

## PRAVASI BHARTIYA BIMA YOJANA

### A. SCHEDULE

### B. PREAMBLE

This Policy is evidence of the contract between you and us. The Proposal along with any written statement(s), declaration(s) of yours for the purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule, We will indemnify/pay to You or Your legal representative to the Insured Person or his/her legal representatives, as the case may be, in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or Insured Person have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

The Policy is based on the information which has been given to Us about the Insured Person including You pertaining to the risk insured under the Policy and the truth of this information shall be Condition Precedent to Your or the Insured Person's right to recover under this Policy.

### C. DEFINITION OF WORDS

#### **C.1. Standard Definitions:**

##### ***Accident/ Accidental***

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

##### ***Any One Illness***

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

##### ***Cashless facility***

"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

##### ***Condition Precedent***

Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

##### ***Congenital Anomaly***

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

- a) Internal Congenital Anomaly - Congenital anomaly which is not in the visible and accessible parts of the body
- b) External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body

### ***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 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

### ***Day Care Treatment***

Day care treatment refers to medical treatment, and/or surgical procedure which is:

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

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

Please see the list of such listed procedures enclosed as Appendix- A to the Policy

### ***Disclosure to information norm***

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

### ***Hospitalization***

Means admission in a Hospital for a minimum period of 24 consecutive in patient Care hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

### ***Hospital/Nursing Home***

It means any institution within India or within the country of employment of Insured Person 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 Establishments (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 qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- 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 makes these accessible to the insurance company's authorized personnel.

### ***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.

- a) Acute Condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
- b) Chronic condition - A chronic condition is defined as a disease, illness, or Injury that has one or more of the following characteristics:
  - 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 recurs or is likely to recur.

### ***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.

### ***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.

### ***Intensive Care Unit***

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

### ***Maternity Expenses***

Maternity expenses shall include—

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

### ***Medical Advice***

Any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

### ***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.

### ***Medically Necessary***

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.

### ***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 licence and is not a member of Your Family.

### ***Network Provider:***

"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 on payment by a cashless facility.

( The Company has agreement with E-meditek, TTK and Raksha for serving health insurance policies )

### ***Pre-Existing Disease***

.Pre-existing Disease means any condition, ailment, injury or disease:

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

### ***Portability***

"Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for preexisting conditions and time bound exclusions, from one insurer to another insurer

### ***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.

### ***Reasonable and Customary Charges***

Means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the *Illness / Injury* involved.

### ***Room Rent***

Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

### ***Subrogation***

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the Policy that may be recovered from any other source

## **C.2. Specific Definitions:**

### **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 rateable proportion of Sum Insured.

This clause shall not apply to any Benefit offered on fixed benefit basis.

### **Day**

Means period of 24 consecutive hours.

### **Disease**

It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner.

### **Emigrant**

It means any citizen of India who intends to emigrate or emigrates or has emigrated but does not include i) a dependent of the Emigrant, whether such dependent accompanies that Emigrant or departs subsequently for the purpose of joining that Emigrant in the country to which that Emigrant has lawfully immigrated and ii) any person who has resided outside India at any time after attaining the age of eighteen years, for not less than three years, or the spouse or child of that person.

### **Emigrate/Emigration**

It means the departure out of India of any person with a view to taking up employment with or without assistance of a recruitment agent or employer in any country or place outside India.

### **Employer/Sponsor**

It means any person or institution or concern providing or offering to provide employment in any country or place outside India.

### **Family Member**

Means person(s) whose names are specifically appearing in the Schedule and are related to you as spouse, Dependent Children, \*Dependent parents.

\*Dependent parents- However, dependent parents cannot be covered and/or extended coverage under this policy.

### **Finalization of the Insurance Contract**

It means that

- a) The Insurance Policy must be concluded prior to the trip abroad by means of the Proposal Form provided for this purpose. Insurance Policies that are taken after the commencement of the trip are deemed to be invalid.
- b) The Insurance Policy comes into effect when the Insurance Policy Schedule is issued, which will be done only on acceptance of the Proposal by Us and payment of the full premium by you.

### **Insured Person**

It means the person(s) proposed for insurance coverage with Us by You for whom the appropriate premium has been paid, on the condition that the permanent place of residence of such person(s) is in Republic of India and such persons are named in the Schedule lodged with Us by You..

### **Permanent Total Disablement**

It means the bodily Injury, which as its direct consequence immediately and/or in foreseeable future, will permanently; totally and absolutely prevent the Insured Person from engaging in any kind of occupation.

**Period of Insurance**

It means the period from the commencement to the end of the insurance cover and this duration is shown on the Schedule of the Policy:

- a) **Commencement of the Insurance Cover:** The Insurance Cover begins on the inception date as specified in the Policy Schedule, but not before finalization of the Insurance Contract and not before the Insured Person first boards the mode of transportation by which it is intended that he/she shall finally leave India for the overseas journey, so long as that is within 14 days of inception date as mentioned in the Schedule.
- b) **End of the Insurance Cover:** The Insurance Cover terminates with the end of the expiry date as specified in the Policy Schedule.

**Policy**

It means the Policy wording, the Schedule and any applicable Endorsement or memoranda. The Policy contains details of the extent of cover available to the Insured Person, what is excluded from the cover and the conditions on which the Policy is issued.

**Proposal**

It means any signed proposal by filling up the questionnaires and declarations, written statements and any information including the medical history and Physician’s Report and Certificate in addition thereto supplied to Us by You.

**Schedule**

It means the latest Schedule issued by Us as part of the Policy. It provides details of the Policy, of the Insured Person and the level of cover the Insured Person has.

**Sum Insured**

It means the monetary amount of coverage shown against the Insured Person.

**Surgical Procedure**

Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**We /Our /Us**

It means UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED

**You /Your**

It means the Insured named in the Schedule as proposer of this cover.

**D. BENEFITS:**

**Section 1**

**Personal Accident**

WHAT IS COVERED
If solely bodily injury by accident which solely and directly causes insured person’s death or

permanent disablement". Leading to loss of employment abroad, We shall pay to You or Your legal representative the sum(s) set forth in the Schedule, provided that such bodily Injury has been sustained during the period of Insured Person's employment abroad as emigrant.

However the Accident leading to Injury may take place anywhere in the world.

## **Section 2**

### **Transportation and Airfare for Attendant**

#### **WHAT IS COVERED**

In the event of an Accidental death of Insured Person whilst in employment outside India:

1. We will reimburse the actual cost of transporting the mortal remains of the deceased back home to India.
2. We will reimburse the additional cost of economy class return airfare for one attendant to accompany the mortal remains from the place of death abroad to back home in India.

For both the above expenses, the journey has to be completed through the shortest direct route available.

## **Section 3**

### **Hospitalization expenses and Maternity expenses**

#### **WHAT IS COVERED**

We will pay the Reasonable and Customary Charges of Hospitalisation expenses actually incurred but upto the limits specified in the Policy Schedule for the following:

#### **Part A Hospitalization expenses**

In case the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalization expenses in Nursing Home/Hospital in India or in the country of employment.

#### **Part B Maternity expenses**

In case a woman Insured Person incurs the Hospitalization expenses relating to maternity in Nursing Home/Hospital in India or in the country of employment, arising out of her pregnancy. This benefit is payable after the period of nine months from the commencement of Period of Insurance. The period of nine months relates to normal delivery, as well as caesarean section or abdominal surgery for extra uterine pregnancy.

#### **Part C Hospitalization expenses of Insured's Family members**

In case a Family member of Insured Person comprising spouse upto age of 65 years and two children upto the age of 21 years sustains any Injury or contracts any disease, and upon advice of Medical Practitioner, any or all of them have to incur Hospitalization expenses in a Nursing Home/Hospital in India.

The Hospitalization expenses for the purpose of this Section will include the following expenses: -

1. Room, Board and Nursing expenses as provided in any of the Hospital/Nursing Home.
2. Medical Practitioner, Anesthetist, Consultant fees.
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.

4. Expenses on Vitamins and Tonics, only if forming part of treatment as certified by the attending Medical Practitioner.

**Note**

The Hospitalization expenses incurred for treatment of Any One Illness in Hospital/Nursing Home will be covered upto the Sum Insured

**Day Care Procedures/ Surgeries:-** Specified Procedures/Surgeries requiring less than 24 hours of Hospitalization would be covered under the Policy.( Please see annexure for complete details)

**Section 4**

**Employment Contingencies & Repatriation Expenses**

**WHAT IS COVERED**

We will pay to You for actual one way economy class airfare to return back home in India by the shortest direct route available to the under noted circumstances:

**Part A**

- i) Insured Person is/has not been received on behalf of employer, when he/she arrives at his/her workplace or destination abroad i.e. employer refuses the job/employment to the Insured Person
- ii) If there is any substantive change in the job/employment contract/agreement to the disadvantage of the Insured Person.
- iii) If the employment is prematurely terminated within first three months of Period of Insurance for no fault of the Emigrant (Insured Person)

**Part B**

Emigrant (Insured Person) falls sick or is declared medically unfit to commence or continue or resume working and the service contract is terminated by the Employer abroad within the first 12 months of commencement of cover under this Policy.

**Note:**

In such cases where the repatriation is arranged by Indian Mission/Post, We will reimburse the actual transportation expenses to the concerned Indian Mission/Post.

**Section 5**

**Legal Costs**

**WHAT IS COVERED**

We will pay to You up to limits specified in the Schedule in connection with legal expenses incurred by You in any litigation expenses relating to Insured Person's employment abroad.

**SCHEDULE OF BENEFITS**

S.No	Coverage	Existing Benefits (In Rs.)
1	Personal Accident covering Death and Permanent Total Disability	Rs 10,00,000/-
2	Transportation and Airfare for Attendant	Actual economy class return airfare for attendant and actual transportation cost of mortal remains



3	Hospitalization Expenses covering injuries/diseases	Expense not exceeding Rs75,000
4	Maternity Expenses	Rs 25,000/-
5	Hospitalization Expenses of Insured's Family in India	Rs 50,000/-
6	Employment Contingencies	Actual economy class airfare
7	Repatriation Expenses on Medical Grounds	Actual economy class airfare
8	Legal Cost	Rs 30,000/-

### **SPECIAL PROVISIONS**

- 1) **Limit of liability:** The maximum limit of liability under this Policy will be Sum Insured/Limit mentioned against each Section/Subsection/part of the Section. Any claim will reduce the Sum Insured/Limit by such claim amount for the remaining Period of Insurance.
- 2) **Shortest Direct Routes:** The benefit available under this Policy for transportation and journey cost is payable only by shortest direct route, unless in Our opinion the longer route was undertaken due to contingencies involved and warranted.

### **E. EXCLUSIONS:**

#### **E.1. Specific Exclusions:**

##### **a) Exclusions applicable to Section 01:**

We will not be liable for payment of compensation in respect of Injury as a consequence of: -

1. Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
2. Whilst racing on wheels or horseback, hunting, mountaineering, skiing or ice hockey or being engaged in winter sports.
3. Pregnancy or childbirth.
4. Venereal disease or insanity.
5. Any compensation for death or permanent disability happening after 12 months of Insured Person having sustained the Accidental bodily Injury.

##### **b) Exclusions applicable to Section 02:**

We will not liable for:

1. Any claim of reimbursement filed with Us after 90 days of completion of the journey or transportation. The time limit may be relaxed to the claimants under unavoidable circumstances
2. Any legal or other incidental cost involved in transportation of mortal remains or that of attendant for the return journey
3. Any reimbursement claimed without proof of original tickets or receipts for means of transport and conveyance.

**c) Exclusions applicable to Section 03:**

We will not be liable for:

1. Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:
 

If You are presently covered and have been continuously covered without any break under:

  - A. An individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital,
  - OR
  - B. Any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:
    - i. The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance Policy; AND
    - ii. If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance Policy (other than as a result of the application of Cumulative Bonus), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance Policy.
2. Any expense on Hospitalization for any Disease which incepts during first 30 days of commencement of this insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break.
3. Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases :
  - Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma
  - Hernia, Hydrocele.
  - Fistula in anus, Piles, Anal Fissure, Sinusitis
  - Choletithiasis and Cholecystectomy
  - Gall Bladder stones, Joint replacement, Gastric or Duodenal ulcer
  - Tonsillitis or Adenoids, Breast lumps, Cysts, nodules or polyps
  - Intervertebral disc prolapse, Arthritis
  - Varicose veins/ varicose ulcers.

This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break.
4. Any expenses outside the period of actual Hospitalization as well as incurred outside the Hospital where treatment is taken.
5. Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of Accidental bodily Injury, vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .
6. Any Maternity Expenses incurred outside India unless the requisite documents are certified by Indian Mission/Post.
7. Any Maternity Expenses in respect of more than 2 children.
8. Cost of spectacles and contact lens or hearing aids.
9. Dental treatment or surgery of any kind, unless requiring Hospitalization.

10. Convalescence, general debility, run down condition or rest cure, sterility, venereal disease.
11. Expenses on diagnostic, x-ray, or laboratory examinations, unless related to the treatment of Disease or Injury falling within ambit of Hospitalization expenses as certified by Medical Practitioner.
12. Any expense on treatment of Insured Person as outpatient in a Hospital.
13. Any expense on Naturopathy
14. Any travel or transportation expenses.
15. Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.

External medical equipment of any kind used at home as post hospitalization care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.

**d) Exclusions applicable to Section 04:**

We will not liable for any payment, unless the grounds for repatriation are certified by Indian Mission/Post abroad and original air tickets are submitted.

**e) Exclusions applicable to Section 05:**

We will not liable for:

Any claim unless the actual expenses incurred are certified by Indian Mission/Post abroad.

Any claim unless the necessity of filing such case is certified by appropriate Ministry of that country.

**Exclusions applicable to the whole Policy:**

**We will not pay:**

1. For any claim relating to events occurring before the commencement of the cover and after the expiry of the cover as described in the Period of Insurance.
2. For any claim if the Insured Person -
  - a) Is travelling against the advice of a physician.
  - b) Is receiving or on a waiting list for specified medical treatment declared in a Medical Practitioner's Report or Certificate.
  - c) Has received terminal prognosis for a medical condition.
  - d) Is taking part in a naval, military or air force operation, whether in the form of military exercises or war games, or actual engagement with the enemy, whether foreign or domestic.
3. For any claim, if the Insured Person is working in a different profession/job/occupation and/or in a different country of employment, and/or for a different Employer/Sponsor than what is declared in the Proposal Form and mentioned in the Schedule with regard to profession/job/occupation, country of employment and Employer/Sponsor.
4. Any claim in the event of war or military action occurring against the country or internal conflict in the country to which the Insured Person/Emigrant has gone for the work.
5. Any claim arising after expiry date of passport or visa for Insured Person.

6. For any claim arising out of illness or Accident that the Insured Person has caused intentionally, including committing or attempting suicide or as a result of drug addiction, alcoholism or whilst under influence of intoxicating liquor.
7. Any claim that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
8. For any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
  - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
  - b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
  - c) Asbestosis or any related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestosis or products thereof.
9. For any claim relating to any consequential loss
10. For any claim arising in respect of travel by the Insured Person to any country against whom the Republic of India has imposed general or specific travel restrictions, or against whom it may impose such restrictions or any country which has imposed or may impose subsequently such restrictions against travel by a citizen of India to such country.
11. For any claim arising out of Insured Person's attempted engagement in any criminal or other unlawful act.
12. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
13. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
14. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.
15. Air travel except as a passenger on a recognized airline operating on regular scheduled air routes and air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.
16. Participation in any kind of motor speed contest (including trial, training and qualifying heats)
17. This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of
  - a) Biological or chemical contamination
  - b) Missiles, bombs, grenades, explosives due to any act of terrorism

## **F. GENERAL TERMS AND CLAUSES** (APPLICABLE TO THE WHOLE POLICY)

### **F.1. Standard Terms and Condition:**

#### **1. Free Look-up period:**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy

The Free Look Period shall be applicable on new individual health insurance policies

and not on renewals or at the time of porting/migrating the policy if the insured has not made any claim during the Free Look Period, the insured shall

- a) be entitled to a refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
- b) Where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
- c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

i. .

2. **Fraud:** If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
3. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
4. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other person acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy
  - a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
  - b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
  - c) any other act fitted to deceive; and
  - d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

## 6. **Multiple Policies**

In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy. ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy. iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount. iv. 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 treatment costs in accordance with the terms and conditions of the chosen policy.

## F.2. **Specific Terms and Conditions:**

1. **Eligibility:** The Policy covers only those Emigrants who have availed this Policy before leaving India and whose passport is endorsed as “Emigration Check Required”. The benefits under the Policy are available after finalization of the Insurance Contract but only during the Period of Insurance.
2. **Reasonable Precautions:** You/Insured Person shall take all reasonable precautions to prevent Injury, Illness, disease and damage in order to minimize claims. Failure to do so will prejudice the Insured Person’s claim under this Policy.
7. **Three Month Notice:** We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We also promise You that,
  - ii. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.

The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You/ Insured Person with an option to migrate to a substitute product offered by Us, subject to portability conditions

**8. Subrogation:**

- a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;
- b) You shall not do or cause to be done anything that may cause any prejudice to Our right of Subrogation;
- c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

9. **Cancellation:** We shall not cancel the Policy except on grounds of non-disclosure, misrepresentation or non-cooperation of the Insured and in those cases, the Insured will then be entitled to a pro-rata refund of premium for the unexpired period of this Policy provided no claim has arisen under the Policy. We shall send a 30 days’ notice to Your last known address before such cancellation becomes effective.

You may cancel the Policy by sending written Notice to Us under Registered Post. We will then allow a refund on following scale, except in cases where a claim has been preferred on Us under the current Policy:

Period on Risk	Rate of Premium to be charged
Up to two months	1/4th of premium
Up to Six Months	½ of the premium
Up to One Year	3/4th of the premium
Exceeding 1 year	Full Premium

All cancellations will require the prior approval of the Protector of Emigrant office (P.O.E.)

3. **Validity:** The Policy will be valid only if the Insured Person commences the journey within 14 days of the first day of insurance as indicated in the Policy Schedule.
4. **Mis-description:** The Policy shall be void and all premium paid by You to Us will be forfeited in the event of a misrepresentation or concealment of any material information.
5. **Notice:** You will give every notice and communication in writing to Our office through which this insurance is affected.
6. **Changes in Circumstances:** You must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about the Insured Person and/or his/her job, country of employment and/or employer which may affect the insurance cover provided.
7. **Waiver of conditions:** No waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official
8. We will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.
9. **Disclaimer Clause:** If We shall disclaim Our liability for any claim under this Policy and such claim shall not have been made the subject matter of suit in a Court of Law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
10. All claims shall be payable in Indian currency.
11. The provisions of this Policy shall be governed by laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the Courts of India.

#### **G. CLAIM PROCEDURE:**

- A. Procedure in the event of an Accident or Illness: In the event of an Accident or sudden illness, You or the Insured Person shall immediately contact Our office stating the details given on the Policy, but not later than 14 days from date of Accident in case of Accident claims and/or within 7 days from the date of Hospitalization in case of Hospitalization claims.
  - i) **Hospitalization Claims:**

A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit.

You/Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/ Hospital/ Chemist/ Laboratory as required by Us in the manner and form as We may prescribe. In such claims, Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease or Maternity situation requiring Hospitalization if and when We may reasonably require.

**ii) Accident Claims:**

An event, which might become a claim under the Policy, must be reported to Us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before internment/cremation and in the event of Permanent Disability, written notice thereof must also be given within one calendar month after such disability. A written statement of the claim will be required and a Claim Form will be provided for completion.

All certificates, information and evidence from a Medical Practitioner as required by Us shall be furnished by You, Your personal representative/ assignee in the manner and form as We may prescribe. In such claims, Your legal representative, nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when We may reasonably require and in the event of death, get the post mortem examination done in respect of body of Insured Person. In the event of claim in respect of Permanent Disability, the Insured Person shall undergo at his/her expense such operations or treatment as We may reasonably deem desirable.

**B.** The following documents are required to be submitted in support of claims under different Sections of the Policy:

**i) Hospitalization Expense claims:** The requirements have already been mentioned above under the item Claim procedure (A)(i) (as mentioned).

**ii) Personal Accident claims:**

- a) **Death:** Police Report, Post Mortem Report, Death Certificate and the Report from Indian Mission/Post abroad.
- b) **Permanent Total Disability:** Medical Reports of the treatment undergone and disability certificate from the Medical Practitioner.

**iii) Transportation claims:** All necessary proofs, substantiating the reason, along with supporting documents. The documents must include the transportation cost receipt and other related documents

**iv) Airfare for Attendant claims:** Original air ticket along with other ticket receipts and copy of passport.

**v) Employment Contingencies & Repatriation claims:** Certificate from Indian Mission/Post abroad mentioning the grounds of termination/repatriation. Any letter or correspondence from Employer along with Service Agreement copy and air tickets along with other travel vouchers in original.

**vi) Legal Cost claims:** Certificate from Indian Mission/Post abroad in respect of litigation cost incurred along with Lawyer's Certificate and a Certificate from the appropriate Ministry of the country abroad in respect of necessity of filing such case.

**C. Cashless Claims Process:**



Cashless Claim facility will not be provided for Personal Accidental claims; Intimation related to Personal Accident is to be provided directly to the Insurance Company shall be focused directly by the company subject to completion of formalities detailed in **point ii(Personal Accidental Claims)**We provide the following cashless claim service in case of Hospitalization:

Cashless service: You can avail cashless hospitalization facility at a hospital in the network of the TPA. We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).

In case if you want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.

- Carry the Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can also fax the form to TPA
- Once the Form has been faxed. TPA will send the authorization to the Hospital
- On receipt of cash less approval patient need not pay the bill to the hospital for covered expenses
- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card issued to you. You can alternatively call our Call Centre for guidance and assistance.

#### **D. Claims Processing**

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document
2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.
3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

\* For all claims Policy document (Original Bond) are required for claim settlement.

#### ***Position after claim:***

The maximum liability of the Company for each of the benefit opted is limited to its Sum Insured as reflected in the Schedule of the Policy and if a claim is made for more than one of the covered benefits resulting from any Accident, only one benefit amount which is the largest among the admissible benefits, will be paid. Regardless of one or more claim during the Policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to Sum Insured for the Death/Permanent total disability benefit as reflected in the Schedule of the Policy

#### ***Our Obligations:***

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document.

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate

which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

### **Claim Disclaimer**

In the unfortunate event of any medical contingency resulting into a claim on this Policy, please intimate the mishap IMMEDIATELY to Our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-102-4030 (other users) or on chargeable numbers at +91-22-26748600 / +91-22-41582900 / +91-22-41582999 or email at [contactclaims@universalsompo.com](mailto:contactclaims@universalsompo.com). Please note that no delay should be allowed to occur in notifying a claim on the Policy as the same may prejudice liability.

**TPA:** The Company has agreement with E-meditek, TTK and Raksha for serving health insurance policies. The details of the TPA and Our Network Providers and Diagnostic Centers can be found at Our website [www.universalsompo.com](http://www.universalsompo.com)

### **13. Grievances**

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting Our website or write to us on [contactus@universalsompo.com](mailto:contactus@universalsompo.com).

You may also contact the Branch from where You have bought the Policy or the Complaints Coordinator who can be reached at Our Registered Office.

You may also contact on Our Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 or on chargeable numbers at +91-22-27639800/+91-22-39133700; and also send us fax at: (022) 39171419

#### **Contact Details for Senior Citizen**

1800-267-4030

- You can also visit Our Company website and click under links [Grievance Notification](#)
- If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.
- The updated details are also available on: [http://www.irdaindia.org/ins\\_ombusman.htm](http://www.irdaindia.org/ins_ombusman.htm)

**The details of Insurance Ombudsman are available below:**

Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD - Shri Kuldeep Singh</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">Email: bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU -</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 <a href="mailto:bimalokpal.bengaluru@cioins.co.in">Email: bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.

<p><b>BHOPAL -</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 <a href="mailto:bimalokpal.bhopal@cioins.co.in">Email: bimalokpal.bhopal@cioins.co.in</a></p>	<p>Madhya Pradesh Chattisgarh.</p>
<p><b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">Email: bimalokpal.bhubaneswar@cioins.co.in</a></p>	<p>Orissa.</p>
<p><b>CHANDIGARH -</b> Office of the Insurance Ombudsman,  S.C.O. No. 101, 102 &amp; 103, 2nd Floor,  Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 <a href="mailto:bimalokpal.chandigarh@cioins.co.in">Email: bimalokpal.chandigarh@cioins.co.in</a></p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</p>
<p><b>CHENNAI -</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,  CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 <a href="mailto:bimalokpal.chennai@cioins.co.in">Email: bimalokpal.chennai@cioins.co.in</a></p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>
<p><b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi &amp;  Following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>
<p><b>GUWAHATI -</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor,</p>	<p>Assam, Meghalaya, Manipur,</p>

<p>Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 <a href="mailto:bimalokpal.guwahati@cioins.co.in">Email: bimalokpal.guwahati@cioins.co.in</a></p>	<p>Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD -</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,  A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 <a href="mailto:bimalokpal.hyderabad@cioins.co.in">Email: bimalokpal.hyderabad@cioins.co.in</a></p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>
<p><b>JAIPUR -</b> Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 <a href="mailto:bimalokpal.jaipur@cioins.co.in">Email: bimalokpal.jaipur@cioins.co.in</a></p>	<p>Rajasthan.</p>
<p><b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg.,  Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 <a href="mailto:bimalokpal.ernakulam@cioins.co.in">Email: bimalokpal.ernakulam@cioins.co.in</a></p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p><b>KOLKATA - Shri P. K. Rath</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor,  4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 <a href="mailto:bimalokpal.kolkata@cioins.co.in">Email: bimalokpal.kolkata@cioins.co.in</a></p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>
<p><b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b></p>	<p>Districts of Uttar Pradesh :</p>

<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI -</b> Office of the Insurance Ombudsman,  3rd Floor, Jeevan Seva Annexe,  S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 <a href="mailto:bimalokpal.mumbai@cioins.co.in">Email: bimalokpal.mumbai@cioins.co.in</a></p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>NOIDA - Shri Chandra Shekhar Prasad</b>  Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh:  Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>

<b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 <a href="mailto:bimalokpal.patna@cioins.co.in">Email: bimalokpal.patna@cioins.co.in</a>	Bihar, Jharkhand.
<b>PUNE - Shri Vinay Sah</b> Office of the Insurance Ombudsman,  Jeevan Darshan Bldg., 3rd Floor,  C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 <a href="mailto:bimalokpal.pune@cioins.co.in">Email: bimalokpal.pune@cioins.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

**List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -**

<b>List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -</b>		
<b>No</b>	<b>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>	
1.	HAIR REMOVAL CREAM	Not Payable
2.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3.	BABY FOOD	Not Payable
4.	BABY UTILITES CHARGES	Not Payable
5.	BABY SET	Not Payable
6.	BABY BOTTLES	Not Payable
7.	BRUSH	Not Payable
8.	COSY TOWEL	Not Payable
9.	HAND WASH	Not Payable
10.	MOISTURISER PASTE BRUSH	Not Payable
11.	POWDER	Not Payable
12.	RAZOR	Payable
13.	SHOE COVER	Not Payable
14.	BEAUTY SERVICES	Not Payable
15.	BELTS/ BRACES	Essential and should be paid at least 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 may be considered for at least these conditions where surgery itself is payable.
32.	LAUNDRY CHARGES	Not Payable
33.	MINERAL WATER	Not Payable
34.	OIL CHARGES	Not Payable
35.	SANITARY PAD	Not Payable
36.	SLIPPERS	Not Payable
37.	TELEPHONE CHARGES	Not Payable
38.	TISSUE PAPER	Not Payable
39.	TOOTH PASTE	Not Payable
40.	TOOTH BRUSH	Not Payable
41.	GUEST SERVICES	Not Payable
42.	BED PAN	Not Payable
43.	BED UNDER PAD CHARGES	Not Payable
44.	CAMERA COVER	Not Payable
45.	CLINIPLAST	Not Payable
46.	CREPE BANDAGE	Not Payable/ 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 Insurer/TPA then payable)
50.	EYELET COLLAR	Not Payable
51.	FACE MASK	Not Payable
52.	FLEXI MASK	Not Payable
53.	GAUSE SOFT	Not Payable
54.	GAUZE	Not Payable
55.	HAND HOLDER	Not Payable
56.	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57.	INFANT FOOD	Not Payable
58.	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
59.	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60.	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61.	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62.	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63.	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64.	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65.	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66.	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
67.	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
68.	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
69.	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
70.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified

71.	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
72.	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
73.	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
74.	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
75.	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
76.	MICROSCOPE COVER	Payable under OT Charges, not payable separately
77.	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
78.	SURGICAL DRILL	Payable under OT Charges, not payable separately
79.	EYE KIT	Payable under OT Charges, not payable separately
80.	EYE DRAPE	Payable under OT Charges, not payable separately
81.	X-RAY FILM	Payable under Radiology Charges, not as consumable
82.	SPUTUM CUP	Payable under Investigation Charges, not as consumable
83.	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
84.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
85.	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
86.	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
87.	COTTON	Not Payable-Part of Dressing Charges
88.	COTTON BANDAGE	Not Payable- Part of Dressing Charges
89.	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
90.	BLADE	Not Payable
91.	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU chatges
92.	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
93.	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
94.	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
95.	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
96.	HVAC	Part of room charge not payable separately
97.	HOUSE KEEPING CHARGES	Part of room charge not payable separately
98.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
99.	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
100.	SURCHARGES	Part of Room Charge, Not payable separately
101.	ATTENDANT CHARGES	Not Payable - Part of Room Charges
102.	IM IV INJECTION CHARGES	Part of nursing charges, not payable
103.	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
104.	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
105.	BLANKET/WARMER BLANKET	Not Payable- part of room charges
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
106.	ADMISSION KIT	Not Payable
107.	BIRTH CERTIFICATE	Not Payable
108.	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
109.	CERTIFICATE CHARGES	Not Payable



110.	COURIER CHARGES	Not Payable
111.	CONVENYANCE CHARGES	Not Payable
112.	DIABETIC CHART CHARGES	Not Payable
113.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
114.	DISCHARGE PROCEDURE CHARGES	Not Payable
115.	DAILY CHART CHARGES	Not Payable
116.	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
117.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
118.	FILE OPENING CHARGES	Not Payable
119.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
120.	MEDICAL CERTIFICATE	Not Payable
121.	MAINTAINANCE CHARGES	Not Payable
122.	MEDICAL RECORDS	Not Payable
123.	PREPARATION CHARGES	Not Payable
124.	PHOTOCOPIES CHARGES	Not Payable
125.	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
126.	WASHING CHARGES	Not Payable
127.	MEDICINE BOX	Not Payable
128.	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
129.	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
130.	WALKING AIDS CHARGES	Not Payable
131.	BIPAP MACHINE	Not Payable
132.	COMMODE	Not Payable
133.	CPAP/ CAPD EQUIPMENTS	Device not payable
134.	INFUSION PUMP - COST	Device not payable
135.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
136.	PULSEOXYMETER CHARGES	Device not payable
137.	SPACER	Not Payable
138.	SPIROMETRE	Device not payable
139.	SPO2 PROBE	Not Payable
140.	NEBULIZER KIT	Not Payable
141.	STEAM INHALER	Not Payable
142.	ARMSLING	Not Payable
143.	THERMOMETER	Not Payable (paid by patient)
144.	CERVICAL COLLAR	Not Payable
145.	SPLINT	Not Payable
146.	DIABETIC FOOT WEAR	Not Payable
147.	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
148.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
149.	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
150.	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
151.	AMBULANCE COLLAR	Not Payable
152.	AMBULANCE EQUIPMENT	Not Payable
153.	MICROSHEILD	Not Payable
154.	ABDOMINAL BINDER	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.

<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
155.	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL\SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
156.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
157.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
158.	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
159.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
160.	DIGESTION GELS	Payable when prescribed
161.	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.
162.	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
163.	HIV KIT	Payable - payable Pre operative screening
164.	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
165.	LOZENGES	Payable when prescribed
166.	MOUTH PAINT	Payable when prescribed
167.	NEBULISATION KIT	If used during hospitalization is payable reasonably
168.	NOVARAPID	Payable when prescribed
169.	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
170.	ZYTEE GEL	Payable when prescribed
171.	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
172.	AHD	Not Payable - Part of Hospital's internal Cost
173.	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
174.	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>		
175.	VACCINE CHARGES FOR BABY	Not Payable
176.	AESTHETIC TREATMENT / SURGERY	Not Payable
177.	TPA CHARGES	Not Payable
178.	VISCO BELT CHARGES	Not Payable
179.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
180.	EXAMINATION GLOVES	Not payable
181.	KIDNEY TRAY	Not Payable
182.	MASK	Not Payable
183.	OUNCE GLASS	Not Payable
184.	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
185.	OXYGEN MASK	Not Payable
186.	PAPER GLOVES	Not Payable
187.	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
188.	REFERAL DOCTOR'S FEES	Not Payable
189.	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitilisation or post hospitalisation / Reports and Charts required/ Device not payable
190.	PAN CAN	Not Payable
191.	SOFNET	Not Payable

192.	TROLLY COVER	Not Payable
193.	UROMETER, URINE JUG	Not Payable
194.	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
195.	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
196.	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
197.	SOFTOVAC	Not Payable
198.	STOCKINGS	Essential for case like CABG etc. where it should be paid.

## 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

### Operation of cataract Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous
41. tissues
42. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
43. Local excision of diseased tissue of the skin and subcutaneous tissues

44. Other excisions of the skin and subcutaneous tissues
45. Simple restoration of surface continuity of the skin and subcutaneous tissues
46. Free skin transplantation, donor site
47. Free skin transplantation, recipient site
48. Revision of skin plasty
49. Other restoration and reconstruction of the skin and subcutaneous tissues
50. Chemosurgery to the skin
51. Destruction of diseased tissue in the skin and subcutaneous tissues

#### **Operations on the tongue**

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

#### **Operations on the salivary glands & salivary ducts**

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

#### **Other operations on the mouth & face**

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

#### **Operations on the tonsils & adenoids**

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

#### **Operations on the breast**

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

#### **Operations on the digestive tract**

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

#### **Operations on the female sexual organs**

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

- 100. Incision of the vulva
- 101. Operations on Bartholin's glands (cyst)

#### **Operations on the prostate & seminal vesicles**

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

#### **Operations on the scrotum & tunica vaginalistestis**

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

#### **Operations on the testes**

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

#### **Operations on the spermatic cord, epididymis und ductus deferens**

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

#### **Operations on the penis**

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

#### **Operations on the urinary system**

- 137. Cystoscopical removal of stones

#### **Other Operations**

- 138. Lithotripsy
- 139. Coronary angiography
- 140. Haemodialysis
- 141. Radiotherapy for Cancer
- 142. Cancer Chemotherapy