reminders, medicine and diagnostic test reminders, training videos, health blogs, digitization of health records etc.

Wellness Reward Program:

The Wellness Reward Program (WRP) aims to encourage the insured person to perform certain activities to stay active and medically fit. WRP is an award program wherein the Insured Person can earn the reward points termed as “USGI Coins” by performing the activities as mentioned in the below Table. The points can be redeemed against array of options provided as mentioned hereunder which would help the Insured to improve his/her overall Health Status.

- (i) For an individual as well as Family Floater policy, the earning of USGI coins shall be considered on individual member basis up to the maximum limit as specified under every category per policy year.
- (ii) The Company shall specify the Wellness Rewards – Earning and Redemption categories as well as Earned but not utilized USGI coins in the policy schedule. The details of USGI coins would also be available at the Company’s Health Portal and/or Mobile Application.
- (iii) USGI coins earned in this section of the policy are valid up to 4 years from the date of renewal of this policy (including any grace period applicable) and would not be carried forward thereafter.
- (iv) Each USGI coin shall have the value equivalent to Rs.0.25.
- (v) The USGI coins can be earned in the following ways as mentioned in the given Table:


Table: Earn Rewards (in form of USGI coins)

Activities for Earning Wellness Rewards		Rewards/ USGI Coins earned by Individual	Max USGI Coins earned by Individual Per Policy Year
On completion of HRA on Health Portal/Mobile application	HRA Completion within 90 days from Policy Inception Date	500	500
HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
	Cover above 2 lakh steps in a month	150/month	1000
Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to -	150/month	500
	SBP:120-140 mm/Hg		
	DBP: 80-90 mm/Hg		
	SBP - Systolic Blood Pressure; DBP – Diastolic Blood Pressure		
Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarter	500
Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarter	500
Body Mass Index (BMI) for a known case of High BMI Insured Person /s ≥ 30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarter	200
	BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarter	300
	BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarter	500
Health Tests for Heart Related, Blood Sugar, Thyroid/Lipid etc. Monitoring	on Submission of Reports	150/quarter	300
Annual membership for Dance/Zumba/Aerobic/Gymnastic/ Yoga/Gym/Swimming	Provide attendance Register/letter/medal/trophies/BI B number (as applicable) from the respective facility provider.	150/quarter	400
Participate in professional sport events like Marathon/Cyclothon/Swimathon	Provide attendance Register/letter/medal/trophies/BI B number (as applicable) from the respective facility provider.	100 /event	500
Competitive Sports: School Level	Participation Certificate from School	20/sport	50
Competitive Sports: National/State Level	Participation Certificate from relevant sports authority	75/sport	150
Download the Wellness Application		150	150
Refer a Friend to buy USGI policy		100/referral	300



Sum Insured Enhancement		100	100
Pledge to Quit Smoking		150	150
Water Intake	3-4 litres per day, to be updated on App	50/month	200

Redemption of USGI coins:

Sr. No	Categories to Redeem the USGI Coins	Limit on Redemption
1	Facilities as mentioned under 'Health & Wellness Program: Everyday Healthcare'	20% of USGI coins upto Rs.200
2	Dental Care except cosmetic treatment	30% of USGI coins upto Rs.300
3	Cost of Vaccinations	30% of USGI coins upto Rs.300
4	Cost of Spectacle Lenses	30% of USGI coins upto Rs.300
5	Laser surgery for correction of refractory errors	30% of USGI coins upto Rs.300
6	Any Hospitalizations which is Non-admissible as per the Policy terms and conditions as specified under 'In-patient Hospitalization'	50% of USGI coins upto Rs.500
7	You can also redeem your Rewards against Claim of yours/your family member/s who are insured with Us under retail Health Indemnity product	20% of USGI coins upto Rs.200
8	Discount on premium while renewing your Policy	30% of USGI coins upto Rs.300

OPTIONAL COVER

Global Care

In consideration of payment of additional premium by the Insured Member(s). The *Company will* reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days up to the sum insured, provided that the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Insured member(s) can contact us for any claim assistance. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only basic sum insured along with Cumulative Bonus can be used for this and not the restored sum insured.

Subject to terms and conditions of the policy.

Condition:

- Prior written approval of the Company will be required before leaving the country for treatment purpose.
- The Company shall require the following additional documents supporting the claim under this benefit:
 - a) Proof of diagnosis in India
 - b) Insured's Passport and Visa
 - c) Medical Practitioner's Advice/Prescription

**RENEWAL BENEFIT****1. Cumulative Bonus**

The company will increase the Base Annual Sum Insured by 20% at the end of the Policy Year if the Policy is renewed with Us provided that:

- No claim has been made under the Policy, including for the optional benefits, and the Policy is renewed with the Company without any break. The maximum Cumulative Bonus shall not exceed 100% of the Base Annual Sum Insured under the Policy.
- In case of a Family floater the Cumulative Bonus so applied will only be available in respect of claims made by those Insured Members(s) who were Insured Member(s) in the immediate preceding claim free Policy Year and continue to be Insured Member(s) in the subsequent Policy Year.
- If a Cumulative Bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the Cumulative Bonus by 20% of the Base Annual Sum Insured in that following Policy Year. There will be no impact on the Base Annual Sum Insured.
- If the Policy Period is more than one year, then any Cumulative Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.

2. Free Health Check-Ups

The company will provide free medical check-ups to the insured on every renewal, through the empanelled Service Provider. This free health check-up is offered irrespective of the claim history of policyholder.

Provided that, the Insured Member(s) have to renew the Policy with the company without any break.

EXCLUSIONS UNDER THE POLICY

- 1. Deductible:** The Company shall not be liable for the deductible amount as specifically defined in the Schedule. The Company is not liable for any payment unless the medical expenses exceed the deductible.
- 2. First 30 days waiting period:** A waiting period of 30 days from the commencement date of the first Policy will apply to all disease/ illness contracted other than accidental bodily injury requiring hospitalization

This exclusion shall not apply for subsequent policy years and/or if the Insured person/s has any similar health insurance indemnity policy in India and accepted by the Company under Portability cover, provided that there is no break in the insurance cover for that Insured Person.

- 3. Pre-existing disease waiting period:** Benefits will not be available for Any Pre-existing condition, ailment or injury, as per benefit schedule, after the date of inception of the first Super Healthcare Insurance policy with the Us, subject to waiting period mentioned in the schedule.

This waiting period will be reduced by number of continuous preceding years of coverage of the Insured Member under previous health insurance policy by Us or any similar health insurance plan with an Indian non-life insurer as per guidelines on portability issued by insurance regulator.

If at the time of renewal, Base Annual Sum Insured is enhanced, then the benefit in respect of the pre-existing condition (s) shall be restricted to the Annual Sum Insured that is lowest under the Period of Insurance.



Coverage under the policy for any pre-existing diseases is subject to the same being declared at the time of application and accepted by Us without any exclusion.

In the event of non-disclosure of Pre-existing disease at the time of buying the policy, policy will be null and void and will be cancelled. We will not be liable to pay any claim under such policy.

- 4. First 2 year exclusion (Specific waiting period):** Any Medical Expenses incurred on the treatment of any of the following illnesses/ conditions (whether medical or surgical and including Medical Expenses incurred on complications arising from such Illnesses/conditions) shall not be covered during the first 2 consecutive years from inception of the first Policy with Us or date of the Insured Person being included under the Policy, whichever is later:

S.No.	Organ/Organ System	Illness	Treatment/Procedure
1.	ENT	<ul style="list-style-type: none"> • Sinusitis • Deviated Nasal Septum 	Treatment for conditions related to Tonsils, adenoids, sinuses
2	Gynaecological	<ul style="list-style-type: none"> • Fibroids(fibromyoma) • Endometriosis • Prolapsed uterus • Polycystic ovarian disorder (PCOD) 	<ul style="list-style-type: none"> • Dilatation and (D&C) • Myomectomy • Hysterectomy
3	Orthopaedic	<ul style="list-style-type: none"> • Arthritis • Gout and Rheumatism • Osteoarthritis • Osteoporosis • Spinal or Vertebral Disorders 	<ul style="list-style-type: none"> • Surgery for inter vertebral disc • Joint replacement surgeries
4	Gastrointestinal	<ul style="list-style-type: none"> • Calculus Diseases Of Gall • Bladder Including Cholecystitis • Esophageal varices • Pancreatitis • Fissure/fistula In Anus, Hemorrhoids, pilonidal sinus, Piles • Ulcer and erosion • Gastro Esophageal Reflux Disorder (GERD) • Perianal abscesses 	<ul style="list-style-type: none"> • Cholecystectomy • Procedures for Biliary stones
5	Uro-genital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone etc. • Benign enlargement of Prostate • Chronic Kidney Disease 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele • Dialysis
6	Eye	<ul style="list-style-type: none"> • Cataract 	<ul style="list-style-type: none"> • PHACO emulcification • Any other cataract surgery
7	Other General conditions (Applicable to all organ systems/organs/ disciplines)	<ul style="list-style-type: none"> • Internal tumours, cysts, Nodules, polyps, skin tumours, Lumps, All types of Internal Congenital Anomalies/illnesses/defects 	<ul style="list-style-type: none"> • Surgery and varicose ulcers • Varicocele • Surgery for any Hernia

In case the above illnesses are Pre-existing disease at the commencement of this Policy, then the Illnesses shall be covered after the specified period mentioned in summary of benefit of continuous coverage, since Period of Insurance Start Date.



This waiting period will be reduced by number of continuous preceding years of coverage of the Insured person under previous health insurance policy in case of portability.

5. Any treatment arising from or traceable to any fertility, infertility, sub fertility or assisted conception procedure or sterilization, birth control procedures, hormone replacement therapy, contraceptive supplies, or services including complications arising due to supplying services or Assisted Reproductive Technology
6. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
7. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.
8. Experimental, investigational or unproven treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or consequence of undergoing such experimental or unproven treatment.
9. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.
10. Any procedure, investigation, treatment related to sleep disorder or sleep apnea syndrome, general debility, convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, rehabilitation measures, private duty nursing (unless covered under the Policy), respite care, custodial care or any treatment in an establishment that is not a Hospital.
11. Aesthetic treatment, cosmetic surgery/implants or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury or Burns.
12. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.
13. Circumcision unless necessary for treatment of an Illness not excluded hereunder or as may be necessitated due to an accident
14. All preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment or when it is medically necessary and part of the treatment), vitamins and tonics.
15. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or Reload of the previous state of health
16. Non-allopathic treatment except for the AYUSH Coverage.
17. Charges incurred at Hospital Primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury for which Inpatient Care/Day Care Treatment is required
18. 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 defence,



rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.

19. Any Illness or Injury arising from Insured Person committing any breach of law with criminal intent.
20. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
21. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
22. Personal comfort and convenience items (as per Annexure II).
23. Any Hospitalisation primarily for investigation and / or diagnosis purpose.
24. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

25. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products, cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.
26. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.
27. Any treatment/loss required arising from Insured Person's participation in any hazardous activity
28. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental *Bodily Injury* to natural teeth.
29. Bodily Injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide, arising out of non-adherence to medical advice.
30. Treatment of any Injury or Illness sustained whilst or as a result of active participation in any hazardous sports of any kind.



31. Treatment of Injury or Illness sustained whilst or as a result of participating in any criminal act.
32. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
33. Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which confinement is required at a Hospital.
34. Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the Hospital.
35. Weight management services and treatment related to weight reduction programmes including treatment of obesity
36. Any consequential loss or expenses arising out of or related to the Hospitalization.

DISCOUNTS & LOADINGS

Discount:

1. Family Discount:

A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available for each member under the policy

2. Long Term Policy Discount:

A discount will be applicable on purchase of long term policy as per below table

Duration of Policy	Discount
2 years	2 year annual premium in advance less 7.5% discount
3 years	3 year annual premium in advance less 10% discount

3. Loyalty Discount:

5% discount if the client already has our on-going retail health insurance policy.

Loading:

We may apply a risk loading up to a maximum 100% of normal slab premium per diagnosis/medical condition and not over 200% of normal slab premium per person, on the premium payable based on declarations on proposal form, on the basis of your health status.

Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s).

There will be no loadings based on individual claims experience.

Claims

1. Method of Assessment and Payment of claim

Any claim under this policy shall be payable by the Company only if:

- i. It is in respect of Covered Expenses specified in this Policy
- ii. The Company's liability to make payment shall commence once the claim amount exceed the Deductible under the policy. This means that all the claims, including those falling within the Deductible, will be assessed based on the terms and conditions of this policy for working out the admissible expenses. Expenses related to pre-hospitalisation and post-hospitalisation in respect of all previous claims would also be taken into consideration.



- iii. **For Top Up - Plan 2 and Plan 3**, the Deductible (as mentioned in the Policy Schedule) shall be applicable per claim basis, incepting during each policy year under the policy. In case of more than one claim during the Policy period, each claim shall be separately assessed except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy as well as for Family Floater Policy.
- iv. **For Super Top Up – Gold, Diamond and Platinum**, the Deductible (as mentioned in the Policy Schedule) shall be applied to aggregate of amount of all eligible claims as per policy terms and conditions that are related to hospitalisation/s of insured person in case of Individual Policy or all insured persons in case of Floater Policy, within the same policy year. For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year.

In the event that a claim becomes payable under the terms of the Policy, Company shall make such payment as incurred by You and accepted by Us by way of electronic fund transfer.

2. The steps for lodging the claim shall be as under:

Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause.

Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation

3. Documents to be submitted for Claims

- First Consultation letter from the Doctor
- Duly completed claim form and NEFT Form signed by the Claimant
- Original Hospital Discharge Card
- Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Original Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.
- In case of a Cataract Operation, IOL Sticker will have to be enclosed
- Claim settlement letter from the co insurer if any
- Other documents as may be required by us to process the claim.

4. Paying a Claim

- a. You agree that Company liable to make payment when You or someone claiming on Your behalf has provided Us with all necessary documentation and information and such claim is admitted by us for payment as per the Policy terms. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- b. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall settle the claim within a period of 30 days. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the case of delay in the payment, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
- c. If for any reason the claim is rejected under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure stated herewith.

**5. Basis of payment:**

- a) Any claim under this Policy shall be payable by Us only if It is in respect of Expense specified, cover this Policy and
- b) In no case Company shall be liable to pay any sum in excess of the Sum Insured in aggregate of all claims during the period of this Policy.
- c) We shall make payment in Indian Rupees only.

6. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a claim is made and rejected for aforesaid reasons and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

7. Claim Administration:

For assisting you during claims related services, we have in-house Claim Administration Team and we have also tied-up with 4500+ hospitals all over India for securing you a cashless claims processing.

The detailed list of network hospitals empanelled by us (the Network Providers) can be found at our website: www.universalsompo.com

8. Notices and Claims

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

- **Address: Universal Sampo General Insurance Co. Ltd.**
Express IT Park, Plot No. EL-94, T.T.C. Industrial Area, M.I.D.C., Mahape,
Navi Mumbai-400710
- **Toll Free Numbers:** 1-800-5142
- **Landline Numbers:** (022)- 39635200
- **E-mail Address:** contactus@universalsompo.com
- **Fax Numbers:** 1800-200-9134

Note: Please include Your Policy number for any communication with us.

9. Claims Intimation

In the unfortunate event of any loss resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-00-5132 or on chargeable numbers at +91-22-39635200. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

GENERAL TERMS AND CONDITIONS**1. Disclosure of information norms**

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

2. Alterations to the Policy

This Policy together with the Policy Schedule constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except the



Company, and any change we make will be evidenced by a written Endorsement signed and stamped by the Company.

3. Material Change

Material information to be disclosed includes every matter that the Insured/s are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to the Company in order to accept the risk of insurance and if so on what terms. The Insured/s must exercise the same duty to disclose those matters to the Company before the Renewal, extension, variation, endorsement or reinstatement of the contract.

4. Observance of Terms and Conditions

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

5. Notice of charge

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured Person/s, his/her/their Nominees or legal representatives, as the case may be, of any Medical expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

6. Records to be maintained

The Insured Person/s shall keep an accurate record containing all relevant medical records and shall allow the Company to inspect such record. The Insured Person/s shall furnish such information to the Company as may be required under this Policy at any time during the Policy Period or until the final adjustment, if any and resolution of all Claims under this Policy.

7. Fraudulent Claims

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

8. Renewal

- a) The Policy shall ordinarily be renewable till lifetime, except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation by the Insured. Policy will automatically terminate at the end of the Policy Period. However Grace period of 30 days for renewing the Policy is provided under this Policy. Any claim/loss during the Grace period will not be covered.
- b) We are under no obligation to give notice that it is due for Renewal or to renew it on the same terms whether as to premium or otherwise. All Renewal applications and requisite premium shall be given to us on or before the Policy Period end date and in any event before the expiry of the Grace Period.
- c) The Insured/s must exercise the duty to disclose to the Company before the Renewal of any variation, Alterations like increase/ decrease in Sum Insured or Change in Plan, addition/deletion of members, medical condition of such additional members basis which the renewal premium can stand revised.
- d) The Insured shall give the Company written notice along with Renewal Application, of any material changes to the risk insured under the Policy. If no such written notice is received by us along with Renewal application it shall be deemed that there is no material change to the risk. No Renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.



- e) Any revision or modification in the Policy approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect.
- f) Insured Person/s could avail of policy renewal in terms of the applicable Portability norms governing such renewals and the same would be renewed in accordance with the *Company's* underwriting policy.
- g) The terms & conditions of the policy including basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDAI.
- h) If the Policy is not renewed within the Grace Period then Company may agree to issue a fresh Policy subject to underwriting criteria and no continuing benefits shall be available from the expired Policy.
- i) Alterations such as increase/ decrease in Base Annual Sum Insured or change in plan/product or addition/deletion of Insured Persons 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. Underwriting in relation to acceptance of request for changes will be based mainly as per underwriting policy of the company. The terms and conditions of the existing policy will not be altered. Increase/ Enhancement of Base Annual Sum Insured shall be allowed up to maximum Base Annual Sum Insured available under the Plan.

9. Portability Conditions

In the event of the Insured Person porting to any other insurer, Insured Person must apply with details of the policy and claims to the insurer where the Insured Person wants to port, at-least 45 days before the date of expiry of the policy.

If somebody wants to port into this policy, he has to apply within the above period. In case of acceptance of such request, Portability benefit shall be available only upto the existing Sum Insured. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, pre-existing clause and waiting periods shall separately apply on the Sum Insured in excess of the expiring Sum Insured.

10. Multiple Policies

If two or more policies are taken by you/insured person(s) during a period from one or more insurers to indemnify treatment costs, you/ insured person(s) shall have the right to require a settlement of your claim in terms of any of your policies.

- a) 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.
- b) The insured having multiple policies has 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.
- c) If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductibles or co-pay, you/insured person(s) shall have the right to choose insurers by whom you/insured person(s) wants to claim the balance amount.
- d) In cases where you/insured person(s) has/have policies from more than one insurer to cover the same risk on indemnity basis, you/insured person(s) shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy

11. Entry Age

- **Minimum:** Proposer/Adult 18 yrs.
- **Maximum:** Proposer/Adult 80 yrs.
- **Dependent Children Maximum Entry Age:** 30 years under Family Floater Plan
- **Entry age for children:** 3 months.

12. Pre-Policy Health Check Up



Under certain circumstances such as declaration(s) in the proposal form or if insured member/s are/is above 65 years and Sum Insured is greater than 20 lakhs, we may ask you to undergo below mentioned medical check-up to help us understand your health condition in a better way.

The validity of the test reports would be 30 days from date of medical examination.

Age of the person to be insured	Sum Insured	Medical Examination
Up to 65 years	All Sum Insured options	No Medical Tests
Above 65 years	Sum Insured 20 Lakhs and above	Medical Tests required as listed below: Full Medical Report, CBC, Urine R, ECG, Lipid profile, Fasting BSL, HbA1c, SGOT, SGPT, Sr Creatinine

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

If the proposal is accepted we shall refund 50% of the health check-up cost (at our empanelled network provider).

13. Cancellation/Termination

The Company may at any time cancel this Policy and premium paid hereon shall be forfeited to the Company, in the event of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form.

The Company may in the event of non-cooperation by the Insured/ Policyholder, by giving fifteen (15) days' notice in writing by registered post / acknowledgement due post to the Insured at his last known address in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation subject to there being no claim made/reported under the policy.

The insured may cancel this policy by giving us at least 15 days written notice, and if no claim has been made then the Company shall refund premium on short term rates for the unexpired Policy.

Period as per the rates detailed below.

Cancellation Period						
Cover Period	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 months to 1 year	During 2nd Year	During 3rd Year
1 year	75%	50%	25%	0%	NA	NA
2 year	75%	65%	50%	25%	0%	NA
3 year	75%	70%	60%	45%	11%	0%

14. Withdrawal of Product

This product may be withdrawn in future with due approval of IRDAI.

However, in the event of withdrawal of the product, the insured shall be informed of the options available to them.

15. Migration of policy

At the time of renewal, or in the event of withdrawal of the product, the insured may migrate to another health insurance policy of the Company with all his continuity benefits remaining intact, provided there is no break in the policy. The Company shall allow the benefit of Portability in all such cases.

16. Disclaimer



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

17.Geographical Limit

The Policy shall provide for eligible medical treatment taken within India & all the benefits under the Policy shall be payable in Indian rupees only. This Clause is not applicable for the optional coverage "Global Care" if opted by the Insured/s and specified so in the Schedule to this Policy.

18.Free Look Period

You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation.

If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to,

- a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges and if the risk has not commenced
- If the risk has commenced the stamp duty charges, medical examination charges & proportionate risk premium for period on cover would be deducted.
- Where only a part of risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- Free look period is not applicable for renewal policies.

19.Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with Indian law and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

20.Arbitration

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

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

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

21.Notice

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

In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

22.Grievances



• **Level 1**

In case the Insured is aggrieved in any way, he/she may register a grievance or Complaint by visiting Company's website or write to the Company on contactus@universalsompo.com.

The Insured may also contact the Branch from where he/she has bought the Policy or the Complaints Coordinator who can be reached at the Company's Registered Office.

The Insured may also contact on Our- Toll Free Numbers: Toll Free Numbers: 1-800-5142 and Landline Numbers: (022)- 39635200 (chargeable)

• **Level 2**

The Insured can also visit the Company's website and click under links Grievance Notification The Insured can also send direct mail to the concerned authorities at grievance@universalsompo.com

• **Level 3**

If the issue still remains unresolved, the Insured may, subject to vested jurisdiction, approach IRDAI- IGMS - <http://igms.irdai.gov.in> for grievances redressal

Or you may also approach Insurance Ombudsman for the redressal of Your grievance. The details of Insurance Ombudsman are available below and are also available on <http://www.ecoi.co.in/ombudsman.html>

Office of Insurance Ombudsman:	
AHMEDABAD Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel nos: 079-25501201/02/05/06 email: bimalokpal.ahmedabad@gbic.co.in	BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in



HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in	



Annexure I

LIST OF DAY CARE TREATMENTS

ENT

- 1 Stapedotomy
- 2 Myringoplasty (Type I Tympanoplasty)
- 3 Revision stapedectomy
- 4 Labyrinthectomy for severe Vertigo
- 5 Stapedectomy under GA
- 6 Ossiculoplasty
- 7 Myringotomy with Grommet Insertion
- 8 Tympanoplasty (Type III)
- 9 Stapedectomy under LA
- 10 Revision of the fenestration of the inner ear.
- 11 Tympanoplasty (Type IV)
- 12 Endolymphatic Sac Surgery for Meniere's Disease
- 13 Turbinectomy
- 14 Removal of Tympanic Drain under LA
- 15 Endoscopic Stapedectomy
- 16 Fenestration of the inner ear
- 17 Incision and drainage of perichondritis
- 18 Septoplasty
- 19 Vestibular Nerve section
- 20 Thyroplasty Type I
- 21 Pseudocyst of the Pinna - Excision
- 22 Incision and drainage - Haematoma Auricle
- 23 Tympanoplasty (Type II)
- 24 Keratosis removal under GA
- 25 Reduction of fracture of Nasal Bone
- 26 Excision and destruction of lingual tonsils
- 27 Conchoplasty
- 28 Thyroplasty Type II
- 29 Tracheostomy
- 30 Excision of Angioma Septum
- 31 Turbinoplasty
- 32 Incision & Drainage of Retro Pharyngeal Abscess

- 33 Uvulo Palato Pharyngo Plasty

- 34 Palatoplasty
- 35 Tonsillectomy without adenoidectomy
- 36 Adenoidectomy with Grommet insertion
- 37 Adenoidectomy without Grommet insertion
- 38 Vocal Cord lateralisation Procedure

- 39 Incision & Drainage of Para Pharyngeal Abscess

- 40 Transoral incision and drainage of a pharyngeal abscess

- 41 Tonsillectomy with adenoidectomy

- 42 Tracheoplasty

Ophthalmology

- 43 Incision of tear glands

- 44 Other operation on the tear ducts

- 45 Incision of diseased eyelids

- 46 Excision and destruction of the diseased tissue of the eyelid

- 47 Removal of foreign body from the lens of the eye.

- 48 Corrective surgery of the entropion and ectropion

- 49 Operations for pterygium

- 50 Corrective surgery of blepharoptosis

- 51 Removal of foreign body from conjunctiva

- 52 Biopsy of tear gland

- 53 Removal of Foreign body from cornea

- 54 Incision of the cornea

- 55 Other operations on the cornea

- 56 Operation on the canthus and epicanthus

- 57 Removal of foreign body from the orbit and the eye ball.

- 58 Surgery for cataract

- 59 Treatment of retinal lesion

- 60 Removal of foreign body from the posterior chamber of the eye

Oncology

- 61 IV Push Chemotherapy

- 62 HBI-Hemibody Radiotherapy

- 63 Infusional Targeted therapy

- 64 SRT-Stereotactic Arc Therapy

- 65 SC administration of Growth Factors

- 66 Continuous Infusional Chemotherapy

- 67 Infusional Chemotherapy

- 68 CCRT-Concurrent Chemo + RT

- 69 2D Radiotherapy

- 70 3D Conformal Radiotherapy

- 71 IGRT- Image Guided Radiotherapy

- 72 IMRT- Step & Shoot

- 73 Infusional Bisphosphonates

- 74 IMRT- DMLC

- 75 Rotational Arc Therapy

- 76 Tele gamma therapy

- 77 FSRT-Fractionated SRT

- 78 VMAT-Volumetric Modulated Arc Therapy

- 79 SBRT-Stereotactic Body Radiotherapy

- 80 Helical Tomotherapy

- 81 SRS-Stereotactic Radiosurgery

- 82 X-Knife SRS

- 83 Gammaknife SRS

- 84 TBI- Total Body Radiotherapy

- 85 intraluminal Brachytherapy

- 86 Electron Therapy

- 87 TSET-Total Electron Skin Therapy

- 88 Extracorporeal Irradiation of Blood Products

- 89 Telecobalt Therapy

- 90 Telecesium Therapy



91 External mould Brachytherapy	126 Plastic surgery to the floor of the mouth under GA	161 Cystoscopy and removal of FB
92 Interstitial Brachytherapy	Urology	Neurology
93 Intracavity Brachytherapy	127 AV fistula - wrist	162 Facial nerve physiotherapy
94 3D Brachytherapy	128 URSL with stenting	163 Nerve biopsy
95 Implant Brachytherapy	129 URSL with lithotripsy	164 Muscle biopsy
96 Intravesical Brachytherapy	130 Cystoscopic Litholapaxy	165 Epidural steroid injection
97 Adjuvant Radiotherapy	131 ESWL	166 Glycerol rhizotomy
98 Afterloading Catheter Brachytherapy	132 Haemodialysis	167 Spinal cord stimulation
99 Conditioning Radiotherapy for BMT	133 Bladder Neck Incision	168 Motor cortex stimulation
100 Extracorporeal Irradiation to the	134 Cystoscopy & Biopsy	169 Stereotactic Radiosurgery
Homologous Bone grafts	135 Cystoscopy and removal of polyp	170 Percutaneous Cordotomy
101 Radical chemotherapy	136 Suprapubic cystostomy	171 Intrathecal Baclofen therapy
102 Neoadjuvant radiotherapy	137 percutaneous nephrostomy	172 Entrapment neuropathy Release
103 LDR Brachytherapy	139 Cystoscopy and "SLING" procedure.	173 Diagnostic cerebral angiography
104 Palliative Radiotherapy	140 TUNA- prostate	174 VP shunt
105 Radical Radiotherapy	141 Excision of urethral diverticulum	175 Ventriculoatrial shunt
106 Palliative chemotherapy	142 Removal of urethral Stone	Thoracic surgery
107 Template Brachytherapy	143 Excision of urethral prolapse	176 Thoracoscopy and Lung Biopsy
108 Neoadjuvant chemotherapy	144 Mega-ureter reconstruction	177 Excision of cervical sympathetic Chain
109 Adjuvant chemotherapy	145 Kidney renoscopy and biopsy	Thoracoscopic
110 Induction chemotherapy	146 Ureter endoscopy and treatment	178 Laser Ablation of Barrett's oesophagus
111 Consolidation chemotherapy	147 Vesico ureteric reflux correction	179 Pleurodesis
112 Maintenance chemotherapy	148 Surgery for pelvi ureteric junction obstruction	180 Thoracoscopy and pleural biopsy
113 HDR Brachytherapy	149 Anderson hynes operation	181 EBUS + Biopsy
Plastic Surgery	150 Kidney endoscopy and biopsy	182 Thoracoscopy ligation thoracic duct
114 Construction skin pedicle flap	151 Paraphimosis surgery	183 Thoracoscopy assisted empyema drainage
115 Gluteal pressure ulcer- Excision	152 injury prepuce- circumcision	Gastroenterology
116 Muscle-skin graft, leg	153 Frenular tear repair	184 Pancreatic pseudocyst EUS & drainage
117 Removal of bone for graft	154 Meatotomy for meatal stenosis	185 RF ablation for barrett's Oesophagus
118 Muscle-skin graft duct fistula	155 surgery for fournier's gangrene scrotum	186 ERCP and papillotomy
119 Removal cartilage graft	156 surgery filarial scrotum	187 Esophagoscope and sclerosant injection
120 Myocutaneous flap	157 surgery for watering can perineum	188 EUS + submucosal resection
121 Fibro myocutaneous flap	158 Repair of penile torsion	189 Construction of gastrostomy tube
122 Breast reconstruction surgery after mastectomy	159 Drainage of prostate abscess	190 EUS + aspiration pancreatic cyst
123 Sling operation for facial palsy	160 Orchiectomy	191 Small bowel endoscopy (therapeutic)
124 Split Skin Grafting under RA		
125 Wolfe skin graft		



192 Colonoscopy ,lesion removal	222 ERCP - pancreatic duct stone removal	252 Lord's plication
193 ERCP	223 Perianal abscess I&D	253 Jaboulay's Procedure
194 Colonscopy stenting of stricture	224 Perianal hematoma Evacuation	254 Scrotoplasty
195 Percutaneous Endoscopic Gastrostomy	225 Fissure in ano sphincterotomy	255 Surgical treatment of varicocele
196 EUS and pancreatic pseudo cyst drainage	226 UGI scopy and Polypectomy oesophagus	256 Epididymectomy
197 ERCP and choledochoscopy	227 Breast abscess I& D	257 Circumcision for Trauma
198 Proctosigmoidoscopy volvulus detorsion	228 Feeding Gastrostomy	258 Meatoplasty
199 ERCP and sphincterotomy	229 Oesophagoscopy and biopsy of growth oesophagus	259 Intersphincteric abscess incision and drainage
200 Esophageal stent placement	230 UGI scopy and injection of adrenaline, sclerosants-bleeding ulcers	260 Psoas Abscess Incision and Drainage
201 ERCP + placement of biliary stents	231 ERCP - Bile duct stone removal	261 Thyroid abscess Incision and Drainage
202 Sigmoidoscopy w / stent	232 Ileostomy closure	262 TIPS procedure for portal hypertension
203 EUS + coeliac node biopsy	233 Colonoscopy	263 Esophageal Growth stent
General Surgery	234 Polypectomy colon	264 PAIR Procedure of Hydatid Cyst liver
204 infected keloid excision	235 Splenic abscesses Laparoscopic Drainage	265 Tru cut liver biopsy
205 Incision of a pilonidal sinus / abscess	236 UGI SCOPY and Polypectomy stomach	266 Photodynamic therapy or esophageal tumour and Lung tumour
206 Axillary lymphadenectomy	237 Rigid Oesophagoscopy for FB removal	267 Excision of Cervical RIB
207 Wound debridement and Cover	238 Feeding Jejunostomy	268 laparoscopic reduction of intussusception
208 Abscess-Decompression	239 Colostomy	269 Microdocheotomy breast
209 Cervical lymphadenectomy	240 Ileostomy	270 Surgery for fracture Penis
210 infected sebaceous cyst	241 colostomy closure	271 Sentinel node biopsy
211 Inguinal lymphadenectomy	242 Submandibular salivary duct stone removal	272 Parastomal hernia
212 Incision and drainage of Abscess	243 Pneumatic reduction of intussusception	273 Revision colostomy
213 Suturing of lacerations	244 Varicose veins legs - Injection sclerotherapy	274 Prolapsed colostomy-Correction
214 Scalp Suturing	245 Rigid Oesophagoscopy for Plummer vinson syndrome	275 Testicular biopsy
215 infected lipoma excision	246 Pancreatic Pseudocysts Endoscopic Drainage	276 laparoscopic cardiomyotomy(Hellers)
216 Maximal anal dilatation	247 ZADEK's Nail bed excision	277 Sentinel node biopsy malignant melanoma
217 Piles	248 Subcutaneous mastectomy	278 laparoscopic pyloromyotomy(Ramstedt)
A)Injection Sclerotherapy	249 Excision of Ranula under GA	Orthopedics
B)Piles banding	250 Rigid Oesophagoscopy for dilation of benign Strictures	279 Arthroscopic Repair of ACL tear knee
218 liver Abscess- catheter drainage	251 Eversion of Sac	280 Closed reduction of minor Fractures
219 Fissure in Ano-fissurectomy	a) Unilateral	281 Arthroscopic repair of PCL tear knee
220 Fibroadenoma breast excision	b)Bilateral	282 Tendon shortening
221 Oesophageal varices Sclerotherapy		283 Arthroscopic Meniscectomy - Knee
		284 Treatment of clavicle dislocation



285 Arthroscopic meniscus repair	317 Remove of tissue expander	348 Excision of soft tissue rhabdomyosarcoma
286 Haemarthrosis knee-lavage	318 Biopsy elbow joint lining	349 Mediastinal lymph node biopsy
287 Abscess knee joint drainage	319 Removal of wrist prosthesis	350 High Orchidectomy for testis tumours
288 Carpal tunnel release	320 Biopsy finger joint lining	351 Excision of cervical teratoma
289 Closed reduction of minor dislocation	321 Tendon lengthening	352 Rectal-Myomectomy
290 Repair of knee cap tendon	322 Treatment of shoulder dislocation	353 Rectal prolapse (Delorme's procedure)
291 ORIF with K wire fixation- small bones	323 Lengthening of hand tendon	354 Orchidopexy for undescended testis
292 Release of midfoot joint	324 Removal of elbow bursa	355 Detorsion of torsion Testis
293 ORIF with plating- Small long bones	325 Fixation of knee joint	356 lap. Abdominal exploration in cryptorchidism
294 Implant removal minor	326 Treatment of foot dislocation	357 EUA + biopsy multiple fistula in ano
295 K wire removal	327 Surgery of bunion	358 Cystic hygroma - Injection treatment
296 POP application	328 intra articular steroid injection	359 Excision of fistula-in-ano
297 Closed reduction and external fixation	329 Tendon transfer procedure	Gynaecology
298 Arthrotomy Hip joint	330 Removal of knee cap bursa	360 Hysteroscopic removal of myoma
299 Syme's amputation	331 Treatment of fracture of ulna	361 D&C
300 Arthroplasty	332 Treatment of scapula fracture	362 Hysteroscopic resection of septum
301 Partial removal of rib	333 Removal of tumor of arm/ elbow under RA/GA	363 thermal Cauterisation of Cervix
302 Treatment of sesamoid bone fracture	334 Repair of ruptured tendon	364 MIRENA insertion
303 Shoulder arthroscopy / surgery	335 Decompress forearm space	365 Hysteroscopic adhesiolysis
304 Elbow arthroscopy	336 Revision of neck muscle (Torticollis release)	366 LEEP
305 Amputation of metacarpal bone	337 Lengthening of thigh tendons	367 Cryocauterisation of Cervix
306 Release of thumb contracture	338 Treatment fracture of radius & ulna	368 Polypectomy Endometrium
307 Incision of foot fascia	339 Repair of knee joint	369 Hysteroscopic resection of fibroid
308 calcaneum spur hydrocort injection	Paediatric surgery	370 LLETZ
309 Ganglion wrist hyalase injection	340 Excision Juvenile polyps rectum	371 Conization
310 Partial removal of metatarsal	341 Vaginoplasty	372 polypectomy cervix
311 Repair / graft of foot tendon	342 Dilatation of accidental caustic stricture oesophageal	373 Hysteroscopic resection of endometrial polyp
312 Revision/Removal of Knee cap	343 Presacral Teratomas Excision	374 Vulval wart excision
313 Amputation follow-up surgery	344 Removal of vesical stone	375 Laparoscopic paraovarian cyst excision
314 Exploration of ankle joint	345 Excision Sigmoid Polyp	376 uterine artery embolization
315 Remove/graft leg bone lesion	346 Sternomastoid Tenotomy	377 Bartholin Cyst excision
316 Repair/graft achilles tendon	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy	378 Laparoscopic cystectomy



379 Hymenectomy(imperforate Hymen)	389 Laparoscopic Myomectomy	397 Replace PICC cath (peripherally inserted central catheter)
380 Endometrial ablation	390 Surgery for SUI	398 Insertion catheter, intra anterior
381 vaginal wall cyst excision	391 Repair recto- vagina fistula	399 Insertion of Portacath Dental
382 Vulval cyst Excision	392 Pelvic floor repair(excluding Fistula repair)	400 Splinting of avulsed teeth
383 Laparoscopic paratubal cyst excision	393 URS + LL	401 Suturing lacerated lip
384 Repair of vagina (vaginal atresia)	394 Laparoscopic oophorectomy	402 Suturing oral mucosa
385 Hysteroscopy, removal of myoma	Critical care	403 Oral biopsy in case of abnormal tissue presentation
386 TURBT	395 Insert non- tunnel CV cath	404 FNAC
387 Ureterocoele repair - congenital internal	396 Insert PICC cath (peripherally inserted central catheter)	405 Smear from oral cavity
388 Vaginal mesh For POP		

Admissibility will be determined as per the policy terms, conditions and exclusions

Annexure -II

List of Expenses Generally excluded in Hospitalisation Policy

I Toiletries/Cosmetics/Personal Comfort or Convenience Items/Similar Expenses

- | | |
|---|---|
| 1. Hair Removal Cream | 32. Laundry Charges |
| 2. Baby Charges (Unless Specified/Indicated) | 33. Mineral Water |
| 3. Baby Food | 34. Oil Charges |
| 4. Baby Utilites Charges | 35. Sanitary Pad |
| 5. Baby Set | 36. Slippers |
| 6. Baby Bottles | 37. Telephone Charges |
| 7. Brush | 38. Tissue Paper |
| 8. Cosy Towel | 39. Tooth Paste |
| 9. Hand Wash | 40. Tooth Brush |
| 10. Moisturiser Paste Brush | 41. Guest Services |
| 11. Powder | 42. Bed Pan |
| 12. Razor | 43. Bed Under Pad Charges |
| 13. Shoe Cover | 44. Camera Cover |
| 14. Beauty Services | 45. Cliniplast |
| 15. Belts/ Braces | 46. Crepe Bandage |
| 16. Buds | 47. Curapore |
| 17. Barber Charges | 48. Diaper of Any Type |
| 18. Caps | 49. DVD, CD Charges |
| 19. Cold Pack/Hot Pack | 50. Eyelet Collar |
| 20. Carry Bags | 51. Face Mask |
| 21. Cradle Charges | 52. Flexi Mask |
| 22. Comb | 53. Gause Soft |
| 23. Disposables Razors Charges (For Site Preparations) | 54. Gauze |
| 24. Eau-De-Cologne / Room Freshners | 55. Hand Holder |
| 25. Eye Pad | 56. Hansaplast/ Adhesive Bandages |
| 26. Eye Sheild | 57. Infant Food |
| 27. Email / Internet Charges | 58. Slings |
| 28. Food Charges (Other Than Patient's Diet Provided By Hospital) | 59. Weight Control Programs/ Supplies/ Services |
| 29. Foot Cover | 60. Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc., |
| 30. Gown | 61. Dental Treatment Expenses That Do Not Require Hospitalisation |
| 31. Leggings | |



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|---|---|
| <ul style="list-style-type: none"> 62. Hormone Replacement Therapy 63. Home Visit Charges 64. Infertility/ Subfertility/ Assisted Conception Procedure 65. Obesity (Including Morbid Obesity) Treatment If Excluded In Policy 66. Psychiatric And Psychosomatic Disorders 67. Corrective Surgery For Refractive Error 68. Treatment of Sexually Transmitted Diseases 69. Donor Screening Charges 70. Admission/Registration Charges 71. Hospitalisation For Evaluation/ Diagnostic Purpose 72. Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted or Diagnosed 73. Any Expenses When The Patient Is Diagnosed With Retro Virus + or Suffering From /Hiv/ Aids etc. is Detected/ Directly or Indirectly 74. Stem Cell Implantation/ Surgery And Storage 75. Ward And Theatre Booking Charges | <ul style="list-style-type: none"> 76. Arthroscopy And Endoscopy Instruments 77. Microscope Cover 78. Surgical Blades, Harmonic Scalpel, Shaver 79. Surgical Drill 80. Eye Kit 81. Eye Drape 82. X-Ray Film 83. Sputum Cup 84. Boyles Apparatus Charges 85. Blood Grouping And Cross Matching of Donors Samples 86. Antiseptic or Disinfectant Lotions 87. Band Aids, Bandages, Sterile Injections, Needles, Syringes 88. Cotton 89. Cotton Bandage 90. Micropore / Surgical Tape 91. Blade 92. Apron 93. Tourniquet 94. Orthobundle, Gynaec Bundle 95. Urine Container |
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II Elements of Room Charge

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| <ul style="list-style-type: none"> 96. Luxury Tax 97. HVAC 98. House Keeping Charges 99. Service Charges Where Nursing Charge Also Charged 100. Television And Air Conditioner Charges 101. Surcharges | <ul style="list-style-type: none"> 102. Attendant Charges 103. IM IV Injection Charges 104. Clean Sheet 105. Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge) 106. Blanket/Warmer Blanket |
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III Administrative or Non-Medical Charges

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| <ul style="list-style-type: none"> 107. Admission Kit 108. Birth Certificate 109. Blood Reservation Charges and Ante Natal Booking Charges 110. Certificate Charges 111. Courier Charges 112. Convenience Charges 113. Diabetic Chart Charges 114. Documentation Charges / Administrative Expenses 115. Discharge Procedure Charges 116. Daily Chart Charges 117. Entrance Pass / Visitors Pass Charges 118. Expenses Related To Prescription On Discharge | <ul style="list-style-type: none"> 119. File Opening Charges 120. Incidental Expenses / Misc. Charges (Not Explained) 121. Medical Certificate 122. Maintenance Charges 123. Medical Records 124. Preparation Charges 125. Photocopies Charges 126. Patient Identification Band / Name Tag 127. Washing Charges 128. Medicine Box 129. Mortuary Charges 130. Medico Legal Case Charges (MLC Charges) |
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IV External Durable Devices

- | | |
|---|--|
| <ul style="list-style-type: none"> 131. Walking Aids Charges 132. Bipap Machine 133. Commode 134. CPAP/ CAPD Equipments | <ul style="list-style-type: none"> 135. Infusion Pump – Cost 136. Oxygen Cylinder (For Usage Outside The Hospital) 137. Pulseoxymeter Charges |
|---|--|



- 138.Spacer
- 139.Spirometre
- 140.Spo2 Probe
- 141.Nebulizer Kit
- 142.Steam Inhaler
- 143.Armsling
- 144.Thermometer
- 145.Cervical Collar
- 146.Splint

- 147.Diabetic Foot Wear
- 148.Knee Braces (Long/ Short/ Hinged)
- 149.Knee Immobilizer/Shoulder Immobilizer
- 150.Lumbo Sacral Belt
- 151.Nimbus Bed or Water or Air Bed Charges
- 152.Ambulance Collar
- 153.Ambulance Equipment
- 154.Microsheild
- 155.Abdominal Binder

V Items Payable If Supported By a Prescription

- 156.Betadine\Hydrogen Peroxide\Spirit\Disinfectants etc.
- 157.Private Nurses Charges- Special Nursing Charges
- 158.Nutrition Planning Charges - Dietician Charges- Diet Charges
- 159.Sugar Free Tablets
- 160.Creams Powders Lotions (Toiletries are not payable, Only Prescribed Medical Pharmaceuticals Payable)
- 161.Digestion Gels

- 162.ECG Electrodes
- 163.Gloves
- 164.HIV Kit
- 165.Listerine/ Antiseptic Mouthwash
- 166.Lozenes
- 167.Mouth Paint
- 168.Nebulisation Kit
- 169.Novarapid
- 170.Volini Gel/ Analgesic Gel
- 171.Zytee Gel
- 172.Vaccination Charges

VI Part of Hospital's Own Costs and Not Payable

- 173.AHD
- 174.Alcohol Swabes

- 175.Scrub Solution/Sterillium

VII Others

- 176.Vaccine Charges For Baby
- 177.Aesthetic Treatment / Surgery
- 178.TPA Charges
- 179.Visco Belt Charges
- 180.Any Kit with No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, etc]
- 181.Examination Gloves
- 182.Kidney Tray
- 183.Mask
- 184.Ounce Glass
- 185.Outstation Consultant's/ Surgeon's Fees
- 186.Oxygen Mask
- 187.Paper Gloves

- 188.Pelvic Traction Belt
- 189.Referal Doctor's Fees
- 190.Accu Check (Glucometry/ Strips)
- 191.Pan Can
- 192.Sofnet
- 193.Trolley Cover
- 194.Urometer, Urine Jug
- 195.Ambulance
- 196.Tegaderm / Vasofix Safety
- 197.Urine Bag
- 198.Softovac
- 199.Stockings

Annexure -III

Reimbursement/settlement of Ayurvedic treatment expenditure claims under insurance coverage.

Sr no.	Tentative list of diseases
1	SwasaRoga, KasaRoga (Restrictive /Obstructive Pulmonary Diseases, Bronchial Asthma, Emphysema, COPD..Etc.)
2	Greevastambha, Greevashundana (Cervical spondylosis, Cervical spondylitis, Ankylosing spondylitis of cervical spine, Cervical disc prolapse.etc)
3	Kateegraha, gridhrasi, kateesoolatrikapri stakateegraha, (Sciatica, Low Back Pain/Ache, I.V.D.P, Spondylolsthesis ...etc)
4	Apabahuka, Viswachi (Frozen shoulder, Periarthritis, Tendinitis, Brachial neuralgia.....etc)
5	Pakshaghata (Paralysis, Hemiplegia, Hemiparesis...etc)



6	Kampavata(Neuro –spastic conditions, Parkinson’s disease..etc)
7	Ardita (Facial Paralysis..etc)
8	Vatarakta (gouti arthritis ischaemic limb, sle, rheumatoid arthritis..etc),kroshtukasheersha
9	Amavata (Connective tissue disorder, Rheumatic fever..etc)
10	Sarvanga Vata(Cerebral atrophy, Cerebral Diplegia, Motor- Neuron diseases,M.N.D,M.S, C.P..etc), SUPTHI (Neurological disorders, Fibromyalgia..etc)
11	Sandhigatavata (DEGENERATIVE JOINT DISORDERS, TENNIS ELBOW),VATHAKANDAKAM (CALCANEAL SPUR)
12	Twak Vikara (Skin Diseases), Kitibha, Ekakushta, Vicharchika, Gajacharma (Lichen Planus, Psoriasis, Eczema..etc)
13	Visarpa (Cellulitis, Erisepelus, Necrotising Cellulitis, Impetigo, Pemphiguos vulgaris...etc), Grandhi, Arbuda(Benign & Malignant growths, Hodgkins disease..etc)),q
14	Arsha, Bhagandara, Parikarthika (Haemorrhoid, Fistula in ano, Fissure in ano..etc),NADEE VRANA (Pilonoidal sinus..etc)
15	Moothraghata, Moothrakruchra, Asmari (Renal disfunction, Renal/Urinary Calculi Urinary Disfunction/ Obstruction...etc)
16	Kashtarthava, Kruchrarthava, Artava Dushti, Yonee Roga , Rakthapradara (Amenorrhoea, Dysmenorrhoea, PCOD/ PCOS, D.U.B..etc)17Mamsagata Vikara, Mamsakshaya (Muscular Dystrophy...etc
17	Mamsagata Vikara, Mamsakshaya (Muscular Dystrophy...etc)
18	Dristidosha- Asama Drishti, Nethraja Rakthapitham, Jeerna Nethrabhishyandam Sushkakshipakam, Adhimandam,Nak ulandhyam, Puyalasa, Chathurtha Patalagatha Vikara (Refractive errors, Chronic Allergic & Inflammatory diseases, Chronic Conjunctivitis, Dry Eye Syndrom, Retinitis Pigmentosa, Night Blindness, Dacrocystitis, A.R.M.D, Retinopathy, Blepharospasm..etc)
19	Sirasoola, Sooryavartham, Ardhavabhedakam(Migraine, Headache...etc)
20	Khanja ,Pangu- Abhigathaja, AbhighatajaVikara (Restricted movements due to fracture/ dislocation..etc)

Benchmark costing of Ayurvedic therapies/interventions

Sr. no	Therapy/Intervention	No Treatment Name Unit Cost in Rupees
1	Abhyanga	1145
2	Abhyanga- Sthanika	570
3	Abhyanga + Sweda	1280
4	Avagaha	765
5	Anjana	340
6	Aanchana (Traction)	480
7	Annalepa/Njavaratheppu-Full Body	1290
8	Annalepa/Njavaratheppu - Sthanikam	755
9	Aschothana	335
10	Agnikarma-Infra Red Coagulation (Package rate for full Course of treatment)	10,000
11	Agnikarma- High frequency Coagulation (Package rate for full course of treatment)	10,000



12	Agnikarma- Radio frequency Coagulation (Package rate for full course of treatment)	10,000
13	Achasnehapana/day	440
14	Bhedana (of eye)	565
15	BhagnaBandhana (Fracture Bandage with Reduction & Immobilisation)	885
16	ChoornaPindaSweda/Podikkizhi-Full Body	1210
17	ChoornaPindaSweda/Podikkizhi- Sthanika/Ekangam	715
18	DhanyaPindaswedam/Dhanyakkizhi/ Navadhanyakkizhi-Full body	1245
19	Dhara/Sirodhara-Thaila	1420
20	Dhanyamladhara-Sthanika/Local -KateeDharaetc	705
21	Dhoopana	480
22	Dhoomapana	460
23	DhanyamlaPindaSweda/ Dhanyamlakkizhi/Kaatikkizhi-Full Body	1240
24	Eshana	565
25	Greevavasthi	845
26	Gandoosha	390
27	Goshbanabandha	300
28	Jaloukavacharana	745
29	Jambeerapindasweda/ Narangakkizhi-Full Body	1190
30	Januvasthi	845
31	Kabala	390
32	Kateevasthi	390
33	Kashayavasthi (Niroohavasthi)-Different varieties	1030
34	KashayaDhara- Full Body	1045
35	KashayaDhara -Ekangam/ Local	635
36	KsheeraDhara(Medicated-different varieties) -full body	1155
37	KsheeraDhooma	735
38	Kshara karma (Package rate for full course of treatment)	10,000
39	Ksharasoothra-Low level fistula (Package rate for full course of treatment)	10,000
40	Ksharasoothra-Middle level fistula (Package rate for full course of treatment)	10,000
41	Ksharasoothra-Highlevel fistula (Package rate for full course of treatment)	10,000
42	Kshalana	355
43	KsharaPathana(Package rate for full course of treatment)	10,000
44	Karnapoorana	350
45	Kuttanam	540
46	Lekhana	540
47	Lepa/Lepana-Local	390
48	Mathravasthi	350
49	MamsaPindaSweda/Mamsakkizhi-Full Body	1420
50	MamsaPindaSweda/Mamsakkizhi-Sthanika/Ekangam	820
51	Mukhalepa	490
52	Moordhataila	315
53	Nadeesweda/Snigdhasweda - Full	580
54	Nadeesweda/Snigdhasweda - Ekangam/Local	450
55	Nethradhara/Akshiseka	595



56	Nasya	600
57	PathraPindaSweda/Ilakkizhi-Full	1220
58	PathraPindaSweda/Ilakkizhi-sthanika/Ekangam	720
59	Pizhichil/Kayaseka - Full Body	1995
60	Pizhichil - Sthanikam/Ekangam/Local	1105
61	Pichu	410
62	Prushtavasthi	845
63	Putapaka	850
64	Prachanna	590
65	Pindi	450
66	ShashtikapindaSweda/Navarakkizhi-full body	1320
67	ShashtikapindaSweda/ Navarakkizhi-Ekangam/Sthanikam	770
68	Sirovasthi	970
69	Snehapana/day	440
70	Sirolepa/Thalapothichil	1120
71	Siravyadha/Siravedha/Rakthamoksha	640
72	TailaVasthi	710
73	Thakradhara	1145
74	Thakradhara	410
75	Tharpana	735
76	Tailadaha (Package rate for full course of treatment)	10,000
77	Thakrapana	250
78	Utharavasthi	1100
79	Udwarthana	1095
80	Urovasthi	845
81	Upanaha/Upanahasweda	590
82	Vamana	745
83	Virechana	355
84	Valukasweda/Manalkkizhi- Full Body	1080
85	Vitalaka/Bitalaka	450
86	Yoniprakshalana	500
87	Yonidhavana	500
88	Yoni Pichu	460
89	Yoni Poorana	460
90	Yoni Dhoopana	335
91	Valukasweda/Manalkkizhi- Sthanikam	655
92	Ksheeradharah-Head	1095
93	Jambeerapindasweda/ Narangakkizhi-sthanika/Local	735
94	Dhanyapindasweda-Sthanika/Local	730
95	Dhanyamlapindasweda/ Katikkizhi-Sthanika	705
96	Veshtanam	330
97	Agnikarma (Classical with PanchalohaSalaka)	995
