THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001

STANDARD GROUP JANATA MEDICLAIM POLICY

PROSPECTUS

Salient features of the Policy

1.0 **COVERAGE:** The Policy covers reimbursement of Hospitalisation Expenses for Illness/ Injury sustained.

2.0 Cost of treatment taken in General Ward of the Hospital/ Day-Care Centre per day maximum charges Rs. 450/-.

2.1 Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.

2.2 Surgeon, Anaesthetist, Medical Practitioner, Consultants' Specialist fees.

2.3 Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory/Diagnostic test, X-Ray etc.

2.4 Pre-Hospitalisation medical Expenses up to 30 days.

2.5 Post-Hospitalisation medical Expenses up to 60 days, subject to maximum of 10% of hospital bill.

2.6 **AYUSH:** Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment are admissible up to 25% of the Sum Insured provided the treatment for Illness or Injury, is taken in a Government Hospital or in any institute recognized by Government and /or accredited by Quality Council Of India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures.

2.7 Ambulances services – actual expenses for transportation of patient (insured) or Rs 1000/- whichever is less in case patient has to be shifted from residence to Hospital for admission in Emergency Ward or ICU or from one Hospital to another Hospital by fully equipped ambulance for better medical facilities.

2.8 Hospitalisation expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the Insured person. The Company's liability towards expenses incurred on the donor and the Insured recipient shall not exceed the sum insured of the Insured person receiving the organ.

2.9 The total amount payable under this policy during the period of insurance will in no case exceed the Sum Insured and will be subject to the limits shown in the following schedule or actual whichever is less.

2.10 SCHEDULE OF PAYMENT FOR SPECIFIED DISEAES

(Amount in Rupees)

Name of Illness/Operation	Maximum Charges Inclusive of Room/ICU/ OT Charges / Surgeons, Anesthetist, doctors' fees, medicines, internal appliances and other charges incurred during Hospitalization period
Cataract with imported foldable lens	10800/-
Hysterectomy	22500/-
Appendicectomy	16200/-
Cheolecystectomy	18000/-
TURP	18000/-
Hemia-Inguinal	16200/-
Hernia- Ventral/Incisional	19800/-
Septoplasty	9000/-
Haemorrhoidectomy	8100/-
Fissurectomy	9000/-
Fistulectomy	10800/-
Angiography	12000/-
Angioplasty (imported stent single)	Actual or Sum Insured whichever is less
CABG	Actual or Sum Insured whichever is less
Total Knee replacement	Actual or Sum Insured whichever is less
Total hip replacement	Actual or Sum Insured whichever is less
Tonsillectomy	7200/-
Tympanoplasty	13500/-
Kidney stone/lithotripsy	13500/-
Arthroscopy	10800/-
PID-Disectomy	31500/-
Mastectomy (Radical)	36000/-
Exploratory Laprotomy	13500/- to 27000/-

Actual expenses for Other Surgeries/Hospitalisation or given hereunder whichever is less:

PER DAY CHARGES	
Room Rent (inclusive of nursing / treatment charges)	450/-
Minor Surgery (as defined) / Day care Room Rent per day	450/-
Operation Theatre Charges	1260/-
Anesthesia	630/-
Anesthetist Fees	945/-
Surgeon fees	3150/-
INTERMEDIATE SURGERY	
Room Rent	450/-
Operation Theatre Charges	1764/-
Anesthesia	882/-
Anesthetist Fees	1323/-
Surgeon fees	4410/-
MAJOR SURGERY	
Room Rent	450/-
Operation Theatre Charges	2520/-

Anesthesia	1260/-
Anesthetist Fees	1890/-
Surgeon fees	6300/-
SUPRA MAJOR SURGERY	
Room Rent	450/-
Operation Theatre Charges	5040/-
Anesthesia	2520/-
Anesthetist Fees	3780/-
Surgeon fees	12600/-
ICU Charges (per day with all intensive care infrastructure & facilities)	1800/-
Ventilator Charges (Per day)	450/-
Visit Charges (Per day irrespective of number of visits)	360/-

3.0 DEFINITIONS:

3.1 ACCIDENT: An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

3.2 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 may have been taken.

3.3 CANCELLATION: Cancellation defines the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days.

3.4 CASHLESS FACILITY means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

3.5 CONDITION PRECEDENT: Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

3.6 CONGENITAL ANOMALY refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

3.6.1 CONGENITAL INTERNAL ANOMALY means a Congenital Anomaly which is not in the visible and accessible parts of the body.

3.6.2 CONGENITAL EXTERNAL ANOMALY means a Congenital Anomaly which is in the visible and accessible parts of the body

3.7 CO-PAYMENT: A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder / insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the sum insured.

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

3.9 DAY CARE TREATMENT: Day Care treatment refers to medical treatment, and/or surgical procedure which are:

- Undertaken under General or Local Anesthesia in a Hospital / Day Care Centre in less than 24 hours because of technological advancement, and
- Which would have otherwise required a Hospitalization of more than 24 hours.

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

3.10 DEDUCTIBLE: A deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

3.11 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.

3.12 DOMICILIARYHOSPITALISATION: Domiciliary hospitalization 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.

3.13 HOSPITAL: A hospital means any institution established for Inpatient 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 under the enactments specified under the schedule of Section 56(1) of the said act OR complies with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

3.14.1 HOSPITALISATION 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 of less than 24consecutive hours.

Anti-Rabies Vaccination	Hysterectomy
Appendectomy	Inguinal/Ventral/Umbilical/Femoral Hernia repair
Coronary Angiography	Lithotripsy (Kidney Stone Removal)
Coronary Angioplasty	Parenteral Chemotherapy

Dental surgery following an Accident	Piles / Fistula
Dilatation & Curettage (D & C) of Cervix	Prostate
Eye surgery	Radiotherapy
Fracture/dislocation excluding hairline fracture	Sinusitis
Gastrointestinal Tract system	Stone in Gall Bladder, Pancreas, and Bile Duct
Haemo-Dialysis	Tonsillectomy,
Hydrocele	Urinary Tract System

OR any other Surgeries / Procedures agreed by TPA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology.

3.14.2 DAY CARE CENTRE: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:

1) Has qualified nursing staff under its employment;
2) Has qualified medical practitioner/s in charge;
3) Has a fully equipped operation theatre of its own where surgical procedures are carried out;
4) Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

3.15 ID CARD means the Identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

3.16 ILLNESS: 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.

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

3.18 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.

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

3.20 MATERNITY EXPENSES: Maternity expense shall include:

a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation),
b. Expenses towards lawful medical termination of pregnancy during the Policy Period.

3.21 **MEDICAL ADVICE**: Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

3.22 **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.

3.23 **MEDICALLY NECESSARY** treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a 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.

3.24 **MEDICAL PRACTITIONER:** A Medical Practitioner is a person who holds a valid registration from the medical council of any state or Medical council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a state Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

Note: The Medical Practitioner should not be the insured or close family members.

3.25 **NETWORK HOSPITAL:** All such Hospitals, Day Care centers or other providers that the insurance company/TPA has mutually agreed with, to provide services like cashless access to policyholders. The list is available with the insurer/TPA and subject to amendment from time to time.

3.26 **NON-NETWORK HOSPITAL:** Any Hospital, Day Care centre or other provider that is not part of the Network.

3.27 **OPD TREATMENT:** OPD 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.

3.28 **PERIOD OF INSURANCE** means the period for which this Policy is taken as specified in the Schedule.

3.29 **PRE-EXISTING CONDITION/DISEASE:** Any condition, ailment or injury or related condition(s) for which the insured 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.

3.30 **PRE-HOSPITALISATION MEDICAL EXPENSES** mean Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

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

3.31 POST-HOSPITALISATION MEDICAL EXPENSES mean Medical Expenses incurred immediately after the Insured Person is discharged from the hospital provided that:

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

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

3.33 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.

3.34 REASONABLE AND CUSTOMARY CHARGES: Reasonable 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.

3.35 RENEWAL: Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

3.36 ROOM RENT: Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (24 hours) basis and shall include associated medical expenses.

3.37 SUM INSURED is the maximum amount of coverage opted for each Insured Person and shown in the Schedule.

3.38 SURGERY: Surgery 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.

1. **SUPRA MAJOR SURGERY:** Surgery that involves operations on vital organs or expensive radical surgeries, which in normal course endangers the life of patient.

2. **MAJOR SURGERY:** any surgical procedure that requires anaesthesia or respiratory assistance. It involves openings into the great cavities of the body; Major Joint replacement, Major Multiple Fractures, all operations in the course of which hazards of severe haemorrhage are possible.

3. **INTER MEDIATE SURGERY:** Surgery involving the incision of deep fascia or deeper structures but not endangering the life of patient in normal circumstances. It may or may not be done in General Anaesthesia.

4. **MINOR SURGERY:** Surgical procedure that does not involve anaesthesia or respiratory assistance.

3.39 **TPA:** Third Party Administrators or TPA means any person who is licensed under the IRDA (Third Party Administrators - Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.

3.40 **UNPROVEN/EXPERIMENTAL TREATMENT:** Treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

4.0 EXCLUSIONS:

The Company shall not be liable to make any payment under this policy in respect of:

4.1 **PRE-EXISTING DISEASES/CONDITION BENEFITS** will not be available for any condition(s) as defined in the policy, until 48 months of continuous coverage have elapsed, since inception of the first policy with us.

This exclusion will be deleted after four consecutive claim free policy year provided there was no hospitalisation for the pre-existing disease/ailment/condition/injury during the said four years of insurance with our Company.

COMPULSORY COVERAGE FOR PRE-EXISTING CONDITIONS:
On payment of additional premium, which is compulsory for persons suffering from the pre-existing conditions of Diabetes and Hypertension these specific pre-existing conditions only are covered in the following manner:

1st year	No claim
2nd year	No claim
3rd year	50% of admissible claim or 50% of the sum insured whichever is less
4th year	75% of admissible claim or 75% of the sum insured whichever is less
5th year onwards	100% of admissible claim or sum insured whichever is less

4.2 **30-DAY EXCLUSION**: Any disease other than those stated in clause 4.3 below, contracted by the insured person during first 30 days from the commencement date of the policy. This exclusion will not apply if the policy is renewed with our Company without any break. The exclusion does not also apply to treatment for accidental injuries.

4.3 **WAITING PERIOD FOR SPECIFIED DISEASES/AILMENTS/CONDITIONS:** From the time of inception of the cover, the policy will not cover the following diseases/ailments/conditions for the duration shown below. This exclusion will be deleted after the duration shown, provided the policy has been continuously renewed with our Company without any break.

S No	Name of Disease/Ailment/Surgery not covered for	Duration
1	Any Skin disorder	Two years
2	All internal & external benign tumors, cysts, polyps of any kind, including benign breast lumps	Two years

3	Benign Ear, Nose, Throat disorders	Two years
4	Benign Prostate Hypertrophy	Two years
5	Cataract & age related eye ailments	Two years
6	Diabetes melitus	Two years
7	Gastric/ Duodenal Ulcer	Two years
8	Gout & Rheumatism	Two years
9	Hernia of all types	Two years
10	Hydrocele	Two years
11	Hypertension	Two years
12	Hysterectomy for Menorrhagia/Fibromyoma, Myomectomy and Prolapse of uterus	Two years
13	Non Infective Arthritis	Two years
14	Piles, Fissure and Fistula in Anus	Two years
15	Pilonidal Sinus, Sinusitis and related disorders	Two years
16	Prolapse Inter Vertebral Disc unless arising from Accident	Two years
17	Stone in Gall Bladder & Bile duct	Two years
18	Stones in Urinary Systems	Two years
19	Unknown Congenital internal disease/defects	Two years
20	Varicose Veins and Varicose Ulcers	Two years
21	Age related Osteoarthritis & Osteoporosis	Four years
22	Joint Replacements due to Degenerative Condition	Four years

4.4 **PERMANENT EXCLUSIONS:** Any medical expenses incurred for or arising out of:

4.4.1 War invasion, Act of foreign enemy, War like operations, Nuclear weapons, ionising radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.

4.4.2 Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat Injury or Illness.

4.4.3 Vaccination & Inoculation

4.4.4 Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.

4.4.5 All types of Dental treatments except arising out of an Accident.

4.4.6 Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, congenital external disease/defects or anomalies, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, use of intoxicating drugs/alcohol, use of tobacco leading to cancer.

4.4.7 Bodily injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereat, or arising out of non-adherence to medical advice.

4.4.8 Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind.

4.4.9 Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.

4.4.10 Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphotropathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

4.4.11 Diagnosis, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.

4.4.12 Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner.

4.4.13 Maternity Expenses, Except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of ultra Sonographic Report and Certification by Gynaecologist that it is a life threatening.

4.4.14 Naturopathy Treatment

4.4.15 Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.

4.4.16 Genetical disorders and stem cell implantation / surgery.

4.4.17 Domiciliary treatment

4.4.18 Treatment – taken outside India.

4.4.19 Experimental and unproven treatment.

4.4.20 Change of treatment from one system of medicine to another unless recommended by the Medical practitioner / Hospital under whom the treatment is taken

4.4.21 Any expenses relating to cost of items detailed in Annexure I.

4.4.22 Service charges or any other charges levied by hospital, except registration/admission charges.

4.4.23 Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

5.0 CONDITIONS:

5.1 CONTRACT: The proposal form, declaration, Health Certificate, and policy issued shall constitute complete contract of insurance.

5.2 COMMUNICATION: Every notice or communication to be given or made under this Policy other than that relating to claim shall be delivered in writing at the address of the policy issuing office as shown in the schedule. The claim shall be reported to the TPA appointed

for providing health care services as per the procedure mentioned in the guidelines circulated by the T.P.A. to the policyholders. In case TPA services are not availed then claim shall be reported to policy issuing Office.

5.3 PREMIUM PAYMENT: The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under the Policy, no waiver of any terms, provision, conditions and endorsement of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

5.4 PHYSICAL EXAMINATION: Any Medical Practitioner authorized by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged disease/illness/injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of his/her claim.

5.5 FRAUD, MISREPRESENTATION, CONCEALMENT: The policy shall be null and void and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his / her behalf.

5.6 CONTRIBUTION: If two or more policies are taken by the Insured Person during a period from one or more insurers to indemnify treatment costs, the Company shall not apply the contribution clause, but the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his policies.

1. In all such cases the Company shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the policy.
2. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the Insured Person shall have the right to choose insurers by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
3. Except in benefit policies, in cases where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the policy.

The Condition shall not apply for health check-up benefit.

Note: The insured Person must disclose such other insurance at the time of making a claim under this Policy.

5.7 CANCELLATION CLAUSE: The Company may at any time cancel this Policy by sending the Insured 30 days' notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for un-expired Period of Insurance. The company shall however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in

such event the Company shall allow refund of premium at Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED
Up to one-month	1/4th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	full annual rate

5.8 DISCLAIMER OF CLAIM: If the TPA / Company shall disclaim liability to the Insured for any claim hereunder and if the insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA / Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.9 All Medical Expenses/Surgery under this policy shall have to be taken in India.

6.1 AGE LIMIT:

This Insurance is available to persons between the ages of 18 years to 60 years. Children between ages of 3 months to 18 years can be covered only if the parents are also covered under the policy. Insured may renew his Policy beyond the age of 60 years provided there is no break in Insurance.

6.2 FAMILY:

A family comprising the Insured and any one or more of the following can take this Policy:

i. Spouse
ii. Dependent Children
iii. Dependent Parents

6.3 PAYMENT OF PREMIUM

Sum Insured	3 months to 5 yrs	6 yrs to 35 yrs	36 yrs to 40 yrs	41 yrs to 45 yrs	46yrs to 50 yrs	51yrs to 55 yrs	56 yrs to 60 yrs	61 yrs to 65 yrs	66 yrs to 70 yrs
50000	750	700	800	1100	1400	1550	1800	2050	2300
75000	1125	1050	1200	1650	2100	2350	2700	3050	3450

Note: Pre-existing conditions i.e. Diabetes and Hypertension have to be compulsorily covered by payment of additional premium at the rate of 20% of basic premium for each pre-existing condition. This additional premium will be payable at every subsequent renewal.

6.4 RENEWAL OF POLICY: The Company sends renewal notice as a matter of courtesy If the insured does not receive the renewal notice it will not amount to deficiency of service.

The Company shall be entitled to decline renewal if:

1. Any fraud, moral hazard/misrepresentation or suppression by the Insured or any one acting on your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person, or
2. The Company has discontinued issue of the Policy, in which event the Insured shall however have the option for renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy, or
3. The Insured fails to remit Premium for renewal before expiry of the Period of Insurance. The Company may accept renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of renewal, the Company, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy

7.0 LOW CLAIM DISCOUNT: A low claim discount at the following rates will be allowed on the renewal premium, if the incurred claims of the group in the preceding three completed years, excluding the year immediately preceding the renewal is as below:

Incurred Claim Ratio	Discount %
Not Exceeding 60%	5
Not Exceeding 50%	15
Not Exceeding 40%	25
Not Exceeding 30%	35
Not Exceeding 25%	40

If the policy has been in force for a period less than 3 completed years, such shorter period, excluding the year immediately preceding the renewal will be considered.

HIGH CLAIM LOADING: if the incurred claim ratio of the group for three years (or for lesser period, if the cover has not been in force for three years), excluding the year immediately preceding the date of renewal exceeds 70%, premium for renewal of the policy will be loaded as per scale below:

Incurred Claim Ratio	Loading %
Between 70% and 100%	25
Between 101% and 125%	55
Between 126% and 150%	90
Between 151% and 175%	120
Between 176% and 200%	150
Over 200%	Cover to be reviewed

8.0 MATERNITY EXPENSES BENEFIT EXTENSION (OPTIONAL COVER): This is an optional cover, which can be obtained on payment of 20% of the total basic premium for all the insured person under the policy. Total basic premium means the total premium computed before applying Group discount and or High claim ratio loading, Low claim discount.

Option of maternity benefit has to be exercised at the inception of the policy period and no refund is allowable in case of insured's cancellation of this option during the currency of the policy.

The maximum benefit allowable under this clause will be 10% of Sum Insured for normal delivery subject to maximum of Rs. 7,500/-. Under Caesarean section, benefit will be 20% of sum insured subject to maximum of Rs. 15,000/-

Special conditions applicable to Maternity Benefit:

1. These benefits are admissible only if the expenses are incurred in Hospital as in patient in India.
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by Accident or other medical emergency.
3. Claim in respect of delivery for only first two children and for operation associated there with will be considered in respect of any one insured person covered under the policy or any renewal thereof. Those Insured Person who is already having two or more living children would not be eligible for this benefit.
4. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
5. Pre-natal and post-natal expenses are not covered unless admitted in Hospital and treatment is taken there.

Note: When Group Policy is extended to include maternity expenses benefit, the exclusion 4.4.13 of the policy stands deleted.

9.0 MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS: If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

10.0 COMPANY'S LIABILITY: The Company's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured including Cumulative Bonus.

11.0 NOTICE OF CLAIM: Preliminary notice of claim with particulars relating to Policy Numbers, name of insured person in respect of whom claim is to be made, nature of illness/injury and Name and Address of the attending medical practitioner/Hospital/Nursing Home should be given to the Insurance Company/TPA within 7 days from the date of hospitalization in respect of reimbursement claims.

Final claim along with hospital receipted original Bills/Cash memos**,** claim form and list of documents as listed below etc. should be submitted to the Policy issuing Office/TPA not later than 30 days of discharge from the hospital. The insured may also be required to give the Company/TPA such additional information and assistance as the Company/TPA may require in dealing with the claim.

1. Bill, Receipt and Discharge certificate / card from the Hospital.
2. Cash Memos from the Hospitals (s) / Chemists (s), supported by proper prescriptions.
3. Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests /pathological
4. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.

5. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.
6. Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.

Waiver: Waiver of period of intimation may be considered in extreme cases of hardships where it is proved to the satisfaction of the Company/TPA that under the Circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

12.0 PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICE: Claims in respect of Cashless access services will be through the agreed list of network of hospital / nursing home and is subject to pre-admission authorization. The TPA shall upon getting the related medical information from the insured person /network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorization letter / guarantee of payment letter to the hospital /nursing home mentioning the sum guaranteed as payable also the ailment for which the person is seeking to be admitted as a patient. The TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details as required by the TPA. The TPA will make it clear to the insured person that denial of Cashless Access is in no way construed to be denial of treatment. The insured person may obtain the treatment as per his /her treating doctor's advice and later on submit the full claim papers to the TPA for reimbursement

13.0 REPUDIATION OF CLAIMS: A claim, which is not covered under the Policy conditions, can be rejected. All the documents submitted to TPA shall be electronically collected by the Company for settlement and denial of the claims by the appropriate authority.

With Our prior approval Communication of repudiation shall be sent to You, explicitly mentioning the grounds for repudiation, through Our TPA.

14.0 FREE LOOK PERIOD: The free look period shall be applicable at the inception of the policy.

The Insured will be allowed a period of fifteen days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

If the Insured has not made any claim during the free look period, then he/she shall be entitled to:

1. A refund of the premium paid less any expenses incurred by the Company on medical examination and the stamp duty charges or;
2. where the risk has already commenced and the option of return of the policy is exercised by the Insured, a deduction towards the proportionate risk premium for period on cover or;
3. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

15.0 PROTECTION OF POLICY HOLDERS' INTEREST: This policy is subject to IRDA (Protection of Policyholders' Interest) Regulation, 2002.

16.0 GRIEVANCE REDRESSAL: In the event of Insured has any grievance relating to the insurance, the Insured may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact details of the office of the Insurance Ombudsman are provided in the Annexure II.

17.0 PAYMENT OF CLAIM: The insurer shall settle the claim, including rejection, within thirty days of the receipt of the last necessary document.

On receipt of the duly completed documents either from the insured or hospital the claim shall be processed as per the conditions of the policy. Upon acceptance of claim by the insured for settlement, the insurer or their representative (TPA) shall transfer the funds within seven working days. In case of any extra ordinary delay, such claims shall be paid by the insurer or their representative (TPA) with a penal interest at a rate which is 2% above the bank rate at the beginning of the financial year in which the claim is reviewed.

All admissible claims shall be payable in Indian Currency.

18.0 ARBITRATION: If the Company admits liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration.

The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

No reference to Arbitration shall be made unless the Company has Admitted liability for a claim in writing.

If a claim is declined and within 12 calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

19.0 PORTABILITY CLAUSE: This policy is subject to portability guidelines issued by IRDA.

20.0 PERIOD OF POLICY: This insurance policy is issued for a period of one year.

ANNEXURE I: LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")

SNO	LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")	SUGGESTIONS
	TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable

43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by In surer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the Hospital payable. Purchase of Instruments Not Payable.

77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable - Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable – Part of Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable
93	TORNIQUET	Not Payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable, Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge, Not Payable separately
98	HOUSE KEEPING CHARGES	Part of room charge, Not Payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge, Not Payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Part of room charge, Not Payable separately
101	SURCHARGES	Part of room charge, Not Payable separately
102	ATTENDANT CHARGES	Part of room charge, Not Payable separately
103	IM IV INJECTION CHARGES	Part of nursing charge, Not Payable separately
104	CLEAN SHEET	Part of Laundry / Housekeeping, Not Payable separately

105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by Hospital is payable
106	BLANKET/WARMER BLANKET	Part of room charge, Not Payable separately
ADMINISTRATIVE OR NON - MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Payable under Post-Hospitalisation where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP – COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SP02 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Payable for surgery of lumbar

		spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	Not Payable
157	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES Post hospitalization nursing charges	Not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS	Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	One set every second day is Payable.
163	GLOVES Sterilized	Gloves payable / unsterilized gloves not payable
164	HIV KIT	payable Pre-operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during Hospitalisation is Payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost

	OTHERS	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not payable Pre Hospitalisation or Post Hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where Medically Necessary - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Payable for case like CABG etc.

ANNEXURE II: CONTACT DETAILS OF INSURANCE OMBUDSMEN

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

NEW DELHI	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email: iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	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	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	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	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	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	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	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	West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim

LUCKNOW	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	Uttar Pradesh and Uttaranchal
MUMBAI	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	Maharashtra , Goa