



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
 Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Endorsement - Group Medishield Insurance Policy

SBU Office:
 Issuing Office SBU 98
 IFFCO TOKIO GEN INSU. CO. LTD.
 IFFCO BHAWAN, 128 ,
 Habibullah Road ,
 CHENAI , 600017 ,
 INDIA
 GSTIN : 33AAACI7573H1ZJ ,
 Contact :

INSURED	INDIAN INSTITUTE OF TECHNOLOGY MADRAS	
Address	IIT CAMPUS COMPLEX	
	GUNIDY	
	INDIAN INSTITUTE OF TECHNOLOGY S.O	
	CHENNAI(M.CORP)	
	TAMIL NADU	
	INDIA	
Phone No	*****001	
GSTIN	33AAAAI3615G1Z6	
Agent No	98000001	
	Original Invoice No.	E-GHI-20230630-135
	Unique Invoice No.	H116282700012
	Policy No	H1162827
	Date Of Issuance	30/06/2023
	Endorsement Effective From 00:00 Hrs Dated	01/02/2023 00:00:00
	To Mid Night On	31/01/2024

Endorsement No	11
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Notwithstanding any thing contained to the contrary, it is hereby declared and agreed that below mentioned changes are effected in the

ENDORSEMENT REASON	Change in Coverage and General Conditions
S No.	Change Summary
1	Updated : Other Condition 2 - Coverage has been updated for PLAN 2 plan

Subject otherwise to the terms, conditions and exclusions of the policy, upon which this endorsement has been issued

Net Premium(INR)	0.0	CGST(9%) INR	0.00	SGST(9%) INR	0.00	UGST(9%) INR	0.00	IGST(18%) INR	0.00	Total Premium(INR)	0.00
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COVERAGES AND BENEFITS


INDIAN INSTITUTE OF TECHNOLOGY MADRAS	
Coverage Name	PlanName
	<p>Expenses on hospitalization are admissible only if hospitalization is for a minimum period of 24 hrs. However, this time limit of 24 hours will not apply to following specific treatments taken in the</p> <p>Network Hospital/Nursing Home/Specialty Centres irrespective of the bed strength where the insured is discharged on the same day. Such treatment will be considered to have been taken under Hospitalization Benefit subject to submission of day care discharge summary.</p> <ul style="list-style-type: none"> - Haemo Dialysis, - Parenteral Chemotherapy, - Parenteral Immunotherapy, - Radiotherapy, - Lithotripsy (Kidney Stone removal), - Surgery of Eye, - Intra ocular Eye injection and its procedure - Surgery of Nose, - Surgery of Throat, - Tonsillectomy, - Bronchoscopic therapeutic procedures, - Surgery of Hernia, - Surgery of Hydrocele, - Surgery of Prostrate, - Gastrointestinal Surgery, - Genital Surgery,

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 E-GHI-20230630-135 IFFCO Tokio General Insurance Company Ltd, India

	<ul style="list-style-type: none"> - Hysterectomy, - D&C, MTP, - Dental surgery / treatment following an accident is covered without hospitalization also (as Out- patient) - Coronary Angioplasty, - Coronary Angiography, - Orthopaedic procedures including POP applications, - Laproscopic and Endoscopic therapeutic procedures, - Minor surgical procedures under General Anaesthesia, - Laser Surgical Procedure under Local anesthesia - EECF - OR any other treatments agreed by TPA / Company which require less than 24 hrs. <p>Hospitalization due to advancement in Medical Technology.</p>
<p>Other Condition 2</p>	<p style="text-align: center;">PLAN 2</p> <p>Expenses on hospitalization are admissible only if hospitalization is for a minimum period of 24 hrs. However, this time limit of 24 hours will not apply to following specific treatments taken in the Network Hospital/Nursing Home/Specialty Centres irrespective of the bed strength where the insured is discharged on the same day. Such treatment will be considered to have been taken under Hospitalization Benefit subject to submission of day care discharge summary.</p> <ul style="list-style-type: none"> - Haemo Dialysis, - Parenteral Chemotherapy, - Parenteral Immunotherapy, - Radiotherapy, - Lithotripsy (Kidney Stone removal), - Surgery of Eye, - Intra ocular Eye injection and its procedure - Surgery of Nose, - Surgery of Throat, - Tonsillectomy, - Bronchoscopic therapeutic procedures, - Surgery of Hernia, - Surgery of Hydrocele, - Surgery of Prostrate, - Gastrointestinal Surgery, - Genital Surgery, - Hysterectomy, - D&C, MTP, - Dental surgery / treatment following an accident is covered without hospitalization also (as Out- patient) - Coronary Angioplasty, - Coronary Angiography, - Orthopaedic procedures including POP applications, - Laproscopic and Endoscopic therapeutic procedures, - Minor surgical procedures under General Anaesthesia, - Laser Surgical Procedure under Local anesthesia - EECF - OR any other treatments agreed by TPA / Company which require less than 24 hrs. <p>Hospitalization due to advancement in Medical Technology.</p> <p>*The bills raised by CMO, IITM Hospital to be treated as Bill cum paid receipt and payment shall be directly settled to IITM corporate account only.</p> <p>*Excision Biopsy of Lymph Node</p> <p>*Excision of benign tumors/cyst</p>

GENERAL CONDITIONS

INDIAN INSTITUTE OF TECHNOLOGY MADRAS

<p>Whether GST is Payable on Reverse Charge Basis- No</p> <p>We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.</p> <p>The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client/ Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML/ CFT. In case, if any discrepancy is found in KYC Verification of the Client/ Policyholder, it is agreed by the Client/ Policyholder to complete/ rectify the discrepancy found in the KYC documents/information for the generation of CKYC Number, failing which the policy will be considered ineffective/suspended/ cancelled and no claim will be payable under this Insurance Policy.</p> <p>Toll Free: 1800-103-5499 ; Other: (124) 4285499 or SMS "CLAIMS" to 56161</p>	<p style="text-align: center;">For IFFCO-TOKIO General Insurance Co. Ltd</p> <div style="text-align: center;">  Authorized Signatory </div>
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IFFCO-TOKIO GENERAL INSURANCE CO. LTD
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Group Medishield Insurance Policy

For

INDIAN INSTITUTE OF TECHNOLOGY MADRAS

Period of Insurance : 01/02/2023 To 31/01/2024

Policy No : H1162827

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Date: 2023.02.23 18:01:01 IST
Reason: Valid Policy Copy
Location: IFFCO Tokio General Insurance Company Ltd, India

Welcome to the world of ITGI

We would like to take this opportunity to thank you for patronizing ITGI for Group Medishield Policy. At IFFCO TOKIO General Insurance Company Limited (ITGI), we are fully committed to provide insurance products and services to you in a convenient and satisfying manner.

Our policies and different Add-on coverage have been designed to provide you with more than just a healing touch in those unfortunate, yet unavoidable, circumstances of life.

We have made every effort to make our products and procedures simple, transparent and customer friendly. Our product range will serve almost all your insurance needs.

This booklet contains the Policy Schedule with add on covers, List of employees covered, Third Party Administrator details (for claims assistance) along with policy wordings of "Group Medishield Policy Coverage". We have taken adequate measures to issue the policy document as per your requirements. In case of any discrepancy please inform policy issuing office immediately.

It would be our privilege to assist you for your insurance requirements or feedback anytime. You may contact our SBU or Toll-Free number available on Policy Schedule.

With ITGI, your future is in safe hands. "**Muskurate Raho**".

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Location: IFFCO Tokio General Insurance Company Ltd, India

Family Composition List		Mother in Law	30	100
		Brother	18	100
		Sister	18	100
	PLAN 2	Family Size	: 10	
		Family Definition	: Self+Spouse+4 Dependent Children+2 Dep Parents/In Laws+2 Sibling	
		Relationship	Min Age	Max Age
		Self/Employee	18	100
		Spouse	18	100
		Daughter	0	30
		Son	0	30
		Father	30	100
		Mother	30	100
		Father in Law	30	100
		Mother in Law	30	100
		Brother	18	100
		Sister	18	100
Pre Existing Diseases	PLAN 1	Covered from Day 1		
	PLAN 2	Covered from Day 1		
First 30 Days Exclusion	PLAN 1	Waived		
	PLAN 2	Waived		
First Year Exclusion	PLAN 1	Waived		
	PLAN 2	Waived		
Second Year Exclusion	PLAN 1	Waived		
	PLAN 2	Waived		
Third Year Exclusion	PLAN 1	Waived		
	PLAN 2	Waived		
Fourth Year Exclusion	PLAN 1	Waived		
	PLAN 2	Waived		
Maternity Benefit	PLAN 1	I. Normal Delivery claims: - Rs.50,000/- (For those with basic coverage i.e., sum insured = base coverage) i.e. of S.I Rs. 3 Lacs - Rs.75,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage) i.e. of S.R Rs. 5 Lacs & Rs. 7 Lacs II. Caesarean Delivery claims: - Rs.75,000/- (For those with basic coverage i.e., sum insured = base coverage) i.e. of S.I Rs. 3 Lacs - Rs.1,25,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage) i.e. of S.R Rs. 5 Lacs & Rs. 7 Lacs *9 Months Waiting Period - Waived Off		
	PLAN 2	I. Normal Delivery claims: - Rs.50,000/- (For those with basic coverage i.e., sum insured = base coverage) i.e. of S.I Rs. 3 Lacs - Rs.75,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage) i.e. of S.R Rs. 5 Lacs & Rs. 7 Lacs II. Caesarean Delivery claims: - Rs.75,000/- (For those with basic coverage i.e., sum insured = base coverage) i.e. of S.I Rs. 3 Lacs - Rs.1,25,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage) i.e. of S.R Rs. 5 Lacs & Rs. 7 Lacs *9 Months Waiting Period - Waived Off		
Pre & Post Natal Expense	PLAN 1	Pre-post-natal coverage within the maternity limit.		
	PLAN 2	Pre-post-natal coverage within the maternity limit.		
New Born Baby Cover	PLAN 1	From Day 1 Within SI (subject to declaration as per Condition of Mid term inclusion and not exceeding maximum stipulated family size under the Policy even after inclusion of the new born child)		
	PLAN 2	From Day 1 Within SI (subject to declaration as per Condition of Mid term inclusion and not exceeding maximum stipulated family size under the Policy even after inclusion of the new born child)		
	PLAN 1	Normal :- - Room, Boarding and Nursing expenses as provided by the Hospital / Nursing Home not exceeding 1.5% of overall sum insured or the actual expenses whichever is less. ICU :- - Intensive Care unit expenses not exceeding 3.0% of overall sum insured or the actual expenses whichever is less Note: RMO/DMO service charges are covered additional to the room rent / ICU charges but not		

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Room Rent Capping		exceeding the limit of Rs.500 per day irrespective of sum insured. *Entitled room category clause waived off/ No proportionate clause applicable.
	PLAN 2	Normal :- Room, Boarding and Nursing expenses as provided by the Hospital / Nursing Home not exceeding 1.5% of overall sum insured or the actual expenses whichever is less. ICU :- Intensive Care unit expenses not exceeding 3.0% of overall sum insured or the actual expenses whichever is less Note: RMO/DMO service charges are covered additional to the room rent / ICU charges but not exceeding the limit of Rs.500 per day irrespective of sum insured. *Entitled room category clause waived off/ No proportionate clause applicable.
Pre & Post Hospitalization coverage	PLAN 1	Expenses incurred for Pre Hospitalization upto 30 Days and Post Hospitalization upto 60 Days are covered .
	PLAN 2	Expenses incurred for Pre Hospitalization upto 30 Days and Post Hospitalization upto 60 Days are covered .
Domiciliary Hospitalization	PLAN 1	Not Covered
	PLAN 2	Not Covered
Corporate Buffer	PLAN 1	Overall Policy Limit is Rs.75,00,000/- Floater amongst Employee / Pensioners / Family Pensioners and their dependents with a ceiling of - Rs.5 lakh/ family for conditions listed in Annexure-I (A) - Rs.20 lakh/ family for conditions listed in Annexure-I (B) On first cum first served basis for Employee/ Pensioners / Family Pensioners and their dependents. Claim procedure for buffer (comprehensive medical cover) utilization: - The treatment which comes under critical illness which are covered for buffer utilization (as listed below) will be recommended by CMO and communicated through the Deputy Registrar (Admn.) / Assistant Registrar (Admn.III) for processing. Illness covered for buffer utilization- A - Major Surgeries include cardiac surgeries, Neuro Surgeries, Brain tumor, pace maker implantation, cancer and cancer surgeries, hip, knee, joint replacement surgeries, organ transplant. - Any debilitating illness that may lead to cancer (or) a permanent disability. - Diseases of the Head & Neck, limbs, Thorax and abdomen where surgeries are indicated for near normal function of life. - Renal failure. - Stroke. - Multiple Sclerosis. - Major transplants other than those listed in buffer utilization – B - Major accident claims involving RTA / burns / Lab Accidents where expenditure may incur more than the Sum Insured. - Complication arising out of surgery performed during the policy period. - CVA and complications. - Complications from recent Covid Infection warranting longer periods of hospitalization. - Any Life threatening medical conditions necessitating lifesaving critical care interventions (Not more than 5 claims during the policy period – subject to the approval of Medical Board /CMO of IITM. Illness covered for buffer utilization- B - All Cancers excludes the following: (a) Carcinoma in situ including of the cervix (b) Ductal Carcinoma in situ of the breast (c) Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer (d) All skin cancers except malignant melanoma (e) Stage I Hodgkin’s disease (f) Tumors manifesting as complications of Acquired Immune Deficiency Syndrome. (g) Stage one malignancy - Fulminant Viral Hepatitis - Major Organ Transplant, such as for: (a) Kidney (b) Lung(s) (c) Liver (d) Heart (e) Bone marrow - AIDS - Terminal Illness
		Overall Policy Limit is Rs.75,00,000/- Floater amongst Employee / Pensioners / Family Pensioners and their dependents with a ceiling of - Rs.5 lakh/ family for conditions listed in Annexure-I (A) - Rs.20 lakh/ family for conditions listed in Annexure-I (B) On first cum first served basis for Employee/ Pensioners / Family Pensioners and their dependents. Claim procedure for buffer (comprehensive medical cover) utilization: - The treatment which comes under critical illness which are covered for buffer utilization (as listed below) will be recommended by CMO and communicated through the Deputy Registrar (Admn.) / Assistant Registrar (Admn.III) for processing. Illness covered for buffer utilization- A - Major Surgeries include cardiac surgeries, Neuro Surgeries, Brain tumor, pace maker

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	PLAN 2	<p>implantation, cancer and cancer surgeries, hip, knee, joint replacement surgeries, organ transplant.</p> <ul style="list-style-type: none"> - Any debilitating illness that may lead to cancer (or) a permanent disability. - Diseases of the Head & Neck, limbs, Thorax and abdomen where surgeries are indicated for near normal function of life. - Renal failure. - Stroke. - Multiple Sclerosis. - Major transplants other than those listed in buffer utilization – B - Major accident claims involving RTA / burns / Lab Accidents where expenditure may incur more than the Sum Insured. - Complication arising out of surgery performed during the policy period. - CVA and complications. - Complications from recent Covid Infection warranting longer periods of hospitalization. - Any Life threatening medical conditions necessitating lifesaving critical care interventions (Not more than 5 claims during the policy period – subject to the approval of Medical Board /CMO of IITM. <p>Illness covered for buffer utilization- B</p> <ul style="list-style-type: none"> - All Cancers excludes the following: <ul style="list-style-type: none"> (a) Carcinoma in situ including of the cervix (b) Ductal Carcinoma in situ of the breast (c) Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer (d) All skin cancers except malignant melanoma (e) Stage I Hodgkin’s disease (f) Tumors manifesting as complications of Acquired Immune Deficiency Syndrome. (g) Stage one malignancy - Fulminant Viral Hepatitis - Major Organ Transplant, such as for: <ul style="list-style-type: none"> (a) Kidney (b) Lung(s) (c) Liver (d) Heart (e) Bone marrow - AIDS - Terminal Illness
Ambulance Charges	PLAN 1	Rs. 2,000 per claim subject to overall admissibility of the claim
	PLAN 2	Rs. 2,000 per claim subject to overall admissibility of the claim
Limits for common ailments	PLAN 1	Not Applicable
	PLAN 2	Not Applicable
Internal Congenital disease /defects or anomalies	PLAN 1	Covered
	PLAN 2	Covered
External Congenital disease / defects or anomalies	PLAN 1	Covered
	PLAN 2	Covered
Other Condition 1	PLAN 1	<p>*Day care treatment covered up to the Basic Coverage of SI</p> <p>*Ayurveda / Homeopathic /Unani/Siddha hospitalization expenses are admissible up to Rs.25,000/- only when the treatment is taken as in patient in a Government approved hospital / medical college.</p> <p>*Knee Replacement claims:</p> <ul style="list-style-type: none"> - Rs.3 Lakhs per knee (For those with basic coverage i.e., sum insured = Rs. 3 Lacs Only) - Rs.3.5 Lakhs per knee (For those with 2 lakhs / 4 lakhs optional add on coverage) , (i.e, Sum Insured = Rs. 5 Lacs & Rs. 7 Lacs Only) <p>- In case of bilateral knee/hip surgery done during the same hospitalization, reimbursement to be made up to twice if both knees done in single hospitalization.</p> <p>*All congenital (internal and external) and Psychiatric disorder treatments are payable.</p> <p>*Dental treatment or surgery due to accidents are payable.</p> <p>*Corporate buffer will not be applicable for maternity claims and cases of complication of maternity ailments.</p> <p>*Claim intimation is not mandatory.</p> <p>*10% Co-payment will be applicable for each and every claim treated in non-Preferred Provider Network (PPN) hospitals. (This condition need not be insisted for treatments in cities where PPN hospitals are not available.)</p> <p>*All other conditions and terms shall be as per Standard Group Medclaim policy.</p> <p>*Domiciliary Hospitalization is not covered.</p> <p>Cataract claims:</p> <ul style="list-style-type: none"> - Rs.35,000/- (For those with basic coverage i.e., sum insured = Rs. 3 Lacs only) - Rs.45,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage) i.e, sum insured = Rs. 5 Lacs & Rs. 7 Lacs.
		<p>*Day care treatment covered up to the Basic Coverage of SI</p> <p>*Ayurveda / Homeopathic /Unani/Siddha hospitalization expenses are admissible up to Rs.25,000/- only when the treatment is taken as in patient in a Government approved hospital / medical college.</p>

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	<p>PLAN 2</p>	<p>*Knee Replacement claims: - Rs.3 Lakhs per knee (For those with basic coverage i.e., sum insured = Rs. 3 Lacs Only) - Rs.3.5 Lakhs per knee (For those with 2 lakhs / 4 lakhs optional add on coverage) , (i.e, Sum Insured = Rs. 5 Lacs & Rs. 7 Lacs Only) - In case of bilateral knee/hip surgery done during the same hospitalization, reimbursement to be made up to twice if both knees done in single hospitalization. *All congenital (internal and external) and Psychiatric disorder treatments are payable. *Dental treatment or surgery due to accidents are payable. *Corporate buffer will not be applicable for maternity claims and cases of complication of maternity ailments. *Claim intimation is not mandatory. *10% Co-payment will be applicable for each and every claim treated in non-Preferred Provider Network (PPN) hospitals. (This condition need not be insisted for treatments in cities where PPN hospitals are not available.) *All other conditions and terms shall be as per Standard Group Mediclaim policy. *Domiciliary Hospitalization is not covered. Cataract claims: - Rs.35,000/- (For those with basic coverage i.e., sum insured = Rs. 3 Lacs only) - Rs.45,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage) i.e, sum insured = Rs. 5 Lacs & Rs. 7 Lacs.</p>
<p>Other Condition 2</p>	<p>PLAN 1</p>	<p>Expenses on hospitalization are admissible only if hospitalization is for a minimum period of 24 hrs. However, this time limit of 24 hours will not apply to following specific treatments taken in the Network Hospital/Nursing Home/Specialty Centres irrespective of the bed strength where the insured is discharged on the same day. Such treatment will be considered to have been taken under Hospitalization Benefit subject to submission of day care discharge summary.</p> <ul style="list-style-type: none"> - Haemo Dialysis, - Parenteral Chemotherapy, - Parenteral Immunotherapy, - Radiotherapy, - Lithotripsy (Kidney Stone removal), - Surgery of Eye, - Intra ocular Eye injection and its procedure - Surgery of Nose, - Surgery of Throat, - Tonsillectomy, - Bronchoscopic therapeutic procedures, - Surgery of Hernia, - Surgery of Hydrocele, - Surgery of Prostrate, - Gastrointestinal Surgery, - Genital Surgery, - Hysterectomy, - D&C, MTP, - Dental surgery / treatment following an accident is covered without hospitalization also (as Out- patient) - Coronary Angioplasty, - Coronary Angiography, - Orthopaedic procedures including POP applications, - Laproscopic and Endoscopic therapeutic procedures, - Minor surgical procedures under General Anaesthesia, - Laser Surgical Procedure under Local anesthesia - EECF - OR any other treatments agreed by TPA / Company which require less than 24 hrs. <p>Hospitalization due to advancement in Medical Technology.</p>
	<p>PLAN 2</p>	<p>Expenses on hospitalization are admissible only if hospitalization is for a minimum period of 24 hrs. However, this time limit of 24 hours will not apply to following specific treatments taken in the Network Hospital/Nursing Home/Specialty Centres irrespective of the bed strength where the insured is discharged on the same day. Such treatment will be considered to have been taken under Hospitalization Benefit subject to submission of day care discharge summary.</p> <ul style="list-style-type: none"> - Haemo Dialysis, - Parenteral Chemotherapy, - Parenteral Immunotherapy, - Radiotherapy, - Lithotripsy (Kidney Stone removal), - Surgery of Eye, - Intra ocular Eye injection and its procedure - Surgery of Nose, - Surgery of Throat, - Tonsillectomy, - Bronchoscopic therapeutic procedures, - Surgery of Hernia, - Surgery of Hydrocele, - Surgery of Prostrate, - Gastrointestinal Surgery, - Genital Surgery, - Hysterectomy, - D&C, MTP, - Dental surgery / treatment following an accident is covered without hospitalization also

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(as Out- patient)
 - Coronary Angioplasty,
 - Coronary Angiography,
 - Orthopaedic procedures including POP applications,
 - Laproscopic and Endoscopic therapeutic procedures,
 - Minor surgical procedures under General Anaesthesia,
 - Laser Surgical Procedure under Local anaesthesia
 - EECp
 - OR any other treatments agreed by TPA / Company which require less than 24 hrs.
 Hospitalization due to advancement in Medical Technology.

General Conditions

INDIAN INSTITUTE OF TECHNOLOGY MADRAS	
PLAN 1	
1	Day One Cover Day one cover for New members/ employees subject to receipt of premium/maintenance of CD balance & intimation within 15 days of succeeding month Succeeding Month Further dependents can be covered within 30 days from date of enrollment of the employee /date of joining of the employee
2	Missed Out Employees window period For employees who are existing members of the group (at inception of the policy) who are left out at inception of the Policy, such left employees to be declared within 15 days of the inception of the Policy.
3	Newly Acquired Dependant Mid-term inclusion of Existing Employee's newly acquired dependant (Newly Married Spouse/ New born baby/ newly adopted child), to be declared within 15 days of succeeding month subject to maintenance of sufficient CD Balance.
4	Deletion of employee / Member from Group In case of deletion of member from the Group the cover will be suspended from the date of separation from the group. Refund of premium on account of deletion will be allowed from the date of separation provided the declaration of the same is submitted to us latest within 15 days of succeeding month Succeeding Month days of succeeding month(default)/ 30 days of separation from the group; failing which refund will be calculated from the date of submission of declaration to ITGI.
5	Intimation of claims Waived-Off
6	Submission of Claim Documents All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and post Hospitalisation expenses. For Post Hospitalization expenses, all claim documents should be submitted within 15 days of the completion of Post hospitalization treatment or Post hospitalization days limit stated in the Policy whichever is earlier.
7	Copay for Network Hospitals Waived-Off
8	Excluded Hospitals / Medical Practitioners Please note that the policy does not pay for Cost of treatment (both cashless and reimbursement) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list attached to this Policy. The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. Hence, we suggest you to please check our website or contact our call centre / nearest office for updated list of such excluded hospitals/ Medical Practitioner before admission/consultation.
9	Duplicate Member/Employee Restriction No Employee / Family member should be covered twice in the policy.
10	Member ID Card Type Physical & E health card
11	Mid term Change in SI Mid-term change in SI is allowed in case of promotion only.
12	Claim Type Cashless and Reimbursement
PLAN 2	
1	Day One Cover Day one cover for New members/ employees subject to receipt of premium/maintenance of CD balance & intimation within 15 days of succeeding month Succeeding Month Further dependents can be covered within 30 days from date of enrollment of the employee /date of joining of the employee
2	Missed Out Employees window period For employees who are existing members of the group (at inception of the policy) who are left out at inception of the Policy, such left employees to be declared within 15 days of the inception of the Policy.
3	Newly Acquired Dependant Mid-term inclusion of Existing Employee's newly acquired dependant (Newly Married Spouse/ New born baby/ newly adopted child), to be declared within 15 days of succeeding month subject to maintenance of sufficient CD Balance.
4	Deletion of employee / Member from Group In case of deletion of member from the Group the cover will be suspended from the date of separation from the group. Refund of premium on account of deletion will be allowed from the date of separation provided the declaration of the same is submitted to us latest within 15 days of succeeding month Succeeding Month days of succeeding month(default)/ 30 days of separation from the group; failing which refund will be calculated from the date of submission of declaration to ITGI.
5	Intimation of claims Waived-Off
6	Submission of Claim Documents All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and post

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	Hospitalisation expenses. For Post Hospitalization expenses, all claim documents should be submitted within 15 days of the completion of Post hospitalization treatment or Post hospitalization days limit stated in the Policy whichever is earlier.
7	Copay for Network Hospitals Waived-Off
8	Excluded Hospitals / Medical Practitioners Please note that the policy does not pay for Cost of treatment (both cashless and reimbursement) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list attached to this Policy. The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. Hence, we suggest you to please check our website or contact our call centre / nearest office for updated list of such excluded hospitals/ Medical Practitioner before admission/consultation.
9	Duplicate Member/Employee Restriction No Employee / Family member should be covered twice in the policy.
10	Member ID Card Type Physical & E health card
11	Mid term Change in SI Mid-term change in SI is allowed in case of promotion only.
12	Claim Type Cashless and Reimbursement

Whether GST is Payable on Reverse Charge Basis- No
We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.
The coverage is as per policy wordings / endorsements / clauses attached. Please go through the Group Medishield Insurance Policy and in case of any discrepancy, please inform us.
Policy is cancelled ab-initio in case of Cheque Dishonor.
The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client/ Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML/ CFT. In case, if any discrepancy is found in KYC Verification of the Client/ Policyholder, it is agreed by the Client/ Policyholder to complete/ rectify the discrepancy found in the KYC documents/information for the generation of CKYC Number, failing which the policy will be considered ineffective/suspended/ cancelled and no claim will be payable under this Insurance Policy.

1)"Policy Issuing Office: Delhi".
2)"Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi"

Toll Free: 1800-103-5499 (24 hours all days) or SMS "CLAIMS" to 56161.

For IFFCO-Tokio General Insurance Company Limited



Authorised Signatory
Subrata Mondal

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Date: 2023.02.23 18:01:02 IST
Reason: Valid Policy Copy
Location: IFFCO Tokio General Insurance Company Ltd, India

Third Party Administrator : Medi Assist India TPA Ltd

Toll Free (24 hours)	9342036855
Email ID	iffcotokio.enrol@mediassist.in
Address	TEJ Building, #8 B, 2nd Floor Next to Times of India, Bahadur Shah Zafar Marg, New Delhi, Delhi 110002

Details of Intermediary/ Agent

Name	98005546 - NTN NEI Manufacturing India Pv
Contact No	000000001
Email Id	testuser@iffcotokio.co.in

Settlement Type : Cash Less**Health ID Cards** : Non-Photo Id**Industry Type** : Others**Expiring Policy Details:**

Policy Number	H0820203
Start Date	01/02/2022
End Date	31/01/2023

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Group MediShield Policy Wording

This POLICY is evidence of the contract between YOU and US. The proposal along with any written statement(s), declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnessed that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy, WE will insure the Insured Person(s) and accordingly WE will pay to YOU or to insured person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU and/or Insured Person(s) have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this POLICY or of Schedule shall bear such meaning whenever it may appear.

The POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to YOUR or the Insured Person(s) right to recover under this POLICY.

DEFINITION OF WORDS

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age:** It means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Any One Illness** It means continuous period of illness including relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **AYUSH Treatment** refers to the hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems..

5. **AYUSH Hospital:**

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

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

6. **AYUSH Day Care Centre**

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

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

7. **Cashless facility** - It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.
8. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. Internal Congenital Anomaly: Anomaly which is not in the visible and accessible parts of the body
 - b. External Congenital Anomaly: Anomaly which is in the visible and accessible parts of the body.
10. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the sum insured.

11. **Daycare centre**

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

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner (s) in charge;

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- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - iv. maintains daily records of patients and shall make these accessible to Our authorized personnel.
12. **Day Care Treatment** means medical treatment, and/or *surgical procedure* which:
1. Is undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 (twenty-four) hrs. because of technological advancement, and
 2. which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

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

13. **Dental Treatment** It means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Disease** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.
15. **Domiciliary Hospitalisation** It 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.
- a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital or
 - b. the patient takes treatment at home on account of non-availability of room in a hospital.
16. **Emergency Care** It 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.
17. **Grace Period** - It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the 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.

18. **Hospital/Nursing Home**

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

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
- iii. has qualified medical practitioner (s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
- v. maintains daily records of patients and shall make these accessible to Our authorized personnel.

**Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013 or any amendments thereof.*

1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
2. The Bombay Nursing Homes Registration Act, 1949.
3. The Delhi Nursing Homes Registration Act, 1953.
4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran Tatha Anugyapan) Adhiniyam, 1973.
5. The Manipur Homes and Clinics Registration Act, 1992.
6. The Nagaland Health Care Establishments Act, 1997.
7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
8. The Punjab State Nursing Home Registration Act, 1991.
9. The West Bengal Clinical Establishments Act, 1950.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

19. **Hospitalisation** It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

20. **Illness**

It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- i. Acute Condition means a disease, illness or injury that is likely to response 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.
 - ii. Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics
 - a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b. it needs ongoing or long-term control or relief of symptoms
 - c. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - d. it continues indefinitely
 - e. it recurs or is likely to recur
21. **Injury** It shall mean accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
22. **Inpatient Care** It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.
23. **Insured Person:** The person named as Insured person(s) in the Schedule lodged with US by YOU.
24. **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

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ordinary and other wards.

25. **Intensive Care Unit (ICU) 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.
26. **Medical Advice** - It means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
27. **Medical Expenses** - It means those expenses that an Insured Person has/you have 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.
28. **Medically Necessary Treatment**– Medically necessary treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a *medical practitioner*,
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
29. **Medical Practitioner**

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

30. **Maternity Expenses**

Maternity expenses means;

- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - expenses towards lawful medical termination of pregnancy during the policy period.
31. **Network Provider** Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
- (The list of network hospitals is dynamic and hence may change from time to time. We suggest you to please check our website www.iffcotokio.co.in or contact our call centre/ nearest office for updated list of such hospitals before admission.)

32. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.
33. **Non- Network Provider** - Non-Network means any hospital, day care centre or other provider that is not part of the network.
34. **Notification of Claim** is the process of intimating a claim to Us or our TPA through any of the recognized modes of communication
35. **Out-Patient (OPD) treatment** means treatment 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.
36. **Policy** It means the policy booklet, the Schedule and any applicable endorsement or or extensions attaching to or forming part thereof. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.
37. **Policy Period/ Period of Insurance** -It means the duration of this policy as shown in the Schedule.
38. **Portability** -It means the right accorded to an individual health insurance policy holder (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.
39. **Policy Schedule** It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured person(s) which are in force and the level of cover Insured Person(s) have.

40. **Post Hospitalisation**

It means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital, provided that:

- such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- the In-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.

Maximum Limit for Post Hospitalisation Medical Benefit: 60 days.

41. **Pre-existing Disease**

It means any condition, ailment, injury or disease

- 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
- 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.

42. **Pre-Hospitalisation**

It means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

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

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Maximum Limit for Pre-Hospitalisation Medical Benefit: 30 days.

43. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.
44. **Qualified Nurse** It means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
45. **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.
46. **Sum Insured** It means the monetary amount shown against Insured Person.
47. **Surgery or Surgical Procedure** It means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner
48. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
49. **Waiting Period**
It means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
50. **WE/OUR/US** It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**
51. **YOU/YOUR** It means the person(s)/the company/the entity named as Insured in the Schedule

COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains injury or contracts any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalisation Expenses, then WE will pay reasonable and customary charges of the following Hospitalisation expenses:</p> <ol style="list-style-type: none"> 1. Room, Boarding Expenses as provided by the Hospital/Nursing Home. 2. Nursing Expense. 3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital. 4. Expense on Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs, Cost of organs and similar expenses. 5. AYUSH hospitalization expenses including pre-hospitalization and post hospitalization expenses upto the limit of the Sum Insured of the insured person per policy period. 6. WE will also pay for those of above relevant expenses in Domiciliary Hospitalisation at reasonable and customary level charges. <p>Note: The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.</p>	<p>WE will not pay for</p> <ol style="list-style-type: none"> 1. Pre-Existing Diseases(Code- Excl01) <ol style="list-style-type: none"> a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us. b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage. d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us. 2. First Thirty Days Waiting Period(Code- Excl03) <ol style="list-style-type: none"> a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. 3. The exclusion no. 2, mentioned in 'What is not covered' shall not however apply if in the opinion of Panel of Medical Practitioners constituted by Us, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to Us. 4. Specific Waiting Period: (Code- Excl02) <ol style="list-style-type: none"> a. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident. b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

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- 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 IRDAL, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures
 - i. 12 Months waiting period
 - a. Cataract, Benign Prostatic Hyperthropy, Hysterectomy for Meaorrhagia or Fibromyoma
 - b. Hernia, Hydrocele, Congenital Internal Disease.
 - c. Fistula in anus, Piles, Sinusitis and related disorders.

- 5. If the above-mentioned diseases (The exclusion no. 4, mentioned in 'What is not covered') are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.
- 6. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 7. Circumcision except for disease not excluded here or Injury, Vaccination or Inoculation or change of life.
- 8. 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.

- 9. Cost of Spectacles and contact lens, hearing aids.
- 10. Dental treatment or Surgery of any Kind unless requiring hospitalisation.
- 11. 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.

- 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.
- 13. Treatment of external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury
- 14. Investigation & Evaluation(Code- Excl04)
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

- 15. Maternity Expenses (Code - Excl 18):

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- b. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

(This exclusion will stand deleted where policy is extended to cover Maternity Benefits)

- 16. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes:

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- 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

17. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

18. Any Expenses on treatment of Insured person as outpatient in the Hospital.

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

20. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

21. Any Expenses under Domiciliary Hospitalisation for Treatment of following diseases:

- a. Asthma
- b. Bronchitis
- c. Chronic Nephritis and Nephritic Syndrome
- d. Diarrhoea and all type of Dysenteries including Gastro-enteritis
- e. Diabetes Mellitus and Insipidus
- f. Epilepsy
- g. Hypertension
- h. Influenza, Cough and Cold
- i. Pyrexia of unknown Origin for less than 20 days
- j. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
- k. Arthritis, Gout and Rheumatism
- l. Dental Treatment or Surgery

22. Obesity/ Weight Control: Code- Excl06

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

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

23. 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.

24. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure

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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.

25. 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.

26. 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.

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

27. Refractive Error: Code- Excl15:

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

28. 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.

Additional Benefits

1. MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES:

The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:

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

2. DAY CARE TREATMENT: Day care medical treatments listed in Annexure – “List of Day Care Procedures” of the policy document, will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.

(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)

CLAIM PROCEDURE AND REQUIREMENTS

1. An event, which might become a claim under the policy, must be reported to US as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from the Hospital except for in extreme cases of hardship where it is proved to our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring Hospitalisation if and when WE may reasonably require.

2. No sum payable under this policy shall carry any interest/ penalty except for 'provision for penal interest' as described below.

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3. Claim Settlement (provision for Penal Interest)

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

****"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)**

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's interests Regulations, 2017.

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Location: IFFCO Tokio General Insurance Company Ltd, India

General Conditions

1. Multiple Policies

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

2. 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 Us. For the purpose of this clause, the expression "fraud" means any of the following acts committed by You/the insured person or by your/his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive Us or to induce Us to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which You/the insured person do/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

We 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.

3. Cancellation

- a. You may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75%(seventy five percent)
3(three) months	50%(fifty percent)
6(six) months	25%(twenty five percent)
Exceeding six months	Nil

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

- b. We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, mis-description, non-disclosure of material facts or fraud.

4. Automatic Termination of Insurance

The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period, unless otherwise advised by the Group policy holder. Provided no claim has been made, and termination takes place on account of death of the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

5. Migration

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

6. Renewal of Policy

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The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due.

7. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

8. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.
- iii. We shall communicate with You/ Insured person at the address or through any other electronic mode mentioned in the schedule.

9. Misdescription The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.

10. Notice of Charge

WE will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. YOUR receipt or receipt of Insured Person shall in all cases be an effective discharge to US.

11. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency.

12. Changes in Circumstances

YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation

13. Payment of Premium:

The premium payable shall be paid in advance before commencement of risk. No results for premium shall be valid except on our official form signed by our duly authorized official. In similar way, No waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.

14. Electronic Transaction

You /insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

15. Reasonable Precaution

You/insured person(s) shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.

16. Disclaimer Clause

If WE shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

17. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

18. MATERNITY EXPENSES BENEFIT (Wherever applicable)

This is an optional cover, which can be obtained on payment of 10% of the total basic premium for all the Insured Persons under the Policy. Total basic premium means the total premium computed before applying Group Discount and/or High Claim Ratio Loading. Low Claim Discount and special discount in lieu of agency commission.

- a. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.
- b. The maximum benefit allowable under this clause will be upto Rs.50,000/- or 20% of the Sum Insured opted by the member of the group whichever is lower.

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c. Special conditions applicable to Maternity Expenses Benefit Extension

1. These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
3. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
4. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

19. Redressal Of Grievance

In case of any grievance, the insured person may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Courier : Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

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 chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link

<https://www.iffcotokio.co.in/customer-services/grievance-redressal>

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. The contact details of the Insurance Ombudsman offices have been provided as below

Grievance may also be lodged at IRDAI Integrated Grievance Management System

- <https://igms.irda.gov.in/>

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - 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@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

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<p>Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>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@ecoi.co.in</p>	<p>Delhi</p>
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p>KOLKATA - 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@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW -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@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, 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.</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>

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<p>NOIDA - 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.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.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>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

Insurance is the subject matter of solicitation

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DAY CARE PROCEDURES

ENT : Operation of the ear	26 Procedures for pterygium
1 Stapedotomy or Stapedectomy	27 Removal of a foreign body from the lens of the eye
2 Myringoplasty (Type -I Tympanoplasty)	28 Removal of a foreign body from the posterior chamber of the eye
3 Tympanoplasty (closure of an eardrum perforation)	29 Removal of a foreign body from the orbit and eyeball
4 Reconstruction and other Procedures of the auditory ossicles	30 Operation of cataract
5 Myringotomy	31 Chalazion removal
6 Removal of a tympanic drain	32 Glaucoma Surgery
7 Mastoidectomy	33 Surgery for Retinal detachment
8 Reconstruction of the middle ear	Procedures on the skin & subcutaneous tissues
9 Fenestration of the inner ear	34 Incision of a pilonidal sinus
10 Incision (opening) and destruction (elimination) of the inner ear	35 Other incisions of the skin and subcutaneous tissues
ENT: Procedures on the nose & the nasal sinuses	36 Surgical wound toilet (wound debridement)
11 Excision and destruction of diseased tissue of the nose	37 Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
12 Procedures on the turbinates (nasal concha)	38 Simple restoration of surface continuity of the skin and subcutaneous tissues
13 Nasal sinus aspiration	39 Free skin transplantation, donor site
ENT: Procedures on the tonsils & adenoids	40 Free skin transplantation, recipient site
14 Transoral incision and drainage of a pharyngeal abscess	41 Revision of skin plasty
15 Tonsillectomy and / or adenoidectomy	42 Restoration and reconstruction of the skin and subcutaneous tissues
16 Excision and destruction of a lingual tonsil	43 Chemosurgery to the skin
17 Quinsy drainage	44 Excision of Granuloma
OPHTHALMOLOGY: Procedures on the eyes	45 Incision and drainage of abscess
18 Incision of tear glands	Procedures on the tongue
19 Excision and destruction of diseased tissue of the eyelid	46 Incision, excision and destruction of diseased tissue of the tongue
20 Procedures on the canthus and epicanthus	47 Partial glossectomy
21 Corrective surgery for entropion and ectropion	48 Glossectomy
22 Corrective surgery for blepharoptosis	49 Reconstruction of the tongue
23 Removal of a foreign body from the conjunctiva	Procedures on the salivary glands & salivary ducts
24 Removal of a foreign body from the cornea	50 Incision and lancing of a salivary
25 Incision of the cornea	

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51 Excision of diseased tissue of a salivary gland and a salivary duct	82 Sclerotherapy
52 Resection of a salivary gland	83 Therapeutic Ascitic Tapping
53 Reconstruction of a salivary gland and a salivary duct	84 Endoscopic ligation /banding
Procedures on the mouth & face	85 Dilatation of digestive tract strictures
54 External incision and drainage in the region of the mouth, jaw and face	86 Endoscopic ultrasonography and biopsy
55 Incision of the hard and soft palate	Replacement of Gastrostomy tube
56 Excision and destruction of diseased hard and soft palate	87 Endoscopic decompression of colon
57 Incision, excision and destruction in the mouth	88 Therapeutic ERCP
58 Plastic surgery to the floor of the mouth	89 Nissen fundoplication for Hiatus
59 Palatoplasty	Hernia /Gastro esophageal reflux Disease
Trauma surgery and orthopaedics	90 Endoscopic Gastrostomy
60 Incision on bone, septic and aseptic	91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc.
61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	92 Endoscopic Drainage of Pseudopancreatic cyst
62 Suture and other Procedures on tendons and tendon sheath	93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty)
63 Reduction of dislocation under GA	Procedures on the female sexual organs
64 Arthroscopic knee aspiration	94 Incision of the ovary
65 Aspiration of hematoma	95 Insufflation of the Fallopian tubes
66 Excision of dupuytren's contracture	96 Dilatation of the cervical canal
67 Carpal tunnel decompression	97 Conisation of the uterine cervix
68 Surgery for ligament tear	98 Incision of the uterus (hysterotomy)
69 Surgery for meniscus tear	99 Therapeutic curettage
70 Surgery for hemoarthrosis/ pyoarthrosis	100 Culdotomy
71 Removal of fracture pins/nails	101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
72 Removal of metal wire	102 Procedures on Bartholin's glands (cyst)
73 Joint Aspiration - Daignostic / therapeutic	103 Endoscopic polypectomy
Procedures on the breast	104 Myomectomy , hysterscopic or laparoscopic biopsy or removal
74 Incision of the breast	Procedures on the prostate & seminal vesicles
75 Procedures on the nipple	105 Incision of the prostate
76 Excision of breast lump /Fibro adenoma	106 Transurethral excision and destruction of prostate tissue
Procedures on the digestive tract	107 Open surgical excision and destruction of prostate tissue
77 Incision and excision of tissue in the perianal region	
78 Surgical treatment of anal fistulas	
79 Surgical treatment of haemorrhoids	
80 Division of the anal sphincter (sphincterotomy)	
81 Ultrasound guided aspirations	
Procedures on the digestive tract	

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	136 Tran urethral resection of bladder tumor
108 Radical prostatovesiculectomy	137 Suprapubic cystostomy
109 Incision and excision of periprostatic tissue	Procedures of Respiratory System
Procedures on the scrotum & tunica vaginalis testis	138 Brochosopic treatment of bleeding lesion
110 Incision of the scrotum and tunica vaginalis testis	139 Brochosopic treatment of fistula / stenting
111 Operation on a testicular hydrocele	140 Bronchoalveolar lavage & biopsy
112 Excision and destruction of diseased scrotal tissue	141 Direct Laryngoscopy with biopsy
113 Plastic reconstruction of the scrotum and tunica vaginalis testis	142 Therapeutic Pleural Tapping
Procedures on the testes	Procedures of Heart and Blood vessels
114 Incision of the testes	143 Coronary angiography (CAG)
115 Excision and destruction of diseased tissue of the testes	144 Coronary Angioplasty (PTCA)
116 Orchidectomy- Unilateral / Bilateral	145 Insertion of filter in inferior vena cava
117 Orchidopexy	146 TIPS procedure for portal hypertension
118 Abdominal exploration in cryptorchidism	147 Blood transfusion for recipient
119 Surgical repositioning of an abdominal testis	148 Therapeutic Phlebotomy
120 Reconstruction of the testis	149 Pericardiocentesis
121 Implantation, exchange and removal of a testicular prosthesis	150 Insertion of gel foam in artery or vein
Procedures on the spermatic cord, epididymis and Ductus Deferans	151 Carotid angioplasty
122 Surgical treatment of a varicocele and hydrocele of spermatic cord	152 Renal angioplasty
123 Excision in the area of the epididymis	153 Varicose vein stripping or ligation
124 Epididymectomy	OTHER PROCEDURES
125 Reconstruction of the spermatic cord	154 Radiotherapy for Cancer
126 Reconstruction of the ductus deferens and epididymis	155 Cancer Chemotherapy
Procedures on the penis	156 True cut Biopsy
127 Procedures on the foreskin	157 Endoscopic Foreign Body Removal
128 Local excision and destruction of diseased tissue of the penis	158 Vaccination / Inoculation - Post Dog bite or Snake bite
129 Amputation of the penis	159 Endoscopic placement/removal of stents
130 Plastic reconstruction of the penis	160 Tumor embolisation
Procedures on the urinary system	161 Aspiration of an internal abscess under ultrasound guidance
131 Cystoscopic removal of stones	
132 Lithotripsy	
133 Haemodialysis	
134 PCNS (Percutaneous nephrostomy)	
135 PCNL (Percutaneous Nephro-Lithotomy)	

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Annexure - A

List I – List of non-payable Items

Sl. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]

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

Sl No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS

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5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

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

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

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER

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4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION\STERILLIUM
17	Glucometer & Strips
18	URINE BAG

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