

Policy Wordings

MediPrime

Tata AIG General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

This Policy will only be in force if the Policy Schedule is signed by a person We have authorized.

Authorised Signatory

For Tata AIG General Insurance Company Ltd.



Atri Chakraborty
National Head - Operations & Systems

Tata AIG General Insurance Company Ltd.

Registered Office:

Peninsula Business Park
Tower A, 15th Floor,
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WITH YOU ALWAYS

Section 1 : In-patient Benefits

Claims made in respect of any of the benefits below will be subject to the In-patient Sum Insured and will affect both the entitlement to a Cumulative bonus and a Health check-up.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will pay:

a) In-patient Treatment

The Medical Expenses for:

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) Medical Practitioner(s),
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,
- viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

b) Pre-Hospitalisation

The Medical Expenses incurred in the 30 days immediately before the Insured Person was Hospitalised, provided that:

- i) Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- iii) We will pay the Medical Expenses incurred within the 60 days prior to the date of Hospitalisation, if We are provided with the following at least 5 days before the Hospitalisation:
 - (1) medical documents with all details about the Illness; and
 - (2) the date and the place of the proposed Hospitalisation.

c) Post-Hospitalisation

The Medical Expenses incurred in the 60 days immediately after the Insured Person was discharged post Hospitalisation provided that:

- i) Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- iii) We will pay the Medical Expenses in the 90 days immediately after the Insured Person was discharged if We were provided with the following at least 5 days before the Hospitalisation:
 - (1) medical documents with all details about the Illness; and
 - (2) the date and the place of the proposed Hospitalisation.

d) Day Care Procedures

The Medical Expenses for a day care procedure mentioned in the list of Day Care Procedures in this Policy where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not the outpatient department of a Hospital or standalone day care centre.

e) Domiciliary Treatment

The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

- i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and
- ii) If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-hospitalisation expenses for up to 60 days in accordance with b) above, and
- iii) No payment will be made if the condition for which the Insured Person requires 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.

f) Organ Donor

The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that:

- i) The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and the organ donated is for the use of the Insured Person, and
- ii) We will not pay the donor's pre- and post-hospitalisation expenses or any other medical treatment for the donor consequent on the harvesting, and
- iii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

g) Emergency Ambulance

We will reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency, provided that:

- i) Our maximum liability shall be restricted to Rs. 2,500 per Hospitalisation, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).
- iii) The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that that transportation has been prescribed by a Medical Practitioner and is medically necessary.

h) Dental Treatment (In case of Accident)

We will reimburse Medical Expenses of any necessary dental treatment from a Dentist provided that the Dental treatment is required as a result of an Accident. Our maximum liability shall be limited to the amount specified in the Schedule of Benefits.

i) Ayush Benefit

We will reimburse the Medical Expenses incurred for In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy provided that:

- i) Our maximum liability will be limited to the amounts specified in the Schedule.
- ii) The treatment has to be undergone in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India / National Accreditation Board on Health or any other suitable institutions.
- iii) If We accept any claim under this benefit, then We will not make any payment under allopathic treatment for the same Insured Person and the same Illness or Accident under this policy.

j) Daily Cash for Accompanying an Insured Child

If the Insured Person Hospitalised is a child Aged 12 years or less, We will pay a daily cash amount for 1 accompanying adult for each complete period of 24 hours if Hospitalisation exceeds 72 hours, provided that:

- i) Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
- ii) The days of admission and discharge shall not be counted, and
- iii) We have accepted an in-patient Hospitalisation claim under Benefit 1a).

k) Vaccination

We will reimburse the Medical Expenses incurred for vaccination including inoculation and immunisations in case of post-bite treatment. Our maximum liability shall be limited to the amount specified in the Schedule of Benefits.

Section 2 : Renewal Incentives

Cumulative Bonus

- a) If no claim has been made in respect of Section 1 under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 10% of the Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year.
- b) The cumulative bonus for every insured member will be computed from the year of addition of the member in the family floater and number of claim free years 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 Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.
- c) If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 10% of the Sum Insured in that following Policy Year. There will be no impact on the Inpatient Sum Insured, only the accrued cumulative bonus will be decreased.

Health Check-up

- d) If no claim has been made in respect of Section 1 under this Policy and You have maintained an Medi Prime Policy with Us without any break in the Policy, then at the end of a block of every continuous four claim free years We will pay upto 1% of the Sum Insured subject to maximum of Rs. 5000 per Insured Person for this Policy Year or the subsequent Policy Years (whichever is lower) towards the cost of a medical check-up for those Insured Persons who were insured for the four claim free years.
- e) In case of family floater, If any of the members have made a claim under this Policy, the health check-up benefit will not be offered to the whole family.

Section 3 : Exclusions

Waiting Periods

- a) We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

30 days Waiting Period

- b) A waiting period of 30 days will apply to all claims unless:
 - i) The Insured Person has been insured under an Medi Prime Policy continuously and without any break in the previous Policy Year, or
 - ii) The Insured Person was insured continuously and without interruption for at least 1 year under any retail health insurance policy of an Indian non-life insurance company
 - iii) If the Insured person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured (other than as a result of the application of Benefit 2a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Specific Waiting Periods

- c) The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an Medi Prime Policy continuously and without any break:
 - i) Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
 - ii) Treatments: benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.
 - iii) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any retail health insurance policy of an Indian non life insurance company
 - iv) If the Insured person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured (other than as a result of the application of Benefit 2a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.
The insured person will be given the Portability credit of the waiting period based on the number of years of continuous and uninterrupted insurance cover.
- d) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first retail health insurance Policy with the Indian non life Insurer.

In such cases, Section 3 d . of the Policy stands deleted and shall be replaced entirely with the following:

- i) The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy;
AND
- ii) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy (other than as a result of the application of Benefit 2a), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.

The reduction in the waiting period specified above shall be applied subject to the following:

- i) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian non life insurance company (if applicable);
- ii) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation
- iii) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

- e) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
- i) 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, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.
 - iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
 - iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
 - v) Treatment of Obesity and any weight control program.
 - vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.
 - vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
 - viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) only.
 - ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
 - x) Save as and to the extent provided for under 1)h), Dental treatment and surgery of any kind, unless requiring Hospitalisation.
 - xi) Expenses for donor screening, or, save as and to the extent provided for in 1)f), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
 - xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
 - xiii) Treatment of nasal concha resection; circumcisions (unless necessitated by illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
 - xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
 - xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens; measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies 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.
 - xvi) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
 - xvii) Save as and to the extent provided for under 1)i), Any non allopathic treatment.
 - xviii) All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment); any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
 - xix) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
 - xx) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
 - xxi) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
 - xxii) Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

- xxiii) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
- xxiv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxv) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule and accepted by the insured, as per Our underwriting guidelines.
- xxvi) Any non medical expenses (list enclosed)

Section 4 : General Conditions

Condition precedent

- a) The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.

Insured Person

- b) Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an endorsement confirming the addition of such person as an Insured Person. We will be offering continuous renewal with no exit age subject to regular premium payment and compliance with all provisions and terms & conditions of this policy by the insured.
- c) We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. The loading shall only be applied basis an outcome of Our medical underwriting. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

- d) Notification of Claim

Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1) If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
2) If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.
3)	
4)	
5)	

Cashless Service:

Treatment, Consultation or Procedure:	Treatment, Consultation or Procedure Taken at:	Cashless Service is Available:	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars:
1) If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
2) If any treatment, consultation or procedure for which a claim may be made to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

Supporting Documentation & Examination

- e) The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:
- i) Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv) A precise diagnosis of the treatment for which a claim is made.
 - v) A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
- f) The Insured Person shall have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the insured person.

Claims Payment

- g) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- h) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration, as per the format prescribed in the claim form, of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule) or the legal heir in case not mentioned on the Schedule.
- i) Cashless Service/facility – means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- j) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- k) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

Fraud

- l) If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

Other Insurance

- m) If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.
- Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution defined in section 5 – Interpretations & Definitions. This clause shall only apply to indemnity sections of the policy.

Subrogation

- n) You and/or any Insured Persons shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and

remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You. This Clause is only applicable to indemnity sections.

Alterations to the Policy

- o) This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

Renewal

- p) All applications for renewal must be received by Us before the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms for life unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard. A Grace Period of 30 days for renewing the Policy is provided under this Policy. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition for the renewed and subsequent Policy period.

Sum Insured Enhancement - Sum Insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy. If the insured increases the sum insured one grid up, no fresh medicals shall be required. In cases where the sum insured increase is more than one grid up, the case shall be subject to medicals. In case of increase in the Sum Insured waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced. However the quantum of increase shall be as per underwriting guidelines of the company.

Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from IRDA. Your premium will also change if you move into a higher age group, opt for a higher sum insured, change the term or change the plan.

Change of Policyholder

- q) The change of Policyholder (except clause w) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition p) above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition p) above.

Notices

- r) Any notice, direction or instruction under this Policy shall be in writing and if it is to:
 - i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy and You shall act for all Insured Persons for these purposes.
 - ii) Us, it shall be delivered to Our address specified in the Schedule to this Policy. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

Dispute Resolution Clause

- s) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

Termination

- t) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	50.00%
		Upto 15 Months	37.50%
		Upto 18 Months	25.00%
		Exceeding 18 Months	Nil

- u) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy. In the event of termination of this Policy on grounds of mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured or If you terminate the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 30 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.
- v) The coverage for the Insured Person shall automatically terminate if:
 - i) You are no longer a resident of India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition p) above. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the Application.
 - ii) In relation to an Insured Person, if that Insured Person dies or is no longer a resident of India.
 - iii) If the Insured Person is no longer eligible on grounds of age or dependency, however the insured member will be eligible to apply for a new policy and enjoy continuity benefits upto Sum Insured.
- w) **Free Look Period** – You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.
- x) a) We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:
 - i) Insured Person has been insured with Us for first time under this Policy as a dependant.
 - ii) This option for migration to similar Indemnity health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age, and certainly at the time of renewal only.
 - iii) Insured Person will be offered continuity of coverage & suitable credits , if any , for all the previous policy years, provided the policy has been maintained without a break.
- b) In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

Section 5 : Interpretations & Definitions

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

- Def. 1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external visible and violent means.
- Def. 2. Age or Aged means completed years as at the Commencement Date.
- Def. 3. Break in policy occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- Def. 4. Commencement Date means the commencement date of this Policy as specified in the Schedule.
- Def. 5. Cumulative Bonus shall mean any increase in the sum assured / Mallus granted by the insurer without an associated increase in premium.
- Def. 6. Congenital Anomaly - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Internal Congenital Anomaly - which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly
 - b) External Congenital Anomaly - which is in the visible and accessible parts of the body is called External Congenital Anomaly.
- Def. 7. Condition precedent - means a policy term or condition upon which the insurer's liability under the policy is conditional upon
- Def. 8. Contribution means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured.
- Def. 9. Day Care centre means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the

supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner/s in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

- Def. 10. Day Care Treatment/procedure 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.
- Def. 11. Dependents means only the family members listed below:
- i) Your legally married spouse as long as she continues to be married to You;
 - ii) Your children Aged between 91 days and 21 years if they are unmarried
 - iii) Your natural parents or parents that have legally adopted You, provided that:
 - a) The parent was below 65 years at his initial participation in the Medi Prime Policy, and
 - b) Parents shall not include Your spouse's parents.
- Def. 12. 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.
- Def. 13. Disclosure of information norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 14. Domiciliary Treatment / Hospitalisation means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital or,
 - the patient takes treatment at home on account of non availability of room in a hospital.
- Def. 15. Emergency Care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 16. Family Floater means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during Policy Period.
- Def. 17. 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.
- 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 the Clinical Establishment (Registration and Regulation) Act, 2010 or and is under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock,
 - has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 18. Hospitalisation or Hospitalised means admission in a Hospital for a minimum period of 24 In Patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period less than 24 consecutive hours.
- Def. 19. IRDA – means Insurance Regulatory and Development Authority
- Def. 20. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 21. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.
- (a) 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:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
- it needs ongoing or long-term control or relief of symptoms
- it requires your rehabilitation or for you to be specially trained to cope with it
- it continues indefinitely
- it comes back or is likely to come back.

Def. 22. Inpatient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

Def. 23. Insured Person means You and the persons named in the Schedule.

Def. 24. Intensive Care Unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 25. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Def. 26. Medical Advice means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.

Def. 27. Medical Practitioner means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or (c) anyone who is living in the same household as the Insured.

Def. 28. Medically necessary means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India

Def. 29. Network Provider means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured person by a cashless facility..

Def. 30. Non Network means any hospital, day care centre or other provider that is not part of the network.

Def. 31. Notification of Claim means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

Def. 32. Outpatient Treatment is 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.

Def. 33. Policy means Your statements in the proposal form, this Policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).

Def. 34. Policy Period means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 35. Policy Year means a year following the Commencement Date and its subsequent annual anniversary.

Def. 36. Pre-existing Condition means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first Policy issued by the Insurer.

Def. 37. Portability - means the transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another

Def. 38. Pre Hospitalisation Medical Expenses means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that :

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

Def. 39. Post Hospitalisation Medical Expenses means Medical Expenses incurred immediately after the Insured Person is discharged from the Hospital, provided that :

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

- Def. 40. 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
- Def. 41. Reasonable charges means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services by comparable providers, taking into account the nature of illness/ injury involved.
- Def. 42. Room Rent – Room Rent shall mean the amount charged by a hospital for the deductibles occupying of a bed and associated medical expenses.
- Def. 43. Shared Accommodation means a Hospital room with two or more patient beds.
- Def. 44. Sum Insured means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during each Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during each Policy Year.
- Def. 45. Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.
- Def. 46. Unproven/Experimental treatment : means treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.
- Def. 47. Waiting Period: means a period as given in the policy schedule which is calculated from the policy effective date. Any Claim due to or arising out of signs or the symptoms of the disease and / or condition which has occurred and / or manifested during the Waiting Period shall be excluded from coverage for the entire policy period including renewals.
- Def. 48. Portability-means the right accorded to an individual health insurance Policyholder (including family cover) to transfer the credit gained by the insured for Pre-existing conditions and time bound exclusions if the policyholder chooses to switch 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.
- Def. 49. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods
- Def. 50. Subrogation means the the right o f the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 51. TPA means the third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 52. We/Our/Us means the Tata AIG General Insurance Company Limited
- Def. 53. You/Your/Policyholder means the person named in the Schedule who has concluded this Policy with Us.

Section 6 : Claim Related Information

For any claim related query, intimation of claim and submission of claim related documents, You can contact Your TPA through:

- Website : www.fhpl.net
- Email : info@fhpl.net
: seniorcitizensdesk@fhpl.net (for Senior Citizens)
- Toll Free : 1800-425-4033
: 040- 23552899 (for Senior Citizens)
- Fax : +91-40-23541400
- Courier : Claims Department,
Family Health Plan (TPA) Ltd,
Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad, 500 034

Any change in TPA by Us shall be communicated to You 30 days before such effect of change.

Section 7 : Grievance Redressal Procedure

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1-800-119966 or 022-66939500 (toll) or 1800 22 9966 (only for senior citizen policy holders) or you may email to the customer service desk at customersupport@tata-aig.com.

After investigating the matter internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tata-aig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt at this email id.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head - Customer Services at head.customerservices@tata-aig.com After examining the matter, we will send you our final response within a period of 7 days from the date of receipt of your complaint on this email id.

Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA under the Insurance Ombudsman Scheme.

Ombudsman Offices

Areas of Jurisdiction	Name of the Ombudsman	Contact Details
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	Shri P. Ramamoorthy	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email: ins.omb@rediffmail.com
Madhya Pradesh & Chhattisgarh		Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email: bimalokpalbhupal@airtelmail.in
Orissa	Shri B. P. Parija	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email: ioobbsr@dataone.in
Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh	Shri Manik Sonawane	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email: ombchd@yahoo.co.in
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)		Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668/5284, Fax : 044-24333664 Email: chennaiinsuranceombudsman@gmail.com
Delhi & Rajasthan	Shri Surendra Pal Singh	Shri Surendra Pal Singh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633, Fax : 011-23230858 Email: iobdelraj@rediffmail.com
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri D. C. Choudhury	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM).Tel.:- 0361-2132204/5, Fax : 0361-2732937 Email: ombudsmanghy@rediffmail.com
Andhra Pradesh, Karnataka and UT of Yanam - a part of the UT of Pondicherry		Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123, Fax: 040-23376599 Email: insombudhyd@gmail.com
Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Shri R. Jyothindranathan	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759, Fax : 0484-2359336 Email: iokochi@asianetindia.com
West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim	Ms. Manika Datta	Ms. Manika Datta, Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta - 700 072. Tel: 033 22124346/(40), Fax: 033 22124341 Email: iombsbpa@bsnl.in
Uttar Pradesh and Uttaranchal	Shri G. B. Pande	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email: insombudsman@rediffmail.com
Maharashtra , Goa		Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928, Fax : 022-26106052 Email: ombudsmanmumbai@gmail.com

IRDA REGULATION NO 5: This Policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Appendix I: Day Care Procedure

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

Microsurgical operations on the middle ear

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

Other operations on the middle & internal ear

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

Operations on the nose & the nasal sinuses

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

Operations on the eyes

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

Operations on the skin & subcutaneous tissues

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

Operations on the tongue

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

Operations on the salivary glands & salivary ducts

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

Other operations on the mouth & face

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

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

73. Incision on bone, septic and aseptic
74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
75. Suture and other operations on tendons and tendon sheath
76. Reduction of dislocation under GA
77. Arthroscopic knee aspiration

Operations on the breast

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

Operations on the digestive tract

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

Operations on the female sexual organs

87. Incision of the ovary
88. Insufflation of the Fallopian tubes
89. Other operations on the Fallopian tube
90. Dilatation of the cervical canal
91. Conisation of the uterine cervix
92. Other operations on the uterine cervix
93. Incision of the uterus (hysterotomy)
94. Therapeutic curettage
95. Culdotomy
96. Incision of the vagina
97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas

98. Incision of the vulva
99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

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

Operations on the scrotum & tunica vaginalis testis

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

Operations on the testes

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

Operations on the spermatic cord, epididymis und ductus deferens

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

Operations on the penis

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

Operations on the urinary system

135. Cystoscopic removal of stones

Other Operations

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

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition/ disease under treatment. Only 24 hours hospitalization is not mandatory

Schedule of Benefits – MediPrime Individual

Sum Insured per Insured Person per Policy Year (Rs. in Lakh)	2.00, 3.00, 4.00	5.00, 7.50, 10.00
1 a) In-patient Treatment	Covered	Covered
1 b) Pre-hospitalization	Covered	Covered
1 c) Post-hospitalization	Covered	Covered
1 d) Day Care Procedures	Covered	Covered
1 e) Domiciliary Treatment	Covered	Covered
1 f) Organ Donor Expenses	Covered	Covered
1 g) Emergency Ambulance	Upto Rs. 2,500 per hospitalisation	Upto Rs. 2,500 per hospitalisation
1 h) Dental Treatment (In case of Accident)	Inpatient Dental treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Dental treatment- Upto Rs. 5,000.	Inpatient Dental treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Dental treatment- Upto Rs. 7,500.
1 i) Ayush Benefit	Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment maximum upto Rs. 20,000	Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment maximum upto Rs. 25,000
1 j) Daily Cash for Accompanying an Insured Child	Rs. 300 per day, maximum upto Rs. 9,000	Rs. 500 per day, maximum upto Rs. 15,000
1 k) Vaccination (In case of post-bite treatment)	Inpatient treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Vaccination- Upto Rs. 5,000	Inpatient treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Vaccination- Upto Rs. 5,000
2) Health Check-up	1% of the Sum Insured per Policy subject to a maximum of Rs. 5,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower).	1% of the Sum Insured per Policy subject to a maximum of Rs. 5,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower).

Schedule of Benefits – MediPrime Family Floater

Sum Insured per Policy per Policy Year (Rs. in Lakh)	2.00, 3.00, 4.00	5.00, 7.50, 10.00
1 a) In-patient Treatment	Covered	Covered
1 b) Pre-hospitalization	Covered	Covered
1 c) Post-hospitalization	Covered	Covered
1 d) Day Care Procedures	Covered	Covered
1 e) Domiciliary Treatment	Covered	Covered
1 f) Organ Donor Expenses	Covered	Covered
1 g) Emergency Ambulance	Upto Rs. 2,500 per hospitalisation	Upto Rs. 2,500 per hospitalisation
1 h) Dental Treatment (In case of Accident)	Inpatient Dental treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Dental treatment- Upto Rs. 5,000	Inpatient Dental treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Dental treatment – Upto Rs. 7,500.
1 i) Ayush Benefit	Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment maximum upto Rs. 20,000	Inpatient Ayurveda, Unani, Sidha or Homeopathy treatment maximum upto Rs. 25,000
1 j) Daily Cash for Accompanying an Insured Child	Rs. 300 per day, maximum upto Rs. 9,000	Rs. 500 per day, maximum upto Rs. 15,000
1 k) Vaccination (In case of post-bite treatment)	Inpatient treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Vaccination - Upto Rs. 5,000	Inpatient treatment - Upto 100% of In-patient Treatment Sum Insured. Outpatient Vaccination - Upto Rs. 5,000
2) Health Check-up	1% of the Sum Insured per Policy subject to a maximum of Rs. 5,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower).	1% of the Sum Insured per Policy subject to a maximum of Rs. 5,000 per Insured Person only once at the end of a block of every continuous four claim free years during which You have been insured with Us. Our maximum liability will be subject to 1% of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower).

List of Expenses Generally excluded in Hospitalisation Policy

Sr. No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	Expenses
	TOILETRIES / COSMETICS / PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	ANNE FRENCH CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED / INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BOTTLE	Not Payable
8	BRUSH	Not Payable
9	COSY TOWEL	Not Payable
10	HAND WASH	Not Payable
11	MOISTURISER PASTE BRUSH	Not Payable
12	POWDER	Not Payable
13	RAZOR	Payable
14	TOWEL	Not Payable
15	SHOE COVER	Not Payable
16	BEAUTY SERVICES	Not Payable
17	BELTS / BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
18	BUDS	Not Payable
19	BARBER CHARGES	Not Payable
20	CAPS	Not Payable
21	COLD PACK / HOT PACK	Not Payable
22	CARRY BAGS	Not Payable
23	CRADLE CHARGES	Not Payable
24	COMB	Not Payable
25	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
26	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
27	EYE PAD	Not Payable
28	EYE SHEILD	Not Payable
29	EMAIL / INTERNET CHARGES	Not Payable
30	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
31	FOOT COVER	Not Payable
32	GOWN	Not Payable
33	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
34	LAUNDRY CHARGES	Not Payable
35	MINERAL WATER	Not Payable
36	OIL CHARGES	Not Payable
37	SANITARY PAD	Not Payable
38	SLIPPERS	Not Payable
39	TELEPHONE CHARGES	Not Payable

Sr. No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	Expenses
40	TISSUE PAPER	Not Payable
41	TOOTH PASTE	Not Payable
42	TOOTH BRUSH	Not Payable
43	GUEST SERVICES	Not Payable
44	BED PAN	Not Payable
45	BED UNDER PAD CHARGES	Not Payable
46	CAMERA COVER	Not Payable
47	CARE FREE	Not Payable
48	CLINIPLAST	Not Payable
49	CREPE BANDAGE	Not Payable/Payable by the patient
50	CURAPORE	Not Payable
51	DIAPER OF ANY TYPE	Not Payable
52	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53	EYELET COLLAR	Not Payable
54	FACE MASK	Not Payable
55	FLEXI MASK	Not Payable
56	GAUSE SOFT	Not Payable
57	GAUZE	Not Payable
58	HAND HOLDER	Not Payable
59	HANSAPLAST / ADHESIVE BANDAGES	Not Payable
60	LACTOGEN / INFANT FOOD	Not Payable
61	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
	<i>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</i>	
62	WEIGHT CONTROL PROGRAMS / SUPPLIES / SERVICES	Exclusion in policy unless otherwise specified
63	COST OF SPECTACLES / CONTACT LENSES / HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
64	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
65	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
66	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
67	INFERTILITY / SUBFERTILITY / ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
68	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
69	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
70	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
71	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
72	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
73	ADMISSION / REGISTRATION CHARGES	Exclusion in policy unless otherwise specified

Sr. No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	Expenses
74	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
75	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
76	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
77	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
	<i>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</i>	
78	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
79	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
80	MICROSCOPE COVER	Payable under OT Charges, not separately
81	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
82	SURGICAL DRILL	Payable under OT Charges, not separately
83	EYE KIT	Payable under OT Charges, not separately
84	EYE DRAPE	Payable under OT Charges, not separately
85	X-RAY FILM	Payable under Radiology Charges, not as consumable
86	SPUTUM CUP	Payable under Investigation Charges, not as consumable
87	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
88	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
89	SAVLON	Not Payable-Part of Dressing Charges
90	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
91	COTTON	Not Payable-Part of Dressing Charges
92	COTTON BANDAGE	Not Payable- Part of Dressing Charges
93	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
94	BLADE	Not Payable
95	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
98	URINE CONTAINER	Not Payable

Sr. No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	Expenses
	<i>ELEMENTS OF ROOM CHARGE</i>	
99	LUXURY TAX	Actual tax levied by government is payable.Part of room charge for sub limits
100	HVAC	Part of room charge not payable separately
101	HOUSE KEEPING CHARGES	Part of room charge not payable separately
102	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
103	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
104	SURCHARGES	Part of Room Charge, Not payable separately
105	ATTENDANT CHARGES	Not Payable - Part of Room Charges
106	IM IV INJECTION CHARGES	Part of nursing charges, not payable
107	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
108	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
109	BLANKET/WARMER BLANKET charges	Not Payable- part of room
	<i>ADMINISTRATIVE OR NON-MEDICAL CHARGES</i>	
110	ADMISSION KIT	Not Payable
111	BIRTH CERTIFICATE	Not Payable
112	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
113	CERTIFICATE CHARGES	Not Payable
114	COURIER CHARGES	Not Payable
115	CONVENYANCE CHARGES	Not Payable
116	DIABETIC CHART CHARGES	Not Payable
117	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
118	DISCHARGE PROCEDURE CHARGES	Not Payable
119	DAILY CHART CHARGES	Not Payable
120	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
121	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
122	FILE OPENING CHARGES	Not Payable
123	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
124	MEDICAL CERTIFICATE	Not Payable
125	MAINTAINANCE CHARGES	Not Payable
126	MEDICAL RECORDS	Not Payable
127	PREPARATION CHARGES	Not Payable
128	PHOTOCOPIES CHARGES	Not Payable
129	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
130	WASHING CHARGES	Not Payable
131	MEDICINE BOX	Not Payable
132	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable

Sr. No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	Expenses
133	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	<i>EXTERNAL DURABLE DEVICES</i>	
134	WALKING AIDS CHARGES	Not Payable
135	BIPAP MACHINE	Not Payable
136	COMMODE	Not Payable
137	CPAP/ CAPD EQUIPMENTS	Device not payable
138	INFUSION PUMP - COST	Device not payable
139	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
140	PULSEOXYMETER CHARGES	Device not payable
141	SPACER	Not Payable
142	SPIROMETRE	Device not payable
143	SPO2 PROBE	Not Payable
144	NEBULIZER KIT	Not Payable
145	STEAM INHALER	Not Payable
146	ARMSLING	Not Payable
147	THERMOMETER	Not Payable (paid by patient)
148	CERVICAL COLLAR	Not Payable
149	SPLINT	Not Payable
150	DIABETIC FOOT WEAR	Not Payable
151	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
152	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
153	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
154	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
155	AMBULANCE COLLAR	Not Payable
156	AMBULANCE EQUIPMENT	Not Payable
157	MICROSHEILD	Not Payable
158	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	<i>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</i>	
159	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL\SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
160	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
161	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
162	ALEX SUGAR FREE	Payable -Sugar free variants of admissible medicines are not excluded

Sr. No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	Expenses
163	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed)	Payable when prescribed medical pharmaceuticals payable)
164	DIGENE GEL/ ANTACID GEL	Payable when prescribed
165	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
167	HIV KIT	Payable - payable Pre operative screening
168	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
169	LOZENGES	Payable when prescribed
170	MOUTH PAINT	Payable when prescribed
171	NEBULISATION KIT	If used during hospitalization is payable reasonably
172	NEOSPRIN	Payable when prescribed
173	NOVARAPID	Payable when prescribed
174	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
175	ZYTEE GEL	Payable when prescribed
176	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
	<i>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</i>	
177	AHD	Not Payable - Part of Hospital's internal Cost
178	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
	<i>OTHERS</i>	
180	VACCINE CHARGES FOR BABY	Not Payable
181	AESTHETIC TREATMENT / SURGERY	Not Payable
182	TPA CHARGES	Not Payable
183	VISCO BELT CHARGES	Not Payable
184	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
185	EXAMINATION GLOVES	Not payable
186	KIDNEY TRAY	Not Payable
187	MASK	Not Payable
188	OUNCE GLASS	Not Payable
189	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
190	OXYGEN MASK	Not Payable
191	PAPER GLOVES	Not Payable
192	PELVIC TRACTION BELT	Should be payable in case f PIVD requiring traction s this is generally not reused
193	REFERAL DOCTOR'S FEES	Not Payable

Sr. No.	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	Expenses
194	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
195	PAN CAN	Not Payable
196	SOFNET	Not Payable
197	TROLLY COVER	Not Payable
198	UROMETER, URINE JUG	Not Payable
199	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
202	SOFTOVAC	Not Payable
203	STOCKINGS	Essential for case like CABG etc. where it should be paid.