

## Swarna Gramin Bima Yojana(Group)

### A. SCHEDULE

|                                    |  |
|------------------------------------|--|
| <b>Policy Number:</b>              |  |
| <b>Issuing Office:</b>             |  |
| <b>Collection No./ Receipt No:</b> |  |
| <b>Collection Date:</b>            |  |
| <b>Intermediary Code:</b>          |  |
| <b>Intermediary Name:</b>          |  |
| <b>Contact Number:</b>             |  |

**1. Details of Policy Holder**

- a. Name: \_\_\_\_\_
- b. Mailing Address: \_\_\_\_\_
- c. Contact Details: \_\_\_\_\_
- d. Occupation: \_\_\_\_\_
- e. Relationship to the Insured: \_\_\_\_\_

**2. Details of Insured**

Total number of Insured Persons

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

| Name of the Insured/<br>Family Members | Relationship with the Insured | Date of Birth | Gender | Occupation | Sum Insured |
|--|-------------------------------|---------------|--------|------------|-------------|
|  |                               |               |        |            |             |
|  |                               |               |        |            |             |

**3. Details of Nominee**

- a. Name of the Nominee under the Policy: \_\_\_\_\_
- b. Relationship with the Insured: \_\_\_\_\_

**4. Policy coverage**

|                      |  |
|----------------------|--|
| Policy Period:       |  |
| Start Date and Hour: |  |
| End date and Hour:   |  |

**5. Territorial Scope:** India except Section A for which coverage under the policy shall be worldwide

**6. Benefits and Extensions**

| Benefit Table |         |       |                |                   |         |
|---------------|---------|-------|----------------|-------------------|---------|
| Section       | Benefit | Cover | Benefit Amount | Sum Insured (Rs.) | Premium |
|               |         |       |                |                   |         |

|  |   |  |  |  |            |
|--|---|--|--|--|------------|
| <b>Section A<br/>Personal<br/>Accident</b> | Benefit 1                                     | Death of the Insured/<br>Insured Family Members<br>resulting from Accident   | 100% of Sum<br>Insured   |  |            |
|  | Benefit 2                                     | Permanent Total<br>Disablement of the Insured/<br>Insured Family Members<br>resulting from Accident  | X% of the Sum<br>Insured   |  |            |
|  | Benefit 3                                     | Permanent Partial<br>Disablement of the Insured/<br>Insured Family Members<br>resulting from Accident  | As per disability<br>% indicated   |  |            |
| <b>Section B<br/>Critical<br/>Illness</b>  | Benefit 1                                     | Sum Insured as mentioned<br>shall become payable to<br>the Insured/ Insured Family<br>Members upon his/ her first<br>diagnosis of listed X critical<br>illnesses and procedure | 100% of Sum<br>Insured   |  |            |
|  | <b>Sr. No.</b>                                | <b>List of Critical Illnesses/ Surgical Procedures covered</b>   |  |  | <b>Y/N</b> |
|  | 1   | Cancer of specified severity   |  |  |            |
|  | 2   | First Heart Attack of specified severity   |  |  |            |
|  | 3   | Open Chest CABG  |  |  |            |
|  | 4   | Open Heart Replacement   |  |  |            |
|  | 5   | Coma of Specified Severity   |  |  |            |
|  | 6   | Kidney Failure requiring regular dialysis  |  |  |            |
|  | 7   | Stroke resulting in permanent symptoms   |  |  |            |
|  | 8   | Major Organ /Bone Marrow Transplant  |  |  |            |
|  | 9   | Permanent Paralysis of Limb  |  |  |            |
| 10   | Motor Neurone Disease with Permanent Symptoms |  |  |  |            |
| 11   | Multiple Sclerosis with persisting symptoms   |  |  |  |            |
| <b>Section C<br/>Hospital<br/>Cash</b>     | Benefit                                       | A Daily Allowance of Rs X<br>for each continuous and<br>completed period of 24<br>hours of Hospitalisation<br>subject to minimum of X<br>days up to maximum of X<br>days.      | Rs X per day of<br>Hospitalisation<br>for a maximum<br>number of X<br>days |  |            |

#### EXTENSION(S)

| Extension | Cover Details | Y/N | Sum Insured (Rs) | Additional Premium |
|-----------|---------------|-----|------------------|--------------------|
|           |               |     |                  |                    |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Extension</b><br>Cover for<br>pre-existing<br>diseases | Preexisting diseases shall be covered from the inception of the Policy without any time bound exclusion when this extension is opted |  |  |  |
|---|--|--|--|--|

**7. Type of Policy:** Single Premium

**8. TPA Details:** 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).

**9. Premium Details**

|                       |       |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------|-------|--|--|--|--|--|--|--|--|--|--|--|
| Basic Premium         | (Rs.) | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |
|                       |       |  |  |  |  |  |  |  |  |  |  |  |
| Extension Premium     | (Rs.) | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |
|                       |       |  |  |  |  |  |  |  |  |  |  |  |
| Add Loading if any    | (Rs.) | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |
|                       |       |  |  |  |  |  |  |  |  |  |  |  |
| Total Premium         | (Rs.) | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |
|                       |       |  |  |  |  |  |  |  |  |  |  |  |
| Less: Discount if any | (Rs.) | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |
|                       |       |  |  |  |  |  |  |  |  |  |  |  |
| Net Premium           | (Rs.) | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |
|                       |       |  |  |  |  |  |  |  |  |  |  |  |
| Add: Service Tax      | (Rs.) | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |
|                       |       |  |  |  |  |  |  |  |  |  |  |  |
| Total Amount          | (Rs.) | <table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> |  |  |  |  |  |  |  |  |  |  |
|                       |       |  |  |  |  |  |  |  |  |  |  |  |

\* Service Tax is subject to change as per change in Tax Laws

**Note:** In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

In witness

For and On Behalf of **Universal Sampo General Insurance Company Limited**  
**Authorised**

**Signatory**

Consolidated Stamp Duty Rs.....paid towards Insurance Policy stamp vide receipt no.....dated..... of General Stamp office Mumbai

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax Act

This is to certify that Shri/ Smt \_\_\_\_\_ has paid Rs. \_\_\_\_\_ (Rupees)\* by cheque towards premium for Senior Citizen Health Insurance Policy No. \_\_\_\_\_ for the period from \_\_\_\_\_ to \_\_\_\_\_ vide

## **B. PREAMBLE**

You, the Insured/Policy Holder, have applied to Us, for insurance and this document is the Policy setting out the details of the insurance which You have requested. When drawing up this Policy, We have relied on the information and statements which You have provided in the application sheet/proposal form.

In return for payment of the premium shown in the Schedule, We agree to insure You on happening of covered event during the Policy Period as stated in Schedule, upon which one or more benefits become payable under the Policy, subject to the terms and conditions contained herein or endorsed on this Policy.

## **C. DEFINITIONS:**

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

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

#### **Accident**

Means 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 may have been taken.

#### **Alternative treatments**

Means treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

#### **Cashless facility**

Means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the policy terms and conditions, are directly made to the network provider by Us to the extent pre-authorization approved.

#### **Condition Precedent**

Means a policy term or condition upon which Our liability under the policy is conditional upon.

#### **Congenital Anomaly**

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

##### **a. Internal Congenital Anomaly**

Means which is not in the visible and accessible parts of the body

##### **b. External Congenital Anomaly**

Means which is not in the visible and accessible parts of the body.

**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.

**Dependent Children**

Means a child (natural or legally adopted) up to 25 years of age, who is financially dependent on You and does not have his / her independent sources of income.

**Disclosure to information norm**

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

**Emergency Care**

Means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the insured person's health.

**Day care centre**

A day care centre means any institution established for day care treatment of sickness and / or injuries or a medical set -up 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.

**Grace Period**

Means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre Existing Diseases Coverage is not available for the period for which no premium is received.

**Hospital**

Means any institution established for In- patient care and Day Care treatment of illness and/ or injuries and which has been registered as a Hospital with the local authorities under the Clinical 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 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
- has qualified Medical Practitioner (s) in charge round the clock,
- has a fully equipped operation theatre o f its own where surgical procedures are carried out,

- maintains daily records of patients and will make these accessible to Our authorized personnel.

### ***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 24 consecutive hours.

### ***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 comes back or is likely to come back.

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

Means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner 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.

### ***Inpatient Care***

Means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

### ***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.

### ***Medical Advice***

Means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

### ***Medical expenses***

Means those expenses that an Insured / Insured Family Members 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***

Means 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***

Means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence and is not a member of Your Family.

### ***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.

### ***Portability***

Means transfer by You, an individual health insurance Policy holder (including Family cover) of the credit gained for pre-existing conditions and time bound exclusions if You choose to switch from other insurer to Us.

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

Means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.

### ***Qualified Nurse***

Means 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.

### ***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.

### ***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.

### ***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

***Unproven/Experimental treatment***

Means a treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven

***Room rent***

Means the amount charged by a Hospital for the occupying of a bed on per day (24 hours) basis and shall include associated Medical Expenses.

**C.2. Specific Definitions:**

***Age***

Means completed years as at the commencement of the Policy.

***Ambulance***

Means any vehicle used solely for the conveyance of injured persons from Accidental location or residential place of the Insured or Hospital to any Hospital in emergency cases.

***Company***

Means "Universal Sampo General Insurance Company Limited."

***Contribution***

is essentially Our right to call upon other insurers, liable to You, to share the cost of an indemnity claim on a rateable proportion. This clause shall not apply to any Benefit offered on fixed benefit basis.

***Day***

Means a period of 24 consecutive hours.

***Daily Allowance***

The amount specified as such in the Schedule

***Family Member***

Means person(s) whose name are specifically appearing in the Schedule and are related to the of the primary insured as spouse and / or Dependent Children.

***Insured***

Means the individual whose name is specifically appearing in the Schedule/ Certificate of Insurance herein after referred as "You"/"Your"/"Yours"/"Yourself".

***Insured Family Members***

Means the individuals whose name is appearing in the Schedule/ Certificate of Insurance and shall include Your Spouse and Dependent Children.

***Insured Event***

Means any event specifically mentioned as covered under this Policy.

***Insured Persons***

Means person(s) whose name is/ are specifically appearing in the Schedule and are covered under the Policy.



**Loss of Use**

Means the total paralysis of one or more limbs or loss of hearing of one or both the ears or loss of vision of one or both the eyes which is certified in writing by a Medical Practitioner to be permanent, complete and irreversible.

**Nominee**

Means the person(s) nominated by You to receive the insurance benefits under this Policy payable on the death of the Insured.

**Non- Network**

Means any Hospital, day care centre or other provider that is not part of the Network

**Notification of Claim**

Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

**Physical Separation**

Means with respect to the hand, severance of limb at or above wrists, and with respect to the foot, severance of limb at or above the ankle.

**Policy**

Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy. “**Certificate of Insurance**” for the purpose of Policy shall mean and include the certificate issued to You by Us or on Our behalf evidencing Your participation in the Policy.

**Policy Period**

Means the period commencing at the Policy Period Start Date and ending at the Policy Period End Date, as specifically stated in the Schedule and for which the insurance cover will remain valid

**Cover Period**

Means the period as specified in the Certificate of Insurance for which you are covered under the Policy and which shall fall within the Policy Period. The Cover Period normally starts on the date of enrolment of Insured within the Policy Period.

**Sum Insured**

Means the sum as mentioned in the Schedule against the respective benefit(s) which represents Our maximum liability for any or all claims under this Policy during the Policy Period.

**You/Your/Yours/Yourself**

Means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

**We/Our/Ours/Us**

Means Universal Sampo General Insurance Company Limited.

**War**

Means war , whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends

## **D. BENEFITS:**

### **SECTION I – PERSONAL ACCIDENT (BASE COVER)**

#### ***What will We Pay? (Scope of Cover)***

We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay You (or Your Nominee/ legal heir, as the case may be) a sum as compensation on occurrence of any Insured Event, as specifically described hereunder, under different Benefit(s) arising due to an Injury sustained by You / Your Family Members during the Policy Period but not exceeding the Sum Insured as specified under the respective Benefits under Section A.

#### ***1. Benefit 1: Insured Event - Death of the Insured/ Insured Family Members resulting from Accident***

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit 1 under Section A of the Policy, on the occurrence of Your/ Your Family Member's death, provided such death results solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury. Provided that the date of occurrence of the Accident falls within the Policy Period.

#### ***2. Benefit 2: Insured Event - Permanent Total Disablement (PTD) of the Insured/ Insured Family Members resulting from Accident***

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured, as mentioned in the Benefit 2 under Section A of the Policy, on the occurrence of any of the following losses, provide such losses to You/ Your Family Member are total and irrecoverable losses which result solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury. Provided that the date of occurrence of the Accident falls within the Policy Period.

- (i) Loss of Use of both eyes, or Physical Separation/ Loss of Use of two entire hands or two entire feet, or one entire hand and one entire foot, or of such Loss of Use of one eye and such Physical Separation/ Loss of Use of one entire hand or one entire foot,
- (ii) Physical Separation/ Loss of Use of two hands or two feet, or of one hand and one foot, or of Loss of Use of one eye and Loss of Use of one hand or one foot,
- (iii) If such Injury shall as a direct consequence thereof, permanently, and totally, disable You/ Your Family Member from engaging in any employment or occupation of any description whatsoever

#### ***3. Benefit 3: Insured Event - Permanent Partial Disablement (PPD) of the Insured/ Insured Family Members resulting from Accident***

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit 3 under Section A in the Schedule to this Policy as applicable to You/ Your Family Members in the manner indicated below, on the occurrence of any of the following losses, provided such losses to You/ Your Family Members are irrecoverable losses and result in Loss of Use or Physical Separation which arises solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury.

Provided that the date of occurrence of the Accident falls within the Policy Period/ Policy Year.

| <b>Losses covered</b>                                 | <b>Percentage of Sum Insured</b> |
|---|----------------------------------|
| <b>i. Loss of Use/ Physical Separation:</b>           |                                  |
| a. One entire hand                                    | 50                               |
| b. One entire foot                                    | 50                               |
| <b>ii. Loss of Use of one eye</b>                     | 50                               |
| <b>iii. Loss of toes – all</b>                        |                                  |
| a. Great both phalanges                               | 20                               |
| b. Great – one phalanx                                | 5                                |
| c. Other than great if more than one toe lost each    | 2                                |
|   | 1                                |
| <b>iv. Loss of Use of both ears</b>                   | 50                               |
| <b>v. Loss of Use of one ear</b>                      | 20                               |
| <b>vi. Loss of four fingers and thumb of one hand</b> | 40                               |
| <b>vii. Loss of four fingers</b>                      | 35                               |
| <b>viii. Loss of thumb</b>                            |                                  |
| a. Both phalanges                                     | 25                               |
| b. One phalanx  | 10                               |
| <b>ix. Loss of Index finger</b>                       |                                  |
| a. Three phalanges                                    | 10                               |
| b. Two phalanges                                      | 8                                |
| c. One phalanx  | 4                                |
| <b>x. Loss of middle finger</b>                       |                                  |
| a. Three phalanges                                    | 6                                |
| b. Two phalanges                                      | 4                                |
| c. One phalanx  | 2                                |
| <b>xi. Loss of ring finger</b>                        |                                  |
| a. Three phalanges                                    | 5                                |
| b. Two phalanges                                      | 4                                |
| c. One phalanx  | 2                                |
| <b>xii. Loss of little finger</b>                     |                                  |
| a. Three phalanges                                    | 4                                |
| b. Two phalanges                                      | 3                                |
| c. One phalanx  | 2                                |
| <b>xiii. Loss of metacarpus</b>                       |                                  |
| a. First or second (additional)                       | 3                                |
| b. Third, fourth or fifth (additional)                | 2                                |
| <b>xiv. Any other partial disablement</b>             | % as assessed by a panel doctor  |

Notwithstanding anything to the contrary stated under this Policy the Our total liability for payment of compensation under various benefit(s) under Section A in aggregate shall not exceed the amount mentioned as Sum Insured against each such benefit under Section A in the Schedule to this Policy. On payment of the Sum Insured as referred for any of all the above benefits under Section A such benefits and relevant extensions shall cease to exist.

## **SECTION B – CRITICAL ILLNESS**

### ***What will We pay? (Scope of Cover)***

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit under Section B in the Schedule to the Policy, on the diagnosis or undergoing of any of the below mentioned Critical Illnesses and/ or Surgical Procedure that You/ Your Family Member's may suffer from provided that

- In the event of a claim, the Critical Illness have to be diagnosed by a Medical Practitioner, supported by radiological, histological and laboratory evidence accepted to Us and to be reconfirmed by a Medical Practitioner appointed by Us.
- We shall compensate You/ Your Insured Family Member only once in respect of any particular Critical Illness/ Surgical Procedure mentioned as covered in the Schedule.
- Cover under this policy shall cease upon payment of the compensation on the happening of a Critical Illness and/ or Surgical Procedure and no further payment will be made for any consequent disease or any dependent disease.  
You should survive for 30 days post diagnosis of such Critical Illness to be able to make a claim under the Policy.

### ***Specified Critical Illnesses and Surgical Procedures***

#### ***1. Cancer of specified severity***

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than Rai stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

## **2. First Heart Attack of specified severity**

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- i. history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- ii. new characteristic electrocardiogram changes
- iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

## **3. Open Chest CABG**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

## **4. Open Heart Replacement**

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

## **5. Coma of Specified Severity**

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. **Kidney Failure requiring regular dialysis**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

## **6. Stroke resulting in permanent symptoms**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

## **7. Major Organ /Bone Marrow Transplant**

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

### **8. Permanent Paralysis of Limbs**

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

### **9. Motor Neurone Disease with Permanent Symptoms**

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

### **10. Multiple Sclerosis with persisting symptoms**

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Neurological damage due to SLE is excluded.

## **SECTION C- HOSPITAL CASH**

We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay You

1. The Daily Allowance, as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalisation for a minimum of X days subject to maximum number of X days as mentioned in the Schedule.
2. Two times the Daily Allowance, subject to maximum of X days as mentioned in the Schedule, for each continuous and completed period of 24 hours required to be spent by You in the Intensive Care Unit of a Hospital during any period of Hospitalisation.

For purpose of avoidance of doubt, it is clarified that, if the claim becomes admissible under above, benefit under point 1 of this Section would not be payable.

However Our total liability, under this Section, for payment of all claims in aggregate for the Policy Period shall not exceed the Sum Insured as stated against Section C of the Schedule.

## **E. EXCLUSIONS:**

### **E.1. Standard Exclusions:**

1. Any Illness, sickness or disease , other than specified as Critical Illness, as mentioned in the policy schedule, or

2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date unless credits towards such time bound exclusion has been accrued in similar health insurance Policy from Us or any of the other Indian Insurers
3. Any Critical Illness based on a Diagnosis made by You or Your Family Member or anyone who is living in the same household as You or by a herbalists, acupuncturist or other non-traditional health care provider; and
4. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature.

## **E.2. Specific Exclusions:**

We will not be liable for:

1. Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.
2. Any routine or prescribed medical checkup or examination. Medical Expenses relating to any hospitalisation for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalisation is required.
3. Any Sickness that has been classified as an Epidemic by the Central or State Government
4. Convalescence, general debility, nervous or other breakdown, rest cure, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure .

For all Insured Persons, the following conditions will be covered subject to a **waiting period of 24 months** from the date of commencement of coverage. Stones in the urinary system; Stones in biliary system; Surgery on tonsils / adenoids; Uterine Polyps; Any type of breast lumps; Treatment of Spondylosis /Spondylitis - any type; Inter Vertebral Disc Prolapse (IVDP) and such other degenerative disorders; Cataract; Benign prostatic hypertrophy; Hysterectomy / Myomectomy done due to Menorrhagia / fibroids; Fistula in ano; Fissure in ano; Piles; Hernia; Hydrocele; Sinusitis; Knee / hip joint replacement; Chronic Renal Failure(CRF) or end stage renal failure; Any type of Carcinoma / sarcoma / blood cancer; Osteo Arthritis of any joint; Gastric and duodenal Ulcers; Varicocele; Spermatocele; Dilatation and Curettage (D&C); Diabetic Nephropathy and Retinopathy; Mastoidectomy (operation to remove piece of bone behind the ear); Tympanoplasty (Surgery to repair tympanic membrane i.e. eardrum); Gout; Rheumatism; Varicose veins & Varicose ulcers;

5. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
6. Sickness requiring Hospitalisation within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption and with the Company or is a renewal of similar existing health insurance policy from any of other Indian insurers and We have accepted Your proposal with portability.
7. The treatment of cataracts, benign prostatic hypertrophy, hysterectomy, Menorrhagia, Fibromyoma, D&C, Endometriosis, Hernia of all types, Hydrocele, fistulae, haemorrhoids, Anal fissure ,stones in the urinary and biliary systems, surgery on ears, tonsils or sinuses, skin and all internal tumours/cysts/nodules/polyps of any kind

- including breast lumps, gastric or duodenal ulcer, backache, prolapsed intervertebral disc, joint replacement, Gastric or Duodenal ulcer, Arthritis, Varicose Veins, Varicose Ulcers, Spondylitis during the first two years of commencement of policy unless due credit for the same have been accrued in previous health insurance Policy from us or any of the other Indian Insurers.
8. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-
  9. Any skin cancer other than invasive malignant melanoma
  10. All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
  11. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
  12. Chronic lymphocytic leukaemia less than RAI stage 3
  13. Microcarcinoma of the bladder
  14. All tumours in the presence of HIV infection.
  15. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
  16. Other acute Coronary Syndromes
  17. Any type of angina pectoris.
  18. Angioplasty and/or any other intra-arterial procedures
  19. any key-hole or laser surgery.
  20. Coma resulting directly from alcohol or drug abuse is excluded.
  21. Transient ischemic attacks (TIA)
  22. Traumatic injury of the brain
  23. Vascular disease affecting only the eye or optic nerve or vestibular functions
  24. Other stem-cell transplants
  25. Where only islets of langerhans are transplanted
26. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured.
  27. Pre-existing diseases (unless endorsed otherwise) will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:
 

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

    - i. an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital,  
OR
    - ii. 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:
      - a) 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
      - b) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.



28. Death or disablement due to child birth or from pregnancy or in consequence thereof.
29. Payment of compensation in respect of injury, disablement or death, hospitalisation resulting -
  - a. From intentional self-injury, suicide or attempted suicide.
  - b. Whilst under the influence of liquor or drugs or other intoxicants.
  - c. Emotional distress
  - d. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
  - e. Directly or indirectly, caused by venereal disease, AIDS or insanity.
  - f. Arising or resulting from committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
  - g. Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.
  - h. Due to war or ionising radiation or nuclear perils.
  - i. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus personnel or any such occupations of similar hazard.
30. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy (except Ectopic Pregnancy)
31. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
32. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
33. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
34. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology
35. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
36. All kind of Alternate Treatment

## **F. GENERAL TERMS AND CONDITIONS:**

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

#### **1. Notice:**

Every notice and communication to the Company required by this policy shall be in writing. Initial notification can be made by telephone

## 2. **Mis-description:**

This Policy shall be void and premium paid shall be forfeited to US in the event of misrepresentation, mis-description or non-disclosure of any material facts sought by us in our proposal form. Non-disclosure shall include non-intimation of any change of circumstances which may affect the insurance cover granted.

## 3. **Fraudulent claims**

All benefit under this Policy shall be forfeited and the policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

## 4. **Cancellation/termination**

### **By You**

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

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

### **By Us**

We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

## 5. **Free Look-up period**

We shall give You a Free Look Period at the inception of the Policy and:

1. You will be allowed a period of at least 15 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.
2. If You have not made any claim during the Free Look period, You shall be entitled to
  - a) 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.

## 6. **Renewal**

- a. Your Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured Persons

- b. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- c. We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.
- d. If You move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.
- e. If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy. .
- f. All premiums are payable in advance of any cover under this Policy being provided.
- g. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.

**Please note:** This Policy is in force for the Policy Period in Your Policy Schedule and is renewable subject to the terms provided at the time of each Renewal. We, however, are not bound to give notice that the Policy due for Renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

#### **7. Portability**

1. If You were insured continuously and without a break under another Indian retail similar health insurance policy covering critical illness risks with Us or any other Indian General Insurance company, it is understood and agreed that:
  - a) If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance;
  - b) This benefit is available only at the time of renewal of the existing similar health insurance policy.
  - c) The Portability Benefit shall be applied subject to the following:
    - i) Your proposal shall be subject to Our medical underwriting
    - ii) We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

#### **8. Three Months' 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

- i. 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.
- ii. 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 with an option to migrate to a substitute product offered by Us, subject to portability conditions.

#### **9. Nominee**

You can at the inception or at any time before the expiry of the Policy, make a nomination for the purpose of payment of claims under the Policy in the event of death.

Any change of nomination shall be communicated to us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

### **10. Substitute Product**

In case we may decide to withdraw this product under which this Policy is issued to you or where the maximum renewable age under the Policy has been reached, we shall provide you with an option to buy a substitute health insurance Policy from us on individuals. You will be given the Portability credit based on the number of years of continuous and uninterrupted insurance cover under this Policy towards the waiting periods in the new substitute health insurance Policy issued by Us on individuals.

### **11. Notices and Claims**

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

#### **Universal Sampo General Insurance Co. Ltd.**

Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 40070

Toll Free Numbers: 1 - 800 - 224030 (For MTNL/BSNL Users) or 1 - 800 – 2004030

**Landline Numbers:** (022) - 41659800

**E-mail Address:** [contactus@universalsompo.com](mailto:contactus@universalsompo.com).

**Note:** Please include your policy number for any communication with us.

### **Claims Disclaimer**

In the unfortunate event of any loss or damage to the insured property 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 1-800-200-4030 (other users) or on chargeable numbers at +91-22-41659800 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.

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

### **12. 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:

- You can also visit our Company website and click under links [Grievance Notification](#)
- You can also send direct mail to the concerned authorities at [rajivkumar@universalsompo.com](mailto:rajivkumar@universalsompo.com)

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)

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

### **1. Contribution and Subrogation:**

The contribution and Subrogation clauses shall not be applicable to this Policy.

### **2. Sum Insured enhancement:**

The Sum Insured under the Policy can only be enhanced on renewal subject to approval from underwriter.

### **3. Arbitration clause**

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

(This clause does not apply to Group policies where premium is paid by members)

### **4. Loading(s) and Discounting(s)**

- a. **Loading based on Occupational Mix:** A loading of 20% on premium may be applied depending on occupational mix of the occupation of the individual proposed for insurance under the Policy.

#### **Normal Risk:**

Bureaucrats, Doctors, Lawyers, Accountants, Architects, Bankers, Consulting Engineers, Teachers, Persons engaged in administrative functions, persons primarily engaged in occupations of similar hazard.

#### **Medium Risk:**

Builders, Contractors, Engineers engaged in superintending functions only, Veterinary Doctors, Paid Drivers and Persons engaged in occupations of similar hazard and not engaged in manual labour.

All persons engaged in manual labour (except those falling under heavy risk), cash carrying employees, Garage and Motor Mechanics, Machine Operators, Drivers of Heavy Vehicles, Professional Athletes and Sportsmen and Wood working Machinist and persons engaged in any occupations of similar hazard.

#### **Heavy Risk:**

Persons working in underground Mines, Explosive, Magazines, Workers involved in electrical installation with High-tension supply, jockeys, Circus personal, persons engaged in activities like racing on wheels or Horse back, big game hunting, Mountaineering, Winter Sports, Skiing Ice Skating, Ballooning, Hang gliding, River

Rafting, Polo playing and persons engaged in occupations/activities of similar hazards.

- b. Loading based on Location:** We may apply a loading up to 10% depending on Your location such as Tier- 1 cities.

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

**Tire 1:** Kolkata Chennai Delhi Hyderabad Bangalore Mumbai

**Tire 2:** Agra Ahmedabad Aligarh Allahabad Amravati Amritsar Asansol Aurangabad Bareilly Belgaum Bhiwandi Bhopal Bhubaneswar Bikaner Chandigarh Coimbatore Cuttack Dehradun Dhanba Durg-Bhilai Nagar Faridabad Ghaziabad Gorakhpur Guntur Guwahati Gwalior Hubli-Dharwad Indore Jabalpur Jaipur Jalandhar Jammu Jamnagar Jamshedpur Jodhpur Kanpur Kozhikode Kochi Kolhapur Kota Lucknow Ludhiana Madurai Mangalore Meerut Moradabad Mysore Nagpur Nashik Patna Pondicherry Pune Raipur Rajkot Ranchi Salem Solapur Srinagar Surat Thiruvanthapuram Tiruchirappalli Tiruppur Vadodara Varanasi Vijayawada Visakhapatnam Warangal

**Tire 3:** All other cities.

- c. Long Term Policy discount:** Policy term of one to three years available under individual policies. A long term policy discount as under shall be applicable to individual policies.

| Number of Years | Discount                                      |
|-----------------|---|
| 2 year policy   | 2 year premium in advance less 10.0% discount |
| 3 year policy   | 3 year premium in advance less 15.0%          |

- d. Family discount:** A family discount as under would be offered under when more than one family member is covered under a single policy

| Number of Family Members   | Discount |
|----------------------------|----------|
| Self                       | None     |
| Self + Spouse              | 5%       |
| Self + Spouse + 1 Child    | 7.5%     |
| Self + Spouse + 2 Children | 10%      |

Maximum discount inclusive of all the discounting factors shall not exceed more than 40%

## CLAIMS PROCEDURE

### 1. Method of Assessment and Payment of claim

For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year of the occurrence of the Accident or Critical Illnesses or Surgical Procedures.

In the event that a claim becomes payable under the terms of the Policy, We shall make payment by way of cheque or electronic fund transfer or demand draft at Our option.

## **2. Limitation Period**

We shall not be liable for any loss or damage after expiry of 12 months from happening of loss or damage unless claim is subject of pending action of court or arbitration.

## **3. The steps for lodging the claim shall be as under:**

1. Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause
2. Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation

### **Claim Documents:**

#### ***In case of Death***

- a. Policy Copy
- b. Post Mortem Report (certified copies) - as applicable
- c. F.I.R. or Death report or Inquest Panchnama (in original or certified copies)-
- d. Spot Panchnama (certified copies)- if applicable
- e. Death certificate (in original or certified copy)
- f. Any other document as may be required by Us

#### ***In case of Permanent Total Disablement / Permanent Partial Disablement***

- a. Policy Copy
- b. Disability certificate - Authorized Medical Practitioner of the district/ units concerned, (certificate) stating percentage of disablement
- c. F.I.R. and Panchnama wherever applicable (original or certified copies)
- d. Medical report/ Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
- e. Original medical bills
- f. Any other document as may be required by Us.

#### ***In case of Critical Illnesses and Surgical Procedures***

- a. Original Bills or their copies (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed)
- b. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- c. A precise diagnosis of the treatment for which a claim is made.
- d. A detailed list of the individual medical services and treatments provided and a unit price for each.

#### ***In case of Hospital Cash***

- a. Photo copy of bills, receipt and discharge certificate/card from the Hospital.
- b. Photocopy of F.I.R. copy in case of an accident.
- c. Complete set of Hospital/medical records

If required, You/ Your Family Member must agree to be examined by a Medical Practitioner of Our choice at Our expense.

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.

#### 4. Position after claim

We shall have no liability under this Policy, once the Maximum Limit of Liability(Sum Insured), as stated in the Policy Schedule with respect to any of the Sections, is exhausted by You or Your Insured Family Member.

#### 5. Claim Payment:

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.

### PART III

The details of Insurance Ombudsman are available below:

| Office Details   | Jurisdiction of Office<br>(Union Territory, District) |
|--|---|
| <b>AHMEDABAD - Shri Kuldip Singh</b><br>Office of the Insurance Ombudsman,<br>Jeevan Prakash Building, 6th floor,<br>Tilak Marg, Relief Road,<br>Ahmedabad – 380 001.<br>Tel.: 079 - 25501201/02/05/06<br><a href="mailto:bimalokpal.ahmedabad@cioins.co.in">Email: bimalokpal.ahmedabad@cioins.co.in</a>                            | Gujarat,<br>Dadra & Nagar Haveli,<br>Daman and Diu.   |
| <b>BENGALURU -</b><br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building, PID No. 57-27-N-19<br>Ground Floor, 19/19, 24th Main Road,<br>JP Nagar, 1st Phase,<br>Bengaluru – 560 078.<br>Tel.: 080 - 26652048 / 26652049<br><a href="mailto:bimalokpal.bengaluru@cioins.co.in">Email: bimalokpal.bengaluru@cioins.co.in</a> | Karnataka.  |
| <b>BHOPAL -</b><br>Office of the Insurance Ombudsman,<br>Janak Vihar Complex, 2nd Floor,<br>6, Malviya Nagar, Opp. Airtel Office,<br>Near New Market,<br>Bhopal – 462 003.   | Madhya Pradesh<br>Chattisgarh.                        |



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| <p>Tel.: 0755 - 2769201 / 2769202<br/>Fax: 0755 - 2769203<br/><a href="mailto:bimalokpal.bhopal@cioins.co.in">Email: bimalokpal.bhopal@cioins.co.in</a></p>   |   |
| <p><b>BHUBANESHWAR - Shri Suresh Chandra Panda</b><br/>Office of the Insurance Ombudsman,<br/>62, Forest park,<br/>Bhubneshwar – 751 009.<br/>Tel.: 0674 - 2596461 /2596455<br/>Fax: 0674 - 2596429<br/><a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">Email: bimalokpal.bhubaneswar@cioins.co.in</a></p>   | <p>Orissa.</p>  |
| <p><b>CHANDIGARH -</b><br/>Office of the Insurance Ombudsman,<br/><br/>S.C.O. No. 101, 102 &amp; 103, 2nd Floor,<br/><br/>Batra Building, Sector 17 – D,<br/>Chandigarh – 160 017.<br/>Tel.: 0172 - 2706196 / 2706468<br/>Fax: 0172 - 2708274<br/><a href="mailto:bimalokpal.chandigarh@cioins.co.in">Email: bimalokpal.chandigarh@cioins.co.in</a></p> | <p>Punjab,<br/>Haryana(excluding<br/>Gurugram, Faridabad,<br/>Sonapat and Bahadurgarh)<br/>Himachal Pradesh, Union<br/>Territories of Jammu &amp;<br/>Kashmir,<br/>Ladakh &amp; Chandigarh.</p> |
| <p><b>CHENNAI -</b><br/>Office of the Insurance Ombudsman,<br/>Fatima Akhtar Court, 4th Floor, 453,<br/>Anna Salai, Teynampet,<br/><br/>CHENNAI – 600 018.<br/>Tel.: 044 - 24333668 / 24335284<br/>Fax: 044 - 24333664<br/><a href="mailto:bimalokpal.chennai@cioins.co.in">Email: bimalokpal.chennai@cioins.co.in</a></p>                              | <p>Tamil Nadu,<br/>Tamil Nadu<br/>PuducherryTown and<br/>Karaikal (which are part of<br/>Puducherry).</p>   |
| <p><b>DELHI - Shri Sudhir Krishna</b><br/>Office of the Insurance Ombudsman,<br/>2/2 A, Universal Insurance Building,<br/>Asaf Ali Road,<br/>New Delhi – 110 002.<br/>Tel.: 011 - 23232481/23213504<br/>Email: bimalokpal.delhi@cioins.co.in</p>  | <p>Delhi &amp;<br/><br/>Following Districts of<br/>Haryana - Gurugram,<br/>Faridabad, Sonapat &amp;<br/>Bahadurgarh.</p>  |
| <p><b>GUWAHATI -</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Nivesh, 5th Floor,<br/>Nr. Panbazar over bridge, S.S. Road,<br/>Guwahati – 781001(ASSAM).<br/>Tel.: 0361 - 2632204 / 2602205</p>   | <p>Assam,<br/>Meghalaya,<br/>Manipur,<br/>Mizoram,<br/>Arunachal Pradesh,<br/>Nagaland and Tripura.</p>   |

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

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| <p>Office of the Insurance Ombudsman,<br/>6th Floor, Jeevan Bhawan, Phase-II,<br/>Nawal Kishore Road, Hazratganj,<br/>Lucknow - 226 001.<br/>Tel.: 0522 - 2231330 / 2231331<br/>Fax: 0522 - 2231310<br/>Email: bimalokpal.lucknow@cioins.co.in</p>   | <p>Lalitpur, Jhansi, Mahoba,<br/>Hamirpur, Banda,<br/>Chitrakoot, Allahabad,<br/>Mirzapur, Sonbhadra,<br/>Fatehpur, Pratapgarh,<br/>Jaunpur, Varanasi, Gazipur,<br/>Jalaun, Kanpur, Lucknow,<br/>Unnao, Sitapur, Lakhimpur,<br/>Bahraich, Barabanki,<br/>Raebareli, Sravasti, Gonda,<br/>Faizabad, Amethi,<br/>Kaushambi, Balrampur,<br/>Basti, Ambedkarnagar,<br/>Sultanpur, Maharajgang,<br/>Santkabirnagar, Azamgarh,<br/>Kushinagar, Gorkhpur,<br/>Deoria, Mau, Ghazipur,<br/>Chandauli, Ballia,<br/>Sidharathnagar.</p> |
| <p><b>MUMBAI -</b><br/>Office of the Insurance Ombudsman,<br/><br/>3rd Floor, Jeevan Seva Annexe,<br/><br/>S. V. Road, Santacruz (W),<br/>Mumbai - 400 054.<br/>Tel.:<br/>69038821/23/24/25/26/27/28/28/29/30/31<br/>Fax: 022 - 26106052<br/><a href="mailto:bimalokpal.mumbai@cioins.co.in">Email: bimalokpal.mumbai@cioins.co.in</a></p> | <p>Goa,<br/>Mumbai Metropolitan<br/>Region<br/>excluding Navi Mumbai &amp;<br/>Thane.</p>  |
| <p><b>NOIDA - Shri Chandra Shekhar Prasad</b></p>  | <p>State of Uttaranchal and<br/>the following Districts of<br/>Uttar Pradesh:</p>  |

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| <p>Office of the Insurance Ombudsman,<br/>Bhagwan Sahai Palace<br/>4th Floor, Main Road,<br/>Naya Bans, Sector 15,<br/>Distt: Gautam Buddh Nagar,<br/>U.P-201301.<br/>Tel.: 0120-2514252 / 2514253<br/>Email: bimalokpal.noida@cioins.co.in</p>   | <p>Agra, Aligarh, Bagpat,<br/>Bareilly, Bijnor, Budaun,<br/>Bulandshehar, Etah, Kanooj,<br/>Mainpuri, Mathura, Meerut,<br/>Moradabad,<br/>Muzaffarnagar, Oraiyya,<br/>Pilibhit, Etawah,<br/>Farrukhabad, Firozbad,<br/>Gautambodhanagar,<br/>Ghaziabad, Hardoi,<br/>Shahjahanpur, Hapur,<br/>Shamli, Rampur, Kashganj,<br/>Sambhal, Amroha, Hathras,<br/>Kanshiramnagar,<br/>Saharanpur.</p> |
| <p><b>PATNA - Shri N. K. Singh</b><br/>Office of the Insurance Ombudsman,<br/>2nd Floor, Lalit Bhawan,<br/>Bailey Road,<br/>Patna 800 001.<br/>Tel.: 0612-2547068<br/>Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>   | <p>Bihar,<br/>Jharkhand.</p>   |
| <p><b>PUNE - Shri Vinay Sah</b><br/>Office of the Insurance Ombudsman,<br/><br/>Jeevan Darshan Bldg., 3rd Floor,<br/><br/>C.T.S. No.s. 195 to 198,<br/>N.C. Kelkar Road, Narayan Peth,<br/>Pune – 411 030.<br/>Tel.: 020-41312555<br/>Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p> | <p>Maharashtra,<br/>Area of Navi Mumbai and<br/>Thane<br/>excluding Mumbai<br/>Metropolitan Region.</p>  |

### **ENDORSEMENT/ EXTENSION WORDINGS**

#### **Extension 1: Cover for Pre-existing diseases**

In consideration of the payment of additional premium, it is hereby declared and agreed that notwithstanding anything to the contrary contained in the policy, We will extend the liability to pay You/ Your Family Member the benefits incurred under Section B- Critical Illness and Section C- Hospital Cash of the Policy in connection with any diseases which were pre-existing at the time of proposal.

Subject otherwise to the terms and conditions of the Policy.

| List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy - |   |   |
|--|---|---|
| Serial No  | 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   | 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   |

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| 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                                |

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| 75   | <b>ARTHROSCOPY &amp; ENDOSCOPY INSTRUMENTS</b>                               | Rental charged by the hospital payable. Purchase of Instruments not payable.               |
| 76   | <b>MICROSCOPE COVER</b>  | Payable under OT Charges, not payable separately   |
| 77   | <b>SURGICAL BLADES,HARMONIC SCALPEL,SHAVER</b>                               | Payable under OT Charges, not payable separately   |
| 78   | <b>SURGICAL DRILL</b>  | Payable under OT Charges, not payable separately   |
| 79   | <b>EYE KIT</b>   | Payable under OT Charges, not payable separately   |
| 80   | <b>EYE DRAPE</b>   | Payable under OT Charges, not payable separately   |
| 81   | <b>X-RAY FILM</b>  | Payable under Radiology Charges, not as consumable   |
| 82   | <b>SPUTUM CUP</b>  | Payable under Investigation Charges, not as consumable                                     |
| 83   | <b>BOYLES APPARATUS CHARGES</b>  | Part of OT Charges, not separately   |
| 84   | <b>BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES</b>                   | Part of Cost of Blood, not payable   |
| 85   | <b>ANTISEPTIC OR DISINFECTANT LOTIONS</b>                                    | Not Payable-Part of Dressing Charges   |
| 86   | <b>BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES</b>            | Not Payable - Part of Dressing charges   |
| 87   | <b>COTTON</b>  | Not Payable-Part of Dressing Charges   |
| 88   | <b>COTTON BANDAGE</b>  | Not Payable- Part of Dressing Charges  |
| 89   | <b>MICROPORE/ SURGICAL TAPE</b>  | Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 90   | <b>BLADE</b>   | Not Payable  |
| 91   | <b>APRON</b>   | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges      |
| 92   | <b>TORNIQUET</b>   | Not Payable (service is charged by hospitals, consumables cannot be separately charged)    |
| 93   | <b>ORTHOBUNDLE, GYNAEC BUNDLE</b>  | Part of Dressing Charges   |
| 94   | <b>URINE CONTAINER</b>   | Not Payable  |
| <b>ELEMENTS OF ROOM CHARGE</b>               |  |  |
| 95   | <b>LUXURY TAX</b>  | Actual tax levied by government is payable. Part of room charge for sub limits             |
| 96   | <b>HVAC</b>  | Part of room charge not payable separately   |
| 97   | <b>HOUSE KEEPING CHARGES</b>   | Part of room charge not payable separately   |
| 98   | <b>SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED</b>                     | Part of room charge not payable separately   |
| 99   | <b>TELEVISION &amp; AIR CONDITIONER CHARGES</b>                              | Payable under room charges not if separately levied  |
| 100  | <b>SURCHARGES</b>  | Part of Room Charge, Not payable separately  |
| 101  | <b>ATTENDANT CHARGES</b>   | Not Payable - Part of Room Charges   |
| 102  | <b>IM IV INJECTION CHARGES</b>   | Part of nursing charges, not payable   |
| 103  | <b>CLEAN SHEET</b>   | Part of Laundry/Housekeeping not payable separately  |
| 104  | <b>EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)</b> | Patient Diet provided by hospital is payable   |
| 105  | <b>BLANKET/WARMER BLANKET</b>  | Not Payable- part of room charges  |
| <b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b> |  |  |
| 106  | <b>ADMISSION KIT</b>   | Not Payable  |
| 107  | <b>BIRTH CERTIFICATE</b>   | Not Payable  |
| 108  | <b>BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES</b>              | Not Payable  |
| 109  | <b>CERTIFICATE CHARGES</b>   | Not Payable  |
| 110  | <b>COURIER CHARGES</b>   | Not Payable  |

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| 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. |



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

### **Operations on the tongue**

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

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

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

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

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

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

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil

72. Other operations on the tonsils and adenoids
73. Trauma surgery and orthopaedics
74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

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

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

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

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

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

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

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

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

#### **Operations on the scrotum & tunica vaginalis testis**

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

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

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

**Operations on the spermatic cord, epididymis and ductus deferens**

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

**Operations on the penis**

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

**Operations on the urinary system**

- 136. Cystoscopic removal of stones

**Other Operations**

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