

HEALTH ENSURE

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SECTION A: PREAMBLE

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

SECTION B: DEFINITIONS-STANDARD DEFINITIONS

1. Accident, Accidental

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

2. Any one illness:

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

3. AYUSH Hospital:

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy ; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner incharge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. AYUSH Day Care Centre:

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- a. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

5. 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 is approved.

6. Condition Precedent:

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

7. Congenital Anomaly:

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

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- 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

8. Co-Payment:

A 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 claim amount. A co-payment does not reduce the Sum Insured.

9. Cumulative Bonus:

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

10. Day Care Centre:

A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set-up with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

- i. has qualified nursing staff under its employment,
- ii. has qualified medical practitioner(s) in charge,
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

11. 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 which would have otherwise required a hospitalization of more than 24 hours.
- ii. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

12. Dental Treatment:

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

13. 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.

14. Emergency Care:

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

15. 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

16. Hospital:

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

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

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17. Hospitalization:

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

18. 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:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii. it needs ongoing or long-term control for relief of symptoms
 - iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur.

19. 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.

20. Inpatient Care

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

21. Intensive Care Unit

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

22. ICU Charges

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

23. Medical Advice:

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

24. Medical expenses:

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

25. Medical Practitioner/Doctor/Physician:

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy or Ayurvedic and or such other authorities 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 its scope and jurisdiction of license and acceptable to Us.

26. Medically Necessary Treatment:

Medically necessary treatment means 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,

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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.

27. Migration:

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

28. Network Provider:

Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

29. Non-Network Provider:

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

30. 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.

31. OPD treatment:

OPD treatment means one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

32. Portability:

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

33. Pre-Existing Disease:

Pre-existing disease means any condition, ailment or injury or disease

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement Or

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

34. Pre-hospitalization Medical Expenses:

Pre-hospitalization Medical Expenses means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

35. Post-hospitalization Medical Expenses:

Post-hospitalization Medical Expenses means medical expenses incurred during predefined number of days immediately after the Insured Person is discharged from the hospital provided that:

a. Such Medical Expenses are for the same condition for which the Insured Person's hospitalization was required, and

b. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

36. 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.

37. 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.

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38. 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.

39. Room rent

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

40. Surgery or Surgical Procedure

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

41. Unproven/Experimental treatment

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

SECTION B: DEFINITIONS-SPECIFIC DEFINITIONS

1. Act of Terrorism

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

2. 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

3. Bajaj Allianz Diagnostic Centre

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

4. Family

- a. For the purpose of Individual Sum Insured policy- includes the insured; his/her lawfully wedded spouse, and dependent children, Grandchildren, Parents, Sister, Brother, Father In law, Mother In law, Aunt, Uncle.
- b. For the purpose of Family Floater- includes the insured; his/her lawfully wedded spouse and dependent children. For Parents and parents In laws separate floater policy can be taken.

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

6. **Insured / Insured Member/ Insured Person** means the persons, or his Family members, named in the Schedule.

7. Single Private Air Conditioned room:

Single Private Air Conditioned Room means a single occupancy air-conditioned room with an attached washroom / toilet and it excludes a suite.

8. **Schedule/Policy Schedule** means the schedule and any annexure to it.

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9. **You, Your, Yourself, Your Family** means the person or persons that We insure as set out in the Schedule.

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

SECTION C: OPERATIVE PARTS

Tenure of Policy:

1 year, 2 years or 3 years

Scope of cover:

The Company hereby agrees to pay reasonable and customary expenses 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.

I. COVERAGE:

1. In-patient Hospitalization Treatment

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

- i. Room Rent, Boarding and Nursing Expenses as provided by the Hospital maximum of 1% of Sum Insured per day or up to INR 5,000, whichever is lower.
- ii. ICU Charges- If admitted in ICU, we will pay ICU Charges as provided by the Hospital subject to maximum of 2% of Sum Insured per day or up to INR 10,000, whichever is lower.
- iii. Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors.
- iv. Operation Theatre Charges, Anesthesia, Blood, Oxygen, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

Note:

- a. In case of admission to a room at rates exceeding the limits as mentioned under (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of Pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.
- b. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.

2. Pre-Hospitalization

The Medical Expenses incurred during the 30 days immediately before you were Hospitalized, provided that: Such Medical Expenses were incurred for the same Illness/ Injury for which subsequent Hospitalization was required, and We have accepted an In-patient Hospitalization claim under "In-patient Hospitalization Treatment" Section. (Section C I.1)

3. Post-Hospitalization

The Medical Expenses incurred during the 60 days immediately after You were discharged post Hospitalization provided that such costs are incurred in respect of the same Illness/Injury for which the earlier Hospitalization was required, and We have accepted an In-patient Hospitalization claim under "In-patient Hospitalization Treatment" Section. (Section C I.1)

4. Road Ambulance

We will pay the reasonable cost to a maximum of INR 1000 per Hospitalization incurred on an ambulance offered by a healthcare or ambulance service provider for transferring You to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency.

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

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

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

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

5. Day Care Procedures

We will pay you the medical expenses as listed under Section C.I 1 "In-patient Hospitalization Treatment" for Day care procedures / Surgeries taken as an In-patient in a hospital or day care centre but not in the outpatient department.

List of Day Care Procedures is given in the Annexure I of Policy wordings.

6. Organ Donor Expenses:

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

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We have accepted an In-patient Hospitalization claim for the Insured Member under Section "In-Patient Hospitalization Treatment" (Section C.I 1).

Specific exclusions applicable to "Organ Donor Expenses":

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

7. Preventive Health Check Up

At the end of block of every continuous period of 3 years during which You have held Our Health Ensure Policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of the Sum Insured maximum up to INR 1500 for each Insured Member in Individual policy during the block of 3 years.

This benefit can be availed by proposer & spouse only under Floater Sum Insured Policies however the amount will not exceed 1% of Sum Insured max up to INR 1500.

You may approach us for the arrangement of the Health Checkup.

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

Contact Email id- healthcheck@bajajallianz.co.in

Note: Payment under this benefit will not reduce the base Sum Insured mentioned in Policy Schedule.

8. Ayurvedic / Homeopathic Hospitalization Expenses

If You are Hospitalized for not less than 24 hours, in an Ayurvedic / Homeopathic Hospital which is a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health and/or Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) and/or AYUSH Hospitals 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 Rent, Boarding as provided by the Hospital maximum of 1% of Sum Insured per day or up to INR 5000, whichever is lower.
- ii. Nursing care
- iii. Consultation fees
- iv. Medicines, drugs and consumables,
- v. Ayurvedic and Homeopathic treatment procedures

Note:

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

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- b. Our maximum liability is up to 20% of Sum Insured per policy year.
- c. The claim will be admissible under the policy provided that,
The Illness/Injury requires in-patient admission and the procedure performed on the Insured cannot be carried out on out-patient basis.

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

II. OPTIONAL COVERS:

1. Room Rent Upgradation (Applicable for Sum Insured 5 Lacs and above only)

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that the "Room rent of 1% of Sum Insured per day or up to INR 5,000" as mentioned in Section C.I. 1 In-patient Hospitalization Treatment, will be upgraded to "**Single Private Air Conditioned Room, not exceeding INR 10,000 per day**" and **ICU charges** will be paid as per Actuals.

- This Optional Cover would be covered within Sum Insured of Section C.I.1 "In-patient Hospitalization Treatment".
- This Optional Cover should be opted at the time of inception of the Policy or during renewal.
- Once opted, the Optional Cover will continue for all the subsequent renewals thereon.

2. Cumulative Bonus Enhancement

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that the Cumulative **Bonus** (as mentioned in Section E-23 Cumulative Bonus) will be enhanced to 25% of "In-patient Hospitalization Treatment" Sum Insured per annum in respect of each claim free Policy year (if no claims are reported), provided the Policy is renewed with the Company.

Note- If the "In-Patient Hospitalization Treatment" claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Cumulative Bonus, if any, accrued under this Cover will not be reduced at renewal. The Cumulative Bonus would be maintained as per the expiring policy.

Specific Condition for Cumulative Bonus Enhancement

- a) Maximum cumulative increase in the "In-patient Hospitalization Treatment" Sum Insured shall be limited to 200% of the "In-patient Hospitalization Treatment" Sum Insured.
- b) In case where the Policy is on Individual Sum Insured basis, the Cumulative Bonus shall be accrued and available individually to the Insured Member if no claim has been reported in respect of that Insured Member. In case of claim, Cumulative Bonus in respect of the Insured Member who has made the claim shall be reduced at the same rate at which it has accrued.
- c) In case where the Policy is on Floater Sum Insured basis, the Cumulative Bonus shall be accrued and available to the Family on floater basis, provided no claim has been reported from any Insured Member of the Family. In case of claim, Cumulative Bonus shall be reduced at the same rate at which it has accrued.
- d) In case the accrued Cumulative Bonus reduces, the Sum Insured will be maintained and will not be reduced in the renewal policy year.
- e) Cumulative Bonus shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- f) If the Sum Insured has been reduced at the time of Renewal, the applicable Cumulative Bonus shall be reduced in the same proportion to the Sum Insured in current Policy. If the Sum Insured under the Policy has been increased at the time of Renewal the Cumulative Bonus shall be calculated on the Sum Insured of the last completed Policy Year.
- g) If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium then any awarded accrued Cumulative Bonus shall be withdrawn.
Exception – If claim paid amount (in a single or multiple claims) does not exceed INR 100,000 in a Policy Year then the Cumulative Bonus, if any, accrued under this Cover will be maintained as per the expiring policy.
- h) This coverage if opted shall supersede Condition E-23 "Cumulative Bonus"
- i) This clause does not alter the annual character of this insurance.

3. Sum Insured Reinstatement Benefit (Applicable for Sum Insured 5 Lacs and above only)

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that if Section C.I. 1. "Inpatient Hospitalization Treatment" Sum Insured and Cumulative Bonus (if any) is exhausted due to claims registered and paid during the Policy Year, then 100% of the Base Sum Insured specified under "In-patient Hospitalization Treatment" would be reinstated for the particular

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- i. The reinstated Sum Insured will be triggered only after the "In-patient Hospitalization Treatment" Sum Insured inclusive of the Cumulative Bonus (If applicable) has been completely exhausted during the Policy Year;
- ii. The reinstated Sum Insured can be used for claims made by the Insured in respect of the benefits stated in "In-patient Hospitalization Treatment".
- 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 the same claim, however Sum Insured reinstatement would be triggered for subsequent claims for the same Insured Member or other Insured Members.
- iv. The reinstated Sum Insured will be available for utilization for subsequent claim made by the Insured Beneficiary provided that the subsequent hospitalization is after a gap of at least 15 days From the date of discharge. This 15 days period is not applicable if the subsequent claim is for the Other Insured Beneficiary.
- v. This benefit is applicable only once during each Policy Year and will not be carried forward to the subsequent Policy Year/renewals if the benefit is not utilized.
- vi. This benefit is applicable only once in life time of Insured covered under this Policy for claims regarding **CANCER** and **KIDNEY FAILURE REQUIRING REGULAR DIALYSIS** as defined under the Policy, however the Insured Member is eligible for re-instatement benefit every year for other admissible conditions.
- vii. This benefit will be applicable each year for long term policies.
- viii. In case of Family Floater policy, Reinstatement of Sum Insured will be available for all Insured Persons in the Policy

4. Double Sum Insured for Cancer (Indemnity based) (Applicable for Sum Insured 5 Lacs and above only)

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that the Sum Insured will increase by 100% if the Insured is diagnosed as suffering from Cancer, provided that

- We have accepted an "In-patient Hospitalization claim under Section C.I.1 "In-patient Hospitalization Treatment"
- Insured is first diagnosed as suffering from a cancer during the Policy Period.
- The benefit is utilized only by the Insured Person diagnosed with the illness.

5. Personal Accident

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, If the Insured Person sustains Accidental Bodily Injury which directly and independently of all other causes results in a) Death or b) Permanent Total Disability of the Insured Person within twelve (12) months from the Date of accident, then We agree to pay 200% of the "In-patient Hospitalization" Sum Insured as specified in the Policy Schedule to You/ Your Nominee named in the schedule.

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For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- i. Loss of the sight of both eyes
- ii. Physical separation of or the loss of ability to use both hands or both feet
- iii. Physical separation of or the loss of ability to use one hand and one foot
- iv. Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot

SECTION D: EXCLUSIONS UNDER THE POLICY - STANDARD EXCLUSIONS

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:

I. Waiting Period

1. Pre-existing Diseases waiting period (Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Health Ensure Policy with us.

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- b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c) If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the Policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (Excl02)

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/24/48 months of continuous coverage after the date of inception of the first Health Ensure Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures is as below:

i. 12 Months Waiting period:

1. Any types of gastric or duodenal ulcers	2. Surgery of varicose veins and varicose ulcers
3. Hydrocele	4. Undescended testes
5. Congenital internal diseases	6. Surgery for any skin ailment

ii. 24 Months Waiting Period:

1. Benign prostatic hypertrophy	10. Fistulae, Fissure in ano
2. All types of sinuses	11. Fibromyoma
3. Hemorrhoids	12. Hysterectomy
4. Dysfunctional uterine bleeding	13. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth.
5. Endometriosis	14. Mental Illness
6. Stones in the urinary and biliary systems	15. Parkinson's Disease
7. Surgery on ears/tonsils/ adenoids/ paranasal sinuses	16. Alzheimer Disease
8. Cataracts,	
9. Hernia of all types	

iii. 48 months Waiting Period:

1. Joint replacement surgery	2. Surgery for vertebral column disorders (unless necessitated due to an
3. Surgery to correct deviated nasal septum	4. Hypertrophied turbinate
5. Gout and Rheumatism	6. Treatment for correction of eyesight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or

3. 30-day waiting period (Excl03)

- a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured has Continuous Coverage for more than twelve months.

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- c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. General Exclusion:

1. Investigation & Evaluation (Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care- (Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

3. Obesity/Weight Control (Excl06)

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

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

4. Change-of-gender treatments (Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery (Excl08)

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

6. Hazardous or Adventure Sports (Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para- jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, skydiving, deep-sea diving.

7. Breach of law (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers (Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

HEALTH ENSURE

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- 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Excl13)**
- 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless pre-scribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)**
- 12. Refractive Error (Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters
- 13. Unproven Treatments (Excl16)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- 14. Sterility and Infertility (Excl17)**
Expenses related to sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
- 15. Maternity (Excl 18)**
 - a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SECTION D: EXCLUSIONS UNDER THE POLICY - SPECIFIC EXCLUSIONS

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.
2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock. This exclusion is however not applicable for any day care treatment taken for the accidental bodily injury in a day care centre/ hospital
3. 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.
4. Circumcision unless required for the treatment of Illness or Accidental bodily injury,
5. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.
6. External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition
7. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
8. 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.

HEALTH ENSURE

Policy Wordings

9. All non-medical Items as per Annexure II provided in Policy Wordings
10. Any treatment received outside India is not covered under this policy.
11. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for hematological conditions.

Specific Exclusions applicable for “Personal Accident Cover”

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. Accidental Bodily Injury that You named in the schedule, meets with
 - a. Through suicide, attempted suicide or self-inflicted injury or illness.
 - b. While under the influence of liquor or drugs.
 - c. Arising or resulting from the Insured Person committing any breach of law with criminal intent.
 - d. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs.
 - e. As a result of any curative treatments or interventions that you carry out or have carried out on your body.
 - f. Arising out of your participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
 - g. Whilst engaging in aviation or ballooning. Whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
2. Consequential losses of any kind or Insured Person's actual or alleged legal liability.
3. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition.
4. Venereal or Sexually transmitted diseases
5. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused.
6. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
7. Nuclear energy, radiation.
8. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of these

SECTION E: CONDITIONS- STANDARD GENERAL TERMS AND CLAUSES

1. Disclosure of information

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 by the policyholder.

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy

3. Premium Payment in Instalments (Wherever applicable)

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Annual (for long term policies only), Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The Insured Person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

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4. Moratorium Period:

After completion of eight continuous years under this Policy no look back would be applied. This period of eight years is called as moratorium period.

The moratorium would be applicable for the Sums Insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

5. Claim Settlement (provision for Penal interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

6. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

7. Fraud

- i. If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
- ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
- iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
 - a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
 - b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
 - c. any other act fitted to deceive; and
 - d. any such actor omission as the law specially declares to be fraudulent
- iv. The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Company/Insurer.

8. Multiple Policies

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

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9. Renewal of Policy

The policy shall ordinarily be renewable except on misrepresentation by the insured person, grounds of fraud, misrepresentation by the Insured Person.

- The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- No loading shall apply on renewals based on individual claims experience

10. Cancellation

- The Insured/policyholder may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below-

Cancellation grid for premium received on annual basis or full premium received at policy inception are as under

Period in Risk	Premium Refund		
	Policy Period 1	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	As per Free look period		
Exceeding 15 days but less than 3 months	65%	75%	80%
Exceeding 3 months but less than 6 months	45%	65%	75%
Exceeding 6 months but less than 12 months	0%	45%	60%
Exceeding 12 months but less than 15 months	0%	30%	50%
Exceeding 15 months but less than 18 months	0%	20%	45%
Exceeding 18 months but less than 24 months	0%	0%	30%
Exceeding 24 months but less than 27 months	0%	0%	20%
Exceeding 27 months but less than 30 months	0%	0%	15%
Exceeding 30 months but less than 36 months	0%	0%	0%

Cancellation grid for premium received on instalment basis and refund is as under

Period in Risk (from latest instalment date)	Premium Refund	Premium Refund	Premium Refund
	% of Monthly Premium	% of quarterly Premium	% of Half Yearly Premium
Within 15 days from 1 st Installment date*	As per Free Look Period Condition		
Exceeding 15 days but less than or equal to 3 months	No Refund		30%
Exceeding 3 months but less than or equal to 6 months			0%

Note:

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

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the policy.

- The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

11. Free Look Period

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

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

12. Portability

The Insured Person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

13. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

14. Migration

The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

15. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

16. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

17. Grievance Redressal Procedure

In case of any grievance relating to servicing the Policy, the Insured Person may submit in writing to the Policy Schedule issuing office or regional office for redressal. For updated details of grievance officer,

<https://www.bajajallianz.com/about-us/customer-service.html>

IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman –The Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-IV.

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SECTION E: CONDITIONS- SPECIFIC GENERAL TERMS AND CLAUSES

18. 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.

19. 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.

20. Paying a Claim

- You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.
- If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under policy.

21. Basis of Claims Payment

- 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.
- 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.
- Notwithstanding what is mentioned in clause 4 of SECTION E: CONDITIONS- STANDARD GENERAL TERMS AND CLAUSES or any other clauses of this Policy:
 - Modern Treatment Methods and Advancement in Technologies (Annexure III) are covered up to Base Sum Insured, subject to policy Terms, Conditions, coverage, Waiting Periods and exclusions.
 - In-patient Treatment for Mental Illness shall be covered up to Base Sum Insured subject to Policy Terms, Conditions, coverages, Waiting Period and exclusions
- We shall make payment in Indian Rupees only.

22. Cost Sharing and Sub-limits

- Voluntary co-payment: If opted voluntarily by you, You shall bear 10%/ 20% of co-payment for each and every claim payable under the Inpatient Hospitalization Treatment section and Our liability, if any, shall only be in excess of that sum.
- Our obligation to make payment in respect of illness/surgeries listed under Exclusion 02 (after the expiry of the waiting period referred in Exclusion 02) above, shall be restricted to

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

23. Cumulative Bonus

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

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

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24. Entry Age and Renewal Age

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

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

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

25. Eligibility

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

26. 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.

27. Sum Insured Enhancement:

- The Insured 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.
- The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured(s) & claim history of the Policy.
- 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

28. Loading due to adverse Health Conditions:

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

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

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

29. Discounts:

- Employee Discount:** 20% discount on published premium rates to employees of Bajaj Allianz & its group companies, this discount is applicable only if the policy is booked in direct office code (Note: Online/Direct Customer Discount is not applicable to Employees)
- Online Discount/Direct Customer Discount:** 5% discount is extended for the policies purchased online/ through website and to direct customers. (Note: Employee Discount is not

HEALTH ENSURE

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applicable to Online/Direct Customers)

iii. Long Term Policy Discount:

- a) 4 % discount is applicable if policy is opted for 2 years
- b) 8 % discount is applicable if policy is opted for 3 years

This will not apply to policies where premium is paid in instalments.

iv. Co-pay Discount:

- a) If opted voluntarily and mentioned on the Policy Schedule that a Co-payment is effective by the Insured then Insured will be eligible of additional 10% or 20% discount on the Policy premium.
- b) If a claim has been admitted under Section C I) In-patient Hospitalization Treatment then, the Insured shall bear 10% or 20% respectively of the eligible claim amount payable under this section and Our liability, if any, shall only be in excess of that sum and would be subject to the Sum Insured.

30. Premium payment Zone:

Zone A

"Following cities has been clubbed in Zone A:-

Delhi / NCR, Mumbai including (Navi Mumbai, Thane and Kalyan), Hyderabad and Secunderabad, Kolkata, Ahmedabad, Vadodara and Surat.

Zone B

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

Note:-

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

31. Inclusion of members under the policy:

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

32. Territorial Limits & Governing Law

- i. In case of "Personal Accident Cover" under this Policy, We cover the Accidental Bodily Injury sustained during the Policy Period anywhere in the world (subject to the travel and other restrictions that the Indian Government may impose), but We will only make payment within India and in Indian Rupees.
- ii. For all other Covers of this Policy, 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.
- iii. 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.
- iv. 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.

SECTION E: CONDITIONS -OTHER TERMS AND CLAUSES

33. Claims Procedure

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

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

A. Cashless Claims Procedure:

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

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorization by way of the written form.
- ii. In case of Planned hospitalization, You/the Insured Person/ Insured's representative shall intimate such

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- admission within 48 hours of such hospitalization.
- iii. In case of Emergency hospitalization, You/ Insured Person/ Insured's representative shall intimate such admission within 24 hours of such hospitalization.
 - iv. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or more information.
 - v. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter.
The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.
 - vi. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital.
Pre- authorization 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-authorization as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

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

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

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

List of Claim documents:

- Duly Completed Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers (Optional)
- Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor Certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.
- In cases where a fraud is suspected, we may call for any additional document(s) in addition to the

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documents listed above.

List of Claim documents for Death Claims

- Duly completed claim form signed by the Claimant
- Attested copy of Death Certificate
- Attested copy of FIR / Panchanama / Inquest Panchanama
- Attested copy of Post Mortem Report, if conducted
- Attested copy of Viscera/ Chemical Analysis Report (If Viscera is preserved)
- Diatoms report from forensic lab in case of death on account of drowning (if sample preserved)
- Attested copy of statement of witness (if any)
- Burial certificate (wherever applicable)
- Legal heir certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized is mandatory to process the claim
- Insured's / Claimant's photo-identity proof
- Insured's / Claimant's address proof
- Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

List of Claim documents for Permanent Total Disability Claims

- Duly completed claim form signed by the Claimant
- Attested copy of FIR / Panchanama / Inquest Panchanama
- Copy of Medico Legal Certificate
- Copy of discharge summary towards hospitalization immediately after injury
- X-ray Films/ Investigation reports supporting the diagnosis
- Disability Certificate from the Government Authority certifying Insured's disability
- Leave certificate from the employer

Other documents as may be required by Bajaj Allianz to process the claim

Please send the documents on below address

Bajaj Allianz General Insurance Company

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

Annexure I

List of Day Care Procedures:

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy
7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedotomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing

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12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants -
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicoseveins legs - Injection sclerotherapy
44 Other operation on thetear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of thediseasedtissue of the	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b)Bilateral
53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy

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58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of	259 Intersphincteric abscess incision and drainage
Oncology	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Trucut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Telegamma therapy	276 laparoscopic cardiomyotomy(Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy(Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	Orthopedics
80 Helical Tomotherapy	279 Arthroscopic Repair of ACLtearknee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCLtearknee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscessknee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation
99 Conditioning Radiotherapy for BMT	298 Arthrotomy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib

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103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
Plastic Surgery	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
Urology	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 Cystoscopic Litholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle (Torticollis release)
136 Suprapubic cystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 Presacral Teratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp
146 Ureter endoscopy and treatment	346 Sternomastoid Tenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy

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148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap. Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	Gynaecology
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
Neurology	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopic adhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
Thoracic surgery	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy(imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyema drainage	384 Repair of vagina (vaginal atresia)
Gastroenterology	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett's Oesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair(excluding Fistula repair)

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

Note:

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

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Annexure II:

List I: List of Non-Medical Items

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES	Not Payable
22	Television Charges	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable

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35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEEBRACES (LONG/SHORT/HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUSBED OR WATER OR AIRBED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOV-	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLEY COVER	Not Payable
66	UROMETER, URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

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

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

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

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

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

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

Annexure III: Modern Treatment Methods and Advancement in Technologies

- Uterine Artery Embolization and HIFU
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchical Thermoplasty
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM -(Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered

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Annexure IV: Contact details of the Ombudsman offices

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

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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@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
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@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

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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@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.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, Oraiya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

List of Ombudsman offices established by the Central Government for redressal of grievance are also available at <https://www.cioins.co.in/Ombudsman>