



WITH YOU ALWAYS

MEDIPLUS

UIN: IRDA/NL-HLT/TAGI/P-H/V.I/97/13-14

POLICY WORDINGS

Tata AIG General Insurance Co. Ltd.

Registered Office:

Peninsula Business Park, Tower A, 15th Floor,
G.K. Marg, Lower Parel, Mumbai – 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen)

Fax: 022 6693 8170

Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal and Declaration Form filled and signed by the Policyholder, which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the requisite premium when due, and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits upto the Sum Insured set in the Policy Schedule subject to the terms and conditions contained in this policy.

This Policy will only be in force if the Policy Schedule is signed by a person We have authorized.

Section 1 – Benefits

Claims made in respect of any of the benefits below will be subject to the Sum Insured.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an Inpatient, then We will pay for the Medical Expenses for the benefits mentioned below, in excess of the Deductible stated in the Schedule.

Our maximum liability for a continuous period of Illness, including relapses within 45 days from the last date of discharge from the Hospital or nursing home where treatment has been taken, shall be limited to the amount mentioned in the Schedule of Benefits. Occurrence of the same Illness after a lapse of 45 days as stated above will be considered as fresh Illness for the purpose of this Policy.

a) In-patient Treatment

The Medical Expenses for:

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) Medical Practitioner(s),
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,
- viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

b) Pre-Hospitalisation

The Medical Expenses incurred in the 60 days immediately before the Insured Person was Hospitalised, provided that:

- i) Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

c) Post-hospitalisation

The Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalisation provided that:

- i) Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

d) Day Care Procedure

The Medical Expenses for a day care procedure mentioned in the list of 140 Day Care Procedure in this Policy where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not the outpatient department of a Hospital or standalone day care centre.

e) Organ Donor

The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that:

- i) The organ donor is any person whose organ has been made available in accordance and compliance with The Transplantation of Human Organs Act, 1994 (amended) and
- ii) The organ donated is for the use of the Insured Person, and
- iii) We will not pay the donor's pre and post-Medical Expenses or any other medical treatment for the donor consequent on the harvesting, and
- iv) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

f) Emergency Ambulance

We will reimburse the expenses incurred on an ambulance offered by a registered healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate Emergency facilities for the provision of health services following an Emergency, provided that:

- i) Our maximum liability shall be restricted to actual expenses incurred or Rs 2,000/- whichever is lower, per hospitalisation, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a) or 1d).
- iii) The coverage includes the cost of the transportation of the Insured Person from a Hospital to the nearest Hospital which is prepared to admit the Insured Person and provide the necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person is situated, provided that transportation has been prescribed by a Medical Practitioner and is medically necessary.

g) Domiciliary Treatment

The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical

Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that:

- i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period, and
- ii) If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-hospitalisation expenses for up to 60 days in accordance with b) above, and
- iii) No payment will be made if the condition for which the Insured Person requires medical treatment is:
 - 1) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
 - 2) Arthritis, Gout and Rheumatism,
 - 3) Chronic Nephritis and Nephritic Syndrome,
 - 4) Diarrhoea and all type of Dysenteries including

- Gastroenteritis,
- 5) Diabetes Mellitus and Insipidus,
- 6) Epilepsy,
- 7) Hypertension,
- 8) Psychiatric or Psychosomatic Disorders of all kinds,
- 9) Pyrexia of unknown Origin.

Section 2 – Exclusions

Waiting Periods

a) We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

30 days Waiting Period

- b) A waiting period of 30 days will apply to all claims unless:
- i) The Insured Person has been insured under an MediPlus Policy continuously and without any break in the previous Policy Year, or
 - ii) The Insured Person was insured continuously and without interruption for at least 1 year under any retail health insurance policy of an Indian non-life insurance company.
 - iii) If the Insured Person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.

Specific Waiting Periods

c) The Illnesses and treatments whether medical or surgical listed below, except claims payable due to the occurrence of cancer, will be covered subject to a waiting period of 2 years as long as in the third Policy Year the Insured Person has been insured under an MediPlus Policy continuously and without any break:

Sl No	Organ /Organ System / Discipline	Illness	Surgeries
a.	ENT	<ul style="list-style-type: none"> • Sinusitis • Rhinitis • Tonsillitis 	<ul style="list-style-type: none"> • Adenoidectomy • Mastoidectomy • Tympanoplasty • Surgery for nasal septum deviation • Nasal concha resection
b.	Gynaecological	<ul style="list-style-type: none"> • Cysts, polyps including breast lumps • Polycystic ovarian disease • Fibroids (fibromyoma) 	<ul style="list-style-type: none"> • Dilatation and curettage (D&C) • Myomectomy for fibroids • Hysterectomy for Dysfunctional uterine bleeding or menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy.

c.	Orthopaedic	<ul style="list-style-type: none"> • Non infective arthritis • Gout and Rheumatism • Osteoarthritis and Osteoporosis 	<ul style="list-style-type: none"> • Surgery for prolapsed inter vertebral disk • Joint replacement surgeries
d.	Gastrointestinal	<ul style="list-style-type: none"> • Calculus disease of gall bladder including Cholecystitis • Pancreatitis • Fissure/fistula in anus, hemorrhoids, pilonidal sinus • Ulcer and erosion of stomach and duodenum • Gastro Esophageal Reflux Disorder (GERD) • All forms of cirrhosis • (Please Note: All forms of cirrhosis due to alcohol will be excluded) • Perineal Abscesses • Perianal Abscesses 	<ul style="list-style-type: none"> • Cholecystectomy • Surgery of hernia
e.	Urogenital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone, Ureteric Stone • Benign Hyperplasia of prostate 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery Hydrocele / Rectocele
f.	Eye	<ul style="list-style-type: none"> • Cataract 	<ul style="list-style-type: none"> • NIL
g.	Others	<ul style="list-style-type: none"> • NIL 	<ul style="list-style-type: none"> • Surgery of varicose veins and varicose ulcers

h.	General (Applicable to all organs/systems/organs/disciplines whether or not described above)	• Internal tumors, cysts, nodules, polyps, skin Tumors	• NIL
-----------	--	--	-------

- i) However, a waiting period of 2 years will not apply if the Insured Person was insured continuously and without interruption for at least 2 years under any retail health insurance policy of an Indian non life insurance company.
- ii) If the Insured Person renews with Us or transfers from any other Indian non life insurer having any retail health insurance policy and increases the Sum Insured or changes his Deductible, then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased or Deductible has been changed.
- d) **Pre-existing Conditions** will not be covered until 48 months of continuous coverage have elapsed, since inception of the first retail health insurance policy with an Indian non life insurer. In such cases, Section 2 e. of the Policy stands deleted and shall be replaced entirely with the following:
 - i. The waiting period for all Pre-existing Conditions shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous retail health insurance policy; AND
 - ii. If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous retail health insurance policy.

The reduction in the waiting period specified above shall be applied subject to the following:

- a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian non life insurance company (if applicable);
- b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation;
- c) We shall consider total period the insured has been with the previous insurer for waiver of waiting periods which would also include extension in policy period (if any) sought during or for the purpose of porting insurance policy. In all such cases the date of commencement of risk would be the next day of expiry of existing policy including extension period, wherever relevant.
- d) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:
 - i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
 - ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.

- iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- v) Treatment of Obesity and any weight control program.
- vi) Psychiatric, mental disorders (including mental health treatments); Parkinson and Alzheimer's disease; general debility or exhaustion ("run-down condition"); congenital internal or external diseases, defects or anomalies; genetic disorders; stem cell implantation or surgery; or growth hormone therapy; sleep-apnoea.
- vii) Venereal disease, sexually transmitted disease or Illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) only.
- ix) Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- x) Dental treatment and surgery of any kind, other than accident and requiring Hospitalisation.
- xi) Expenses for donor screening, or, save as and to the extent provided for in 1)e), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xii) Treatment and supplies for analysis and adjustments of spinal subluxation; diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except for treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- xiii) Circumcisions (unless necessitated by Illness or injury and forming part of treatment); laser treatment for correction of eye due to refractive error; aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens.
- xvi) Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
- xvii) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xviii) Any non allopathic treatment.

- xix) All preventive care, vaccination including inoculation and immunisations unless certified to be required by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim; any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xx) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xxi) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxiii) The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxiv) Any treatment or part of a treatment that is not of a Reasonable Charge, or not medically necessary; drugs or treatments which are not supported by a prescription.
- xxv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
- xxvi) Any specific time bound or lifetime exclusion(s) applied by us and specified in the Schedule and accepted by the insured as per Our underwriting guidelines.
- xxvii) Any non medical expenses (Annexure II).

endorsement confirming the addition of such person as an Insured Person.

There is no maximum cover ceasing age under this Policy.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

d) **Discounts**

Family Discount of 10% if 2 or more family members are covered under same policy. 7.5% Discount on premium if Insured Person is paying premium of 2 years in advance.

e) **Loadings**

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us. The Loading shall only be applied basis an outcome of our medical underwriting.

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, we shall cancel your application and refund the premium paid without interest within next 7 days subject to deduction of the Pre Policy Check up charges, as applicable.

We will not apply any additional loading on your policy premium at renewal based on claim experience.

Please note that We will issue Policy only after getting Your consent.

f) **Notification of Claim**

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Immediately and in any event at least 48 hours prior to the Insured Person's admission.
2	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Within 24 hours of the Insured Person's admission to Hospital.

Note: In the case of a covered Hospitalisation, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the intimation should be submitted along with a copy of intimation made to the other insurer /Reimbursement Provider immediately on knowing that the Deductible is likely to be exceeded.

Cashless service:

Treatment, Consultation or Procedure.	Treatment, Consultation or Procedure Taken at	Cashless Service is Available	We must be given notice that the Insured Person wishes to Procedure take advantage of the cashless service
			Accompanied

Section 3 - General Conditions

Condition precedent

- a) The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.

Deductible

- b) We are not liable for any payment unless the Medical Expenses exceed the Deductible. Deductible shall be applicable for each and every Hospitalisation except claims made for Any One Illness.

c) Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and We have issued an

				by full particulars
1	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide Cashless service by Making payment to the extent of our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
2	If any treatment, consultation or procedure or which a claim may be made is to be taken in an Emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

- ii) If original bills, receipts, prescriptions, reports and other documents are submitted to Us and Insured Person requires same for claiming from other organisation /provider, then on request from the Insured Person We will provide attested copies of the bills and other documents submitted by the Insured Person.
- h) The Insured Person shall have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

Claims Payment

- i) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- j) Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded. We will pay to the Insured Person, Medical Expenses over and above Deductible but not exceeding the Sum Insured for the Policy Period.
- k) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.
- l) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- m) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.
- n) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA of India (Protection of Policyholders Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

Fraud

- o) If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

Other Insurance

- p) If at the time when any claim is made under this Policy, insured has two or more policies from one or more Insurers to indemnify treatment cost, which also covers any claim (in part or in whole) being made under this Policy, then the Policy holder shall have the right to require a settlement of his claim in terms of any of his policies. The insurer so chosen by the Policy holder shall settle the claim, as long as the claim is within the limits of and according to terms of the chosen policy.

Supporting Documentation & Examination

- g) The Insured Person or someone claiming on Your behalf shall provide Us with any documentation, medical records and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or earlier of our request or the Insured Person's discharge from Hospitalisation or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following:
 - i) Our claim form, duly completed and signed for on behalf of the Insured Person.
 - ii) Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - iii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - iv) A precise diagnosis of the treatment for which a claim is made.
 - v) A detailed list of the individual medical services and treatments provided and a unit price for each.
 - vi) Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Medical Practitioner's invoice.

Note:

- i) When original bills, receipts, prescriptions, reports and other documents are submitted to the other insurer or to the reimbursement provider, verified photocopies attested by such other organisation/provider have to be submitted.

Provided further that, If the amount to be claimed under the Policy chosen by the Policy holder, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Policy holder shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the Contribution clause stated in section 4 – Interpretations & Definitions. This clause shall only apply to indemnity sections of the policy.

v) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

Termination

w) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

x) We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or noncooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy. In the event of termination of this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of noncooperation of the insured or If you terminate the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 30 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

y) The coverage for the Insured Person shall automatically terminate if:

i) You no longer reside in India, or in the case of Your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period. The other Insured Persons may also apply to renew the Policy subject to condition q) above. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.

ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

Waiver of Deductible

z) We will offer the Insured Person to migrate to an indemnity health insurance Policy (without any Deductible) available with Us for a 5 Lacs sum Insured provided that:

i) Insured Person has been insured with Us for first time under this Policy before the age of 50 years and has renewed with us continuously and without any interruption.

Subrogation

q) You and/or any Insured Persons shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

Alterations to the Policy

r) This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

Renewal

s) All applications for renewal must be received by Us before the end of the Policy Period. If the application for renewal and the renewal premium has been received by Us before the expiry of the Policy Period We will ordinarily offer renewal terms for life unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard. A Grace Period of 30 days for renewing the policy is provided under this Policy. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition for the renewed and subsequent policy period.

Any change in benefits or premium (other than due to change in Age or deductible) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Change of Policyholder

t) The change of Policyholder (except clause y) is permitted only at the time of renewal. If You do not renew the Policy, the other Insured Persons may apply to renew the Policy subject to condition s) above. However, in case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court subject to condition (s) above.

Notices

u) Any notice, direction or instruction under this Policy shall be in writing and if it is to:

i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.

ii) Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

Dispute Resolution Clause

- ii) This option for waiver of deductible shall be exercised by the Insured Person only during the age group of 58 to 60 years, and certainly at the time of renewal only.
- iii) Insured Person will be offered continuity of coverage in terms of waiver of waiting periods to the extent of benefits covered under this Policy.

In all other cases, No benefits shall accrue to any Insured Person by virtue of continuity of coverage in the event of discontinuation of this Policy at any point of time or shifting to any other Health Insurance Policy with Us.

- aa) **Free Look Period**-You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.
- bb) **Option to Migrate** We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:
 - i) Insured Person has been insured with Us for first time under this Policy as a dependant.
 - ii) This option for migration to similar Indemnity health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age, and certainly at the time of renewal only.
 - iii) Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.
- cc) In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA of India.

Section 4 - Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

- Def.1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external visible and violent means.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Any One Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where treatment may have been taken.
- Def. 4. **Break in policy** occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
- Def. 5. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 6. **Congenital Anomaly** - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- 6a. Internal Congenital Anomaly - which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly.
- 6b. External Congenital Anomaly - which is in the visible and accessible parts of the body is called External Congenital Anomaly.

Def. 7. **Cashless Facility / Service** means a facility by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorisation is approved.

Def. 8. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 9. **Contribution** means essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum insured.

This clause shall not apply to any benefit offered on fixed benefit basis.

Def. 10. **Day Care centre** means any institution established for day care treatment of illness and / or injuries or a medical set –up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:- has qualified nursing staff under its employment has qualified medical practitioner (s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out-maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

Def. 11. **Day care treatment / procedure** refers to medical treatment, and/or surgical procedure which is:

- i) undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii) which would have otherwise required a Hospitalization of more than 24 hours, but

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

Def. 12. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A Deductible does not reduce the Sum Insured. A deductible shall be applicable for each and every Hospitalisation except claims made for Any One Illness.

Def. 13. **Dependents** means only the family members listed below:

- i) Your legally married spouse as long as he/she continues to be married to You;
- ii) Your children Aged between 91 days and 21 years if they are unmarried.
- iii) Your natural parents or parents that have legally adopted You, provided that:
 - a) The parent was below 65 years at his initial participation in the MediPlus Policy, and

- b) Parents shall not include Your spouse's parents.
- Def. 14. **Dependent Child** means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.
- Def. 15. **Disclosure of information** norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact.
- Def.16. **Domiciliary Treatment / Hospitalisation** means medical treatment, for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital or,
 - the patient takes treatment at home on account of non availability of room in a hospital.
- Def. 17. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- Def. 18. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 19. **Hospital** means any institution established for inpatient care and Day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places.
 - has qualified nursing staff under its employment round the clock.
 - has qualified medical practitioner (s) in charge round the clock.
 - has a fully equipped operation theatre of its own where surgical procedures are carried out.
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 20. **Hospitalisation / Hospitalised** means admission in a Hospital for a minimum period of 24 In Patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period less than 24 consecutive hours.
- Def. 21. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 22. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.
- (a) **Acute Condition** – Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- (b) **Chronic Condition** -A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, checkups, and / or tests.
 - it needs ongoing or long-term control or relief of symptoms.
 - it requires your rehabilitation or for you to be specially trained to cope with it.
 - it continues indefinitely.
 - it comes back or is likely to come back.
- Def. 23. **Inpatient or Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 24. **Insured Person** means You and the persons named in the Schedule upto the age 65 years.
Policy is however renewable for life upon payment of premium.
- Def. 25. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 26. **IRDAI** - means Insurance Regularity and Development Authority of India.
- Def. 27. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 28. **Medical Advise** means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.
- Def. 29. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.
Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.
- Def. 30. **Medically Necessary** means any treatment, test, medication or stay in Hospital or part of 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.
- Def. 31. **Network Provider** means. Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- Def. 32. **Non Network** means any Hospital, day care centre or other provider that is not part of the network.
- Def. 33. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def. 34. **Newborn baby** means baby born during the Policy period and is aged between 1 day and 90 days, both days inclusive.
- Def. 35. **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any), Annexure 1&II and the Schedule (as the same may be amended from time to time).
- Def. 36. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 37. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 38. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and/ or were diagnosed, and/ or received medical advice/ treatment, within 48 months prior to your first Policy issued by the Insurer.
- Def. 39. **Pre Hospitalisation Medical Expenses** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
- i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii) The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 40. **Post Hospitalisation Medical Expenses** means Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that :
- i) Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii) The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 41. **Portability**-means transfer by an individual health insurance policyholder (including family cover) of the credit gained for Pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
- Def. 42. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India.
- Def. 43. **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 by comparable providers, taking into account the nature of Illness/ injury involved.
- Def. 44. **Room Rent** – Room Rent shall mean the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
- Def. 45. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- Def. 46. **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 47. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
- Def. 48. **Surgery or Surgical Procedure** means manual and /or operative procedure(s) required for treatment of an Illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
- Def. 49. **TPA** means the duly licensed third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 50. **Unproven/Experimental treatment** : means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
- Def. 51. **Waiting Period:** means a period as given in the policy schedule which is calculated from the policy effective date. Any Claim due to or arising out of signs or the symptoms of the disease and / or condition which has occurred and / or manifested during the Waiting Period shall be excluded from coverage for the entire policy period including renewals.
- Def. 52. **We/Our/Us** means the Tata AIG General Insurance company Limited.
- Def. 53. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section 5 - Claim Related Information

For any claim related queries, intimation of claim, preauthorization, claim processing, claim status, and submission of claim related documents, You can contact duly licensed TPA:

- Name : Family Health Plan Insurance TPA Ltd.
- Address : Claims Department,
Family Health Plan Insurance TPA Ltd.
Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad-500 034
- Toll Free : 1800-425-4033
040 – 23552899
(for Senior Citizens)
- Fax : +91-40-23541400
- Email : info@fhpl.net
- Website : www.fhpl.net
seniorcitizensdesk@fhpl.net
(for Senior Citizens)

Note:

- Any change in TPA by Us shall be communicated to You 30 days before such effect of change.
- Details of Network Providers are available on website.

Grievance Lodgment Stage

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through below channels:

Call us 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen)
 Email us at customersupport@tataaig.com

Write to us at : Customer Support, Tata AIG General Insurance Company Limited

A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097

Visit the Servicing Branch mentioned in the policy document

Nodal Officer

Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the resolution still does not meet your expectations, you can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt of your complaint.

Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head-Customer Services at head.customerservices@tataaig.com. After examining the matter, we will send you our response within a period of 7 days from the date of receipt of your complaint. Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA of India under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

INSURANCE OMBUDSMAN CENTRES

Office of the Ombudsman	Address and Contact Details	Jurisdiction of Office Union Territory, District
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/ 02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building,	Karnataka

	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	
BHOPAL	Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201/ 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461/ 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101,102 & 103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160 017. Tel.: 0172 - 2706196/ 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai- 600 018. Tel.: 044-24333668 /24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which, are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239633/ 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance	Andhra Pradesh,

	Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane, Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040-65504123/ 23312122 Fax: 040 - 23376599 Email: bimalokpal. hyderabad@ecoi.co.in	Telangana, Yanamand part of Territory of Pondicherry.			Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar	
JAIPUR	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	Rajasthan		MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106552/26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/2359338 Fax: 0484 - 2359336 Email: bimalokpal. ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry		NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250/ 2514252/ 2514253, Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Hardoi, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhana gar, Ghaziabad, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, S aharanpur
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA-700 072. Tel.: 033-22124339/ 22124340 Fax : 033 - 22124341 Email: bimalokpal. kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands		PATNA	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	Bihar, Jharkhand
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522-2231330/2231331 Fax: 0522 – 2231310 Email: bimalokpal. lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Amethi, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Basti, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Kaushambi, Balrampur, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar,		PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Flr, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune-411 030. Tel.: 020-41312555 Email: bimalokpal. pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Grievance Redressal Procedure:

As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation. 2017.

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

SCHEDULE OF BENEFITS

Sum Insured per Insured Person per Policy Year (Rs. in Lakh)		SI = 5 Lakhs Deductibles = 1L / 2L/3L/4L/5L
a)	In-patient Treatment	Covered
	i) Room rent, boarding expenses	
	ii) Nursing	
	iii) Intensive Care Unit	
	iv) Medical practitioner(s)	
	v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances	
	vi) Medicines, drugs and consumable	
	vii) Diagnostic procedures	
viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure		
b)	Pre-hospitalization	Covered
c)	Post-hospitalization	Covered
d)	Day Care Procedures	Covered
e)	Organ Donor Expenses	Covered
b)	Pre-hospitalization	Covered

Appendix I: Day Care Procedure

Microsurgical operations on the middle ear	
1	Stapedotomy
2	Stapedectomy
3	Revision of a stapedectomy
4	Other operations on the auditory ossicles
5	Myringoplasty (Type -I Tympanoplasty)
6	Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)

7	Revision of a tympanoplasty
8	Other microsurgical operations on the middle ear
Other operations on the middle & internal ear	
9	Myringotomy
10	Removal of a tympanic drain
11	Incision of the mastoid process and middle ear
12	Mastoidectomy
13	Reconstruction of the middle ear
14	Other excisions of the middle and inner ear
15	Fenestration of the inner ear
16	Revision of a fenestration of the inner ear
17	Incision (opening) and destruction (elimination) of the inner ear
18	Other operations on the middle and inner ear
Operations on the nose & the nasal sinuses	
19	Excision and destruction of diseased tissue of the nose
20	Operations on the turbinates (nasal concha)
21	Other operations on the nose
22	Nasal sinus aspiration
Operations on the eyes	
23	Incision of tear glands
24	Other operations on the tear ducts
25	Incision of diseased eyelids
26	Excision and destruction of diseased tissue of the eyelid
27	Operations on the canthus and epicanthus
28	Corrective surgery for entropion and ectropion
29	Corrective surgery for blepharoptosis
30	Removal of a foreign body from the conjunctiva
31	Removal of a foreign body from the cornea
32	Incision of the cornea
33	Operations for pterygium
34	Other operations on the cornea
35	Removal of a foreign body from the lens of the eye
36	Removal of a foreign body from the posterior chamber of the eye

37	Removal of a foreign body from the orbit and eyeball	63	Excision and destruction of diseased hard and soft palate
38	Operation of cataract	64	Incision, excision and destruction in the mouth
Operations on the skin & subcutaneous tissues		65	Plastic surgery to the floor of the mouth
39	Incision of a pilonidal sinus	66	Palatoplasty
40	Other incisions of the skin and subcutaneous tissues	67	Other operations in the mouth
41	Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues	Operations on the tonsils & adenoids	
42	Local excision of diseased tissue of the skin and subcutaneous tissues	68	Transoral incision and drainage of a pharyngeal abscess
43	Other excisions of the skin and subcutaneous tissues	69	Tonsillectomy without adenoidectomy
44	Simple restoration of surface continuity of the skin and subcutaneous tissues	70	Tonsillectomy with adenoidectomy
45	Free skin transplantation, donor site	71	Excision and destruction of a lingual tonsil
46	Free skin transplantation, recipient site	72	Other operations on the tonsils and adenoids
47	Revision of skin plasty	73	Trauma surgery and orthopaedics
48	Other restoration and reconstruction of the skin and subcutaneous tissues	Incision on bone, septic and aseptic	
49	Chemosurgery to the skin	74	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
50	Destruction of diseased tissue in the skin and subcutaneous tissues	75	Suture and other operations on tendons and tendon sheath
Operations on the tongue		76	Reduction of dislocation under GA
51	Incision, excision and destruction of diseased tissue of the tongue	77	Arthroscopic knee aspiration
52	Partial glossectomy	Operations on the breast	
53	Glossectomy	78	Incision of the breast
54	Reconstruction of the tongue	79	Operations on the nipple
55	Other operations on the tongue	Operations on the digestive tract	
Operations on the salivary glands & salivary ducts		80	Incision and excision of tissue in the perianal region
56	Incision and lancing of a salivary gland and a salivary duct\	81	Surgical treatment of anal fistulas
57	Excision of diseased tissue of a salivary gland and a salivary duct	82	Surgical treatment of haemorrhoids
58	Resection of a salivary gland	83	Division of the anal sphincter (sphincterotomy)
59	Reconstruction of a salivary gland and a salivary duct	84	Other operations on the anus
60	Other operations on the salivary glands and salivary ducts	85	Ultrasound guided aspirations
Other operations on the mouth & face		86	Sclerotherapy
61	External incision and drainage in the region of the mouth, jaw and face	Operations on the female sexual organs	
62	Incision of the hard and soft palate	87	Incision of the ovary
		88	Insufflation of the Fallopian tubes
		89	Other operations on the Fallopian tube

90	Dilatation of the cervical canal
91	Conisation of the uterine cervix
92	Other operations on the uterine cervix
93	Incision of the uterus (hysterotomy)
94	Therapeutic curettage
95	Culdotomy
96	Incision of the vagina
97	Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
98	Incision of the vulva
99	Operations on Bartholin's glands (cyst)
Operations on the prostate & seminal vesicles	
100	Incision of the prostate
101	Transurethral excision and destruction of prostate tissue
102	Transurethral and percutaneous destruction of prostate tissue
103	Open surgical excision and destruction of prostate tissue
104	Radical prostatovesiculectomy
105	Other excision and destruction of prostate tissue
106	Operations on the seminal vesicles
107	Incision and excision of periprostatic tissue
108	Other operations on the prostate
Operations on the scrotum & tunica vaginalis testis	
109	Incision of the scrotum and tunica vaginalis testis
110	Operation on a testicular hydrocele
111	Excision and destruction of diseased scrotal tissue
112	Plastic reconstruction of the scrotum and tunica vaginalis testis
113	Other operations on the scrotum and tunica vaginalis testis
Operations on the testes	
114	Incision of the testes
115	Excision and destruction of diseased tissue of the testes
116	Unilateral orchidectomy
117	Bilateral orchidectomy
118	Orchidopexy
119	Abdominal exploration in cryptorchidism

120	Surgical repositioning of an abdominal testis
121	Reconstruction of the testis
122	Implantation, exchange and removal of a testicular prosthesis
123	Other operations on the testis
Operations on the spermatic cord, epididymis und ductus deferens	
124	Surgical treatment of a varicocele and a hydrocele of the spermatic cord
125	Excision in the area of the epididymis
126	Epididymectomy
127	Reconstruction of the spermatic cord
128	Reconstruction of the ductus deferens and epididymis
129	Other operations on the spermatic cord, epididymis and ductus deferens
Operations on the penis	
130	Operations on the foreskin
131	Local excision and destruction of diseased tissue of the penis
132	Amputation of the penis
133	Plastic reconstruction of the penis
134	Other operations on the penis
Operations on the urinary system	
135	Cystoscopical removal of stones
Other Operations	
136	Lithotripsy
137	Coronary angiography
138	Haemodialysis
139	Radiotherapy for Cancer
140	Cancer Chemotherapy

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

Annexure II

Sr. No.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
Toiletries/ Cosmetics/ Personal Comfort or Convenience Items		
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable

3	Baby Food	Not Payable	33	Mineral Water	Not Payable
4	Baby Utilities Charges	Not Payable	34	Oil Charges	Not Payable
5	Baby Set	Not Payable	35	Sanitary Pad	Not Payable
6	Baby Bottles	Not Payable	36	Slippers	Not Payable
7	Brush	Not Payable	37	Telephone Charges	Not Payable
8	Cosy Towel	Not Payable	38	Tissue Paper	Not Payable
9	Hand Wash	Not Payable	39	Tooth Paste	Not Payable
10	Moisturiser Paste Brush	Not Payable	40	Tooth Brush	Not Payable
11	Powder	Not Payable	41	Guest Services	Not Payable
12	Razor	Payable	42	Bed Pan	Not Payable
13	Shoe Cover	Not Payable	43	Bed Under Pad Charges	Not Payable
14	Beauty Services	Not Payable	44	Camera Cover	Not Payable
15	Belts/ Braces	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine	45	Cliniplast	Not Payable
16	Buds	Not Payable	46	Crepe Bandage	Not Payable/ Payable by the patient
17	Barber Charges	Not Payable	47	Curapore	Not Payable
18	Caps	Not Payable	48	Diaper Of Any Type	Not Payable
19	Cold Pack/Hot Pack	Not Payable	49	Dvd, Cd Charges	Not Payable(However if CD is specifically sought by Insurer/TPA then payable)
20	Carry Bags	Not Payable	50	Eyelet Collar	Not Payable
21	Cradle Charges	Not Payable	51	Face Mask	Not Payable
22	Comb	Not Payable	52	Flexi Mask	Not Payable
23	Disposables Razors Charges (For Site Preparations)	Payable	53	Gause Soft	Not Payable
24	Eau-de-cologne / Room Freshners	Not Payable	54	Gauze	Not Payable
25	Eye Pad	Not Payable	55	Hand Holder	Not Payable
26	Eye Sheild	Not Payable	56	Hansaplast/ Adhesive Bandages	Not Payable
27	Email / Internet Charges	Not Payable	57	Infant Food	Not Payable
28	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable	58	Slings	Reasonable cost s for one sling incase of upper arm fractures may be considered
29	Foot Cover	Not Payable	Items Specifically Excluded In The Policies		
30	Gown	Not Payable	59	Weight Control Programs/ Supplies/ Services	Exclusion in policy unless otherwise specified
31	Leggings	Essential in Bariatric and varicose vein surgery and maybe considered for at least these conditions where surgery itself is payable.	60	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Exclusion in Policy unless otherwise specified
32	Laundry Charges	Not Payable	61	Dental Treatment Expenses That do Not Require Hospitalisation	Exclusion in policy unless otherwise specified
			62	Hormone Replacement	Exclusion in policy unless otherwise

	Therapy	specified			
63	Home Visit Charges	Exclusion in policy unless otherwise specified	82	X-Ray Film	Payable under Radiology Charges, not as consumable
64	Infertility/ Sub fertility/ Assisted Conception Procedure	Exclusion in policy unless otherwise specified	83	Sputum Cup	Payable under Investigation Charges, not as consumable
65	Obesity (Including Morbid Obesity)Treatment	Exclusion in policy unless otherwise specified	84	Boyles Apparatus Charges	Part of OT Charges, not separately
66	Psychiatric & Psychosomatic Disorders	Exclusion in policy unless otherwise specified	85	Blood Grouping And Cross Matching of Donors Samples	Part of Cost of Blood, not payable
67	Corrective Surgery For Refractive Error	Exclusion in policy unless otherwise specified	86	Savlon	Not Payable-Part of Dressing Charges
68	Treatment Of Sexually Transmitted Diseases	Exclusion in policy unless otherwise specified	87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable – Part of Dressing charges
69	Donor Screening Charges	Exclusion in policy unless otherwise specified	88	Cotton	Not Payable-Part of Dressing Charges
70	Admission/Registration Charges	Exclusion in policy unless otherwise specified	89	Cotton Bandage	Not Payable- Part of Dressing Charges
71	Hospitalisation For Evaluation/Diagnostic Purpose	Exclusion in policy unless otherwise specified	90	Micropore/ Surgical Tape	Not Payable - Payable by the patient When prescribed, Otherwise included as Dressing Charges
72	Expenses For Investigation/ Treatment Irrelevant. To The Disease For Which Admitted Or Diagnosed	Not Payable -Exclusion in policy unless otherwise specified	91	Blade	Not Payable
73	Any Expenses When The Patient Is Diagnosed With Retro Virus + or Suffering From /HIV/ AIDS etc Is Detected/Directly or Indirectly	Not payable as per exclusion	92	Apron	Not Payable –Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
74	Stem Cell Implantation/ Surgery	Not Payable except Bone Marrow Transplantation where covered by policy	93	Torniquet	Not Payable (service is Charged by hospitals, consumables cannot be Separately charged)
Items Which Form Part of Hospital Services Where Separate Consumables are not Payable but the Service is			94	Orthobundle, Gynaec Bundle	Part of Dressing Charges
75	Ward And Theatre Booking Charges	Payable under OT Charges, not payable separately	95	Urine Container	Not Payable
76	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital payable. Purchase of Instruments not payable.	Elements of Room Charge		
77	Microscope Cover	Payable under OT Charges, not separately	96	Luxury Tax	Actual tax levied by government is payable. Part of room charge for sub limits
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not separately	97	HVAC	Part of room charge not payable separately
79	Surgical Drill	Payable under OT Charges, not separately	98	House Keeping Charges	Part of room charge not payable separately
80	Eye Kit	Payable under OT Charges, not separately	99	Service Charges Where Nursing Charge also Charged	Part of room charge not payable separately
81	Eye Drape	Payable under OT Charges, not separately	100	Television & Air Conditioner Charges	Payable under room charges not if separately levied
			101	Surcharges	Part of Room Charge, Not payable separately
			102	Attendant Charges	Not Payable - Part of Room Charges

103	IM IV Injection Charges	Part of nursing charges, not payable	130	Medico Legal Case Charges (Mlc Charges)	Not Payable
104	Clean Sheet	Part of Laundry/ Housekeeping not payable separately	External Durable Devices		
105	Extra Diet of Patient(Other than that Which Forms Part of Bed Charge)	Patient Diet provided by hospital is payable	131	Walking Aids Charges	Not Payable
106	Blanket/Warmer Blanket	Not Payable- part of room charges	132	Bipap Machine	Not Payable
Administrative or Non-Medical Charges			133	Commode	Not Payable
107	Admission Kit	Not Payable	134	Cpap/ Capd Equipments	Device not payable
108	Birth Certificate	Not Payable	135	Infusion Pump - Cost	Device not payable
109	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable	136	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
110	Certificate Charges	Not Payable	137	Pulseoxymeter Charges	Device not payable
111	Courier Charges	Not Payable	138	Spacer	Not Payable
112	Convenyance Charges	Not Payable	139	Spirometre	Device not payable
113	Diabetic Chart Charges	Not Payable	140	Spo2 Probe	Not Payable
114	Documentation Charges/Administrative Expenses	Not Payable	141	Nebulizer Kit	Not Payable
115	Discharge Procedure Charges	Not Payable	142	Steam Inhaler	Not Payable
116	Daily Chart Charges	Not Payable	143	Armsling	Not Payable
117	Entrance Pass/Visitors Pass Charges	Not Payable	144	Thermometer	Not Payable(paid by patient)
118	Expenses Related to Prescription on Discharge	To be claimed by patient under Post Hosp where admissible	145	Cervical Collar	Not Payable
119	File Opening Charges	Not Payable	146	Splint	Not Payable
120	Incidental Expenses/Misc. Charges (Not Explained)	Not Payable	147	Diabetic Foot Wear	Not Payable
121	Medical Certificate	Not Payable	148	Knee Braces (Long/ Short/ Hinged)	Not Payable
122	Maintainance Charges	Not Payable	149	Knee Immobilizer/Shoulder Immobilizer	Not Payable
123	Medical Records	Not Payable	150	Lumbo Sacral Belt	Essential and should be paid atleast specifically for cases who have undergone surgery of lumbar spine.
124	Preparation Charges	Not Payable	151	Nimbus Bed Or Water Or Air Bed Charges	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia quadriplegia for /any reason and at reasonable cost of approximately Rs. 200/ day
125	Photocopies Charges	Not Payable	152	Ambulance Collar	Not Payable
126	Patient Identification Band / Name Tag	Not Payable	153	Ambulance Equipment	Not Payable
127	Washing Charges	Not Payable	154	Microsheild	Not Payable
128	Medicine Box	Not Payable	155	Abdominal Binder	Essential and should be paid at least in post Surgery patients of Major Abdominal Surgery including. TAH, LSCS, Incisional Hernia repair, Exploratory Laparotomy for intestinal obstruction, liver transplant etc.
129	Mortuary Charges	Payable upto24 hrs, shifting charges not payable			

Items Payable If Supported By A Prescription		
156	Betadine\Hydrogen Peroxide\Spirit\ Dettol\Savlon\Disinfectants Etc	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	Private Nurses Charges-Special Nursing Charges	Post hospitalization nursing charges not Payable
158	Nutrition Planning Charges – Dietician Charges-Diet Charges	Patient Diet provided by hospital is payable
159	Alex Sugar Free	Payable –Sugar free variants of admissible medicines are not excluded
160	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Payable when prescribed
161	Digene Gel/Antacid Gel	Payable when prescribed
162	ECG Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and atleast one set every second day must be payable.
163	Gloves	Sterilized Gloves payable/ unsterilized gloves not payable
164	HIV Kit	Payable – payable Pre operative screening
165	Listerine/Antiseptic Mouthwash	Payable when prescribed
166	Lozenges	Payable when prescribed
167	Mouth Paint	Payable when prescribed
168	Nebulisation Kit	If used during hospitalization is payable reasonably
169	Novarapid	Payable when Prescribed
170	Volini Gel/Analgesic Gel	Payable when prescribed
171	Zytee Gel	Payable when prescribed
172	Vaccination Charges	Routine Vaccination not Payable / Post Bite Vaccination Payable
Part of Hospital's Own Costs and Not Payable		
173	AHD	Not Payable – Part of Hospital's internal Cost
174	Alcohol Swabs	Not Payable – Part of Hospital's internal Cost
175	Scrub Solution/Sterillium	Not Payable – Part of Hospital's internal Cost
Others		
176	Vaccine Charges For Baby	Not Payable
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
181	Examination Gloves	Not payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/ Surgeon's Fees	Not payable, except for telemedicine consultations where covered by policy
186	Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be payable in case of PIVD requiring tractions this is generally not reused
189	Referral Doctor's Fees	Not Payable
190	Accu Check (Glucometry/ Strips)	Not payable pre hospitalisation or Post hospitalisation / Reports and Charts required/ Device not payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolley Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance Payable	Ambulance from home to hospital Or interhospital shifts is payable/ RTA as specific requirement is payable
196	Tegaderm / Vasofix Safety	Payable – Maximum of 3 in 48 hrs and then 1 in 24 hrs
197	Urine Bag	Payable where Medically Necessary till a reasonable cost – maximum 1 per 24 hrs
198	Softovac	Not Payable
199	Stockings	Essential for caselike CABG etc.where it should be paid.