

HEALTH ENSURE

Policy Wordings

Preamble

Whereas the Insured described in the Schedule hereto (hereinafter called 'the Insured') by a Proposal and declaration which shall be the basis of this Contract and is deemed to be incorporated herein has applied to Bajaj Allianz General Insurance Company Limited (hereinafter called 'the Company') for the insurance hereinafter contained and has paid the premium as stated in the Schedule hereto as consideration for the indemnity hereinafter contained. This Policy records the entire agreement between us and sets out what we insure, how we insure it, and what we expect of you.

A) OPERATIVE PARTS

Scope of cover:

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

COVERAGE

1. In-patient Hospitalisation Treatment

If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred below:

- i) Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii) ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to Rs. 10000/-, whichever is lower.
- iii) Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors.
- iv) Operation Theatre Charges, Anesthesia, Blood, Oxygen, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note: In case of admission to a room at rates exceeding the limits as mentioned under 1.(i) & (ii), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

2. Pre-Hospitalisation

The Medical Expenses incurred during the 30 days immediately before you were Hospitalised, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment. (Section A1)

3. Post-Hospitalisation

The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalisation provided that such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and We have accepted an inpatient Hospitalisation claim under Inpatient Hospitalisation Treatment. (Section A1)

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs1000/- per Hospitalisation incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

We will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You from the Hospital where you were admitted initially to another hospital with higher medical facilities.

Claim under this section shall be payable by Us only when:

- i. Such life threatening emergency condition is certified by the Medical Practitioner, and
- ii. We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.

This benefit will be applicable annually for policies with term more than 1 year.

5. Day Care Procedures

We will pay you the medical expenses as listed under Section A1 In-patient Hospitalisation Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. List of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses:

We will pay expenses towards organ donor's treatment for harvesting of the donated organ, provided that,

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an inpatient Hospitalisation claim for the insured member under In Patient Hospitalisation Treatment (section A1).

Specific exclusions applicable to Organ Donor Expenses:

- i. Claims which have NOT been admitted under In Patient Hospitalisation Treatment
- ii. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011
- iii. The organ donors Pre and Post-Hospitalisation expenses.

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7. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which You have held Our Health Ensure Policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured maximum up to Rs. 1500/- for each member in Individual policy during the block of 3 years. This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies however the amount will not exceed 1% of sum insured max up to Rs. 1500/-.

You may approach us for the arrangement of the Health Checkup. For the avoidance of doubt, We shall be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.

8. Ayurvedic / Homeopathic Hospitalisation Expenses

If You are Hospitalised for not less than 24 hours, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitalson the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period then We will pay You:

In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:

- i. Room Rent, Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to Rs. 5000/-, whichever is lower.
- ii. Nursing care
- iii. Consultation fees
- iv. Medicines, drugs and consumables,
- v. Ayurvedic and Homeopathic treatment procedures

Note: In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of medicines and consumables, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

Our maximum liability is up to 20% of Sum Insured per policy year. This benefit will be applicable annually for policies with term more than 1 year.

The claim will be admissible under the policy provided that,

- i. The illness/injury requires inpatient admission and the procedure performed on the insured cannot be carried out on out-patient basis

B) DEFINITIONS

1. Accident, Accidental

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

2. Act of Terrorism

means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization (s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

3. 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.

4. AYUSH Treatment

refer to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

5. Ayurvedic / Homeopathic Hospitals-

means the hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria

- a. has at least 15 inpatient beds
- b. has minimum five qualified and registered AYUSH doctors
- c. has qualified paramedical staff under its employment round the clock
- d. has dedicated Ayurvedic / Homeopathic therapy sections
- e. maintains daily records of the patients and makes these accessible to the insurance company's authorized personnel

6. Bajaj Allianz Network Hospitals / Network Hospitals:

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com

7. Bajaj Allianz Diagnostic Centre

means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request. For updated list please visit our website www.bajajallianz.com

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- 8. Cashless facility**
means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- 9. Co-Payment**
is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- 10. Condition Precedent**
shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 11. Congenital Anomaly**
refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- i. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
 - ii. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body
- 12. Cumulative Bonus**
shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 13. Day care centre**
means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under–
- i. has qualified nursing staff under its employment;
 - ii. has qualified medical practitioner/s in charge;
 - iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 14. Day Care Treatment**
means medical treatment, and/or surgical procedure which is:
- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - ii. which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 15. Dental Treatment**
means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- 16. Disclosure to information norm-**
The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 17. Emergency Care**
means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- 18. Family**
- i. For the purpose of Individual Sum Insured policy- includes the insured; his/her lawfully wedded spouse, and dependent children, parents, Sister, Brother, parents In laws, Grandparents, Grandchildren.
 - ii. For the purpose of Family Floater- includes the insured; his/her lawfully wedded spouse and dependent children. For Parents and parents In laws separate floater policy can be taken.
- 19. 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.
- 20. 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:
- i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

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- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

21. Hospitalisation

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

22. Illness

means 'a sickness' or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur

23. Inpatient Care

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

24. Injury/ Bodily Injury

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

25. Intensive Care Unit (ICU)

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

26. ICU Charges: ICU (Intensive Care Unit) Charges

means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.

27. Limit of Indemnity

represents Our maximum liability to make payment for each and every claim per person and collectively for all persons (for floater policies) mentioned in the Schedule annually during the policy period and in the aggregate for the person(s) named in the schedule annually during the policy period, and means the amount stated in the Schedule against each Cover.

28. Medical Advice

means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

29. Medical expenses

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

30. Medical Practitioner/ Doctor/Physician

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

31. Medically Necessary Treatment

is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

32. Named insured/ insured

means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the time of commencement of the Policy.

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- 33. Non-Network Provider:**
Any hospital, day care centre or other provider that is not part of the network.
- 34. Notification of Claim**
means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 35. OPD treatment**
means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 36. Portability**
means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 37. Pre-Existing Disease**
means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- 38. Pre-hospitalization Medical Expenses**
means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 39. Post-hospitalization Medical Expenses**
means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 40. Qualified Nurse**
is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 41. 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
- 42. Renewal**
means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 43. Room rent**
means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 44. 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
- 45. Schedule means**
the schedule and any annexure to it.
- 46. Unproven/Experimental treatment**
means the treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- 47. You, Your, Yourself, Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.
- 48. We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

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C) EXCLUSIONS UNDER THE POLICY

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 24 months of continuous coverage have elapsed, after the date of inception of the first Health Policy, provided the preexisting disease / ailment / injury is disclosed on the proposal form.

The above exclusion 1 shall cease to apply if You have maintained a Health Policy with Us for a continuous period of a full 24 months without break from the date of Your first Health Policy.

In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Ensure Policy with Us without break in cover.

2. Without derogation from C1) above, any Medical Expenses incurred during the first year in connection with any types of gastric or duodenal ulcers, Surgery of varicose veins and varicose ulcers, hydrocele, undescended testes, congenital internal diseases and surgery for any skin ailment, subject to the referred illness were not present at the time of commencement of the policy.

This exclusion period shall apply for a continuous period of a full 2 years from the date of Your first Health Policy if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy.

3. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 months of Health Policy,

In case of enhancement of Sum Insured, this exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced Sum Insured) and if the policy is a renewal of Health Ensure Policy with Us without break in cover.

1 Benign prostatic hypertrophy	9. Hernia of all types
2. All types of sinuses	10. Fistulae, Fissure in ano
3. Haemorrhoids	11. Fibromyoma
4. Dysfunctional uterine bleeding	12. Hysterectomy
5. Endometriosis	13. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps.
6. Stones in the urinary and biliary systems	
7. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	14. Any kind of Malignant tumor or growth
8. Cataracts,	

4. Any Medical Expenses incurred during the first 48 months during which You have the benefit of a Health Policy with Us in connection with:
 - i. Joint replacement surgery,
 - ii. Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
 - iii. Surgery to correct deviated nasal septum
 - iv. Hypertrophied turbinate
 - v. Gout and Rheumatism
 - vi. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.
5. Any disease contracted and /or medical expenses incurred in respect of any disease /illness by the insured during the first 30 days from the commencement of the policy, except for accidental injuries.
6. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth.
However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.
7. Any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury requiring Hospitalisation
8. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
9. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not) [except for compelling the Government or any other person to do or abstain from doing any act as defined under the definition of Terrorist act], civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
Any Medical expenses incurred due to Acts of Terrorism will be covered under the policy.
10. Circumcision unless required for the treatment of illness or Accidental bodily injury,
11. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
12. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury
13. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.

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14. External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
15. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, , stem cell implantation or surgery, or growth hormone therapy.
16. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
17. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
18. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
19. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations
20. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating doctor.
21. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.
22. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
23. Experimental or unproven treatment
24. Weight management services and treatment related to weight reduction programmes including treatment of obesity and treatment for arising direct or indirect complications of Obesity.
25. Treatment for any mental illness or psychiatric illness
26. All non-medical Items as per Annexure II provided in Policy Wordings
27. Any treatment received outside India is not covered under this policy.

D) CONDITIONS

1. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. Insured

Only those persons named as the insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any insured member upon such insured member giving 14 days written notice to be received by Us.

3. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

4. Claims Procedure

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. Cashless Claims Procedure:

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You or your representative:

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorization by way of the written form.
- ii. In case of Planned hospitalization, You/the insured person/ insured representative shall intimate such admission within 48 hours of such hospitalisation
- iii. In case of Emergency hospitalization, You/the insured person/ insured representative shall intimate such admission within 24 hours of such hospitalisation
- iv. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or an more information
- v. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.

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- vi. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

B. Reimbursement Claims Procedure:

If Pre-authorisation as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

- i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours** of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization
- ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost.
- v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days**
- vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

* Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

** Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

- Duly Completed Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers (Optional)
- Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor Certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.
- In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
- AADHAR No. & PAN Card/ Form 60 of proposer

Note- Aadhar and PAN/Form 60 of the deceased policyholder would not be insisted upon for settlement of death claim to the nominee or legal heirs, however Aadhar and PAN/Form 60 of the nominee or legal heirs is mandatory

Please send the documents on below address

Bajaj Allianz General Insurance Company

2nd Floor, Bajaj Finserv Building, Behind Weikfield IT park, Off Nagar Road, Viman Nagar Pune 411014 | Toll free: 1800-103-2529, 1800-22-5858

5. Paying a Claim

- i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iv. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under policy.

6. Basis of Claims Payment

- i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- ii. The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.

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- iii. Our obligation to make payment in respect of illness/surgeries listed under clause C3 (after the expiry of the waiting period referred in Exclusion C3) above, shall be restricted to

Sum Insured Rs.	Rs. 50000, Rs. 75000 and Rs. 1lac	Rs. 1.5lacs, Rs. 2lacs and Rs. 3lacs	Rs. 4lacs ,Rs. 5lacs and Rs. 10lacs
Cataract (per eye)	Rs. 20000/-	Rs. 30000/-	Rs. 40000/-

- iv. We shall make payment in Indian Rupees only.

7. Cumulative Bonus

Cumulative Bonus is applicable only for In Patient Hospitalisation Treatment Section.

- i. If You renew Your Health Ensure Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by 5% of Sum Insured per annum as Cumulative Bonus. In case long term policy is purchased, the cumulative bonus applicable to policy will automatically be increased by 5% after the completion of every Policy year, in case of no claim is lodged under the Policy.
- ii. The maximum cumulative increase in the Limit of Indemnity will be limited to 25% of Sum Insured.
- iii. In event of a claim under the Policy in a policy year, the cumulative bonus would be decreased by 5% after the completion of Policy year. There will be no impact on the Sum Insured, only the accrued cumulative bonus will be decreased.

8. Fraud

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

9. Multiple Policies

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

- i. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies. It is further clarified that the policyholder having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/ policies, even of the sum insured is not exhausted. Then the insurer(s) shall settle the claim subject to the terms and conditions of the other policy/policies so chosen.
- iii. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, you shall have the right to choose insurers from whom you wants to claim the balance amount.
- iv. Where you have policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

10. Entry Age and Renewal Age

Cover	Member	Eligible Entry Age	Renewal
Health Ensure	Self, Spouse, Parents, Sister, Brother, Parents In law, Grand Parents	18 years to Lifetime	lifetime renewals**
	Dependent Children, Grandchildren.	3 months to 30 years	35 Years*

* After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime, subject to Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer and subsequently the policy should be renewed annually with us and within the Grace period of 30 days from date of Expiry. Continuity for all the waiting periods shall be extended in the new policy.

** Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry

Eligibility:

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also; however the policy will be issued during their stay in India and premium paid in Indian currency and by Indian Account only
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members

11. Renewal & Cancellation

- i. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, fraud, or your non-cooperation. (Subject to policy is renewed annually with us within the Grace period of 30 days from date of Expiry)
- ii. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.
- iii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.
- iv. For dependent children, Policy is renewable up to 35 years. After the completion of maximum renewal age of dependent children, the policy would be renewed for lifetime. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break
- v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- vi. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.

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- vii. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.
- viii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	As per Free look up period		
Exceeding 15 days but less than 3 months	65.00%	75.00%	80.00%
Exceeding 3 months but less than 6 months	45.00%	65.00%	75.00%
Exceeding 6 months but less than 12 months	0.00%	45.00%	60.00%
Exceeding 12 months but less than 15 months		30.00%	50.00%
Exceeding 15 months but less than 18 months		20.00%	45.00%
Exceeding 18 months but less than 24 months		0.00%	30.00%
Exceeding 24 months but less than 27 months			20.00%
Exceeding 27 months but less than 30 months			15.00%
Exceeding 30 months but less than 36 months			0.00%

Note:

- The first slab of Number of days "within 15 days" in above table is applicable only in case of new business.
- In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

12. Free Look Period

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

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

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

13. Portability Conditions

- Retail Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar retail health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.
- Group Policies: As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were insured under Our Group Health Policy and are availing Our individual Health Policy.

14. Endorsements

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

15. Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

16. Migration of policy:

- The insured can opt for migration of policy to our other similar or closely similar products at the time of renewal.
- The premium will be charged as per Our Underwriting Policy for such chosen new product, and all the guidelines, terms and condition of the chosen product shall be applicable.
- Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

17. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a

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Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

18. Loading due to adverse Health Conditions:

- I. The loading would be applicable on per individual basis for the proposals with adverse health conditions given below: Hypertension, Diabetes, Obesity, Cholesterol Disorder, Cardiovascular diseases, or multiple risk factors.

Condition	Loading on premium of the Individual
Diabetes	5%
Hypertension	5%
Cholesterol Disorder	5%
Obesity	5%
Cardiovascular diseases	5%

- ii. For Multiple conditions cumulative loading would be applied on the published premium.
- iii. The maximum risk loading applicable for an individual shall not exceed 25% of the published premiums, for overall risk per person.
- iv. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).
- v. We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application.
- vi. Please note that We will issue Policy only after getting Your consent.

19. Discounts:

- i. Employee Discount: 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the policy is booked in direct office code
(Note: Online/Direct Customer Discount is not applicable to Employees)
- ii. Online Discount/Direct Customer Discount: 5% discount is extended for the policies purchased online/ through website and to direct customers.
(Note: Employee Discount is not applicable to Online/Direct Customers)
- iii. Long Term Policy Discount:
- a) 4% discount is applicable if policy is opted for 2 years
 - b) 8% discount is applicable if policy is opted for 3 years

20. Premium payment Zone:

Zone A

"Following cities has been clubbed in Zone A:- Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Bangalore, Kolkata, Ahmedabad, Vadodara and Surat.

Zone B

Rest of India apart from Zone A cities are classified as Zone B.

Note:-

- Policyholders paying Zone A premium rates can avail treatment all over India without any co-payment.
- But, those, who pay zone B premium rates and avail treatment in Zone A city will have to pay 20% co-payment on admissible claim amount. This Co-payment will not be applicable for Accidental Hospitalization cases."
- Policyholder residing in Zone B can choose to pay premium for Zone A and avail treatment all over India without any co-payment.

21. Sum Insured Enhancement:

- I. The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.
- ii. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

22. Inclusion of members under the policy:

Where an Insured Person is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for the insured member.

23. Territorial Limits & Governing Law

- I. We cover insured events arising during the Policy Period, as well as treatment availed, within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- ii. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

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- iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

24. Arbitration and Reconciliation

- i. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.
- iv. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

25. Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule.

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call our Branch office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd
 GE Plaza, Airport Road
 Yerawada, Pune 411006
 E-mail: customercare@bajajallianz.co.in
 For sales and Renewal-1800-209-0144
 For service-1800-209-5858 / 1800-102-5858 / 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Person who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

Health toll free number: **1800-103-2529**

Exclusive Email address: seniorcitizen@bajajallianz.co.in

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Office of the Insurance Ombudsman, 2 nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, I st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.

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Office Details	Jurisdiction of Office Union Territory, District)
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5 th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2 nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry

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Office Details	Jurisdiction of Office Union Territory, District)
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4 th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - Office of the Insurance Ombudsman, 6 th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Sharnli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Note: Address and contact number of Governing Body of Insurance Council

Secretary General - Governing Body of Insurance Council

JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054

Tel No: 022 - 26106889 / 671 / 980, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@ecoi.co.in

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 5500+ Network hospitals PAN India.

Please visit our website for list of network hospitals and network Diagnostic Centres , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

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Annexure I List of Day Care Procedures:

ENT	
1	Stapedotomy
2	Myringoplasty(Type I Tympanoplasty)
3	Revision stapedectomy
4	Labyrinthectomy for severe Vertigo
5	Stapedectomy under GA
6	Ossiculoplasty
7	Myringotomy with Grommet Insertion
8	Tympanoplasty (Type III)
9	Stapedectomy under LA
10	Revision of the fenestration of the inner ear.
11	Tympanoplasty (Type IV)
12	Endolymphatic Sac Surgery for Meniere's Disease
13	Turbinectomy
14	Removal of Tympanic Drain under LA
15	Endoscopic Stapedectomy
16	Fenestration of the inner ear
17	Incision and drainage of perichondritis
18	Septoplasty
19	Vestibular Nerve section
20	Thyroplasty Type I
21	Pseudocyst of the Pinna - Excision
22	Incision and drainage - Haematoma Auricle
23	Tympanoplasty (Type II)
24	Keratoses removal under GA
25	Reduction of fracture of Nasal Bone
26	Excision and destruction of lingual tonsils
27	Conchoplasty
28	Thyroplasty Type II
29	Tracheostomy
30	Excision of Angioma Septum
31	TurbinoPlasty
32	Incision & Drainage of Retro Pharyngeal Abscess
33	UvuloPalatoPharyngoPlasty
34	Palatoplasty
35	Tonsillectomy without adenoidectomy
36	Adenoidectomy with Grommet insertion
37	Adenoidectomy without Grommet insertion
38	Vocal Cord lateralisation Procedure
39	Incision & Drainage of Para Pharyngeal Abscess
40	Transoral incision and drainage of a pharyngeal abscess
41	Tonsillectomy with adenoidectomy
42	TracheoplastyOphthalmology
43	Incision of tear glands
44	Other operation on the tear ducts
45	Incision of diseased eyelids
46	Excision and destruction of the diseased tissue of the eyelid
47	Removal of foreign body from the lens of the eye.
48	Corrective surgery of the entropion and ectropion
49	Operations for pterygium
50	Corrective surgery of blepharoptosis
51	Removal of foreign body from conjunctiva
52	Biopsy of tear gland
53	Removal of Foreign body from cornea
54	Incision of the cornea

55	Other operations on the cornea
56	Operation on the canthus and epicanthus
57	Removal of foreign body from the orbit and the eye ball.
58	Surgery for cataract
59	Treatment of retinal lesion
60	Removal of foreign body from the posterior chamber of the eye
Oncology	
61	IV Push Chemotherapy
62	HBI-Hemibody Radiotherapy
63	Infusional Targeted therapy
64	SRT-Stereotactic Arc Therapy
65	SC administration of Growth Factors
66	Continuous Infusional Chemotherapy
67	Infusional Chemotherapy
68	CCRT-Concurrent Chemo + RT
69	2D Radiotherapy
70	3D Conformal Radiotherapy
71	IGRT- Image Guided Radiotherapy
72	IMRT- Step & Shoot
73	Infusional Bisphosphonates
74	IMRT- DMLC
75	Rotational Arc Therapy
76	Tele gamma therapy
77	FSRT-Fractionated SRT
78	VMAT-Volumetric Modulated Arc Therapy
79	SBRT-Stereotactic Body Radiotherapy
80	Helical Tomotherapy
81	SRS-Stereotactic Radiosurgery
82	X-Knife SRS
83	Gammaknife SRS
84	TBI- Total Body Radiotherapy
85	intraluminal Brachytherapy
86	Electron Therapy
87	TSET-Total Electron Skin Therapy
88	Extracorporeal Irradiation of Blood Products
89	Telecobalt Therapy
90	Telecesium Therapy
91	External mould Brachytherapy
92	Interstitial Brachytherapy
93	Intracavity Brachytherapy
94	3D Brachytherapy
95	Implant Brachytherapy
96	Intravesical Brachytherapy
97	Adjuvant Radiotherapy
98	Afterloading Catheter Brachytherapy
99	Conditioning Radiotherapy for BMT
100	Extracorporeal Irradiation to the Homologous Bone grafts
101	Radical chemotherapy
102	Neoadjuvant radiotherapy
103	LDR Brachytherapy
104	Palliative Radiotherapy
105	Radical Radiotherapy
106	Palliative chemotherapy
107	Template Brachytherapy

HEALTH ENSURE

Annexure I List of Day Care Procedures:

108	Neoadjuvant chemotherapy
109	Adjuvant chemotherapy
110	Induction chemotherapy
111	Consolidation chemotherapy
112	Maintenance chemotherapy
113	HDR Brachytherapy
Plastic Surgery	
114	Construction skin pedicle flap
115	Gluteal pressure ulcer-Excision
116	Muscle-skin graft, leg
117	Removal of bone for graft
118	Muscle-skin graft duct fistula
119	Removal cartilage graft
120	Myocutaneous flap
121	Fibro myocutaneous flap
122	Breast reconstruction surgery after mastectomy
123	Sling operation for facial palsy
124	Split Skin Grafting under RA
125	Wolfe skin graft
126	Plastic surgery to the floor of the mouth under GA
Urology	
127	AV fistula - wrist
128	URSL with stenting
129	URSL with lithotripsy
130	CystoscopicLitholapaxy
131	ESWL
132	Haemodialysis
133	Bladder Neck Incision
134	Cystoscopy & Biopsy
135	Cystoscopy and removal of polyp
136	Suprapubiccystostomy
137	percutaneous nephrostomy
139	Cystoscopy and "SLING" procedure.
140	TUNA- prostate
141	Excision of urethral diverticulum
142	Removal of urethral Stone
143	Excision of urethral prolapse
144	Mega-ureter reconstruction
145	Kidney renoscopy and biopsy
146	Ureter endoscopy and treatment
147	Vesico ureteric reflux correction
148	Surgery for pelvi ureteric junction obstruction
149	Anderson hynes operation
150	Kidney endoscopy and biopsy
151	Paraphimosis surgery
152	injury prepuce- circumcision
153	Frenular tear repair
154	Meatotomy for meatal stenosis
155	surgery for fournier's gangrene scrotum
156	surgery filarial scrotum
157	surgery for watering can perineum
158	Repair of penile torsion
159	Drainage of prostate abscess

160	Orchiectomy
161	Cystoscopy and removal of FB
Neurology	
162	Facial nerve physiotherapy
163	Nerve biopsy
164	Muscle biopsy
165	Epidural steroid injection
166	Glycerol rhizotomy
167	Spinal cord stimulation
168	Motor cortex stimulation
169	Stereotactic Radiosurgery
170	Percutaneous Cordotomy
171	Intrathecal Baclofen therapy
172	Entrapment neuropathy Release
173	Diagnostic cerebral angiography
174	VP shunt
175	Ventriculoatrial shunt
Thoracic surgery	
176	Thoracoscopy and Lung Biopsy
177	Excision of cervical sympathetic Chain Thoracoscopic
178	Laser Ablation of Barrett's oesophagus
179	Pleurodesis
180	Thoracoscopy and pleural biopsy
181	EBUS + Biopsy
182	Thoracoscopy ligation thoracic duct
183	Thoracoscopy assisted empyaema drainage
Gastroenterology	
184	Pancreatic pseudocyst EUS & drainage
185	RF ablation for barrett'sOesophagus
186	ERCP and papillotomy
187	Esophagoscope and sclerosant injection
188	EUS + submucosal resection
189	Construction of gastrostomy tube
190	EUS + aspiration pancreatic cyst
191	Small bowel endoscopy (therapeutic)
192	Colonoscopy ,lesion removal
193	ERCP
194	Colonoscopy stenting of stricture
195	Percutaneous Endoscopic Gastrostomy
196	EUS and pancreatic pseudo cyst drainage
197	ERCP and choledochoscopy
198	Proctosigmoidoscopy volvulus detorsion
199	ERCP and sphincterotomy
200	Esophageal stent placement
201	ERCP + placement of biliary stents
202	Sigmoidoscopy w / stent
203	EUS + coeliac node biopsy
General Surgery	
204	Infected Keloid Excision
205	Incision of a pilonidal sinus / abscess
206	Axillary lymphadenectomy

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Annexure I List of Day Care Procedures:

207	Wound debridement and Cover
208	Abscess-Decompression
209	Cervical lymphadenectomy
210	infected sebaceous cyst
211	Inguinal lymphadenectomy
212	Incision and drainage of Abscess
213	Suturing of lacerations
214	Scalp Suturing
215	Infected lipoma excision
216	Maximal anal dilatation
217	Piles A) Injection Sclerotherapy B) Piles banding
218	Liver Abscess- catheter drainage
219	Fissure in Ano- fissurectomy
220	Fibroadenoma breast excision
221	OesophagealvaricesSclerotherapy
222	ERCP - pancreatic duct stone removal
223	Perianal abscess I&D
224	Perianal hematoma Evacuation
225	Fissure in anosphincterotomy
226	UGI scopy and Polypectomyoesophagus
227	Breast abscess I& D
228	Feeding Gastrostomy
229	Oesophagoscopy and biopsy of growth oesophagus
230	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
231	ERCP - Bile duct stone removal
232	Ileostomy closure
233	Colonoscopy
234	Polypectomy colon
235	Splenic abscesses Laparoscopic Drainage
236	UGI SCOPY and Polypectomy stomach
237	Rigid Oesophagoscopy for FB removal
238	Feeding Jejunostomy
239	Colostomy
240	Ileostomy
241	colostomy closure
242	Submandibular salivary duct stone removal
243	Pneumatic reduction of intussusception
244	Varicose veins legs - Injection sclerotherapy
245	Rigid Oesophagoscopy for Plummer vinson syndrome
246	Pancreatic Pseudocysts Endoscopic Drainage
247	ZADEK's Nail bed excision
248	Subcutaneous mastectomy
249	Excision of Ranula under GA
250	Rigid Oesophagoscopy for dilation of benign Strictures
251	Eversion of Sac a) Unilateral b)Bilateral
252	Lord's plication
253	Jaboulay's Procedure
254	Scrotoplasty
255	Surgical treatment of varicocele
256	Epididymectomy
257	Circumcision for Trauma

258	Meatoplasty
259	Intersphincteric abscess incision and drainage
260	Psoas Abscess Incision and Drainage
261	Thyroid abscess Incision and Drainage
262	TIPS procedure for portal hypertension
263	Esophageal Growth stent
264	PAIR Procedure of Hydatid Cyst liver
265	Tru cut liver biopsy
266	Photodynamic therapy or esophageal tumour and Lung tumour
267	Excision of Cervical RIB
268	laparoscopic reduction of intussusception
269	Microdochectomy breast
270	Surgery for fracture Penis
271	Sentinel node biopsy
272	Parastomal hernia
273	Revision colostomy
274	Prolapsed colostomy- Correction
275	Testicular biopsy
276	laparoscopic cardiomyotomy(Hellers)
277	Sentinel node biopsy malignant melanoma
278	laparoscopic pyloromyotomy(Ramstedt)

Orthopedics

279	Arthroscopic Repair of ACL tear knee
280	Closed reduction of minor Fractures
281	Arthroscopic repair of PCL tear knee
282	Tendon shortening
283	Arthroscopic Meniscectomy - Knee
284	Treatment of clavicle dislocation
285	Arthroscopic meniscus repair
286	Haemarthrosis knee- lavage
287	Abscess knee joint drainage
288	Carpal tunnel release
289	Closed reduction of minor dislocation
290	Repair of knee cap tendon
291	ORIF with K wire fixation- small bones
292	Release of midfoot joint
293	ORIF with plating- Small long bones
294	Implant removal minor
295	K wire removal
296	POP application
297	Closed reduction and external fixation
298	Arthrotomy Hip joint
299	Syme's amputation
300	Arthroplasty
301	Partial removal of rib
302	Treatment of sesamoid bone fracture
303	Shoulder arthroscopy / surgery
304	Elbow arthroscopy
305	Amputation of metacarpal bone
306	Release of thumb contracture
307	Incision of foot fascia
308	calcaneum spur hydrocort injection
309	Ganglion wrist hyalase injection
310	Partial removal of metatarsal

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Annexure I List of Day Care Procedures:

311	Repair / graft of foot tendon
312	Revision/Removal of Knee cap
313	Amputation follow-up surgery
314	Exploration of ankle joint
315	Remove/graft leg bone lesion
316	Repair/graft achilles tendon
317	Remove of tissue expander
318	Biopsy elbow joint lining
319	Removal of wrist prosthesis
320	Biopsy finger joint lining
321	Tendon lengthening
322	Treatment of shoulder dislocation
323	Lengthening of hand tendon
324	Removal of elbow bursa
325	Fixation of knee joint
326	Treatment of foot dislocation
327	Surgery of bunion
328	intra articular steroid injection
329	Tendon transfer procedure
330	Removal of knee cap bursa
331	Treatment of fracture of ulna
332	Treatment of scapula fracture
333	Removal of tumor of arm/ elbow under RA/GA
334	Repair of ruptured tendon
335	Decompress forearm space
336	Revision of neck muscle (Torticollis release)
337	Lengthening of thigh tendons
338	Treatment fracture of radius & ulna
339	Repair of knee joint Paediatric surgery
340	Excision Juvenile polyps rectum
341	Vaginoplasty
342	Dilatation of accidental caustic stricture oesophageal
343	Presacral Teratomas Excision
344	Removal of vesical stone
345	Excision Sigmoid Polyp
346	Sternomastoid Tenotomy
347	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
348	Excision of soft tissue rhabdomyosarcoma
349	Mediastinal lymph node biopsy
350	High Orchiectomy for testis tumours
351	Excision of cervical teratoma
352	Rectal-Myomectomy
353	Rectal prolapse (Delorme's procedure)
354	Orchidopexy for undescended testis
355	Detorsion of torsion Testis
356	lap. Abdominal exploration in cryptorchidism
357	EUA + biopsy multiple fistula in ano
358	Cystic hygroma - Injection treatment
359	Excision of fistula-in-ano
Gynaecology	
360	Hysteroscopic removal of myoma
361	D&C
362	Hysteroscopic resection of septum
363	thermal Cauterisation of Cervix

364	MIRENA insertion
365	Hysteroscopic adhesiolysis
366	LEEP
367	Cryocauterisation of Cervix
368	Polypectomy Endometrium
369	Hysteroscopic resection of fibroid
370	LLETZ
371	Conization
372	polypectomy cervix
373	Hysteroscopic resection of endometrial polyp
374	Vulval wart excision
375	Laparoscopic paraovarian cyst excision
376	uterine artery embolization
377	Bartholin Cyst excision
378	Laparoscopic cystectomy
379	Hymenectomy(imperforate Hymen)
380	Endometrial ablation
381	vaginal wall cyst excision
382	Vulval cyst Excision
383	Laparoscopic paratubal cyst excision
384	Repair of vagina (vaginal atresia)
385	Hysteroscopy, removal of myoma
386	TURBT
387	Ureterocele repair - congenital internal
388	Vaginal mesh For POP
389	Laparoscopic Myomectomy
390	Surgery for SUI
391	Repair recto- vagina fistula
392	Pelvic floor repair(excluding Fistula repair)
393	URS + LL
394	Laparoscopic oophorectomy
Critical care	
395	Insert non- tunnel CV cath
396	Insert PICC cath (peripherally inserted central catheter)
397	Replace PICC cath (peripherally inserted central catheter)
398	Insertion catheter, intra anterior
399	Insertion of Portacath

Note:

- (I) The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/disease under treatment. Only 24 hours hospitalization is not mandatory.

HEALTH ENSURE

Annexure II:- List of Non-Medical Items

S. NO	List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -	SUGGESTIONS
TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	M01STUR1SER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient

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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 /T PA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	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
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	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	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
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges ,not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable
77	MICROSCOPE COVER	Payable under OT Charges , not separately
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges , not separately
79	SURGICAL DRILL	Payable under OT Charges , not separately
80	EYE KIT	Payable under OT Charges , not separately
81	EYE DRAPE	Payable under OT Charges , not separately

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82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges , not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part o f Cost of Blood, not payable
86	Antisepti cord is infectant lotions	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES,SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part o f room charge not payable separately
98	HOUSE KEEPING CHARGES	Part o f room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part o f room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge , Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	M IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable

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128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs,shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	S PO 2PRO B E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruct ion, liver transplant etc.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	May be payable when prescribed for patient , not payable for hospitaluse in OT or ward
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -S u g a r free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	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.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre-operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably

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169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
Other		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations w here covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT reused	Should be payable in case of PI VI) requiring traction as this is generally not
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid