

HEALTH INFINITY**Policy Wordings****Preamble**

Whereas as the Insured has made to Bajaj Allianz General Insurance Company Ltd. (hereinafter called the Company), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations, to indemnify the Insured and subject always to the Limit of Indemnity against such loss as is herein provided.

Policy period:

- Health Infinity: 1 year, 2 years or 3 years.

A. COVERAGE**1. In-patient Hospitalization Treatment**

If the Insured is Hospitalized on the advice of a Medical Practitioner (as defined under Policy) because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then the Company will pay the Insured, Reasonable and Customary Medical Expenses incurred for:

- Room and Boarding expenses as provided by the Hospital/ Nursing Home, maximum up to the per day room rent plan opted by the Insured.
- If admitted in ICU, the Company will pay up to actual ICU expenses provided by Hospital.
- Nursing Expenses as provided by the hospital.
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances.
- Dialysis, Chemotherapy, Radiotherapy, physiotherapy.
- Medicines, Drugs and consumables.
- 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 prescribed by the treating Medical Practitioner.

2. Pre-Hospitalization

The Medical Expenses incurred during the 60 days immediately before the Insured was Hospitalized, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalization was required, and the Company has accepted an inpatient Hospitalization claim under "In-patient Hospitalization Treatment" (Section A1).

3. Post-Hospitalization

The Medical Expenses incurred during the 90 days immediately after the Insured was discharged post Hospitalization provided that: Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalization was required, and the Company has accepted an inpatient Hospitalization claim under "In-patient Hospitalization Treatment" (Section A1).

4. Road Ambulance

- The Company will pay the reasonable cost upto a maximum of Rs 5000/- per Hospitalization incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.
- The Company will also reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider for transferring the Insured from the Hospital where he/ she was admitted initially to another hospital with higher medical facilities.
Claim under this section shall be payable by the Company only when:
 - Such life threatening emergency condition is certified by the Medical Practitioner, and
 - The Company has accepted Insured's Claim under "In-patient Hospitalization Treatment" (Section A1) or "Day Care Procedures"(Section A5) of the Policy.Subject otherwise to the terms, conditions and exclusions of the Policy.

5. Day Care Procedures

The Company will pay the Insured, medical expenses as listed above under "In-patient Hospitalization Treatment" (Section A1) for Day Care medical treatment, and/or surgical procedure which is

- undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- which would have otherwise required Hospitalization of more than 24 hours.

HEALTH INFINITY

Exclusions specific to Day Care Procedures-

- i. Treatment normally taken on an out-patient basis
- ii. Any dental treatment or procedure

Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Preventive Health Check Up

After continuously renewing the Health Infinity Policy for 3 years with us, You are eligible for a free Preventive Health check-up. We will reimburse the amount equal to per day room rent as opted by You, maximum up to Rs. 5000/-for each Insured Member covered under the Policy during the block of 3 years.

You may approach us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). Contact Email id- healthcheck@bajajallianz.co.in.

B. DEFINITIONS

1. Accident, Accidental

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

2. Act of Terrorism

Means an act or thing by any person or group(s) of persons, whether acting alone or on behalf of or in connection with or in connivance with or at the instance or instigation of any person or group(s) or organisation(s) or associations(s), who are or are not banned any law, in such a manner or with intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, with intend to cause, or likely to cause, death or, or injuries to any person or persons or loss of, or damage to, or destruction of, property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defence of India or in connection with any other purposes of the Government of India, any State Government or an of their agencies, or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act. Provided further that for the above acts appropriate criminal prosecution has been initiated by police and charge sheet has been filed in competent court of criminal jurisdiction, either under special law or under general law.

3. 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.

4. Cashless facility

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

5. Condition Precedent

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

6. Congenital Anomaly

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

7. Cumulative Bonus

Cumulative Bonus means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

8. Co-Payment

Co-payment means a cost sharing requirement under a health insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured

HEALTH INFINITY

9. Day care centre

A day care centre means any institution established for day care treatment of illness 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:-

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

10. Day Care Treatment

Day care treatment means to 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 a Hospitalization of more than 24 hours.

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

11. Dental Treatment

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

12. 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.

13. Emergency Care

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's health.

14. Grace Period

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.

15. Hospital

A 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;
- 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.

16. Hospitalization or Hospitalized

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.

17. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

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

HEALTH INFINITY

- iii. it requires your rehabilitation or for you to be specially trained to cope with it
- iv. it continues indefinitely
- v. it comes back or is likely to recur

18. Inpatient Care

Inpatient care means treatment for which the Insured has to stay in a hospital for more than 24 hours for a covered event.

19. Injury/ Bodily Injury

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.

20. Insured/ Insured Member 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 commencement of the Policy Period. Insureds may be construed accordingly.

21. Intensive Care Unit (ICU)

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

22. 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 intensivist charges.

23. Maternity expense

Maternity expenses means;

- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization);
- b. expenses towards lawful medical termination of pregnancy during the Policy Period.

24. Medical Advice

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

25. Medical expenses

Medical Expenses means those expenses that an Insured 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 had not been insured and no more than other hospitals or Medical Practitioners in the same locality would have charged for the same medical treatment.

26. Medical Practitioner:

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

27. Medically Necessary Treatment

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

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

28. Migration

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions with the same insurer.

HEALTH INFINITY

29. Non- Network Provider

Any hospital, day care centre or other provider that is not part of the network.

30. Notification of Claim

Notification of claim is the process of intimating a claim to the insurer or TPA through any of the recognized modes of Communication.

31. OPD treatment

OPD treatment means 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.

32. Obesity means abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index

Body mass index (BMI) is a simple index of weight-for-height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m²).

The WHO definition is:

BMI greater than or equal to 25 is overweight

BMI greater than or equal to 30 is obesity

33. Policy means the proposal, the Health Infinity Policy Schedule, the Policy documents, these Terms and Conditions and any endorsements attaching to or forming part hereof either on the Risk Inception Date ["RID"] or during the Policy Period.**34. Portability**

Portability means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another.

35. Policy Period

The period between RID and RED shown in the Policy Schedule.

36. Pre-Existing Disease means any condition, ailment or injury or disease

- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
- c. A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.

37. Pre-Hospitalization Medical Expenses

Pre-Hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person is Hospitalized, provided that:

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

38. Post-Hospitalization Medical Expenses

Post-Hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is Hospitalized, provided that:

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

39. Qualified Nurse

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.

40. Reasonable and Customary Charges

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

HEALTH INFINITY

41. Room rent

Room rent means the amount charged by a hospital towards room and boarding expenses and shall include associated medical expenses.

42. Renewal

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. Risk Inception Date [RID] means the date and time of inception of risk as mentioned in the Policy Schedule.

44. Risk End Date [RED] means the date and time on which the risk as mentioned in the Policy Schedule comes to an end.

45. Surgery or Surgical Procedure:

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

46. Policy Schedule or Schedule means the Health Infinity Policy Schedule and any annexure attached to and forming part of this Policy.

47. Unproven/Experimental treatment

Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

48. You, Your, Yourself, Your Family the Insured/ family members of Insured [in floater Policy] as set out in the Policy.

49. We, Our, Ours, the Company, means the Bajaj Allianz General Insurance Company Limited.

C. EXCLUSIONS UNDER THE POLICY**I. Waiting Period****1. Pre-existing Diseases waiting period (Excl01)**

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Health Infinity Policy with Us.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Infinity Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. After completion of 24 months of continuous coverage, the maximum limit for each claim will be restricted to 100 times per day room rent limit for below listed conditions/procedures. Please note that the limit of indemnity will be applicable only for the procedures.

HEALTH INFINITY

g. List of specific diseases/procedures is as below

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours / cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth
19. Parkinson's Disease	20. Alzheimer's Disease

3. A waiting period of 36 months from the first Health Infinity Policy inception date will be applicable to the medical and surgical treatment of illness surgical procedures mentioned below. Even after 36 months of continuous coverage, the limit of indemnity for each claim will be restricted to 100 times per day room rent limit for the below listed conditions. Please note that the limit of indemnity will be applicable only for the procedures.

- Joint replacement surgery
- Surgery for vertebral column disorders (unless necessitated due to an accident)
- Surgery to correct deviated nasal septum
- Hypertrophied turbinate
- Congenital internal diseases or anomalies
- Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5

4. 30-day waiting period (Excl03)

- Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. GENERAL EXCLUSIONS

- Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
- Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock
- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), 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 Act of Terrorism will be covered under the Policy.
- Circumcision unless required for the treatment of Illness or Accidental bodily injury,
- Investigation & Evaluation (Excl04)
 - Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
 - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

HEALTH INFINITY

6. Rest Cure, rehabilitation and respite care (Excl05)
 - a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.
7. Obesity/Weight Control (Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

 1. Surgery to be conducted is upon the advice of the Doctor
 2. The surgery/Procedure conducted should be supported by clinical protocols
 3. The member has to be 18 years of age or older and
 4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
8. Change-of-gender treatments (Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
9. Cosmetic or plastic Surgery (Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
10. Hazardous or Adventure Sports (Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
11. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, 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.
12. External medical equipment of any kind used at home as post Hospitalization 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.
13. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.
14. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
15. Breach of law (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.
16. Excluded Providers (Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
17. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

HEALTH INFINITY

18. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)
19. 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 Medical practitioner.
20. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)
21. Refractive Error (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
22. Unproven Treatments (Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
23. Birth control, Sterility and Infertility (Excl17)
Expenses related to Birth Control, sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
24. Maternity (Excl 18)
 - a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
25. Treatment for any other system other than modern medicine (also known as Allopathy).
26. All non-medical Items as per Annexure II
27. Any treatment received outside India is not covered under this Policy.

D. Conditions**Conditions precedent to the contract****1. Conditions Precedent**

Where this Policy requires the Insured to do or not to do something, then the complete satisfaction of that requirement by the Insured or someone claiming on his/ her behalf is a precondition to any obligation the Company has under this Policy. If the Insured or someone claiming on his/ her behalf fails to completely satisfy that requirement, then the Company may refuse to consider his/ her claim.

2. Eligibility

- Indian nationals residing in India would be considered for this Policy.
- This Policy can be opted by Non-Resident Indians including PIOs (Persons of Indian Origin) and OCIs (Overseas citizens of India) also; however the Policy will be issued during their stay in India and premium paid in Indian currency and by Indian Account only.
- We will cover Insured for treatment availed in India. Our liability shall be to make payment within India and in Indian Rupees only.

3. Non-Disclosure of any Material Information

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular in the proposal, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this policy.

HEALTH INFINITY

4. Installment Premium

If You have opted for a Policy on an instalment basis, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

1. In case of any Hospitalization claim during the active policy period or relaxation period, an amount equivalent to the balance of the instalment premiums payable for the Policy Period, would be recoverable from the insured prior to administration of claim, upon payment of balance instalment premiums the claim shall be processed taking into consideration the benefit/deductibles/co-payment.
2. Relaxation period for the policies with installment option would be as under

Installment Option	Relaxation Period
Half Yearly	15 days
Quarterly	15 days
Monthly	15 days

Note-

In case of instalment premiums not received within the relaxation period the Policy will get cancelled, a fresh application of health insurance may be submitted to Us and it would be processed as per a new business proposal.

Conditions when a claim arises**5. Claims Procedure**

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

If the Insured meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to the Company's liability, the Insured 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 the Insured:

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, the Insured/ his or her representative must call the Company and request pre-authorization by way of the written form.
- ii. In case of Planned Hospitalization, the Insured/Insured's representative shall intimate such admission 48 hours prior to such Hospitalization.
- iii. In case of Emergency Hospitalization, the Insured/Insured's representative shall intimate such admission within 24 hours of such Hospitalization.
- iv. On receipt of Insured's pre-authorization form duly filled and signed by the Insured/ his or her representative, the Company's representative then within 2 hours will respond with Approval, Rejection or an more information.
- v. After considering the Insured's request and after obtaining any further information or documentation the Company has sought, the Company may, if satisfied, send the Insured or the Network Hospital, an authorization letter. The authorization letter, the ID card issued to the Insured along with this Policy and any other information or documentation that the Company has specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Insured's admission to the same.
- vi. If the procedure above is followed, the Insured will not be required to directly pay for the bill amount in the Network Hospital that the Company is liable under Section A1 In-Patient Hospitalization Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization does not guarantee that all costs and expenses will be covered. The Company 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-authorization as per Cashless Claims Procedure above is denied by the Company or if treatment is taken in a Hospital other than a Network Hospital or if the Insured do not wish to avail cashless facility, then:

- i. The Insured or someone claiming on his/ her behalf must inform the Company 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. The Insured must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- iii. The Insured must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.
- iv. The Insured must have himself / herself examined by the Company's medical advisors if the Company ask for this, and as often as the Company consider this to be necessary at the Company's cost.
- v. The Insured or someone claiming on his/ her behalf must promptly and in any event within 30 days of discharge from a Hospital give the Company documentation as listed out in greater detail below and other information the Company ask for to investigate the claim or the Company's obligation to make payment for it.

HEALTH INFINITY

- vi. In the event of the death of the Insured, someone claiming on his behalf must inform the Company in writing immediately and send the Company a copy of the post mortem report (if any) within 30 days*

*Note: In case the Insured is claiming for the same event under an indemnity based Policy of another insurer and is required to submit the original documents related to his/ her treatment with that particular insurer, then the Insured may provide the Company 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 the Company's satisfaction that under the circumstances in which the Insured was placed, it was not possible for the Insured or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents

- Claim form with NEFT details & cancelled cheque duly signed by Insured
 - Original of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
 - Attested copies of Indoor case papers (Optional)
 - Original copies Final Hospital Bill with break up 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 copies of Investigation Reports against Investigations done.
 - Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Medical Practitioner certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
 - First consultation letter for the current ailment.
 - In case of implant surgery, invoice & sticker.
 - In cases where the information provided by the insured is incomplete or a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above
 - Aadhar card & PAN card Copies (Not mandatory if the same is linked with the Policy while issuance or in previous claim)
- All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.

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

6. Paying a Claim

- i. The Insured agrees that the Company need only make payment when the Insured or someone claiming on his/ her behalf has provided the Company with necessary documentation and information.
- ii. The Company will make payment to the Insured or his/ her Nominee. If there is no Nominee and the Insured is incapacitated or deceased, the Company will pay the Insured's heir, executor or validly appointed legal representative and any payment the Company make in this way will be a complete and final discharge of the Company's 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, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. In the cases of delay in the payment, the Company 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) from the date of receipt of last necessary document to the date of payment of claim.
- iv. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If the Company, 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.

7. Basis of Claims Payment

- i. 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.
- ii. The Company shall make payment in Indian Rupees only.

HEALTH INFINITY

8. Reduction in Waiting Period

1. If the proposed Insured is presently covered and has been continuously covered without any lapses as under:
 - a. any health insurance indemnity plan with an Indian non-life insurer/health insurer as per guidelines on portability, OR
 - b. any other similar health insurance indemnity plan from Us, Then:
 - i. The 30 days waiting period specified in Section C-I.4 of the Policy stand deleted
 - ii. The waiting periods specified in the Section C-I.1 to I.3 shall be reduced by the number of continuous preceding years of coverage of the Insured under the previous health insurance Policy; Continuity / Credit of waiting periods would be extended up to the Sum Insured & Cumulative bonus of the previous Policy
 - iii. The limits as mentioned under C-I.2 and I.3 and co-pay as mentioned in Point D 9- Cost Sharing shall also be applicable for all portability proposals
The above conditions would be applicable if the insured has applied for portability with us and the proposal is accepted and the policy is issued as per portability guidelines.

9. Cost Sharing

- i. If the Insured seeks admission in a room category exceeding the room rent plan opted at the time of Policy inception, then a proportionate co-payment would apply on all Hospitalization expenses incurred, which includes all expenses mentioned in Section A1 (excluding A1- vii and A1- viii), A2, A3, A4, A5. of policy wordings.
- ii. The Policy covers all Hospitalization expenses during the Policy period as per the Policy coverage, terms conditions, definitions & exclusions, however if the claim approved amount exceeds 100 times the room rent limit opted (in a single claim or multiple claims) then a co -payment of 15%/20%/25% as opted would apply on the claim amount.
The co-payment would apply on the claim amount exceeding 100 times of the room rent limit and not on the complete claim.
- iii. The maximum limit of indemnity for ailments/conditions as mentioned in C-I-2 & C-I-3 will be restricted to 100 times the room rent limit opted for each claim. Claim amount exceeding 100 times of the room rent limit would be not be admissible under the policy and hence the co-payment as defined in point (ii) above shall not be applicable on such amount.
- iv. The Maximum limit of indemnity for Listed Modern Treatments, specified in Annexure III, would be 100 times of the room rent limit. Claim amount exceeding 100 times of the room rent limit would be not be admissible under the policy and hence the co-payment as defined in point (ii) above shall not be applicable on such amount. The coverage of Modern treatments would be subject to the terms conditions, definitions, exclusions as defined under this policy.

In event of a claim wherein both the co-payments as defined above are applicable then co-payment as defined under point (i) would apply first followed by that defined under point (ii) The Co-payment will be applicable for claims for both Network and Non- Network Hospitals

Conditions for renewal of the contract.**10. Renewal**

- i. Company shall not be bound to give notice that such renewal and renewal premium is due. If the Company agrees to renew the Cover Period every renewal premium (which shall be paid and accepted) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured that may result in enhancement of the risk of the Company. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company. On renewal, the indemnity benefits provided under the Policy and/or terms and conditions of the Policy including premium rate may change subject to IRDAI approval.
- ii. Under normal circumstances, renewal will not be refused except on the grounds of Your moral hazard, misrepresentation, suppression of material facts, fraud, or your non-cooperation. (Subject to Policy is renewed with us within the Grace period of 30 days from date of Expiry)
- iii. 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.
- iv. 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.
- v. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- vi. We will not apply any additional loading on your Policy premium at renewal based on claim experience.

Conditions applicable during the contract**11. Communications**

Any communication meant for the Company must be in writing and be delivered to the Company's address shown in the Schedule. Any

HEALTH INFINITY

communication meant for the Insured will be sent by the Company to Insured's address shown in the Policy.

12. Fraud

If the Insured 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.

13. Multiple Policies

- i. In case of multiple policies which provide fixed benefits, on the occurrence of the covered event/s in accordance with the terms and conditions of the Policy, each Insurer shall make the claim payments independent of payments received under other similar policies.
- ii. If two or more Policies are taken by an Insured during a period from one or more insurers to indemnify treatment costs, the Insured shall have the right to require a settlement of his/her claim in terms of any of his/her Policies.
- a. 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.
- b. Claims under other Policy/ies may be made after exhaustion of Sum Insured in the earlier chosen Policy / Policies.
- c. If the amount to be claimed exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay, the Policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- d. Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the medical expenses incurred in accordance with the terms, conditions and coverages of the chosen Policy.
- e. If Insured has multiple Policies, he/ she has the right to prefer claims from other Policy/Policies for the amounts disallowed under the earlier chosen Policy/ Policies, even if the Sum Insured is not exhausted. The Company shall settle the claim subject to the terms and conditions of the Policy.

14. Cancellation

- i. The Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice and if no claim has been made then the Company 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, if any false statement or declaration is made or used or non-cooperation. In cases of cancellation of Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, or if any false statement or declaration is made or used premium shall be forfeited and no refund of premium shall be made by the Company. In other cases of cancellation of Policy by the Company, premium will be refunded on pro-rata basis.
- ii. The Policy may be cancelled by the Insured at any time before the expiry of the Policy Period by giving at least 15 days written notice to the Company and if no claim has been made then the Company will refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.
- a. Cancellation grid for premium received on annual basis

Period in Risk	Premium Refund		
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Pro Rata Refund		
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.

HEALTH INFINITY

- In case of renewal policies, period is risk “Exceeding 15 days but less than 3 months” should be read as “within 3 months”.
- iii. For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which this Policy is cancelled except in cases such cancellation is on account of Fraud, mis-representation or non-disclosure of material facts or non-cooperation by the Insured.

b. Cancellation grid for premium received on instalment basis

For monthly/quarterly premium modes, no premium is refunded. For half yearly premium payment mode, the premium will be refunded as per the below table:

Period in Risk (from latest instalment date)	Premium Refund Pro Rate
	% of Half Yearly Premium
Exceeding 15 days but less than 3 months	30%
Exceeding 3 months but less than 6 months	0%

15. 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 cancelling 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.

16. Portability Conditions

Portability shall be allowed under all individual indemnity health insurance policies issued by General Insurers and Health Insurers including family floater policies

17. Endorsements

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

18. 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 Insureds at least 3 months prior to the date of such revision/modification comes into the effect

19. Migration of Policy

1. Every individual policy holder (including members under family floater policy) covered under indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the policyholder;
 - a. To an individual health insurance policy or a family floater policy, or;
 - b. To a group health insurance policy, if members complies with the norms relating to the health insurance coverage under the concerned group insurance policy.
2. Every Individual member, including family members covered under an indemnity based group health insurance policy shall be provided an option of migration at the time of exit from group or in the event of modification of group policy (including the revision in the premium rates) or withdrawal of the group policy :
 - a. To an individual health insurance policy or a family floater policy.
3. Migration shall be applicable to the extent of the sum insured under the previous policy and the cumulative bonus, if any, acquired from the previous policies.
4. Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and the time bound exclusions shall be made applicable on migration under the new policy.
5. Migration may be subject to underwriting as follows:

HEALTH INFINITY

- a. For individual policies, if the policyholder is continuously covered in the previous policy without any break for a period of four years or more, migration shall be allowed without subjecting the policyholder to any underwriting to the extent of the sum insured and the benefits available in the previous policy.
- b. Migration from group policies to individual policy will be subject to underwriting

20. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as the Company reserve right to do so with a intimation of 3 months to all the existing Insureds. In such an event of withdrawal of this product, at the time of Insured seeking renewal of the Master Policy, Insured can choose, among the Company's available similar and closely similar Health insurance products subject to underwriting Policy of the Company. Upon Insured so choosing the Company's new product, Insured and the Insureds will be charged the Premium as per the Company's Underwriting Policy for such chosen new product, as approved by IRDAI. Provided however, if Insurer Person do not respond to the Company's 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 Insurer person for renewal on the renewal date and accordingly upon Insured seeking renewal of the Master Policy, Insured shall have to take a Master Policy under available new products of the Company subject to Insured paying the Premium as per the Company's Underwriting Policy for such available new product chosen by the Insured and also subject to Portability condition.

21. Discounts:**A. Wellness discount:**

Insured member is eligible for 5% discount at each renewal provided he / she submits the below mentioned medical test reports & if all the reports are falling within normal range as specified below

- i. ECG of Normal Sinus Rhythm
- ii. Fasting Blood Sugar equal to or less than 120 Mg/dl
- iii. Serum Creatinine – within normal limits as defined in test reports
- iv. Lipid Profile – All parameters within normal limits
- v. BMI less than or equal to 25
- vi. No other adverse health conditions

B. Family Discount:

5% family discount shall be offered if 2 or more eligible family members are covered under a single Policy

C. Long Term Policy Discount:

- i 4 % discount is applicable if policy is opted for 2 years
- ii 8 % discount is applicable if policy is opted for 3 years

D. 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)

E. Online Discount

5% discount is extended for the policies purchased online/ through website/direct customers. This benefit is extended to direct customers in lieu of the commission.

22. Per day Room Rent Enhancement:

- i. The Insured can apply for enhancement of per day room rent at the time of renewal Insured can apply for enhancement of per day room rent by submitting a fresh proposal form to the company.
- ii. The acceptance of enhancement of per day room rent would be at the discretion of the company, based on the health condition of the Insured & claim history of the Policy.
- iii. All waiting periods as defined in the Policy shall apply for this enhanced per day room rent limit from the effective date of enhancement of such per day room rent considering such Policy Period as the first Policy with the Company.
- iv. Cost sharing terms as specified under section D – 9 would be applicable to the enhanced room rent limit.

23. Addition /Deletion of Insured(s):

Midterm addition of Spouse within 6 months of marriage and New Born Child within 90 – 180 days from birth, can be allowed subject to his/her name has been notified by Insured in writing to the Company, any additional premium due has been paid and the Company's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of Spouse/ New Born Child as an Insured.

HEALTH INFINITY

24. Territorial Limits & Governing Law

- i. We cover Insured for treatment availed in India. Our liability 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.
- 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.

25. Arbitration and Reconciliation

- i. If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Company), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the Company and the Insured/Insured Member(s) who has made claim under this Policy or if they cannot agree upon a single arbitrator within 30 days of any party [the Company or the and the Insured/Insured Member(s) who has made claim under this Policy] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Insured/Family Member(s) who has made claim under this Policy, as the case may be and the Insurer, respectively, who are the parties to the dispute/ difference and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law, and the seat of 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 the Company has disputed or not accepted/admitted the liability/claim under the Policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the Loss or damage shall be first obtained.
- iv. It is also hereby further expressly agreed and declared that if the Company shall disclaim/repudiate the liability to the Insured for any claim under the Policy, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit in a court of law, then all benefits/indemnities under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the company shall also stand discharged.
- v. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other clauses herein.

26. Grievance Redressal Procedure

Bajaj Allianz General Insurance has always been known as a forward looking customer centric organization. We take immense pride in the spirit of service and the culture of keeping customer first in our scheme of things. In order to provide you with top-notch service on all fronts, We have provided you with multiple platforms via which you can always reach one of our representatives.

Level 1

In case you have any concern, you may please reach out to our Customer Experience Team through any of the following options:

- Our Website @ <https://general.bajajallianz.com/Corp/aboutus/general-insurance-customer-service.jsp>
- Call us on our Toll free no 1800 209 5858
- Mail us on bagichelp@bajajallianz.co.in
- Write to Bajaj Allianz General Insurance Co. Ltd.
Bajaj Allianz House, Airport Road, Yerwada
Pune- 411006

Level 2

In case you are not satisfied with the response given to you by our team, you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in.

Level 3

If you are still not satisfied with the solutions provided, or have some feedback for us, write to the Head of Customer experience directly at head.customerservice@bajajallianz.co.in.

In case your complaint is not fully addressed by the insurer, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI or call 155255. Through IGMS you can register your complain online and track its status. For registration please visit IRDAI website www.irda.gov.in.

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the

HEALTH INFINITY

grievance.

Grievance Redressal Cell for Senior Citizens

Bajaj Allianz introduces a dedicated team for all the senior citizens, so no more wait time, no more standing in long queue. Senior citizens can now contact us on **1800-103-2529** or write to us at seniorcitizen@bajajallianz.co.in.

The contact details of the ombudsman offices are mentioned below. However, we request you to visit <http://www.ecoi.co.in> for updated details

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma 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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

HEALTH INFINITY

Office Details	Jurisdiction of Office Union Territory, District)
DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri/Smt..... Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.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, Babraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Chazipur, Chandauli, Ballia, Sidharathnagar.

HEALTH INFINITY

Office Details	Jurisdiction of Office Union Territory, District)
MUMBAI - Shri Milind A. Kharat 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@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri/Smt..... Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoorj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.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: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Cashless facility offered through network hospitals of Bajaj Allianz only. Cashless facility at 3300+ 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 Helpline number: 1800-209-0144/ 1800-209-5858/ 1800-102-5858 (toll free) / 020-30305858

Annexure I: List of Day Care Procedures:

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty (Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess

HEALTH INFINITY

10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b)Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele

HEALTH INFINITY

57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdocheotomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telescesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiotherapy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	

HEALTH INFINITY

103 LDR Brachytherapy	301 Partial removal of rib
104 Palliative Radiotherapy	302 Treatment of sesamoid bone fracture
105 Radical Radiotherapy	303 Shoulder arthroscopy / surgery
106 Palliative chemotherapy	304 Elbow arthroscopy
107 Template Brachytherapy	305 Amputation of metacarpal bone
108 Neoadjuvant chemotherapy	306 Release of thumb contracture
109 Adjuvant chemotherapy	307 Incision of foot fascia
110 Induction chemotherapy	308 calcaneum spur hydrocort injection
111 Consolidation chemotherapy	309 Ganglion wrist hyalase injection
112 Maintenance chemotherapy	310 Partial removal of metatarsal
113 HDR Brachytherapy	311 Repair / graft of foot tendon
Plastic Surgery	312 Revision/Removal of Knee cap
114 Construction skin pedicle flap	313 Amputation follow-up surgery
115 Gluteal pressure ulcer-Excision	314 Exploration of ankle joint
116 Muscle-skin graft, leg	315 Remove/graft leg bone lesion
117 Removal of bone for graft	316 Repair/graft achilles tendon
118 Muscle-skin graft duct fistula	317 Remove of tissue expander
119 Removal cartilage graft	318 Biopsy elbow joint lining
120 Myocutaneous flap	319 Removal of wrist prosthesis
121 Fibro myocutaneous flap	320 Biopsy finger joint lining
122 Breast reconstruction surgery after mastectomy	321 Tendon lengthening
123 Sling operation for facial palsy	322 Treatment of shoulder dislocation
124 Split Skin Grafting under RA	323 Lengthening of hand tendon
125 Wolfe skin graft	324 Removal of elbow bursa
126 Plastic surgery to the floor of the mouth under GA	325 Fixation of knee joint
Urology	326 Treatment of foot dislocation
127 AV fistula – wrist	327 Surgery of bunion
128 URSL with stenting	328 intra articular steroid injection
129 URSL with lithotripsy	329 Tendon transfer procedure
130 CystoscopicLitholapaxy	330 Removal of knee cap bursa
131 ESWL	331 Treatment of fracture of ulna
132 Haemodialysis	332 Treatment of scapula fracture
133 Bladder Neck Incision	333 Removal of tumor of arm/ elbow under RA/GA
134 Cystoscopy & Biopsy	334 Repair of ruptured tendon
135 Cystoscopy and removal of polyp	335 Decompress forearm space
136 Suprapubiccystostomy	336 Revision of neck muscle (Torticollis release)
137 percutaneous nephrostomy	337 Lengthening of thigh tendons
139 Cystoscopy and "SLING" procedure.	338 Treatment fracture of radius & ulna
140 TUNA- prostate	339 Repair of knee joint
141 Excision of urethral diverticulum	Paediatric surgery
142 Removal of urethral Stone	340 Excision Juvenile polyps rectum
143 Excision of urethral prolapse	341 Vaginoplasty
144 Mega-ureter reconstruction	342 Dilatation of accidental caustic stricture oesophageal
145 Kidney renoscopy and biopsy	343 PresacralTeratomas Excision
146 Ureter endoscopy and treatment	344 Removal of vesical stone
147 Vesico ureteric reflux correction	345 Excision Sigmoid Polyp

HEALTH INFINITY

148 Surgery for pelvi ureteric junction obstruction	346 Sternomastoid Tenotomy
149 Anderson hynes operation	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
150 Kidney endoscopy and biopsy	348 Excision of soft tissue rhabdomyosarcoma
151 Paraphimosis surgery	349 Mediastinal lymph node biopsy
152 injury prepuce- circumcision	350 High Orchidectomy for testis tumours
153 Frenular tear repair	351 Excision of cervical teratoma
154 Meatotomy for meatal stenosis	352 Rectal-Myomectomy
155 surgery for fournier's gangrene scrotum	353 Rectal prolapse (Delorme's procedure)
156 surgery filarial scrotum	354 Orchidopexy for undescended testis
157 surgery for watering can perineum	355 Detorsion of torsion Testis
158 Repair of penile torsion	356 lap.Abdominal exploration in cryptorchidism
159 Drainage of prostate abscess	357 EUA + biopsy multiple fistula in ano
160 Orchiectomy	358 Cystic hygroma - Injection treatment
161 Cystoscopy and removal of FB	359 Excision of fistula-in-ano
Neurology	Gynaecology
162 Facial nerve physiotherapy	360 Hysteroscopic removal of myoma
163 Nerve biopsy	361 D&C
164 Muscle biopsy	362 Hysteroscopic resection of septum
165 Epidural steroid injection	363 thermal Cauterisation of Cervix
166 Glycerol rhizotomy	364 MIRENA insertion
167 Spinal cord stimulation	365 Hysteroscopic adhesiolysis
168 Motor cortex stimulation	366 LEEP
169 Stereotactic Radiosurgery	367 Cryocauterisation of Cervix
170 Percutaneous Cordotomy	368 Polypectomy Endometrium
171 Intrathecal Baclofen therapy	369 Hysteroscopic resection of fibroid
172 Entrapment neuropathy Release	370 LLETZ
173 Diagnostic cerebral angiography	371 Conization
174 VP shunt	372 polypectomy cervix
175 Ventriculoatrial shunt	373 Hysteroscopic resection of endometrial polyp
Thoracic surgery	374 Vulval wart excision
176 Thoracoscopy and Lung Biopsy	375 Laparoscopic paraovarian cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	376 uterine artery embolization
178 Laser Ablation of Barrett's oesophagus	377 Bartholin Cyst excision
179 Pleurodesis	378 Laparoscopic cystectomy
180 Thoracoscopy and pleural biopsy	379 Hymenectomy(imperforate Hymen)
181 EBUS + Biopsy	380 Endometrial ablation
182 Thoracoscopy ligation thoracic duct	381 vaginal wall cyst excision
183 Thoracoscopy assisted empyema drainage	382 Vulval cyst Excision
Gastroenterology	383 Laparoscopic paratubal cyst excision
184 Pancreatic pseudocyst EUS & drainage	384 Repair of vagina (vaginal atresia)
185 RF ablation for barrett's Oesophagus	385 Hysteroscopy, removal of myoma
186 ERCP and papillotomy	386 TURBT
187 Esophagoscope and sclerosant injection	387 Ureterocoele repair - congenital internal
188 EUS + submucosal resection	388 Vaginal mesh For POP
189 Construction of gastrostomy tube	389 Laparoscopic Myomectomy
190 EUS + aspiration pancreatic cyst	390 Surgery for SUI

HEALTH INFINITY

191 Small bowel endoscopy (therapeutic)	391 Repair recto- vagina fistula
192 Colonoscopy ,lesion removal	392 Pelvic floor repair(excluding Fistula repair)
193 ERCP	393 URS + LL
194 Colonscopy stenting of stricture	394 Laparoscopic oophorectomy
195 Percutaneous Endoscopic Gastrostomy	Critical care
196 EUS and pancreatic pseudo cyst drainage	395 Insert non- tunnel CV cath
197 ERCP and choledochoscopy	396 Insert PICC cath (peripherally inserted central catheter)
198 Proctosigmoidoscopy volvulus detorsion	397 Replace PICC cath (peripherally inserted central catheter
199 ERCP and sphincterotomy	398 Insertion catheter, intra anterior
200 Esophageal stent placement	399 Insertion of Portacath
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

Note:

- i. Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalization due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions
- ii. 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.

Annexure II:

List I: List of Non-Medical Items

S. NO	List of Expenses ("Non-Medical") in Hospital Indemnity Policy -	REMARKS
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL I INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable

HEALTH INFINITY

23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT , RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable

HEALTH INFINITY

65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

List II - Items that are to be subsumed into Room Charges

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

HEALTH INFINITY

List III- Items that are to be subsumed into Procedure Charges

S. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES(for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD ,CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPE AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES,HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

HEALTH INFINITY

Annexure III:- Modern Treatment Methods and Advancement in Technologies

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM -(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.