

# Group Personal Accident Policy Document

## A. Preamble

This is a contract of insurance between You and Us which is subject to the receipt of the full premium in advance and the terms, conditions, and exclusions of this Policy. This Policy has been issued on the basis of the information provided by You in the Proposal Form or accompanying documents.

All treatments in this policy will be considered if they are taken in India.

## B. Definitions

### B.1. Standard Definitions:

- Def.1. Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def.2. 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:
- Central or state government AYUSH Hospital; or
  - Teaching Hospital attached to AYUSH college recognized by the Central Government / Central Council of Indian Medicine / Central Council of Homeopathy; or
  - 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:
    - Having at least five in-patient beds;
    - Having qualified AYUSH Medical Practitioner in charge round the clock;
    - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
    - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def.3. 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.
- Def.4. Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- Def.5. Day Care Treatment** refers to medical treatment, and/or Surgical Procedure which is:
- undertaken under General or Local Anaesthesia 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.
- Treatment normally taken on an outpatient basis is not included in the scope of this definition.
- Def.6. 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 criterion as under:
- has Qualified Nursing staff under its employment;
  - has qualified Medical Practitioner(s) in charge;
  - has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
  - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def.7. 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.
- Def.8. 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.
- Def.9. Domiciliary Hospitalization** means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
  - the patient takes treatment at home on account of non availability of room in a Hospital.
- Def.10. 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.
- Def.11. 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.
- Def.12. 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 enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has Qualified Nursing staff under its employment round the clock;
  - has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
  - has qualified Medical Practitioner(s) in charge round the clock;
  - has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
  - maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
- Def.13. Hospitalization or Hospitalized** means the admission in a Hospital for a minimum period of 24 consecutive Inpatient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def.14. ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.
- Def.15. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- 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
  - Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    - it needs ongoing or long-term control or relief of symptoms
    - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    - it continues indefinitely
    - it recurs or is likely to recur
- Def.16. 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.
- Def.17. Inpatient** means admission for treatment in a Hospital for more than 24 hours for an Insured Event.
- Def.18. Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

- Def.19. 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.
- Def.20. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- Def.21. 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.
- Def.22. 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.
- Def.23. 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, 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.
- Def.24. Migration** means the right accorded to individual 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.
- Def.25. Network Provider** means Hospital 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.
- Def.26. Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def.27. Non-Network Provider** means any Hospital, Day Care Center or other provider that is not part of the network.
- Def.28. 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.
- Def.29. Pre-existing Disease** means any condition, ailment, injury or disease
- c. 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
  - d. 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.
- Def.30. 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.
- Def.31. 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.
- Def.32. Portability** means the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

- Def.33. 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.
- Def.34. 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.
- Def.35. Unproven/Experimental treatment:** Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

## B.2. Specific Definitions:

- Def.36. Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
- Def.37. Dependents** means the Primary Insured's family members listed below:
- i. Legally married spouse as long as he or she continues to be married to the Primary Insured;
  - ii. Dependent Children
  - iii. Father and Mother
- Def.38. Dependent Children** means unmarried children (natural or legally adopted), less than 21 years of age at the time inception and at every renewal of the Policy with Us who are financially dependent on the Primary Insured or proposer and do not have their independent sources of income.
- Def.39. Insured Person** means the Primary Insured and those of his Dependents named as insured in the Schedule of Insurance Certificate.
- Def.40. Aggregate Limit of Liability per Event** means the amount specified in the Schedule of Insurance Certificate which represents Our maximum, total and cumulative liability for any and all claims made in respect of all Insured Persons under the Policy arising out of or in relation to an Accident or event. If the total value of such unpaid claims in respect of all Insured Persons exceed the Aggregate Limit of Liability per Event, the amounts payable on such outstanding claims shall be reduced pro rata as necessary to ensure that the Aggregate Limit of Liability per Event is not exceeded
- Def.41. Policy** means these terms and conditions, any annexure thereto and the Schedule of Insurance Certificate (as amended from time to time), the information statements in the proposal form or the Information Summary Sheet and the policy wording (including endorsements, if any).
- Def.42. Policy Period** means the period between the date of commencement and the expiry date specified in the Schedule of Insurance Certificate.
- Def.43. Principal Sum Assured** means the amount specified in the Schedule of Insurance Certificate of an Insured Person for the benefits listed in Clause 2.1, 2.2, 2.3 and 2.4 of the Policy document and as 3.1.2 of the endorsements. Where the Insured Person has opted for more than 100% of the coverage amount under Clause 2.2 of the Policy document the Principal Sum Assured would mean the opted percentage amount for Clause 2.2. For an opted benefit Our maximum total and cumulative liability for any and all claims made by that Insured Person under the Policy will be limited to the Principal Sum Assured.
- Def.44. Primary Insured** means Your group member who is named as the Primary Insured and as an Insured Person in the Schedule of Insurance Certificate.
- Def.45. Product Benefits Table** means the Product Benefits Table issued by Us and accompanying this Policy and annexure thereto.
- Def.46. 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.
- Def.47. Schedule of Insurance Certificate** means the Schedule of Insurance issued by Us, and, if more than one, then the latest in time.
- Def.48. Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def.49. Temporary Total Disability** means a disability (other than a psychological condition) arising out of an Accident due to which the Insured Person is unable to attend to his usual occupation for a duration of not less than three (3) continuous working days.
- Def.50. We/Our/Us/Insurer** means Niva bupa Health Insurance Company Limited

**Def.51. You/Your/Policyholder** means the person named in the Schedule of Insurance Certificate who has concluded this Policy with Us.

Any reference to any statute shall be deemed to refer to any replacement or amendment to that statute.

**1. Basic Benefits**

The following Basic Benefits shall be available only if specified to be applicable in the Schedule of Insurance Certificate, subject to the terms, conditions and limitations of the Basic Benefit under the Policy.

This Policy provides benefits up to the Principal Sum Assured subject to any specific limits stated in the Product Benefit Table, the terms, conditions, limitations and specific and general exclusions mentioned in the Policy and as shown in the Schedule of Insurance Certificate and eligibility for the insurance plan opted for as specified in the Product Benefit Table and subject always to the Aggregate Limit of Liability per Event

**1.1. Accidental Death**

If an Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person’s death within three hundred and sixty five (365) days from the occurrence of such Accident We will pay the Principal Sum Assured specified in the Schedule of Insurance Certificate, provided that:

- 2.1.1. We will deduct any amounts already paid under the Basic Benefits or the Variable Accidental Medical Reimbursement under Optional Benefit 1 in respect of the Insured Person from any amount payable under Clause 2.1; and
- 2.1.2. We shall not be liable to make any payment under Clause 2.1 if We have already paid or accepted any claims under Clause 2.2 or 2.3 or 2.4 or the Variable Accidental Medical Reimbursement under Optional Benefit 1 in respect of that Insured Person and the total amount paid or payable under those claims is cumulatively greater than or equal to the Principal Sum Assured.

**1.2. Accidental Permanent Total Disability (PTD)**

If an Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person’s Permanent Total Disability within three hundred and sixty five (365) days from the occurrence of such Accident We will make payment in accordance with the grid below provided that:

- 2.2.1. The Permanent Total Disability is proved with a disability certificate issued by a Medical Board duly constituted by the Central or the State Government being presented to Us; and
- 2.2.2. We will admit a claim under Clause 2.2 only if the Permanent Total Disability continues for a continuous period of at least six (6) calendar months from the commencement of the disability and such disability is permanent at the end of this period; and
- 2.2.3. If the Insured Person dies before a claim has been admitted under Clause 2.2, We shall not be liable to make any payment under Clause 2.2; and
- 2.2.4. We shall not be liable to make payment under Clause 2.2 in respect of an Insured Person for any and all Policy Periods more than once in the Insured Person’s lifetime; and
- 2.2.5. We will deduct any amounts already paid under the Basic Benefits or the Variable Accidental Medical Reimbursement under Optional Benefit 1 in respect of the Insured Person from any amount payable under Clause 2.2; and
- 2.2.6. We shall not be liable to make any payment under Clause 2.2 if We have already paid or accepted any claims under Clause 2.3 or 2.4 or the Variable Accidental Medical Reimbursement under Optional Benefit 1 in respect of that Insured Person and the total amount paid or payable under those claims is cumulatively greater than or equal to the percentage of the Principal Sum Assured as shown in the Schedule of Insurance Certificate

Nature of Permanent Total Disability	% of the Accidental Cover Sum Insured Payable
Actual loss by physical separation or total and permanent loss of use of both hands	100%
Actual loss by physical separation or total and permanent loss of use of both feet	100%

Nature of Permanent Total Disability	% of the Accidental Cover Sum Insured Payable
Loss of sight in both eyes	100%
Actual loss by physical separation or total and permanent loss of use of one hand and one foot	100%
Actual loss by physical separation or total and permanent loss of use of one hand and sight in one eye	100%
Actual loss by physical separation or total and permanent loss of use of one foot and sight in one eye	100%
Loss of speech and loss of hearing in both ears	100%
Permanent and incurable paralysis of all limbs	100%
Permanent total loss of mastication	100%
The Insured Person suffers Injuries which do not fall within any of the categories specified above but are such that the Insured Person is unlikely to ever be able to physically engage in any occupation or employment or business for remuneration or profit.	100%

### 1.3. Accidental Permanent Partial Disability (PPD)

If an Insured Person suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Insured Person's Permanent Partial Disability within three hundred and sixty five (365) days from the occurrence of such Accident, We will make payment in accordance with the grid below provided that:

- 2.3.1. The Permanent Partial Disability is proved with a disability certificate issued by a Medical Board duly constituted by the Central or the State Government being presented to Us; and
- 2.3.2. We will admit a claim under Clause 2.3 only if the Permanent Partial Disability continues for a period of at least six (6) continuous calendar months from the commencement of the disability and such disability is continuous and permanent at the end of this period; and
- 2.3.3. If the Insured Person dies before a claim has been admitted under Clause 2.3, We shall not be liable to make any payment under Clause 2.3; and
- 2.3.4. If We have admitted a claim under Clause 2.2, then We shall not admit any claim under Clause 2.3 in respect of the Insured Person; and
- 2.3.5. We will deduct any amounts already paid under the Basic Benefits or the Variable Accidental Medical Reimbursement under Optional Benefit 1 in respect of the Insured Person from any amount payable under Clause 2.3 to the extent that the sum of such amounts already paid and the amount payable under Clause 2.3 is in excess of the Principal Sum Assured.
- 2.3.6. We shall not be liable to make any payment under Clause 2.3 if We have already paid or accepted any claims under Basic Benefits or the Variable Accidental Medical Reimbursement under Optional Benefit 1 in respect of that Insured Person and the total amount paid or payable under those claims is cumulatively greater than or equal to the Principal Sum Assured.

Nature of Permanent Partial Disability	% of the Principal Sum Assured payable
Total and irreversible loss of hearing in both ears	50%
Total and irreversible loss of speech	50%
Actual loss by physical separation or total and permanent loss of use of one hand	50%
Actual loss by physical separation or total and permanent loss of use of one foot	50%
Total and irreversible loss of sight in one eye	50%
Actual loss by physical separation or total and permanent loss of use of four fingers and thumb of one hand	40%



Actual loss by physical separation or total and permanent loss of use of four fingers
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30%
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Nature of Permanent Partial Disability	% of the Principal Sum Assured payable
Total and irreversible loss of hearing in one ear	30%
Actual loss by physical separation or total and permanent loss of use of thumb and index finger of the same hand	25%
Actual loss by physical separation of all toes	20%
Actual loss by physical separation or total and permanent loss of use of thumb	15%
Actual loss by physical separation or total and permanent loss of use of index finger	10%
Non union of fractured leg or kneecap	10%
Shortening of leg by at least 5 cm	7.5%
Actual loss by physical separation or total and permanent loss of use of middle finger	6%
Actual loss by physical separation or total and permanent loss of use of ring finger	5%
Actual loss by physical separation or total and permanent loss of use of little finger	4%
Actual loss by physical separation of great toe (both phalanges)	5%
Actual loss by physical separation of great toe (one phalanx)	2%
Actual loss by physical separation of any toes other than the great toe, provided that more than one toe is lost	1% each
Loss of metacarpals - first or second (additional) or third, fourth or fifth (additional)	3%

#### 14. Temporary Total Disability (TTD)

If the Primary Insured suffers an Injury solely and directly due to an Accident occurring during the Policy Period which solely and directly results in the Primary Insured's Temporary Total Disability, We will pay the lowest of the Primary Insured's weekly earning and Rs.100, 000 per week for each week that the Temporary Total Disability continues, or the amount as specified in the Schedule of Insurance Certificate. It is agreed and understood that:

- 24.1. For the purpose of Clause 2.4, "weekly earning" shall not include any overtime, bonuses, tips, commissions, allowances or special compensations or any components of variable pay that the Primary Insured may have otherwise been eligible to receive.
- 24.2. We will make payment under Clause 2.4 for only a part of the week if the Primary Insured has suffered Temporary Total Disability for that part of the week.
- 24.3. We shall not be liable to make any payment under Clause 2.4 in respect of more than 100 continuous weeks in any Policy Period, subject always to the Principal Sum Assured.
- 24.4. The amount payable under Clause 2.4 is calculated on a per day basis and shall be payable from the first day of onset of the Temporary Total Disability provided that the Temporary Total Disability continues for at least 3 continuous days
- 24.5. We will make payment of the amount due under Clause 2.4 when the Primary Insured's Temporary Total Disability has ceased unless the Temporary Total Disability continues for a continuous period of more than 30 days in which case We will make payment of the amount due under Clause 2.4 at the end of every calendar month until the Temporary Total Disability ceases.
- 24.6. We will deduct any amounts already paid under the Basic Benefits or the Variable Accidental Medical Reimbursement under Optional Benefit 1 in respect of the Primary Insured from any amount payable under Clause 2.4 to the extent that the sum of such amounts already paid and the amount payable under Clause 2.4 is in excess of the Principal Sum Assured.
- 24.7. We will not issue a Policy with Temporary Total Disability as a standalone benefit.



### 3. **Optional Benefits (available only with Basic Benefits)**

This Policy may also provide optional benefits if these are specified to be applicable in the Schedule of Insurance Certificate subject to the terms, conditions and limitations of the optional benefits.

### 4. **Permanent Exclusions**

A permanent exclusion will be applied on any medical or physical condition or treatment of an Insured Person, if specifically mentioned in the Policy Schedule and has been accepted by You. This option as per company's underwriting policy, will be used for such condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person.

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following unless specifically mentioned elsewhere in the Policy.

#### **Standard Exclusions:**

##### **1. 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.

##### **2. 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.

##### **3. Obesity/ Weight Control (Code-Excl06)**

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

- a. Surgery to be conducted is upon the advice of the Doctor.
- b. The surgery/Procedure conducted should be supported by clinical protocols.
- c. The member has to be 18 years of age or older and;
- d. Body Mass Index (BMI);
  - i. greater than or equal to 40 or
  - ii. 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:
    1. Obesity-related cardiomyopathy
    2. Coronary heart disease
    3. Severe Sleep Apnea
    4. Uncontrolled Type2 Diabetes

##### **4. Change-of-Gender treatments (Code-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 (Code-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 (Code-Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing,

mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**7. Breach of law (Code-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 (Code-Excl11)**

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our 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. The link to the list of excluded providers is mentioned below:

<https://www.nivabupa.com/Documents/Nivabupa-Unrecognized-Hospitals2.pdf>

**9. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)**

**10. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code-Excl13)**

**11. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure (Code-Excl14)**

**12. Refractive Error (Code-Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

**13. Unproven Treatments (Code-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 (Code-Excl17)**

Expenses related to Birth Control, sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

**15. Maternity Expenses (Code-Excl18)**

- 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.

**Specific Exclusions**

- i. Suicide or self inflicted injury, whether the Insured Person is medically sane or insane.
- ii. War (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion.
- iii. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military, para-military or air force operation during peace time.

- iv. Any change of nature of job after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Schedule of Insurance Certificate.
- v. Committing an assault, a criminal offence or any breach of law with criminal intent.
- vi. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed doctor.
- vii. Inhaling any gas or fumes, accidentally or otherwise, except in the course of duty.
- viii. Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes.
- ix. Engaging in or taking part in professional or adventure sports or any hazardous pursuits, such as diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping; skiing, sky diving, gliding and winter sports.
- x. Any disability arising out of Pre-Existing Disease if not accepted and endorsed by Us on the Schedule of Insurance Certificate.
- xi. Body or mental infirmity or any disease except where such condition arises directly due to an Accident occurring during the Policy Period.
- xii. Accidental death or disability due to mental disorders or disturbances of consciousness, strokes, fits or convulsions which affect the entire body and pathological disturbances caused by the mental reaction to the same.
- xiii. Caused by or contributed to or arising from any nuclear weapon materials.
- xiv. Caused by or contribution to or arising from any ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.
- xv. Any loss, damage, cost or expenses of whatsoever nature caused by, resulting from or in connection with any act of terrorism.
- xvi. Death or disablement resulting from, caused by, contributed to or aggravated or prolonged by child birth or from pregnancy.
- xvii. Any costs or expenses specified in the List of Expenses Generally Excluded in Annexure II. The Annexure II is only applicable to Accidental Medical Reimbursement benefit.

## 5. Standard Terms and Conditions

### a. Reasonable Care

The Insured Person shall take all reasonable steps to safeguard against any Accident or Injury that may give rise to any claim under this Policy.

### b. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to any liability to make payment under this Policy.

### c. Subrogation and Contribution

Subrogation and Contribution are not applicable to the Benefits under Policy, unless the Optional Benefit for Accidental Medical Reimbursement is applicable under the Policy.

If the Optional Benefit for Accidental Medical Reimbursement is in force, Subrogation and Contribution will be applicable only for benefits under Accidental Medical Reimbursement. It is agreed and understood that if in addition to this Policy, there is any other insurance policy in force under which a claim for reimbursement of medical expenses in respect of the Insured Person could be made, then You may choose the insurance policy under which You wish the claim to be settled. If, in such cases, the amount claimed (after considering the applicable deductibles and co-pay) exceeds the sum insured under a single policy You may choose the insurance policies under which the claim is to be settled and if this Policy is chosen then We will settle the claim for Accidental Medical Reimbursement by applying the Contribution provisions.

### d. Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or anyone acting on behalf of the Insured Person to obtain any benefit under this Policy, then the said claim under this Policy shall be void and such claims being processed shall be forfeited for any/all Insured Persons under that claim and all sums paid shall be repaid to Us by

- e. all Insured Persons who shall be jointly liable for such repayment.
- e. **Notification of Changes**  
It is a condition precedent to Our liability to make any payment under this Policy that You shall give Us written notice immediately of any change in the address, nature of job, state of health and any other changes affecting You or any Insured Person.
- f. **Free Look Period**  
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 (thirty days for policies with a term of 3 years, if sold through distance marketing) 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

**g. Cancellation/ Termination (other than Free Look cancellation)**

**1. Cancellation by Policyholder:**

The Policyholder may terminate this Policy by giving 7 days' prior written notice to Us. We shall cancel the Policy and refund the premium for the period as mentioned herein below, provided that no claim has been reported under the Policy by or on behalf of any Insured Person till the termination date of the Policy. Further, We shall not be liable for any claim, if reported after the termination date of the Policy:

Length of time Policy in force	Refund of premium
up to 30 days	75%
up to 90 days	50%
up to 180 days	25%
exceeding 180 days	0%

**2. Cancellation by Us:**

We may terminate this Policy by sending 30 days prior written notice to Your address shown in the Schedule of Insurance Certificate without refund of premium if in Our opinion:

- i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner, provided false or incorrect information, or suppressed any important information, under or in relation to this Policy.

**3. Automatic Cancellation:**

- i. The Policy shall automatically terminate in the event of the death of all the Insured Persons.
- ii. Refund:

A refund in accordance with the table in Clause 5(f)(1) above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person.

**h. Territorial Jurisdiction**

All benefits are available worldwide, except the Accidental Medical Reimbursement Benefit which will be available only in India. All claims shall be payable in India in Indian Rupees only.

**i. 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.

**j. Renewal of Policy**

The renewal premium is payable on or before the due date in the amount shown in the Schedule of Insurance Certificate or at such altered rate as may be reviewed and notified by Us with the approval of the Insurance Regulatory and Development Authority. We will allow a Grace Period of 30 days from the due date of the renewal premium for payment to Us. We are under no obligation to notify You of the renewal date of Your Policy.

If the Policy is not renewed on or before the due date or within the Grace Period then We shall issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy.

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by an You.

**k. Notices**

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

- i. You and/or the Insured Person at the address specified in the Schedule of Insurance Certificate or at the changed address of which We must receive written notice.
- ii. Us at the following address.  
Customer Services Department  
Niva Bupa Health Insurance Company Limited  
2nd Floor, Plot No D-5,  
Logix infotech Park, Opposite Metro Station  
Sector 59,  
Noida, Uttar Pradesh – 201301  
Fax No.: +91 11 41743397  
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))

In addition, We may send You other information through electronic and telecommunications means with respect to Your Policy from time to time.

**l. Claims Procedure**

All claims under this Policy will be adjudicated within 30 days after the occurrence of the event and further submission of claims form with specified documents. The benefits will be paid in line with the coverage in the insurance plan opted by You. The documents to be submitted for each benefit have been detailed in your claim form

- i. We reserve the right to call for:
  - a. Any other necessary documentation or information that We believe may be required; and
  - b. A medical examination by Our doctor or for an investigation as often as We believe this to be necessary. Any expenses related to such examination or investigation shall be borne by Us.
- ii. In the event of the Insured Person's death during Hospitalization, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us within 14 days regardless of whether any other notice has been given to Us. We reserve the right to require an autopsy.

**m. Notification of Claims:**

- i. All claims are to be notified to Us before the Insured Person's discharge from Hospital (if Hospitalization has occurred) or within 7 days of the occurrence of the Accident. The notification should be sent to Us via one of the following:
  1. By calling Us at 1860-500-8888
  2. By registered post sent to:  
Customer Services Department  
Niva Bupa Health Insurance Company Limited  
2nd Floor, Plot No D-5,  
Logix infotech Park, Opposite Metro Station  
Sector 59,  
Noida, Uttar Pradesh – 201301  
Fax No.: +91 11 41743397

3. 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))  
If any delay in intimation is genuine and for reasons beyond the control of the Insured Person or Nominee specified in the Schedule of Insurance Certificate, We may condone such delay and process the claim. We reserve the right to decline such requests for claim processing where there is no merit for the delay in reporting the claim

- ii. If You hold an indemnity policy with Us, a single notification for claim will apply to both the indemnity plan as well as any other Policy.
- iii. Upon acceptance of a claim , the payment of the amount due shall be made within 7 days from the date of acceptance of the claim. In the case of delay in payment , We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it .

**n. List of documents required for claim settlement:**

- i. The list of documents required for claim settlement under this Policy is as mentioned under Annexure III

**o. Alteration to the Policy**

This Policy, the Schedule of Insurance Certificate, the Proposal Form, any forms, Benefits, endorsements, and any Memorandum (if any) shall be read together as one contract and any words or expressions to which specific meanings attached shall bear such specific meanings wherever they shall appear. No change or alteration in this Policy shall be valid until approved and endorsed by Our authorized officer in writing.

**p. Nominee & Assignment**

The Primary Insured shall at the inception make a nomination for the purpose of payment of claims. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

For any Insured Person other than the Primary Insured, for the purpose of payment of claims in the event of the death of that Insured Person, the default nominee shall be the Primary Insured.

No assignment of this Policy shall be permitted or accepted by Us.

**q. Obligations in case of children**

If an Insured Person is less than 21 years of age, the Primary Insured shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that Insured Person.

**r. Obligations of the Policyholder**

You shall inform Us immediately about any addition or deletion of the Insured Person in the Policy. Any person may be added as an Insured Person during the Policy Period if his application for insurance cover has been accepted by Us, additional proportionate premium is paid and We have issued an endorsement confirming the addition of this person as an Insured Person.

**s. Customer Service and Grievances Reddressal:**

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, 2nd Floor, Logix Infotech Park  
opp. Metro Station, Sector 59, Noida,  
Uttar Pradesh, 20130

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, 2nd 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>

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 our Grievance Redressal officer through our platform <https://transactions.nivabupa.com/pages/grievance-redressal.aspx>.

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 (Refer below Annexure).

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

**Niva Bupa Health Insurance Company Limited**

Registered office:- C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024

**Disclaimer:** Insurance is a subject matter of solicitation. Niva Bupa Health Insurance Company Limited (formerly known as Max Bupa Health Insurance Company Limited) (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Customer Helpline: 1860-500-8888. Website: [www.nivabupa.com](http://www.nivabupa.com). CIN: U66000DL2008PLC182918. For more details on terms and conditions, exclusions, risk factors, waiting period & benefits, please read sales brochure carefully before concluding a sale.

**ANNEXURE I**  
**List of Insurance Ombudsmen**

Office Details	Jurisdiction of Office Union Territory, District)
<b>AHMEDABAD -</b> Shri Kuldip Singh 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.
<b>BENGALURU -</b> Mr Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
<b>BHOPAL -</b> Shri R. M. Singh Insurance Ombudsman 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 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh.
<b>BHUBANESHWAR -</b> Shri Suresh Chandra Panda 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.
<b>CHANDIGARH -</b> Mr Atul Jerath 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 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
<b>CHENNAI -</b> Shri Segar Sampathkumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).



**DELHI - Shri Sudhir Krishna**

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.

Office Details	Jurisdiction of Office Union Territory, District)
<b>GUWAHATI -</b> Shri Somnath Ghosh 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.
<b>HYDERABAD -</b> Shri N. Sankaran 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 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR -</b> Shri Rajiv Dutt Sharma 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.
<b>ERNAKULAM -</b> Shri G. Radhakrishnan Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>KOLKATA -</b> Shri P. K. Rath 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.
<b>LUCKNOW -</b> Shri Justice Anil Kumar Srivastava 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 -**

Shri Bharatkumar S. Pandya  
Office of the Insurance Ombudsman,  
3rd Floor, Jeevan Seva Annexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.  
Tel.: 69038821/23/24/25/26/27/28/28/29/30/31

Goa,  
Mumbai Metropolitan Region  
excluding Navi Mumbai & Thane.

Office Details	Jurisdiction of Office Union Territory, District)
<p><b>NOIDA -</b> Shri Chandra Shekhar Prasad 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</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA -</b> <b>Shri N. K. Singh</b> 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</p>	<p>Bihar, Jharkhand.</p>
<p><b>PUNE -</b> <b>Shri Vinay Sah</b> 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</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

**EXECUTIVE COUNCIL OF INSURERS,**

3rd Floor, Jeevan SevaAnnexe,  
S. V. Road, Santacruz (W),  
Mumbai - 400 054.  
Tel.: 022 - 69038801/03/04/05/06/07/08/09  
Email: inscoun@cioins.co.in

Shri B. C. Patnaik, Secretary General  
Smt Poornima Gaitonde, Secretary

**ANNEXURE II**  
**List of Generally excluded**  
**in Hospitalisation Policy.**

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



41	GUEST SERVICES	Not Payable
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S.No.	Procedure Name	Suggestions
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST /ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
<b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charge s, not as consumable



83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
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S.No.	Procedure Name	Suggestions
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	Antiseptic or disinfectant lotions	Not Payable -Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES,SYRINGES	Not Payable -Part of Dressing Charges
88	COTTON	Not Payable -Part of Dressing Charges
89	COTTON BANDAGE	Not Payable -Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed , otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
96	LUXURY TAX	Actual tax levied by government is payable .Part of room charge for sub-limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of room charge not payable separately
102	ATTENDANT CHARGES	Not Payable - P art of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET ^	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET /WARMER BLANKET ADMINISTRATIVE OR NON-MEDICAL CHARGES	Not Payable- part of room charges
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTENANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable

S.No.	Procedure Name	Suggestions
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMUNE	Not Payable
134	CPAP/ CAPD EQUIPMENTS Device	Not Payable
135	INFUSION PUMP - COST Device	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES Device	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE Device	Not Payable
140	SPO 2PROB E	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBOSACRAL BELT	Essential and should be paid specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction ,liver transplant etc.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGESDIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	Digestion gels	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES Sterilized Gloves	payable /unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening

165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed

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

**ANNEXURE II**  
**The list of documents required for**  
**claim settlement under this Policy**

**a. Accidental Death**

1. Duly filled and signed claim form
2. Original Death Certificate (issued by the office of Registrar of Births and Deaths)
3. Copy of First Information Report (FIR) / Panchnama / Inquest report duly attested by the concerned police station
4. Copy of Medico Legal Certificate duly attested by the concerned hospital.
5. Copy of Post Mortem report wherever applicable (provided Post Mortem was conducted)
6. Newspaper cuttings / news articles covering the accident (if available)

**b. Accidental Permanent Total Disability and Accidental Permanent Partial Disability**

1. Duly filled and signed claim form
2. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer
3. Medical consultations and investigations done from outside the hospital.
4. Original certificate of Disability issued by a Medical Board duly constituted by the Central and the State Government.
5. Copy of First Information Report (FIR) / Panchnama / Inquest report duly attested by the concerned police station
6. Copy of Medico Legal Certificate duly attested by the concerned hospital.
7. Newspaper cuttings / news articles covering the accident (if available)

**c. Accidental Temporary Total Disability**

1. Duly filled and signed claim form
2. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
3. Copy of First Information Report (FIR) / Panchnama / Inquest report duly attested by the concerned police station
4. Copy of Medico Legal Certificate duly attested by the concerned hospital.
5. Attendance record of employer / Certificate of employer confirming period of absence
6. Latest salary certificate with grade and designation
7. Newspaper cuttings / news articles covering the accident (if available)

**d. Fixed Medical Expenses (not linked to basic benefits)**

1. Duly filled and signed claim form
2. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
3. Copy of First Information Report (FIR) / Panchnama / Inquest report duly attested by the concerned police station
4. Copy of Medico Legal Certificate duly attested by the concerned hospital.
5. Final Hospital bill with receipt
6. Bills with supporting prescriptions and reports for investigations done outside the hospital
7. Bills with supporting prescriptions for medicines purchased from outside the hospital
8. Newspaper cuttings / news articles covering the accident (if available)

**e. Variable Medical Expenses (linked to basic benefits)**

In addition to the documents required for the Accidental Death, Accidental Permanent Total Disability, Accidental Permanent Partial Disability or Temporary Total Disability:

1. Final Hospital bill with receipt /copies attested by other insurer if the originals are submitted with them.
2. Original bills with supporting prescriptions and reports for investigations done outside the hospital/ copies attested by other insurer if the originals are submitted with them.
3. Original bills with supporting prescriptions for medicines purchased from outside the hospital / copies attested by other insurer if the originals are submitted with them.

**f. Residential Accommodation and Vehicle Modification Allowance**

1. Duly filled and signed claim form
2. Documents required for Accidental Permanent Total Disability (if not already submitted)
3. Bills for Residential Accommodation or Vehicle Modification.
4. Narration from architect / civil engineer / affidavit from the customer detailing the modifications done to the house.
5. Narration from vehicle workshop detailing the modifications done.

**g. Family Transportation**

1. Duly filled and signed claim form
2. Documents required for Accidental Death or Accidental Permanent Total Disability (if not already submitted)
3. Copy of ticket and invoice
4. Copy of boarding pass (if journey performed by air)

**h. Last Rites**

1. Duly filled and signed claim form
2. Documents required for Accidental Death (if not already submitted)

**i. Broken bones cover**

1. Duly filled and signed claim form
2. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer / Consultation notes (if hospitalization has not occurred)
3. X-Ray and MRI films along with reports
4. Copy of First Information Report (FIR) / Panchnama / Inquest report duly attested by the concerned police station
5. Copy of Medico Legal Certificate (MLC) duly attested by the concerned hospital.
6. Narration of events of accident if no FIR / MLC available
7. Newspaper cuttings / news articles covering the accident (if available)

**j. Education Allowance for Children**

1. Duly filled and signed claim form
2. Documents required for Accidental Death or Accidental Permanent Total Disability (if not already submitted)
3. Letter from employer or group administrator confirming the number of children of Insured Person.