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BAJAJ Allianz
Relationship Beyond Insurance

Issuing Office :

FAMILY HEALTH CARE (GOLD)

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product Name	Family Health Care (Gold)	
2	What am I covered for?	1. In-patient Hospitalisation Treatment i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals. ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, 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. 2. Pre- Hospitalisation Expenses The Medical Expenses incurred during the 60 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 Benefit In Patient Hospitalisation Treatment Cover. 3. Post-Hospitalisation The Medical Expenses incurred during the 90 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 Benefit In Patient Hospitalisation Treatment Cover. 4. Road Ambulance We will pay the reasonable cost to a maximum of Rs 3000/- per valid Hospitalisation claim 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. Note: Claim under this section shall be payable by us provided, We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy. 5. Day Care Procedures We will pay you the medical expenses as listed above under 1. 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. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings. 6. Organ Donor Expenses: We will pay expenses incurred towards in case of major organ transplant, for harvesting of the organ provided that, • 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 • We have accepted an inpatient Hospitalization claim for the insured member under in patient Hospitalization expenses Note: The above mentioned expenses are covered under the Sum Insured as opted under the plan	Policy Wordings Section A - Coverage

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		7. Sum Insured Reinstatement Benefit: If the Hospitalization Sum Insured and cumulative benefit (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the hospitalization Sum Insured specified under In Patient Hospitalization Treatment be reinstated for the particular Policy Period provided that: i. The reinstated Sum Insured will be triggered only after the Hospitalization Sum Insured inclusive of the Cumulative Bonus(If applicable) has been completely exhausted during the policy period; ii. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in In Patient Hospitalisation Treatment Cover. iii. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims iv. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person and not arising out of any illness/disease (including its complications) for which a claim has been lodged in the current policy year under Section1 (In-patient Hospitalisation Treatment). v. This benefit is applicable only once during each policy period & will not be carried forward to the subsequent renewals if the benefit is not utilized. vi. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy. vii. Additional premium would not be charged for reinstatement of the Sum Insured. viii. Incase Family Floater policy, Restore Sum Insured will be available for all Insured Persons in the Policy. **8. Hospital Cash Benefit** If You are Hospitalised on the advice of a Doctor as defined under the policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You: The Daily Allowance of Rs. 500/- per day, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 30 days during the Policy Period. **9. Preventive Health Check Up** At the end of a block of every continuous 3 policy years during which You have held Our Family Health Care policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs 2000/- during the block of 3 years. 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). **10. 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 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: In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment: i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees. iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary. Our maximum liability maximum for any or all the above expenses is limited up to 25% of Sum Insured per policy period.	
3	What are the major exclusions in the policy?	5. Treatment arising from or traceable to pregnancy and childbirth including caesarian 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. 6. 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 or cancer and also requiring Hospitalisation. 7. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock	Policy Wordings- Section C- General Exclusions

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		8. 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. 9. Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender. 10. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury 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 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. 13. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy. 14. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) 15. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction. 16. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS. 17. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations 18. 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. 19. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction , impotence, assisted conception operation or sterilization procedure. 20. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor 21. Experimental, unproven or non-standard treatment 22. Weight management services and treatment related to weight reduction programmes including treatment of obesity & treatment for arising direct or indirect complications of Obesity. 23. Treatment for any mental illness or psychiatric illness, Parkinson's Disease. 24. All non-medical Items as per standard list provided by IRDAI. 25. Any treatment received outside India is not covered under this policy.	
4	Waiting periods	1. Benefits will not be available for Any Pre-existing condition, ailment or injury, until 36 months of continuous coverage have elapsed, after the date of inception of the first Family Health Care 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 Family Health Care policy with Us for a continuous period of a full 3 years without break from the date of Your first Family Health Care 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 Family Health Care policy with Us without break in cover.	

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<td>
2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 month of Family Health Care policy,
<table>
<tr><td>1. Any types of gastric or duodenal ulcers,</td><td>9. Cataracts,</td></tr>
<tr><td>2. Benign prostatic hypertrophy</td><td>10. Hernia of all types</td></tr>
<tr><td>3. All types of sinuses</td><td>11. Fistulae, Fissure in ano</td></tr>
<tr><td>4. Haemorrhoids</td><td>12. Hydrocele</td></tr>
<tr><td>5. Dysfunctional uterine bleeding</td><td>13. Fibromyoma</td></tr>
<tr><td>6. Endometriosis</td><td>14. Hysterectomy</td></tr>
<tr><td>7. Stones in the urinary and biliary systems</td><td>15. Surgery for any skin ailment</td></tr>
<tr><td>8. Surgery on ears/tonsils/adenoids/paranasal sinuses</td><td>16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td></tr>
</table>
This exclusion shall apply for a continuous period of 36 months from the date of Your Family Health Care 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 for the first time.

In case of enhancement of Sum Insured, the waiting periods 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 Family Health Care policy with Us without break in cover.

3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Family Health Care policy with Us in connection with:
• Joint replacement surgery,
• Surgery for prolapsed inter vertebral disc (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.

4. 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.
</td>
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<tr>
<td>5.</td>
<td>Payout basis</td>
<td>
Indemnity Basis:
• In-patient Hospitalisation Treatment
• Pre-Hospitalisation
• Post-Hospitalisation
• Road Ambulance
• Day Care Procedures
• Organ Donor Expenses:
• Sum Insured Reinstatement Benefit:
• Preventive Health Check Up
• Ayurvedic / Homeopathic Hospitalisation Expenses

Benefit Basis:
• Hospital Cash Benefit
</td>
<td>Policy Wordings Section A Coverage</td>
</tr>
<tr>
<td>6</td>
<td>Cost sharing</td>
<td>
In case of a claim, this policy requires you to share the following costs:
i. Ayurvedic / Homeopathic Hospitalisation Expenses: Our maximum liability maximum is up to 25% of Sum Insured per policy year.

ii. Cataract Limit per eye 20% of Sum Insured max up to Rs. 50000.
</td>
<td>Policy Wordings Section A Coverage

Policy Wordings Section D 6. Basis of Claims Payment</td>
</tr>
</table>

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<table>
<tr><td>7</td><td>Renewal Conditions</td><td>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.</td><td>Policy Wordings Section D 10 – Renewal and Cancellation</td></tr>
<tr><td>8</td><td>Renewal Benefits</td><td>1. Cumulative Bonus:
Cumulative bonus
If You renew Your Family Health Care with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% of base sum insured per annum, but:
The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and 50% of Your first Family Health Care with Us.
This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy
If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy year of the subsequent Family Health Care shall be reduced by 10%, save that the limit of indemnity applicable to Your first Family Health Care with Us shall be preserved.

2. Preventive Health Check Up
At the end of block of every continuous period of 3 years during which You have held Our Family Health Care policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs 2000/- during the block of 3 years.
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).</td><td>Policy Wordings Section D7: Cumulative Bonus

Policy Wording Section A Coverage: 9 Preventive Health Check up</td></tr>
<tr><td>9</td><td>Cancellation</td><td>i. 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.
ii. 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.
<table>
<tr><th>Period in Risk</th><th>Premium Refund</th></tr>
<tr><td>Within 3 Months</td><td>65.00%</td></tr>
<tr><td>Exceeding 3 months but less than 6 months</td><td>45.00%</td></tr>
<tr><td>Exceeding 6 months to 12 months</td><td>0.00%</td></tr>
</table></td><td>Policy Wordings Section D 10: Renewal and Cancellation</td></tr>
<tr><td colspan="4">(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Policy Brochure/Prospectus and the policy document the terms and conditions mentioned in the policy document shall prevail.</td></tr>
</table>

Policy Wordings

Preamble

Our agreement to insure You is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how We insure it, and what We expect of You and what You can expect of Us.

A. COVERAGE

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.

1. In-patient Hospitalisation Treatment

i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals.
ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals
iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, 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.

2. Pre- Hospitalisation Expenses

The Medical Expenses incurred during the 60 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 Benefit In Patient Hospitalisation Treatment Cover.

3. Post-Hospitalisation

The Medical Expenses incurred during the 90 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 Benefit In Patient Hospitalisation Treatment Cover.

4. Road Ambulance

We will pay the reasonable cost to a maximum of Rs 3000/- per valid Hospitalisation claim 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.

Note: Claim under this section shall be payable by us provided, We have accepted Your Claim under "In-patient Hospitalisation Treatment" or "Day Care Procedures" section of the Policy.

5. Day Care Procedures

We will pay you the medical expenses as listed above under 1. 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. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Organ Donor Expenses

We will pay expenses incurred towards in case of major organ transplant, for harvesting of the organ provided that,

- 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
- We have accepted an inpatient Hospitalization claim for the insured member under in patient Hospitalization expenses

Note: The above mentioned expenses are covered under the Sum Insured as opted under the plan

7. Sum Insured Reinstatement Benefit:

If the Hospitalization Sum Insured and cumulative benefit (if any) is exhausted due to claims lodged during the Policy year, then it is agreed that 100% of the hospitalization Sum Insured specified under In Patient Hospitalization Treatment be reinstated for the particular Policy Period provided that:

i. The reinstated Sum Insured will be triggered only after the Hospitalization Sum Insured inclusive of the Cumulative Bonus(If applicable) has been completely exhausted during the policy period;
ii. The reinstated Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated in In Patient Hospitalisation Treatment Cover.
iii. If the claimed amount is higher than the Balance Sum Insured inclusive of the Cumulative Bonus (If applicable) under the policy, then this benefit will not be triggered for such claims

iv. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person and not arising out of any illness/disease (including its complications) for which a claim has been lodged in the current policy year under Section1 (In-patient Hospitalisation Treatment).
v. This benefit is applicable only once during each policy period & will not be carried forward to the subsequent renewals if the benefit is not utilized.
vi. This benefit is applicable only once in life time of Insured Person covered under this policy for claims regarding CANCER OF SPECIFIED SEVERITY and KIDNEY FAILURE REQUIRING REGULAR DIALYSIS as defined under the policy.
vii. Additional premium would not be charged for reinstatement of the Sum Insured.
viii. Incase Family Floater policy, Restore Sum Insured will be available for all Insured Persons in the Policy.

8. Hospital Cash Benefit

If You are Hospitalised on the advice of a Doctor as defined under the policy, because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You:
The Daily Allowance of Rs. 500/- per day, for each continuous and completed period of 24 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, subject to a maximum of 30 days during the Policy Period.

9. Preventive Health Check Up

At the end of a block of every continuous 3 policy years during which You have held Our Family Health Care policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the sum insured max up to Rs 2000/- during the block of 3 years.
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).

10. 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 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:
In-patient Treatment- Medical Expenses for Ayurvedic and Homeopathic treatment:
i. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals
ii. ICU Boarding and Nursing Expenses as provided by the Hospital/Nursing Home as per actuals
iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines& Drugs, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.
- Our maximum liability maximum for any or all the above expenses is limited up to 25% of Sum Insured per policy period.

B. DEFINITIONS

1. Accident, Accidental

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

2. Act of Terrorism:- Whoever

a. 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 does any act or thing 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, in such a manner as to cause or likely to cause, death of 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 defense of India or in connection with any other purposes of the Government of India, any state government or any 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
b. Is or continues to be a member of an association declared unlawful under the Unlawful Activities (Prevention) Act 1967, (37 of 1967), or voluntarily does an act aiding or promoting in any manner the objects of such association and in either case is in possession of any unlicensed firearms, ammunition, explosives or other instrument or substances capable of causing mass destruction and commits any act resulting in loss of human life or grievous injury to any person or causes significant damage to any property, commits a terrorist act.

3. Any one illness

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

4. 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.

5. Bajaj Allianz Diagnostic Centre

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.

6. 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.

7. 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.

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

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

a. Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body

b. External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body

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

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

12. Day care centre
A 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 –

a. has qualified nursing staff under its employment;
b. has qualified medical practitioner/s in charge;
c. has fully equipped operation theatre of its own where surgical procedures are carried out;
d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

13. Day Care Treatment
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.

14. Daily Allowance
Means the amount and period specified in the Schedule.

15. Deductible
Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

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

17. Dependent child
A child is considered a dependent for insurance purposes until his 35th birthday (even if not enrolled in an educational institution) provided he is financially dependent, on the proposal.

18. Disclosure to information norm
The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-

disclosure of any material fact.

19. Emergency Care
Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

20. **Family Definition for the purpose of Individual Sum Insured policy** includes the insured; his/her lawfully wedded spouse and dependent children & dependent parents

Family Definition for the purpose of Family Floater includes the insured; his/her lawfully wedded spouse and dependent children. For Parents separate floater policy can be opted.

21. 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.

22. 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:
--has qualified nursing staff under its employment round the clock;
--has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
--has qualified medical practitioner(s) in charge round the clock;
--has a fully equipped operation theatre of its own where surgical procedures are carried out;
--maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

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

24. Illness
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:
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

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

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

27. Intensive Care Unit
Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medicalpractitioner(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.

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

FAMILY HEALTH CARE (GOLD)

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

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

31. Medical Practitioner/ Doctor/ Physician
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.

32. Medically Necessary
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.

33. Named Insured/ 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 commencement of the Policy Period.

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

35. Notification of Claim
Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

36. OPD treatment
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.

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

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

39. 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, provided that:
a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required.
b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

40. Post-hospitalization Medical Expenses
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

41. 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.

42. 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

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

44. **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.

45. **Surgery**
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. **Schedule** means the schedule and any annexure to it.

47. **Unproven/Experimental treatment**
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.

48. **You, Your, Yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.
49. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

C. GENERAL EXCLUSION

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 36 months of continuous coverage have elapsed, after the date of inception of the first Family Health Care 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 Family Health Care policy with Us for a continuous period of a full 3 years without break from the date of Your first Family Health Care 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 Family Health Care policy with Us without break in cover.

2. We will also not pay for claims arising out of or howsoever connected to the following for the first 24 month of Family Health Care policy,

1. Any types of gastric or duodenal ulcers,	2. Cataracts,
3. Benign prostatic hypertrophy	4. Hernia of all types
5. All types of sinuses	6. Fistulae, Fissure in ano
7. Haemorrhoids	8. Hydrocele
9. Dysfunctional uterine bleeding	10. Fibromyoma
11. Endometriosis	12. Hysterectomy
13. Stones in the urinary and biliary systems	14. Surgery for any skin ailment
15. Surgery on ears/tonsils/adenoids/paranasal sinuses	16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of malignant tumor or growth.

This exclusion shall apply for a continuous period of 36 months from the date of Your Family Health Care 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 for the first time.

In case of enhancement of Sum Insured, the waiting periods 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 Family Health Care policy with Us without break in cover.

3. Any Medical Expenses incurred during the first 36 months during which You have the benefit of a Family Health Care policy with Us in connection with:
a. Joint replacement surgery,
b. Surgery for prolapsed inter vertebral disc (unless necessitated due to an accident)
c. Surgery to correct deviated nasal septum
d. Hypertrophied turbinate
e. Congenital internal diseases or anomalies
f. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons.

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4. 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.

5. Treatment arising from or traceable to pregnancy and childbirth including caesarian 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.

6. 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 or cancer and also requiring Hospitalisation.

7. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock

8. 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.

9. Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.

10. Any form of plastic surgery unless necessary for the treatment of cancer, burns or accidental Bodily Injury

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 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.

13. Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.

14. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

15. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.

16. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.

17. Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations

18. 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.

19. Any fertility, sub fertility, Infertility, sterility, erectile dysfunction, impotence, assisted conception operation or sterilization procedure.

20. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor

21. Experimental, unproven or non-standard treatment

22. Weight management services and treatment related to weight reduction programmes including treatment of obesity & treatment for arising direct or indirect complications of Obesity.

23. Treatment for any mental illness or psychiatric illness, Parkinson's disease.

24. All non-medical Items as per Annexure II.

25. Any treatment received outside India is not covered under this policy.

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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:

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form We will provide.

ii. 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-authorisation letter at the time of Your admission to the same.

iii. 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 Section A1 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 & 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:

- 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
- 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.

Please send the documents on below address
Health Administration Team,
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 within a period of 30 days 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. 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 process stated under Grievance Redressal Procedure.

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.

iii. Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 2 year period referred to in Exclusion C2) above, shall be restricted to 20% of the Sum insured for each eye, subject to maximum of Rs 50,000/- for each of You.

iv. We shall make payment in Indian Rupees only.

v. If claim event falls within two policy periods the claims shall be administered taking into consideration the available sum insured in the two policy periods, including the deductibles (if any) for each policy period. The claim amount to be payable shall be reduced up to the extent of the premium to be received for renewal/due date of premium of this policy, if the same is not received earlier.

7. Cumulative Bonus:

If You renew Your Family Health Care with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% per annum, but:

i. The maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and 50% of Your first Family Health Care with Us.

ii. This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy

iii. If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity in the policy period of the subsequent Family Health Care shall be reduced by 10%, save that the limit of indemnity applicable to Your first Family Health Care with Us shall be preserved.

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. Other Insurance/ Contribution

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, We shall not apply the contribution clause, but You shall have the right to require a settlement of your claim in terms of any of your policies.
In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
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 by whom the claim to be settled. In such cases, the insurer may settle the claim with contribution clause.
Except in benefit policies, in cases where Youhave policies from more than one insurer to cover the same risk on indemnity basis, Youshall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.

FAMILY HEALTH CARE (GOLD)

10. Renewal & Cancellation

i. Under normal circumstances, renewal will not be refused except on the grounds of Yourmoral 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.

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 on Risk	Premium Refunded
Upto 3 month	65.00%
Exceeding 3 months but less than 6 months	45.00%
Exceeding 6 months to 12 months	0.00%

11. Portability Conditions

i. 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. However, such benefits shall be applicable only in the event of discontinuation/ non-renewal of the Group Health Policy (applicable for both employer-employee relationships and non-employer-employee relationships) and/or the particular insured person leaving the group on account of resignation/ retirement (applicable for employer-employee relationships) or termination of relationship with the Group Administrator (applicable for non-employer-employee relationships). The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

12. 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.

13. 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.

14. 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

15. 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 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.

FAMILY HEALTH CARE (GOLD)

16. 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.

17. Addition /Deletion of Insured Person(s)

No person other than those persons named as the Insured Person(s) or those categories of the Insured specified in the Schedule shall be covered under this Policy unless and until his/her name or the category has been notified 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 such person or category of persons as an Insured

Cover under this Policy shall be withdrawn from any Insured Person(s) named or any category of persons Insured immediately upon the Policyholder delivering written notice of the same to the Company.

18. 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.

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.

19. Special Conditions relating to Group Policy

All group policies are subject to the following conditions:

1. The insured will maintain sufficient deposit or provide a Bank Guarantee to comply with the requirement of section 64VB.
2. New names can be added to the existing group policies by charging pro-rata premium for the unexpired period of insurance.
3. For deletion of names from Group Policies during the currency of the Policy, refund of pro- Rata premium can be allowed only if there is no claim in respect of the particular insured Person at the expiry of the policy only.

20. 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.

21. 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 your 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

Any Landline / Mobile :

For sales and renewal -1800- 209- 0144

For Service- 1800- 209- 5858 / 1800- 102- 5858 / 020-30305858-

E-mail :customercare@bajajallianz.co.in

FAMILY HEALTH CARE (GOLD)

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:

Jurisdiction of Office Union Territory, District	Office Details	Jurisdiction of Office Union Territory, District	Office Details
Gujarat, Dadra & Nagar Haveli, Daman and Diu.	**AHMEDABAD** Office of the Insurance Ombudsman, 2nd 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	Karnataka.	**BENGALURU -** Office of the Insurance Ombudsman, JeevanSoudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in
Madhya Pradesh Chattisgarh	**BHOPAL** Office of the Insurance Ombudsman, JanakVihar 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@gbic.co.in	Orissa.	**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
Punjab, Haryana, Himachal Pradesh, J & K, Chandigarh	**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	Tamil Nadu, Pondicherry Town and Karaikal	**CHENNAI** 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@gbic.co.in
Delhi.	**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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	**GUWAHATI** Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 – 2732937 Email: bimalokpal.guwahati@gbic.co.in
Andhra Pradesh, Telangana,Yanam and part of Territory of Pondicherry.	**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 - 23376599Email: bimalokpal.hyderabad@gbic.co.in	Rajasthan	**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
Kerala, Lakshadweep, Mahe-a part of Pondicherry.	**ERNAKULAM** 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@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.	**KOLKATA** 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@gbic.co.in
Goa, Mumbai Metropolitan Region ex Navi Mumbai & Thane	**MUMBAI** Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@gbic.co.in	Bihar, Jharkhand.	**PATNA** Office of the Insurance Ombudsman,1stFloor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Email: bimalokpal.patna@gbic.co.in

Maharashtra, Area of Navi Mumbai and Thane excl Mumbai Metropolitan.	**PUNE** Office of the Insurance Ombudsman, JeevanDarshan 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	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur	**LUCKNOW** - Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj,
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.	**Lucknow -** 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@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, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	**NOIDA** Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in

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 / 98, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@ecoi.co.in

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Annexure I

Indicative list of Day Care Procedures:

1. Suturing - CLW -under LA or GA	66. Incision and excision of tissue in the perianal region
2. Surgical debridement of wound	67. Surgical treatment of anal fistula
3. Therapeutic Ascitic Tapping	68. Surgical treatment of hemorrhoids
4. Therapeutic Pleural Tapping	69. Sphincterotomy/Fissurectomy
5. Therapeutic Joint Aspiration	70. Laparoscopic appendicectomy
6. Aspiration of an internal abscess under ultrasound guidance	71. Laparoscopic cholecystectomy
7. Aspiration of hematoma	72. TURP (Resection prostate)
8. Incision and Drainage	73. Varicose vein stripping or ligation
9. Endoscopic Foreign Body Removal - Trachea /-pharynx-larynx/ bronchus	74. Excision of dupuytren's contracture
10. Endoscopic Foreign Body Removal -Oesophagus/ stomach /rectum.	75. Carpal tunnel decompression
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/Sy-novial biopsy/-Bone trephine biopsy/-Pericardial biopsy	76. Excision of granuloma
12. Endoscopic ligation/banding	77. Arthroscopic therapy
13. Sclerotherapy	78. Surgery for ligament tear
14. Dilatation of digestive tract strictures	79. Surgery for meniscus tear
15. Endoscopic ultrasonography and biopsy	80. Surgery for hemoarthrosis/pyoarthrosis
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease	81. Removal of fracture pins/nails

FAMILY HEALTH CARE (GOLD)

17. Endoscopic placement/removal of stents	82. Removal of metal wire
18. Endoscopic Gastrostomy	83. Incision of bone, septic and aseptic
19. Replacement of Gastrostomy tube	84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
20. Endoscopic polypectomy	85. Suture and other operations on tendons and tendon sheath
21. Endoscopic decompression of colon	86. Reduction of dislocation under GA
22. Therapeutic ERCP	87. Cataract surgery
23. Brochoscopic treatment of bleeding lesion	88. Excision of lachrymal cyst
24. Brochoscopic treatment of fistula /stenting	89. Excision of pterigium
25. Bronchoalveolar lavage & biopsy	90. Glaucoma Surgery
26. Tonsillectomy without Adenoidectomy	91. Surgery for retinal detachment
27. Tonsillectomy with Adenoidectomy	92. Chalazion removal (Eye)
28. Excision and destruction of lingual tonsil	93. Incision of lachrymal glands
29. Foreign body removal from nose	94. Incision of diseased eye lids
30. Myringotomy	95. Excision of eye lid granuloma
31. Myringotomy with Grommet insertion	96. Operation on canthus & epicanthus
32. Myringoplasty /Tympanoplasty	97. Corrective surgery for entropion&ectropion
33. Antral wash under LA	98. Corrective surgery for blepharoptosis
34. Quinsy drainage	99. Foreign body removal from conjunctiva
35. Direct Laryngoscopy with or w/o biopsy	100. Foreign body removal from cornea
36. Reduction of nasal fracture	101. Incision of cornea
37. Mastoidectomy	102. Foreign body removal from lens of the eye
38. Removal of tympanic drain	103. Foreign body removal from posterior chamber of eye
39. Reconstruction of middle ear	104. Foreign body removal from orbit and eye ball
40. Incision of mastoid process & middle ear	105. Excision of breast lump /Fibro adenoma
41. Excision of nose granuloma	106. Operations on the nipple
42. Blood transfusion for recipient	107. Incision/Drainage of breast abscess
43. Therapeutic Phlebotomy	108. Incision of pilonidal sinus
44. Haemodialysis/Peritoneal Dialysis	109. Local excision of diseased tissue of skin and subcutaneous tissue
45. Chemotherapy	110. Simple restoration of surface continuity of the skin and subcutaneous tissue
46. Radiotherapy	111. Free skin transportation, donor site
47. Coronary Angioplasty (PTCA)	112. Free skin transportation recipient site
48. Pericardiocentesis	113. Revision of skin plasty
49. Insertion of filter in inferior vena cava	114. Destruction of the diseases tissue of the skin and subcutaneous tissue
50. Insertion of gel foam in artery or vein	115. Incision, excision, destruction of the diseased tissue of the tongue
51. Carotid angioplasty	116. Glossectomy
52. Renal angioplasty	117. Reconstruction of the tongue
53. Tumor embolisation	118. Incision and lancing of the salivary gland and a salivary duct
54. TIPS procedure for portal hypertension	119. Resection of a salivary duct
55. Endoscopic Drainage of Pseudopancreatic cyst	120. Reconstruction of a salivary gland and a salivary duct
56. Lithotripsy	121. External incision and drainage in the region of the mouth, jaw and face
57. PCNS (Percutaneous nephrostomy)	122. Incision of hard and soft palate
58. PCNL (percutaneous nephrolithotomy)	123. Excision and destruction of the diseased hard and soft palate
59. Suprapubiccytostomy	124. Incision, excision and destruction in the mouth
60. Tran urethral resection of bladder tumor	125. Surgery to the floor of mouth
61. Hydrocele surgery	126. Palatoplasty
62. Epididymectomy	127. Transoral incision and drainage of pharyngeal abscess
63. Orchidectomy	128. Dilatation and curettage
64. Herniorrhaphy	129. Myomectomies
65. Hernioplasty	130. Simple Oophorectomies

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Note:
Above mentioned list is a indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalisation 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.

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 of Non-Medical Items

S. NO	List of Expenses ("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)	Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for 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	Payable for bariatric and varicose vein surgery if bariatric and varicose vein surgery is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by us 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 payable
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Payable after waiting period
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable

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71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARA TE CONSUMABLES ARE NOT PA YABLE BUT THE SER VICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the
77	MICROSCOPE COVER	Payable under OT
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT
79	SURGICAL DRILL	Payable under OT
80	EYE KIT	Payable under OT
81	EYE DRAPE	Payable under OT Charges ,not separately
82	X-RAY FILM	Payable under Radiology
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges , not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES,	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 -P a r t 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. P a r t of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge notpayable 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	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	ENTRANCEPASS / 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
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

FAMILY HEALTH CARE (GOLD)

137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	S P0 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	Payable for surgery of lumbar spine
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Payable in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruct ion, liver transplant etc.
ITEMS PA YABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	Payable when prescribed for patient , not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES-SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET 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
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 PA YA BLE		
173	AHD	Not Payable - part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	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 where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Payable in case of PIVD
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required / Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-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	Payable for case like CABG etc.