

# Antyodaya Shramik Suraksha Yojana, Niva Bupa Health Insurance Co. Ltd.

## POLICY TERMS AND CONDITIONS

### 1. Preamble

This Policy covers Death & Injury solely and directly from Accidents. Expense incurred outside the Policy Period will NOT be covered. Unutilized Sum Insured will expire at the end of policy year. All applicable benefits, details and limits are mentioned in your Certificate of Insurance.

### 2. Definitions

#### 2.1 Standard definitions

- 2.1.1 **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2.1.2 **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.
- 2.1.3 **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 2.1.4 **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 2.1.5 **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 2.1.6 **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.
- 2.1.7 **Emergency care** means management for an illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- 2.1.8 **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.  
  
Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 2.1.9 **Hospital** means any institution established for Inpatient 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:
  - a. has Qualified Nursing staff under its employment round the clock;
  - b. has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
  - c. has qualified Medical Practitioner(s) in charge round the clock;

- d. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
  - e. Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel for assessing an insurance claim of an insured Person.
- 2.1.10 **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.
- 2.1.11 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ Injury which leads to full recovery
  - (b) Chronic condition - A chronic condition is defined as a disease, illness, or Injury that has one or more of the following characteristics:
    - 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    - 2. it needs ongoing or long-term control or relief of symptoms
    - 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    - 4. it continues indefinitely
    - 5. it recurs or is likely to recur
- 2.1.12 **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.
- 2.1.13 **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.
- 2.1.14 **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 2.1.15 **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.
- 2.1.16 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 2.1.17 **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been Insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 2.1.18 **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence.
- 2.1.19 **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- a. is required for the medical management of the Illness or Injury suffered by the Insured;
  - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

- c. must have been prescribed by a Medical Practitioner;
  - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 2.1.20 **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credit gained for pre-existing conditions and specific waiting periods from one health insurance policy to another with the same insurer.
- 2.1.21 **Network Provider** means Hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an Insured by a Cashless Facility.
- 2.1.22 **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the network.
- 2.1.23 **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 2.1.24 **OPD Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.
- 2.1.25 **Pre-existing Disease** means any condition, ailment, Injury or disease:
- a. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer, or
  - b. For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- 2.1.26 **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.1.27 **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:
- 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.
- 2.1.28 **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing disease and specific waiting periods from one insurer to another.
- 2.1.29 **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.
- 2.1.30 **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.
- 2.1.31 **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.
- 2.1.32 **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

- 2.1.33 **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 or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- 2.1.34 **Specific Waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/ treatments shall be covered provided the policy has been continuously renewed without any break

## 2.2 Specific definitions

- 2.2.1 **Accidental Hospitalization** means admission in a Hospital for injuries sustained in an Accident 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.
- 2.2.2 **Age** means age as on last birthday.
- 2.2.3 **Break in Policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.
- 2.2.4 **Dependent Child** refers to the legal Child of the Insured; whose age is less than or equal to 21 years (as on the last birthdate) with respect to the Date of Loss or Accident.
- 2.2.5 **Franchise** means a minimum period specified in the policy schedule/certificate of insurance following which the benefit amount will be payable from the first completed day of Hospitalization
- 2.2.6 **Insured Event** means any event specifically mentioned as covered under this Policy.
- 2.2.7 **Insured Person** means person(s) named as Insured Persons in the Certificate of Insurance.
- 2.2.8 **Permanent Partial Disability** means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part due to injury sustained in an Accident and within 365 days from the date of the Accident. Provided that the condition is substantiated by diagnosis of a Medical Practitioner.
- 2.2.9 **Permanent Total Disability** means the Insured Person has suffered a total and permanent loss of physical function or anatomical loss of use of a body part due to injury sustained in an Accident and within 365 days from the date of the Accident. Provided that the condition is substantiated by diagnosis of a Medical Practitioner.
- 2.2.10 **Policy** means these terms and conditions, the Certificate of Insurance (as amended from time to time), Your statements in the Proposal and any endorsements attached by Us to the Policy from time to time.
- 2.2.11 **Policy Period** is the period between the inception date and the expiry date of the Policy as specified in the Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier.
- 2.2.12 **Policy Year** means the period of one year commencing on the date of commencement specified in the Certificate of Insurance or any anniversary thereof.
- 2.2.13 **Reimbursement** means settlement of claims paid directly by Us to the Policyholder/Insured Person.
- 2.2.14 **Service Provider** means any person, organization, institution that has been empanelled with Us to provide services specified under the benefits to the Insured Person.
- 2.2.15 **Terrorism** means an Act, 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), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
- 2.2.16 **We/Our/Us** means Niva Bupa Health Insurance Company Limited.
- 2.2.17 **You/Your/Policyholder** means the person named in the Certificate of Insurance who has concluded this Policy with Us.

### 3. Scope of Cover:

- a. The terms, conditions and exclusions governing the Benefits under this Policy are described below and the Benefits listed in this section will be payable accordingly.
- b. The Certificate of Insurance will specify the Benefits available for the Insured Person.
- c. The Certificate of Insurance will specify the Sum Insured, limits, sub limits, Deductible and/or Franchise applicable to the respective benefits.
- d. Policy will be active only during the date and/or time as specified in Certificate of Insurance.
- e. Claim under this policy will be paid only if the underlying cause of claim is solely and directly due to an Accident caused during the Policy/Coverage Period.
- f. Any claim payable towards Dependent Child, where the Dependent Child is a minor, shall be payable to the legal guardian of the Dependent Child.

#### 3.1 Accidental Death Benefit

If the Insured Person dies within 365 days from the date of the Accident, then We will pay the Sum Insured under Accidental Death (AD) benefit. The benefit also covers for Disappearance of the Insured Member.

For the purpose of this benefit, **Disappearance** means that Insured body is missing for at least 365 days following an Accident or natural disaster during the Policy Period. If at any time, after the payment of the Death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.

**NOTE:** If we have paid any claim under Permanent Total Disability or Permanent Partial Disability (if applicable) then for any subsequent Accidental Death claim in the same policy year, we will pay claim amount after adjusting the amount already paid.

**The policy will terminate for the member for whom we have paid the claim under this benefit.**

#### 3.2 Permanent Total Disability Benefit

- a. If the Insured Person suffers a Permanent Total Disability (PTD), within 365 days from the date of the Accident, then We will pay the benefit as per the Table 1.

**Table 1:**

| Condition for Permanent Total Disability  | % of Sum Insured |
|---|------------------|
| Complete & Irrecoverable loss of:<br>Any 2 Limbs<br>Sight of both eyes<br>Speech & hearing of both Ears<br>Combination of One Limb & Sight of One Eye | 100%             |
| Complete & Irrecoverable loss of:<br>1 Limb<br>Sight of 1 Eye   | 50%              |

- b. **Complete & Irrecoverable loss of limb** means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

**The policy will terminate for the member for whom we have paid a total of 100% PTD Sum Insured claim in a lifetime of the Insured.**

### 3.3 Accidental Permanent Partial Disability

- a. If the Insured Person suffers a Permanent Partial Disability (PPD), within 365 days from the date of the Accident, then We will pay the benefit as per the Table 2.

**Table 2:**

| Condition for Permanent Partial Disability | % of Sum Insured |
|--|------------------|
| Each arm at the shoulder joint             | 70%              |
| Each arm to a point above elbow joint      | 65%              |
| Each arm below elbow joint                 | 50%              |
| Each hand at the wrist                     | 50%              |
| Each Thumb                                 | 20%              |
| Each Index Finger                          | 10%              |
| Each other Finger                          | 5%               |
| Each leg above center of the femur         | 70%              |
| Each leg up to a point below the femur     | 65%              |
| Each leg to a point below the knee         | 50%              |
| Each foot at the ankle                     | 40%              |
| Each big toe                               | 5%               |
| Each other toe                             | 2%               |
| Each eye                                   | 50%              |
| Hearing in each ear                        | 30%              |
| Sense of smell                             | 10%              |
| Sense of taste                             | 5%               |

- b. If a loss is not mentioned in the table above, then We will internally assess the degree of disablement and determine the amount of payment to be made.
- c. If there is more than one Permanent Partial Disability loss, then the total claim amount put together for all losses will not exceed the total Sum Insured available under this benefit.

### 3.4 Accidental Medical Reimbursement

If an Insured Person is hospitalized (24 Hours or more) due to injuries sustained in an Accident during the Policy Period, then We will pay the expenses incurred by the Insured on Medically Necessary Treatment up to the limits mentioned in the Certificate of Insurance.

Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics. Refer Annexure 1 for expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment.

Conditions:

- a. Insured is hospitalized in wards or rooms of various categories, ICUs, CCUs, NICU etc.
- b. We will **NOT** pay, even if you were admitted, if there was no treatment and only investigations were done. Example: Admission only for investigations like MRI, CT Scan, Endoscopy, Colonoscopy etc.
- c. We will NOT pay for any OPD expenses due to Accident.
- d. **We will pay for hospitalization within India ONLY.**

### 3.5 Hospital Daily Cash

If the Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury during the Policy Period, then We will pay either a fixed amount on per hospitalization day basis or a lump sum amount as mentioned in Certificate of Insurance.

Note: Deductible or/ & Franchise can be applicable as mentioned in the certificate of Insurance.

### 3.6 Comatose benefit

If the Insured Person is in Comatose (coma) State within one month from date of Accident, then We will pay the Sum Insured as mentioned in the Certificate of Insurance.

An Insured Person is said to be in Comatose State (Coma) if:

- a. Has been in a State of Comatose for continuous 96 hours
- b. Is on Life support systems
- c. Condition is confirmed by the treating Doctor

**NOTE:** We will NOT pay for coma which results from alcohol/ drug abuse or due to an Illness.

**The coverage under this Benefit would terminate for lifetime for the Insured Member for whom we have paid a total of 100% Comatose Sum Insured claim in the lifetime of the Insured.** Note: Deductible can be applicable as mentioned in the certificate of Insurance.

### 3.7 Repatriation of Mortal Remains

In case of Accidental Death of Insured Person during the Policy Period, we will reimburse as per actuals and/or provide a lump sum coverage as mentioned in the Certificate of Insurance towards transportation of mortal remains from the place of death to the residence of the deceased Insured Person.

### 3.8 Last Rites Expenses

In case of Accidental Death of Insured Person, we will pay Sum Insured as mentioned in the Certificate of Insurance towards funeral expenses of the deceased Insured Person.

### 3.9 Education Allowance for Children

In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay Sum Insured as mentioned in the Certificate of Insurance towards the Education of the dependent children.

Conditions:

- a. The child has to be below the age of 25 yrs and enrolled in a recognized educational institute at the time of the event. For the purpose of this benefit, **Educational Institute** means any accredited institution that provides education or training, including but not limited to, any technical / vocational school.
- b. We will make a single payment, irrespective of the number of Children.

### 3.10 Terrorism Cover

This benefit provides extension of scope of coverage under this policy by providing a waiver of the exclusion 4.1.3.

**Conditions**

- a. Such extension will not result into any increase in Sum Insured of the respective Coverages.



#### 4. Permanent Exclusions

##### 4.1 Specific exclusions

We will not cover the following conditions in the policy and no claims will be made for them.

- 4.1.1 Self-inflicted Injury, Suicide or attempted suicide.
- 4.1.2 Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader)
- 4.1.3 Loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or anyway related to Act of Terrorism
- 4.1.4 Committing an assault, a criminal offence or any breach of law with criminal intent.
- 4.1.5 Taking or absorbing, Accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.
- 4.1.6 Adventure Sports
- 4.1.7 Maternity, Pregnancy or Child birth or in consequence thereof.
- 4.1.8 Any non-allopathic treatment.
- 4.1.9 Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.
- 4.1.10 Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns.
- 4.1.11 Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.
- 4.1.12 Costs which are not Reasonable & Customary and treatments which are not Medically Necessary.
- 4.1.13 Investigation & Evaluation (Code-Excl04)
  - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 4.1.14 Rest Cure, rehabilitation and respite care (Code-Excl05)
 

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

  - a. 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.
  - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

#### 5. Waiting Periods:

All the Waiting Periods as specified in Policy Schedule/ Certificate of Insurance shall be applicable individually for each Insured Person and claims shall be assessed accordingly. On Renewal, if an enhanced Sum Insured is applied for, the Waiting Periods would apply afresh to the extent of the increase in Sum Insured only.

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based on, arising out of or howsoever attributable to any of the following, except if any Insured Person suffers an Accident

- (i) Pre-existing Diseases (Code-Excl01):
  - a. Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the number of months (as mentioned in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first Policy.
  - b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.



- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Products) regulations 2024, then waiting period for the same would be reduced to the extent of prior coverage.
  - d. Coverage under the Policy after the expiry of number of months (as mentioned in Policy Schedule/Certificate of Insurance) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.
- (ii) Specified disease/procedure waiting period (Code- Excl02)
- a. Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of number of months (as mentioned in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first Policy. This exclusion shall not be applicable for claims arising due to an Accident (covered from day 1).
  - 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 Person 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:
    - I. Pancreatitis and stones in biliary and urinary system
    - II. Cataract, glaucoma and other disorders of lens, disorders of retina
    - III. Hyperplasia of prostate, hydrocele and spermatocele
    - IV. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
    - V. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
    - VI. Hernia of all sites,
    - VII. Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
    - VIII. Chronic kidney disease and failure
    - IX. Varicose veins of lower extremities
    - X. All internal or external benign or in situ neoplasms/tumours, cyst, sinus, polyp, nodules, swelling, mass or lump
    - XI. Ulcer, erosion and varices of gastro intestinal tract
    - XII. Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
    - XIII. Internal Congenital Anomaly
    - XIV. Surgery of Genito-urinary system unless necessitated by malignancy
    - XV. Spinal disorders
- (iii) 30-day waiting period (Code- Excl03):
- a. Expenses related to the treatment of any Illness upto 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 Person has continuous coverage for more than twelve months
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

## 6. General Terms and Conditions

### 6.1 Standard General Terms and Conditions

#### 6.1.1 Free look period

The Free Look Period shall be applicable on individual health insurance policies and not on renewals.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy.. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy.

In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

#### 6.1.2 Cancellation

The policy holder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The insurer shall:

- a. Refund proportionate premium for unexpired policy period, if the term of the policy upto one year and there is no claim(s) made during the policy period.
- b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years are not commenced.
- c. 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.

##### A. Automatic Cancellation:

The Certificate of Insurance coverage shall automatically terminate in the event of death of the Insured Person.

##### B. Cancellation in case of Credit Linked Cases:

In cases the Policy is linked to the credit/ loan tenure, the coverage will continue till the end of loan tenure subject to maximum tenure of 5 years, closure of the loan or Policy Period/ Coverage Period Term whichever is earlier. The Insured Person shall inform Us of such closure of the loan immediately in order to cancel the cover under the Policy

#### 6.1.3 Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured.

An insurer shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.

- a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy.
- c. Coverage is available during the grace period.

- d. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience.
- e. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

#### 6.1.4 **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/Certificate of Insurance/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. The insurer shall obtain nomination at the time of new business and at the time of renewal for existing policies.

#### 6.1.5 **Fraud**

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.

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.

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 act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary 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 insurer.

#### 6.1.6 **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.

#### 6.1.7 **Withdrawal of Policy**

- a. 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.
- b. Insured Person will have the option to either renew (up to 90 days from renewal date) same product or to migrate to similar 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.

#### 6.1.8 **Redressal of Grievance:**

In case of any grievance the Insured Person may contact the company through:

**Website:** [www.nivabupa.com](http://www.nivabupa.com)

**Toll free:** 1860-500-8888

**E-mail:** Email us through our service platform <https://rules.nivabupa.com/customer-service/> (Senior citizens may write to us at: [seniorcitizensupport@nivabupa.com](mailto:seniorcitizensupport@nivabupa.com))

**Fax:** 011-4174-3397

**Courier:** Customer Services Department

D-5, 2<sup>nd</sup> Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida,

Uttar Pradesh, 201301

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Head – Customer Services

D-5, 2<sup>nd</sup> Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida,

Uttar Pradesh, 201301

**Contact No:** 1860-500-8888

**Fax No:** 011-4174-3397

**Email ID:**

Email our Grievance officer through our Grievance Redressal platform [https:// transactions.nivabupa.com/pages/grievance-redressal.aspx](https://transactions.nivabupa.com/pages/grievance-redressal.aspx)

For updated details of grievance officer, kindly refer the link <https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx> If the Insured person is not satisfied with the above, they can escalate to [GRO@nivabupa.com](mailto:GRO@nivabupa.com).

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 ( at the addresses given in Annexure III).

Grievance may also be lodged at IRDAI integrated Grievance Management System – [www.bimabharosa.irdai.gov.in](http://www.bimabharosa.irdai.gov.in)

#### 6.1.9 **Claim settlement (Provision for Penal interest)**

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the claim submission date.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of claim intimation until the date of payment of claim at a rate of 2% above the bank rate.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

#### 6.1.10 **Multiple Policies**

##### a. **Indemnity Based Policies:**

- a. 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 Policyholder shall be considered as the Primary Insurer and will be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- b. If the amount to be claimed exceeds the available coverage of the said policy, then the primary insurer shall seek the details of other available policies of the policyholder and shall coordinate with other insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policy holder.

##### b. **Benefit Based Policies:**

On occurrence of the insured event, the policy holder can claim from all Insurers under all policies.

#### 6.1.11 **Disclosure to 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.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

#### 6.1.12 **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

#### 6.1.13 **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.

#### 6.1.14 **Migration**

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

- 6.1.15 **Moratorium**- After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The moratorium will be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

#### 6.1.16 **Portability**

A Policyholder has the choice to port his/ her policies from one Insurer to another irrespective of individual or group policy subject to the Board approved underwriting policy of the insurers.

The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.

Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.

## 6.2 Specific Terms and Conditions

### 6.2.1 Other Renewal Conditions:

#### a. Renewal Premium:

Renewal premium can alter based on Age.

#### b. Addition of Insured Persons on Renewal:

If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.

#### c. Changes to Sum Insured on Renewal:

You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting.

### 6.2.2 Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

### 6.2.3 Territorial Jurisdiction

This Policy applies to events or occurrences taking place anywhere in the world unless limited by Us.

The coverage under the Benefits would be applicable for anywhere in the world unless limited by Us as per the policy wordings of each benefit and as mentioned in the Certificate of Insurance to define the geographical scope (if Applicable).

All payments under this Policy will only be made in Indian Rupees within India.

### 6.2.4 Notices

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

- a. You/the Insured Person at the address specified in the Policy Schedule or at the changed address of which We must receive written notice.
- b. Us at the following address:  
Niva Bupa Health Insurance Company Limited  
D-5, 2<sup>nd</sup> Floor, Logix Infotech Park  
opp. Metro Station, Sector 59, Noida,  
Uttar Pradesh, 201301  
**Fax No:** 011-4174-3397
- c. No insurance agents, brokers or other person/entity is authorized to receive any notice on Our behalf.
- d. In addition, We may send You/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

### 6.2.5 Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

#### 6.2.6 **Assignment**

The Policy can be assigned subject to applicable laws.

#### 6.2.7 **Premium Payment in Installments**

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- a. Grace Period of 30 days in all types of policies, and a period of 15 days in case of monthly instalments.
- b. For policies where premium is paid in instalments only, the coverage will be given during grace period.
- c. 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.
- d. No interest will be charged If the instalment premium is not paid on due date
- e. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- g. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

#### 6.2.8 **Claims**

- a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website [www.nivabupa.com](http://www.nivabupa.com).
- b. Once the final authorization request is received for discharge, the same will be processed within three hours from the final documents received. In case of delay from our end, any additional amount charged by the hospital will be borne by us. This amount will be paid over and above the policy limits.
- c. We shall be provided with the following necessary information and documentation in respect of all claims at Your/Insured Person's expense at the earliest possible time.

Note: We offer Cashless Everywhere, even in hospitals which are not part of our network. For More details and process please visit our website: <https://transactions.nivabupa.com/cashlessclaims/pages/intimation-claim.aspx>

- d. Documents required



| Documents Re-quired |   | <ul style="list-style-type: none"><li>• Our duly filled and signed Claim Form or Online claim submission</li><li>• Scanned copy of COI</li><li>• Treating Doctor’s prescription advising the need, as mentioned under the benefit terms and conditions of the policy (wherever applicable)</li><li>• Copy of settlement letter from other insurance company</li><li>• Medical Records, Case histories, investigation reports and Laboratory investigation reports with supporting prescriptions</li><li>• Death Certificate and/or Post-mortem report (wherever applicable)</li><li>• Disability Certificate, issued by a Medical Board duly constituted by the Central and/or the State Government (wherever applicable)</li><li>• FIR (First Information Report), MLC (Medico-Legal Case) report Copy (if MLC is done), Spot Panchnama, Inquest Panchnama attested by issuing / appropriate authorities</li><li>• Original Discharge summary with first and subsequent consultation/treatment papers</li><li>• Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills)</li><li>• Legal heir certificate (wherever applicable)</li><li>• Marriage Certificate (wherever applicable)</li><li>• Legal documents as Age proofs (wherever applicable)</li><li>• Original legal heir certificate (if nomination has not been filed by deceased)</li><li>• Loan Account statement and last EMI proof (if loan linked policy)</li></ul> <p><b>Policyholder documents (Nominee in case of death of Policyholder):</b></p> <ul style="list-style-type: none"><li>• KYC documents</li><li>• Cancelled cheque</li></ul> <p><b>Note - The list of Documents is indicative more documents may be asked for as per claim servicing requirement</b></p> |
|---------------------|---|--|
| S. No.              | Benefits                                | Claim Documents  |
| 1                   | Accidental Death                        | <ul style="list-style-type: none"><li>• Death Certificate attested by issuing / appropriate authority</li><li>• Post Mortem Report attested by issuing authorities wherever applicable</li><li>• Original legal heir certificate (in case nomination has not been filed by deceased)</li></ul>   |
| 2                   | Permanent Total Disability              | <ul style="list-style-type: none"><li>• Photograph of the injured as a proof of disablement</li><li>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor</li><li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li><li>• Leave certificate from the employer ( as per requirement )</li></ul>  |
| 3                   | Accidental Permanent Partial Disability | <ul style="list-style-type: none"><li>• Photograph of the injured as a proof of disablement</li><li>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor</li><li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li><li>• Leave certificate from the employer ( as per requirement )</li></ul>  |
| 5                   | Accidental Medical Reimburse-ment       | <ul style="list-style-type: none"><li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li><li>• Discharge summary</li><li>• Original invoice and payment receipt for hospitalization expenses</li><li>• Details of any other related document such as medical bills with prescription</li></ul>   |
| 15                  | Hospital Daily Cash                     | <ul style="list-style-type: none"><li>• Final Hospital bill and/or Discharge Summary mentioning the date and time of admission and discharge</li><li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li></ul>  |

|    |                                  |   |
|----|----------------------------------|---|
| 21 | Comatose benefit                 | <ul style="list-style-type: none"> <li>Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports &amp; Diagnostic reports like X-ray, CT scan, MRI report, etc.</li> <li>Medical certificate from treating doctor giving the details of neurological status &amp; prognosis, proving the conditions as per defined in the policy wordings</li> <li>Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul> |
| 27 | Repatriation of Mortal Remains   | <ul style="list-style-type: none"> <li>Documents related to Accidental Death as mentioned in the policy wording</li> </ul>  |
| 28 | Last Rites Expenses              | <ul style="list-style-type: none"> <li>Documents related to Accidental Death as mentioned in the policy wording</li> </ul>  |
| 35 | Education Allowance for Children | <ul style="list-style-type: none"> <li>Documents related to Accidental Death or PTD as mentioned in the policy wording</li> <li>Copy identity card of dependent child of an educational institute at the time of date of loss and last fee payment receipt</li> <li>Copy of Birth Certificate or any other valid document establishing age</li> </ul>   |
| 46 | Terrorism Cover                  | <ul style="list-style-type: none"> <li>Valid document from the necessary authority to validate the "Terrorism , War &amp; War like situations" in the region under consideration.</li> <li>Proof of injury/death caused due to accident due to act of terrorism.</li> <li>Declaration from the insured on the narration of incident.</li> </ul>   |

**IMPORTANT:**

- All documents **MUST** be submitted within 30 days from discharge.
  - For any delay in submission, You **MUST** provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
  - We reserve the right to ask for additional documents/reports from case to case basis.
  - We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.
- e. For any hospitalization, We will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

**Annexure 1 - The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment**

List I – Expenses not covered

| S. No. | Item                   | S. No. | Item   | S. No. | Item                                   |
|--------|------------------------|--------|--|--------|--|
| 1      | BABY FOOD              | 24     | ATTENDANT CHARGES  | 47     | LUMBO SACRAL BELT                      |
| 2      | BABY UTILITIES CHARGES | 25     | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | 48     | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 3      | BEAUTY SERVICES        | 26     | BIRTH CERTIFICATE  | 49     | AMBULANCE COLLAR                       |
| 4      | BELTS/ BRACES          | 27     | CERTIFICATE CHARGES  | 50     | AMBULANCE EQUIPMENT                    |

|    |   |    |  |    |  |
|----|---|----|--|----|--|
| 5  | BUDS  | 28 | COURIER CHARGES                                  | 51 | ABDOMINAL BINDER   |
| 6  | COLD PACK/HOT PACK  | 29 | CONVEYANCE CHARGES                               | 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  |
| 7  | CARRY BAGS  | 30 | MEDICAL CERTIFICATE                              | 53 | SUGAR FREE Tablets   |
| 8  | EMAIL / INTERNET CHARGES                                      | 31 | MEDICAL RECORDS                                  | 54 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 9  | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) | 32 | PHOTOCOPIES CHARGES                              | 55 | ECG ELECTRODES   |
| 10 | LEGGINGS  | 33 | MORTUARY CHARGES                                 | 56 | GLOVES   |
| 11 | LAUNDRY CHARGES   | 34 | WALKING AIDS CHARGES                             | 57 | NEBULISATION KIT   |
| 12 | MINERAL WATER   | 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]                        |
| 13 | SANITARY PAD  | 36 | SPACER   | 59 | KIDNEY TRAY  |
| 14 | TELEPHONE CHARGES   | 37 | SPIROMETRE                                       | 60 | MASK   |
| 15 | GUEST SERVICES  | 38 | NEBULIZER KIT                                    | 61 | OUNCE GLASS  |
| 16 | CREPE BANDAGE   | 39 | STEAM INHALER                                    | 62 | OXYGEN MASK  |
| 17 | DIAPER OF ANY TYPE  | 40 | ARMSLING   | 63 | PELVIC TRACTION BELT   |
| 18 | EYELET COLLAR   | 41 | THERMOMETER                                      | 64 | PAN CAN  |
| 19 | SLINGS  | 42 | CERVICAL COLLAR                                  | 65 | TROLLEY COVER  |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES           | 43 | SPLINT   | 66 | UROMETER, URINE JUG  |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED             | 44 | DIABETIC FOOT WEAR                               | 67 | AMBULANCE  |
| 22 | TELEVISION CHARGES  | 45 | KNEE BRACES (LONG/ SHORT/ HINGED)                | 68 | VASOFIX SAFETY   |
| 23 | SURCHARGES  | 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER            |    |  |

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

| S. No. | Item                                      | S. No. | Item                 | S. No. | Item  |
|--------|---|--------|----------------------|--------|---|
| 1      | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | 14     | BED PAN              | 27     | ADMISSION KIT                                   |
| 2      | HAND WASH                                 | 15     | FACE MASK            | 28     | DIABETIC CHART CHARGES                          |
| 3      | SHOE COVER                                | 16     | FLEXI MASK           | 29     | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |
| 4      | CAPS                                      | 17     | HAND HOLDER          | 30     | DISCHARGE PROCEDURE CHARGES                     |
| 5      | CRADLE CHARGES                            | 18     | SPUTUM CUP           | 31     | DAILY CHART CHARGES                             |
| 6      | COMB                                      | 19     | DISINFECTANT LOTIONS | 32     | ENTRANCE PASS / VISITORS PASS CHARGES           |

|    |                                 |    |                         |    |   |
|----|---------------------------------|----|-------------------------|----|---|
| 7  | EAU-DE-COLOGNE / ROOM FRESHNERS | 20 | LUXURY TAX              | 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE       |
| 8  | FOOT COVER                      | 21 | HVAC                    | 34 | FILE OPENING CHARGES                                |
| 9  | GOWN                            | 22 | HOUSE KEEPING CHARGES   | 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 10 | SLIPPERS                        | 23 | AIR CONDITIONER CHARGES | 36 | PATIENT IDENTIFICATION BAND / NAME TAG              |
| 11 | TISSUE PAPER                    | 24 | IM IV INJECTION CHARGES | 37 | PULSEOXYMETER CHARGES                               |
| 12 | TOOTH PASTE                     | 25 | CLEAN SHEET             |    |   |
| 13 | TOOTH BRUSH                     | 26 | BLANKET/WARMER BLANKET  |    |   |

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

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

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

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

## Annexure 2 - List of Insurance Ombudsmen

| Office Details   | Jurisdiction of Office<br>(Union Territory, District)                             |
|--|---|
| <b>AHMEDABAD - Shri Kuldip Singh</b><br>Office of the Insurance Ombudsman,<br>Jeevan Prakash Building, 6 <sup>th</sup> floor,<br>Tilak Marg, Relief Road,<br>Ahmedabad – 380 001.<br>Tel.: 079 - 25501201/02/05/06<br>Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>  | Gujarat,<br>UT of Dadra & Nagar Haveli,<br>Daman and Diu.                         |
| <b>BENGALURU - Smt. Neerja Shah</b><br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building, PID No. 57-27-N-19<br>Ground Floor, 19/19, 24 <sup>th</sup> Main Road,<br>JP Nagar, Ist Phase,<br>Bengaluru – 560 078.<br>Tel.: 080 - 26652048 / 26652049<br>Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>        | Karnataka.  |
| <b>BHOPAL - Shri Guru Saran Shrivastava</b><br>Office of the Insurance Ombudsman,<br>Janak Vihar Complex, 2 <sup>nd</sup> Floor,<br>6, Malviya Nagar, Opp. Airtel Office,<br>Near New Market,<br>Bhopal – 462 003.<br>Tel.: 0755 - 2769201 / 2769202<br>Fax: 0755 - 2769203<br>Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a> | Madhya Pradesh<br>Chhattisgarh.   |
| <b>BHUBANESHWAR - Shri Suresh Chandra Panda</b><br>Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubneshwar – 751 009.<br>Tel.: 0674 - 2596461 /2596455<br>Fax: 0674 - 2596429<br>Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>   | Orissa.   |
| <b>CHANDIGARH - Dr. Dinesh Kumar Verma</b><br>Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2 <sup>nd</sup> Floor,<br>Batra Building, Sector 17 – D,<br>Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 / 2706468<br>Fax: 0172 - 2708274<br>Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>           | Punjab,<br>Haryana,<br>Himachal Pradesh,<br>Jammu & Kashmir,<br>UT of Chandigarh. |

|  |   |
|--|---|
| <p><b>CHENNAI - Shri M. Vasantha Krishna</b><br/>Office of the Insurance Ombudsman,<br/>Fatima Akhtar Court, 4<sup>th</sup> Floor, 453,<br/>Anna Salai, Teynampet,<br/>CHENNAI – 600 018.<br/>Tel.: 044 - 24333668 / 24335284<br/>Fax: 044 - 24333664<br/>Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></p>  | <p>Tamil Nadu, UT-<br/>Pondicherry Town and<br/>Karaikal (which are part of UT of Pondicherry).</p>     |
| <p><b>DELHI - Shri Sudhir Krishna</b><br/>Office of the Insurance Ombudsman,<br/>2/2 A, Universal Insurance Building,<br/>Asaf Ali Road,<br/>New Delhi – 110 002.<br/>Tel.: 011 - 23232481/23213504<br/>Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></p>  | <p>Delhi.</p>   |
| <p><b>GUWAHATI - Shri Kiriti .B. Saha</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Nivesh, 5<sup>th</sup> Floor,<br/>Nr. Panbazar over bridge, S.S. Road,<br/>Guwahati – 781001(ASSAM).<br/>Tel.: 0361 - 2632204 / 2602205<br/>Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></p>  | <p>Assam,<br/>Meghalaya,<br/>Manipur,<br/>Mizoram,<br/>Arunachal Pradesh,<br/>Nagaland and Tripura.</p> |
| <p><b>HYDERABAD - Shri I. Suresh Babu</b><br/>Office of the Insurance Ombudsman,<br/>6-2-46, 1<sup>st</sup> floor, “Moin Court”,<br/>Lane Opp. Saleem Function Palace,<br/>A. C. Guards, Lakdi-Ka-Pool,<br/>Hyderabad - 500 004.<br/>Tel.: 040 - 67504123 / 23312122<br/>Fax: 040 - 23376599<br/>Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></p> | <p>Andhra Pradesh,<br/>Telangana, UT of<br/>Yanam and<br/>part of UT of Pondicherry.</p>                |
| <p><b>JAIPUR - Smt. Sandhya Baliga</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Nidhi – II Bldg., Gr. Floor,<br/>Bhawani Singh Marg,<br/>Jaipur - 302 005.<br/>Tel.: 0141 - 2740363<br/>Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a></p>   | <p>Rajasthan.</p>   |
| <p><b>ERNAKULAM - Ms. Poonam Bodra</b><br/>Office of the Insurance Ombudsman,<br/>2<sup>nd</sup> Floor, Pulinat Bldg.,<br/>Opp. Cochin Shipyard, M. G. Road,<br/>Ernakulam - 682 015.<br/>Tel.: 0484 - 2358759 / 2359338<br/>Fax: 0484 - 2359336<br/>Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></p>   | <p>Kerala, UT of (a)Lakshadweep,(b) Mahe-a part of UT of Pondicherry.</p>                               |

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| <b>KOLKATA - Shri P. K. Rath</b><br>Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 4 <sup>th</sup> Floor,<br>4, C.R. Avenue,<br>KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124340<br>Fax : 033 - 22124341<br>Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>                                  | West Bengal,<br>Sikkim, UT of<br>Andaman & Nicobar Islands.  |
| <b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b><br>Office of the Insurance Ombudsman,<br>6 <sup>th</sup> Floor, Jeevan Bhawan, Phase-II,<br>Nawal Kishore Road, Hazratganj,<br>Lucknow - 226 001.<br>Tel.: 0522 - 2231330 / 2231331<br>Fax: 0522 - 2231310<br>Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a> | Districts of Uttar Pradesh :<br>Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur,<br>Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur,<br>Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti,<br>Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar,<br>Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur,<br>Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| <b>MUMBAI - Shri Milind A. Kharat</b><br>Office of the Insurance Ombudsman,<br>3 <sup>rd</sup> Floor, Jeevan Seva Annexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel.: 022 - 26106552 / 26106960<br>Fax: 022 - 26106052<br>Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>                          | Goa,<br>Mumbai Metropolitan Region<br>excluding Navi Mumbai & Thane.   |
| <b>NOIDA - Shri Chandra Shekhar Prasad</b><br>Office of the Insurance Ombudsman,<br>Bhagwan Sahai Palace<br>4 <sup>th</sup> Floor, Main Road,<br>Naya Bans, Sector 15,<br>Distt: Gautam Buddh Nagar,<br>U.P-201301.<br>Tel.: 0120-2514250 / 2514252 / 2514253<br>Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>     | State of Uttaranchal and the following Districts of Uttar Pradesh:<br>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj,<br>Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah,<br>Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur,<br>Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar,<br>Saharanpur.  |
| <b>PATNA - Shri N. K. Singh</b><br>Office of the Insurance Ombudsman,<br>1 <sup>st</sup> Floor, Kalpana Arcade Building,,<br>Bazar Samiti Road,<br>Bahadurpur,<br>Patna 800 006.<br>Tel.: 0612-2680952<br>Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>  | Bihar,<br>Jharkhand.   |



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| <b>PUNE - Shri Vinay Sah</b><br>Office of the Insurance Ombudsman,<br>Jeevan Darshan Bldg., 3 <sup>rd</sup> Floor,<br>C.T.S. No.s. 195 to 198,<br>N.C. Kelkar Road, Narayan Peth,<br>Pune – 411 030.<br>Tel.: 020-41312555<br>Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a> | Maharashtra,<br>Area of Navi Mumbai and Thane<br>excluding Mumbai Metropolitan Region. |
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Smt. Moushumi Mukherji, Secretary

Ombudsmen details are subject to change. Please refer this link for the updated details: [CIO \(cioins.co.in\)](http://CIO(cioins.co.in))”

### Annexure 3 – Product Benefit table

| Product Benefit Table                                 |   |
|---|---|
| <b>Policy Tenure</b>                                  | Monthly, Quarterly, Annual<br>Up to 5 years for loan linked   |
| <b>Entry Age</b>                                      | Adult- 18 yrs. to 100 yrs.<br>Child: 0 Days onwards<br>Dependent Child Classification - less than or equal to 21 years of age<br>For Child Only Policy - 0 days to 18 years   |
| <b>Plans</b>  | Individual or to a Family on Individual Basis   |
| <b>Coverage</b>                                       | Dependent Adult - 100%of base sum Insured<br>Dependent Child - 50% of base sum insured  |
| <b>Relationships</b>                                  | Self, legally married spouse, up to 4 children (Son/Daughter), Daughter-in-law, Father, Mother, Father-in-law, Mother-in-law, Grandfather, Grandmother, Grandson, Granddaughter, Son-in-law, Brother, Sister, Sister-in-law, Brother-in-law, Nephew, Niece and any relationship where there is insurable interest<br>Borrower(s) & Co-Borrower(s) |
| <b>Waiting Periods</b>                                |   |
| <b>Initial Waiting Period</b>                         | Range between 0 to 30 days  |
| <b>Waiting period for Pre-Existing Diseases (PED)</b> | <b>Range between 0 to 36 months</b>   |
| <b>Waiting Period for Disease Specific Exclusions</b> | <b>Range between 0 to 24 months</b>   |

| S. No. | Benefit Name                            | Coverage Options  |
|--------|---|---|
| 1      | Accidental Death                        | Lump sum benefit up to Rs. 10 Cr.   |
| 2      | Permanent Total Disability              | Lump sum benefit up to Rs. 10 Cr.   |
| 3      | Accidental Permanent Partial Disability | Lump sum benefit up to Rs. 10 Cr.   |
| 5      | Accidental Medical Reimbursement        | Up to INR 1Cr, if hospitalization due to Accident.  |
| 5      | Hospital Daily Cash                     | Option 1: Up to Rs. 10,000 per day<br>Option 2: Lump sum of up to Rs. 2L<br>Option 3: 1/2/3/4/5/6/7 days of Franchise<br>Option 4: 1/2/3/4/5/6/7 days of Deductible<br>Option 5: Any possible reasonable combination of above options<br>Double incase of ICU room.   |
| 6      | Comatose benefit                        | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1 Cr per policy year<br>Option 2: Up to 10% of Base Sum Insured per week, Maximum up to 100 weeks with a maximum limit of 1 Cr per policy year<br>Option 3: Up to INR 1 Cr as lump sum<br>Option 4: Deductible of upto 90 days.<br>Option 5: Any possible reasonable combination of above options, Maximum limit of 1 Cr per policy year |
| 7      | Repatriation of Mortal Remains          | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year   |
| 8      | Last Rites Expenses                     | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 2L per policy year<br>Option 2: Up to INR 2L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 2L per policy year  |
| 9      | Education Allowance for Children        | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 1Cr as lump sum<br>Option 3: Any possible reasonable combination of above options   |
| 10     | Terrorism Cover                         | Payouts as per the base benefit   |