HDFC ERGO General Insurance Company Limited

Frequently Asked Question's (FAQ's) - Health Suraksha Top Up

Take it easy!

HDFC ERGO GENERAL INSURANCE

WHAT IS THIS PLAN ALL ABOUT?

This plan supplements your existing mediclaim policy, insuring you for a larger sum insured limit at a lower cost. This policy kicks in once the stated deductible amount in the policy gets exhausted.

WHAT ARE THE CHECKS TO BE DONE AFTER RECEIVING THE POLICY?

Check the correctness and completeness of below mentioned points in the policy schedule.

- Insured's name and proposer's name (salutation, gender, spelling)
- Correspondence address (house no., street name, locality, pin code, city, village, landmark, etc)
- Mobile number, landline number and personal email id
- Policy period
- Coverage or sum insured details
- Date of birth of insured
- Cumulative bonus amount, if eligible or entitled. (applicable only if no claim in the previous year)

DO I GET INCOME TAX BENEFIT?

Yes, you can avail a tax benefit under Section 80D of Income Tax Act 1961 (Subject to change in Income Tax law). Tax certificate is provided along with the policy copy. You can mail the same on your registered email id through IPO, online insurance portfolio organizer.

WHOM DO I NEED TO CONTACT TO MAKE CHANGES OR CORRECTIONS IN MY POLICY

1. You can send duly signed request via any of the below options:
   - Fax :**022-66383669**
   - Email : **care@hdfcergo.com**
   - Visit our nearest branch in your city
   - Post/courier : Customer service office at Andheri (East) in Mumbai.
2. Call toll free **1800 2 700 700** for assistance (Accessible from India only)

Please mention your policy number, correspondence address and contact numbers in the communication.

Note: Supporting documents may be asked for such corrections whereby change of premium amount is involved or otherwise in the policy on case to case basis.

WOULD I RECEIVE ANY CONFIRMATION ON THE CHANGES DONE IN MY POLICY?

You will receive an endorsed policy schedule reflecting the changes made in the policy details on your correspondence address as provided & mentioned in the policy. Same would be captured in the policy under the section "List of Endorsements". You can view/print the endorsed policy schedule on IPO, the online insurance portfolio organizer.

WHAT IS IPO (INSURANCE PORTFOLIO ORGANIZER)?

IPO is an online insurance portfolio account of the customer. You can create your portfolio by creating your login id and password under Insurance Portfolio Organizer section on our portal, www.hdfcergo.com You can manage your insurance portfolio on your mobile phone also through the IPO Mobile Application. The IPO Mobile Application is supported on the mobile platforms - Blackberry (OS version 5, 6, 7 & 10), Android (version 2.3 & above), iPhone (iOS 5 & above), Windows 7 & 8.

HOW TO REGISTER/TRACK MY CLAIM STATUS?

You can track your claim status from any of the below options:

- Call toll free : **1800 2 700 700** (Accessible from India only)
- Fax : **1860 2000 600**
- Email : **healthclaims@hdfcergo.com**
- Visit IPO : **Login into online Insurance Portfolio Organiser (IPO) on the home page of our website, www.hdfcergo.com**

Kindly mention your claim number and/or policy/reference number in the correspondence. Above numbers can be dialed for queries pertaining to hospitalisation, critical illness, cashless facility and authentication of health cards.

WHOM SHOULD I SEND THE CLAIM DOCUMENTS TO?

Duly signed claim form (available on website) with necessary supporting documents and original bills are to be sent to the below address via courier.

HDFC ERGO General Insurance Company Limited
Stellar IT Park Tower - 1, 5th Floor, C - 25, Sector - 62, Noida - 201 301, Uttar Pradesh.

WOULD I RECEIVE ANY CONFIRMATION ON THE CHANGES DONE IN MY POLICY?

You will receive an endorsed policy schedule reflecting the changes made in the policy details on your correspondence address as provided & mentioned in the policy. Same would be captured in the policy under the section "List of Endorsements".

HOW DO I INCREASE MY COVERAGE i.e. SUM INSURED?

You can increase the Sum Insured at the time of renewal. Such request has to be placed atleast 15 days in advance of policy expiry. We are sorry to inform you that mid term changes in the Sum Insured are not possible.

HOW DO I STOP AUTO RENEWAL OF MY POLICY?

Please SMS "**STOP <policy number>**" to **9999700700** from your registered mobile number. You will receive a confirmatory communication from us once the request is processed

HOW DO I RENEW MY POLICY?

You can renew your policy via any of the below options:

a. Visit **www.hdfcergo.com** to renew instantly online
b. SMS "**RENEW <POLICY NO>**" to **9999 700700** (from your registered mobile number)
c. Visit our nearest branch or contact your agent
d. Send a copy of the renewal notice along with premium cheque to our branch office or Customer service office
e. Call toll-free **1800 2 700 700** (Accessible from India only)
f. Email to **care@hdfcergo.com**

HOW TO CONTACT US?

For Queries / Claims Call toll free	: **1800 2 700 700** (Accessible from India only)
Fax	: **022 6638 3669**
E-Mail	: **care@hdfcergo.com**
Write to us	: **HDFC ERGO General Insurance Company Limited**
(Customer service office)	: 6th Floor, Leela Business Park, Andheri Kurla Road, Andheri (East), Mumbai - 400 059

Manage Your Portfolio @ hdfcergo.com / Smartphones*

- Add/View your policies
- Register motor/ health claims
- Track your claim status online
- Change your personal details on the go
- Track your interactions on endorsement dispatch status
- Find branches, garages and cashless network hospitals

*** supports smart phone based on Blackberry, iPhone, Windows 8 & Android platform.**

Download IPO mobile application from IPO website post log in

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This document is a summary of the benefits offered. The information mentioned above is illustrative and not exhaustive. Information must be read in conjunction with the policy wordings. In case of any conflict between this document and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

HDFC ERGO General Insurance Company Limited

Policy Wording

Take it easy!

HDFC ERGO GENERAL INSURANCE

HEALTH SURAKSHA - TOP UP PLUS

HDFC ERGO General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

SECTION. 1. BENEFITS

Claims made in respect of any of the benefits below will be subject to the Sum Insured and will affect entitlement to a Cumulative bonus.

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. Any claim under this Policy shall be payable by Us only if the aggregate of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Deductible applicable on per Policy Year basis.

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 Procedures

The Medical Expenses for a day care procedure mentioned in the list of Day Care Procedures 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. 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 Insupidus,
6. Epilepsy,
7. Hypertension,
8. Psychiatric or Psychosomatic Disorders of all kinds,
9. Pyrexia of unknown Origin.

f. 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).

g. Emergency Ambulance

We will reimburse the expenses incurred on an ambulance offered by a 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 the amount mentioned in the Schedule of Benefits, and

ii. We have accepted an inpatient Hospitalisation claim under Benefit 1a).

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.

SECTION. 2. RENEWAL INCENTIVES

Cumulative Bonus

a. If no claim has been made under this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any Policy Year.

b. In case of a family floater; the cumulative bonus for every insured member will be computed from the year of addition of the member in the family floater and number of claim free years spent under the policy. Calculation of Cumulative Bonus amount shall happen on a policy level; however eligible benefits shall be provided based on an Individual level.

c. If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 5% of the Sum Insured in that following Policy Year.

d. Portability benefits will be offered to the extent of sum of previous sum insured and accrued cumulative bonus (if opted for), portability benefit shall not apply to any other additional increased sum insured.

SECTION. 3. EXCLUSIONS

a. **Deductible**

We are not liable for any payment unless the Medical Expenses exceed the Deductible (as opted on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy). Deductible shall be applicable per Policy Year basis.

b. **Waiting Periods**

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

c. **30 days Waiting Period**

A waiting period of 30 days will apply to all claims unless:

i. The Insured Person has been insured under an Health Suraksha – Top up Plus Policy continuously and without any break in the previous Policy Year, or

ii. If the Insured person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) 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. **Specific Waiting Periods**

The Illnesses and treatments listed below 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 Health Suraksha – Top up Plus Policy continuously and without any break:

i. Illnesses: arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/ fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if Age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.

ii. Treatments: benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hernia; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; surgery on tonsils and sinuses; surgery for nasal septum deviation.

iii. If the Insured Person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) 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.

e. Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Health Suraksha – Top up Plus Policy with Us.

i. If the Insured Person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) 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.

f. 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 defence, 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, unless requiring Hospitalisation.

xi. Expenses for donor screening, or, save as and to the extent provided for in 1)f), 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 other than hairline fractures and dislocations of the mandible and extremities.

xiii. Treatment of nasal concha resection; 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 (except in case of post-bite treatment); 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, surcharge, 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, 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 costs of any procedure or treatment by any person or institution that We have told You (in writing) is not to be used at the time of renewal or at any specific time during the policy period.

xxiv. 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, nebulizer, and similar products.

xxv. 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 including medicines/ treatment taken beyond the prescribed limit.

xxvi. Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

xxvii. Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

e. **Reduction in waiting periods**

1. If the Proposed Insured is presently covered and has been continuously

covered without any lapses under:

a. any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the insurance regulator, OR

b. any other similar health insurance plan from Us,

Then:

a. The waiting periods specified in Section 3 point c, d, and e of the Policy stand deleted; AND:

b. The waiting periods specified in the Section 3 point c, d, and e shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND

c. 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 and any other accrued sum insured under the previous health insurance policy.

2. 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 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 and information

c. We will retain the right to underwrite the proposal as per Our underwriting guidelines.

We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

SECTION. 4. GENERAL CONDITIONS

a. **Condition precedent**
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.

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

c. **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 max. 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

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

d. **Notification of Claim**

Sr. No.	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.
3.	For all benefits which are contingent on Our prior acceptance of a claim under Section 1) a):	Within 7 days of the Insured Person's discharge post-Hospitalisation.
4.	If any treatment, consultation or procedure for which a claim may be made is required in an emergency:	Within 7 days of completion of such treatment, consultation or procedure.
5.	In all other cases:	Of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure and We or Our TPA must pre-authorise such treatment, consultation or procedure.

Note: In the case of a covered Hospitalization, 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 but not later than 15 days on knowing that the Deductible is likely to be exceeded.

e. **Cashless Service**

Sr. No.	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 take advantage of the cashless service accompanied 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 for which a claim may be made 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.

f. **Supporting Documentation & Examination**
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 of the earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment. 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. All hospitalisation expenses incurred in the Hospital must comprise within the Bill from Hospital. Any expenses incurred during Hospitalisation but not part of final bill will not be admissible.

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 Doctor's invoice.

Note: 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.

g. The Insured Person additionally hereby consents to:
   i. The disclosure to Us of documentation, medical records and information that may be held by medical professionals and other insurers.
   ii. Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require at Our cost.

h. **Claims Payment**
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.

i. 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. Any claim under this Policy shall be payable by Us only if the aggregate of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Deductible.

j. We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).

k. Cashless service: If any treatment, consultation or procedure for which a claim may be made is to be taken at a Network Hospital, then We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to take advantage of a cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an Emergency.

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. In case of any other concurrent health insurance policy, the amount paid by the other insurer for emergency ambulance would be deducted from the amount claimed under Section 1 g) Emergency Ambulance of Health Suraksha – Top up Plus Policy, subject to the actual or Rs 2000 whichever is less.

o. **Fraud**
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.

p. **Other Insurance**
If at the time when any claim arises under this Policy, there is in existence any other insurance policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim. For clarity, the rateable proportion will be calculated to that part of Sum Insured of the other insurance policy which is higher than the Deductible of this Policy.

If the other insurance is a Cancer Insurance Policy issued in collaboration with Indian Cancer Society then Our liability under this Policy shall be in excess of such Cancer Insurance Policy.

q. **Subrogation**
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, where after We shall pay any balance remaining to You.

r. **Alterations to the Policy**
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.

s. **Renewal**
This Policy is renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard

We are NOT under any obligation to:
   i. Send renewal notice or reminders.
   ii. Renew it on same terms or premium as the expiring Policy. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. 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 indemnity 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.
   iii. We will not apply any additional loading on your policy premium at renewal based on claim experience.

We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A grace period of 30 days for renewing the Policy is available under this Policy. Any disease/condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

t. **Change of Policyholder**
The change of Policyholder (except clause w) 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 q) 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 q) above.

u. **Notices**
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.

v. **Dispute Resolution Clause**
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.

w. **Termination**
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 Period		2 Year Policy Period	
Length of time Policy in force	% of premium refunded	Length of time Policy in force	% of premium refunded
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 non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium. However, in other exceptional cases, We may terminate this Policy without reason upon 30 days notice by sending an endorsement at Your address shown in the Schedule, and We shall refund premium a rateable proportion of the premium as long as no claim has been made under the Policy.

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. 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. 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.

z. **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.

SECTION. 5. 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/Nusing Home where treatment may have been taken.

Def. 4. **Alternate Treatments** are form of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda,Unani,Sidha and Homeopathy in the Indian Context

Def. 5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Def. 6. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 7. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

Def. 8. **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-which is not in the visible and accessible parts of the body

b. External Congenital Anomaly-which is in the visible and accessible parts of the body

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.

Def. 10. **Cumulative Bonus** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Def. 11. **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. 12. **Day Care Treatment/ Procedures** means those 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 hours because of technological advancement, and

ii. which would have otherwise required a Hospitalisation of more than 24 hours,

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

Def. 13. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that We will not be liable for a specified rupee amount (as opted and mentioned in Policy Schedule. On Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) of the covered expenses, which will apply before any benefits are payable by Us. A Deductible does not reduce the Sum Insured.

Def. 14. **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:

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

Def. 15. **Dependents** means only the family members listed below:

a. Your legally married spouse as long as she continues to be married to You;

b. Your children Aged between 91 days and 21 years if they are unmarried, still financially dependent on You and have not established their own independent households;

c. Your natural parents or parents that have legally adopted You, provided that:

- Parents shall not include Your spouse's parents.

Def. 16. **Dental Treatment** is a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants

Def. 17. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event o f misrepresentation, mis-description or non-disclosure of any material fact.

Def. 18. **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. 19. **Family Floater** means a Policy described as such in the Schedule whereunder You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.

Def. 20. **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. 21. **Hospital** means any institution in India established for In-patient Care and Day Care Treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the

enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient 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. 22. **Hospitalisation or Hospitalised** means the Insured Person's admission into a Hospital for a minimum of 24 In-Patient care consecutive hours except for specified procedures/treatment, where such admission could be for a period of less than 24 consecutive hours.

Def. 23. **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 means 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 means a disease, illness, or injury that has one or more o f the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests—it needs ongoing or long-term control or relief o f 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. 24. **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. 25. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 26. **In-patient Treatment** means treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.

Def. 27. **Insured Person** means You and the persons named in the Schedule.

Def. 28. **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. 29. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def. 30. **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.

a. Pre- Hospitalisation Medical Expenses means the 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 In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

b. Post- Hospitalisation Medical Expenses means the 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 In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Def. 31. **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 Person;
- 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. 32. **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 licence. Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Def. 33. **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. 34. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network

Def. 35. **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. 36. **OPD Treatment** is one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The Insured is not admitted as a daycare or inpatient.

Def. 37. **Portability** means transfer by an individual health insurance policy holder (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. 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 the first policy issued by the insurer

Def. 39. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).

Def. 40. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule

Def. 41. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

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 a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services ,taking into account the nature of illness/ injury involved.

Def. 44. **Room Rent** means the amount charged by a hospital for the occupying 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 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, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents 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. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

Def. 50. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited.

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

SECTION. 6. 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 us at

HDFC ERGO General Insurance Company Limited
Stellar IT Park Tower - 1, 5th Floor, C - 25, Sector - 62,
Noida - 201 301, Uttar Pradesh.
Toll Free :1800 2 700 700 (Accessible from India only)
Phone (UAN):1860 2000 700 (Local charges applicable)
Fax (UAN): 1860 2000 600 (Local charges applicable)
Email: healthclaims@hdfcergo.com

SECTION. 7 GRIEVANCE REDRESSAL PROCEDURE

At HDFC ERGO General Insurance, we are committed to serve our customers to their satisfaction by providing fast, fair and friendly services at all times.

However, should a customer feel that our services need improvement and wish to lodge your feedback / complaint, you may:

- Call our 24X7 Toll free number 1800-2700-700 from any Landline & Mobile or 1800-226-226 from MTNL or BSNL Phone.
- For lodging a complaint online, email us to our customer service desk at care@hdfcergo.com.

After investigating the matter internally, we will send our response within a period of 10 days.

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 response provided does not meet your expectation, you can write to: grievance@hdfcergo.com

After examining the matter, final response would be conveyed within a period of 15 days from the date of receipt of your complaint on this e-mail id.

Escalation Level 2
In case, you are not satisfied with the decision/resolution of the above office, or have not received any response within 15 days, you may write to: cgo@hdfcergo.com

Escalation Level 3
If after following Escalation Level 1 and 2 as stated above your issue remains unresolved, you may approach the Insurance Ombudsman for Redressal.

Contact Details of Insurance Ombudsman

Names of Ombudsman and Addresses of Ombudsmen Centres
Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C. U. Shah College, Ashram Road, **AHMEDABAD** - 380 014. Tel.: 079-27545441/27546139 Fax: 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in
Shri B.N. Mishra, Office of the Insurance Ombudsman, 62, Forest Park, **BHUBANESHWAR** - 751 009. Tel.: 0674-2596455/2596003 Fax: 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in
Shri Virander Kumar, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI** - 600 018. Tel.: 044-24333668 /24335284 Fax: 044-24333664 Email: bimalokpal.chennai@gbic.co.in
Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S. S. Road, **GUWAHATI** - 781 001 (ASSAM). Tel.: 0361-2132204/5 Fax: 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in
Shri Raj Kumar Srivastava, Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, **BHOPAL** (M.P.) - 462 003. Tel.: 0755-2769201/9202 Fax: 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Shri Manik Sonawane Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH** - 160 017. Tel.: 0172-2706468/2705861 Fax: 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Smt. Sandhya Baliga, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, **NEW DELHI** - 110 002. Tel.: 011-23237539/23232481 Fax: 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Shri G. Rajeswara Rao, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, **HYDERABAD** - 500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Shri P.K.Vijayakumar, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, **ERNAKULAM** - 82 015. Tel.: 0484-2358759/2359338 Fax: 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in
Shri N.P. Bhagat, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, **LUCKNOW** - 226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in
Shri A. K. Jain, Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, **JAIPUR** – 302005 Tel : 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in
Shri M. Parshad, Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg. JP Nagar, 1st Phase, **BENGALURU** – 560025. Tel No: 080-22222049/ 22222048 Email: bimalokpal.bengaluru@gbic.co.in
Shri K.B. Saha, Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C. R. Avenue, **KOLKATA** - 700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in

HEALTH SURAKSHA - TOP UP PLUS

Shri A. K. Dasgupta,
Office of the Insurance Ombudsman,
3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W),
MUMBAI - 400 054.
Tel : 022-26106928/26106552 Fax : 022-26106052
Email: bimalokpal.mumbai@gbic.co.in

Shri A. K. Sahoo,
2nd Floor, Jeevan Darshan, N. C. Kelkar Road, Narayanpet,
PUNE – 411030.
Tel: 020-32341320
Email: bimalokpal.pune@gbic.co.in

OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL
Smt. Ramma Bhasin, Secretary General,
Shri Y.R. Raigar, Secretary,
3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W),
MUMBAI – 400 054
Tel : 022-26106889/6671
Fax : 022-26106949
Email- inscoun@gbic.co.in

APPENDIX I: DAY CARE PROCEDURE

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

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
38. Operation of cataract
39. Retinal Detatchment

Operations on the skin & subcutaneous tissues
40. Incision of a pilonidal sinus
41. Other incisions of the skin and subcutaneous tissues
42. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
43. Local excision of diseased tissue of the skin and subcutaneous tissues
44. Other excisions of the skin and subcutaneous tissues
45. Simple restoration of surface continuity of the skin and subcutaneous tissues
46. Free skin transplantation, donor site
47. Free skin transplantation, recipient site
48. Revision of skin plasty
49. Other restoration and reconstruction of the skin and subcutaneous tissues
50. Chemosurgery to the skin
51. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue
52. Incision, excision and destruction of diseased tissue of the tongue
53. Partial glossectomy
54. Glossectomy
55. Reconstruction of the tongue
56. Other operations on the tongue

Operations on the salivary glands & salivary ducts
57. Incision and lancing of a salivary gland and a salivary duct
58. Excision of diseased tissue of a salivary gland and a salivary duct
59. Resection of a salivary gland
60. Reconstruction of a salivary gland and a salivary duct
61. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face
62. External incision and drainage in the region of the mouth, jaw and face
63. Incision of the hard and soft palate
64. Excision and destruction of diseased hard and soft palate
65. Incision, excision and destruction in the mouth
66. Plastic surgery to the floor of the mouth
67. Palatoplasty
68. Other operations in the mouth under general/spinal anesthesia

Operations on the tonsils & adenoids
69. Transoral incision and drainage of a pharyngeal abscess
70. Tonsillectomy without adenoidectomy
71. Tonsillectomy with adenoidectomy
72. Excision and destruction of a lingual tonsil
73. Other operations on the tonsils and adenoids under general/spinal anesthesia

Trauma surgery and orthopaedics
74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

Operations on the breast
79. Incision of the breast
80. Operations on the nipple

Operations on the digestive tract
81. Incision and excision of tissue in the perianal region
82. Surgical treatment of anal fistulas
83. Surgical treatment of haemorrhoids
84. Division of the anal sphincter (sphincterotomy)
85. Other operations on the anus
86. Ultrasound guided aspirations
87. Sclerotherapy

Operations on the female sexual organs
88. Incision of the ovary
89. Insufflation of the Fallopian tubes
90. Other operations on the Fallopian tube
91. Dilatation of the cervical canal
92. Conisation of the uterine cervix
93. Other operations on the uterine cervix
94. Incision of the uterus (hysterotomy)
95. Therapeutic curettage
96. Culdotomy
97. Incision of the vagina
98. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
99. Incision of the vulva
100. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles
101. Incision of the prostate
102. Transurethral excision and destruction of prostate tissue
103. Transurethral and percutaneous destruction of prostate tissue
104. Open surgical excision and destruction of prostate tissue
105. Radical prostatovesiculectomy
106. Other excision and destruction of prostate tissue
107. Operations on the seminal vesicles
108. Incision and excision of periprostatic tissue
109. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis
110. Incision of the scrotum and tunica vaginalis testis
111. Operation on a testicular hydrocele

112. Excision and destruction of diseased scrotal tissue
113. Plastic reconstruction of the scrotum and tunica vaginalis testis
114. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes
115. Incision of the testes
116. Excision and destruction of diseased tissue of the testes
117. Unilateral orchidectomy
118. Bilateral orchidectomy
119. Orchidopexy
120. Abdominal exploration in cryptorchidism
121. Surgical repositioning of an abdominal testis
122. Reconstruction of the testis
123. Implantation, exchange and removal of a testicular prosthesis
124. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens
125. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
126. Excision in the area of the epididymis
127. Epididymectomy
128. Reconstruction of the spermatic cord
129. Reconstruction of the ductus deferens and epididymis
130. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis
131. Operations on the foreskin
132. Local excision and destruction of diseased tissue of the penis
133. Amputation of the penis
134. Plastic reconstruction of the penis
135. Other operations on the penis

Operations on the urinary system
136. Cystoscopical removal of stones

Other Operations
137. Lithotripsy
138. Coronary angiography
139. Haemodialysis
140. Radiotherapy for Cancer
141. Cancer Chemotherapy

APPENDIX-II

Sr. No.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE	
1.	Anne French Charges	Not Payable
2.	Baby Charges (unless Specified/ indicated)	Not Payable
3.	Baby Food	Not Payable
4.	Baby Utilites Charges	Not Payable
5.	Baby Set	Not Payable
6.	Baby Bottles	Not Payable
7.	Bottle	Not Payable
8.	Brush	Not Payable
9.	Cosy Towel	Not Payable
10.	Hand Wash	Not Payable
11.	Moisturiser Paste Brush	Not Payable
12.	Powder	Not Payable
13.	Razor	Payable
14.	Towel	Not Payable
15.	Shoe Cover	Not Payable
16.	Beauty Services	Not Payable
17.	Belts/ Braces	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
18.	Buds	Not Payable
19.	Barber Charges	Not Payable
20.	Caps	Not Payable
21.	Cold Pack/hot Pack	Not Payable
22.	Carry Bags	Not Payable
23.	Cradle Charges	Not Payable
24.	Comb	Not Payable
25.	Disposables Razors Charges (For Site Preparations)	Payable
26.	Eau-de-cologne / Room Freshners	Not Payable
27.	Eye Pad	Not Payable
28.	Eye Sheild	Not Payable
29.	Email/ Internet Charges	Not Payable
30.	Food Charges (other Than Patient's Diet Provided By Hospital)	Not Payable
31.	Foot Cover	Not Payable
32.	Gown	Not Payable
33.	Leggings	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
34.	Laundry Charges	Not Payable
35.	Mineral Water	Not Payable
36.	Oil Charges	Not Payable
37.	Sanitary Pad	Not Payable
38.	Slippers	Not Payable
39.	Telephone Charges	Not Payable
40.	Tissue Paper	Not Payable
41.	Tooth Paste	Not Payable
42.	Tooth Brush	Not Payable
43.	Guest Services	Not Payable
44.	Bed Pan	Not Payable
45.	Bed Under Pad Charges	Not Payable
46.	Camera Cover	Not Payable
47.	Care Free	Not Payable
48.	Cliniplast	Not Payable
49.	Crepe Bandage	Not Payable/ Payable by the patient
50.	Curapore	Not Payable
51.	Diaper of Any Type	Not Payable
52.	Eyelet Collar	Not Payable
53.	Face Mask	Not Payable
54.	Flexi Mask	Not Payable
55.	Dvd, Cd Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
56.	Gause Soft	Not Payable
57.	Gauze	Not Payable
58.	Hand Holder	Not Payable
59.	Hansaplast/ Adhesive Bandages	Not Payable
60.	Lactogen/ Infant Food	Not Payable
61.	Slings	Reasonable costs for one sling in case of upper arm fractures may be considered
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
62.	Weight Control Programs/ Supplies/ Services	Exclusion in policy unless otherwise specified

63.	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Exclusion in policy unless otherwise specified
64.	Dental Treatment Expenses That Do Not Require Hospitalisation	Exclusion in policy unless otherwise specified
65.	Hormone Replacement Therapy	Exclusion in policy unless otherwise specified
66.	Home Visit Charges	Exclusion in policy unless otherwise specified
67.	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in policy unless otherwise specified
68.	Obesity (including Morbid Obesity) Treatment	Exclusion in policy unless otherwise specified
69.	Psychiatric & Psychosomatic Disorders	Exclusion in policy unless otherwise specified
70.	Corrective Surgery For Refractive Error	Exclusion in policy unless otherwise specified
71.	Treatment Of Sexually Transmitted Diseases	Exclusion in policy unless otherwise specified
72.	Donor Screening Charges	Exclusion in policy unless otherwise specified
73.	Admission/Registration Charges	Exclusion in policy unless otherwise specified
74.	Hospitalisation For Evaluation/ Diagnostic Purpose	Exclusion in policy unless otherwise specified
75.	Expenses For Investigation/ Treatment Irrelevant to the Disease for which Admitted or Diagnosed	Not Payable- Exclusion in policy unless otherwise specified
76.	Any Expenses When the Patient is Diagnosed with Retro Virus + or Suffering from /hiv/ Aids etc is Detected/ Directly or Indirectly	Not payable as per HIV/AIDS exclusion
77.	Stem Cell Implantation/ Surgery	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES	
78.	Ward And Theatre Booking Charges	Payable under OT Charges, not payable separately
79.	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital payable. Purchase of Instruments not payable.
80.	Microscope Cover	Payable under OT Charges, not separately
81.	Surgical Blades,harmonic Scalpel, shaver	Payable under OT Charges, not separately
82.	Surgical Drill	Payable under OT Charges, not separately
83.	Eye Kit	Payable under OT Charges, not separately
84.	Eye Drape	Payable under OT Charges, not separately
85.	X-ray Film	Payable under Radiology Charges, not as consumable
86.	Sputum Cup	Payable under Investigation Charges, not as consumable
87.	Boyles Apparatus Charges	Part of OT Charges, not seperately
88.	Blood Grouping And Cross Matching of Donors Samples	Part of Cost of Blood, not payable
89.	Savlon	Not Payable - Part of Dressing Charges
90.	Band Aids, Bandages, Sterlile Injections, Needles, Syringes	Not Payable - Part of Dressing Charges
91.	Cotton	Not Payable - Part of Dressing Charges
92.	Cotton Bandage	Not Payable - Part of Dressing Charges
93.	Micropore/ Surgical Tape	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
94.	Blade	Not Payable
95.	Apron	Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
96.	Torniquet	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
97.	Ortho bundle, Gynaec Bundle	Part of Dressing Charges
98.	Urine Container	Not Payable
	ELEMENTS OF ROOM CHARGE	
99.	Luxury Tax	Actual tax levied by government is payable Part of room charge for sub limits
100.	Hvac	Part of room charge not payable separately
101.	House Keeping Charges	Part of room charge not payable separately
102.	Service Charges Where Nursing Charge also Charged	Part of room charge not payable separately
103.	Television & Air Conditioner Charges	Payable under room charges not if separately levied
104.	Surcharges	Part of room charge not payable separately
105.	Attendant Charges	Not Payable - Part of Room Charges
106.	Im Iv Injection Charges	Part of nursing charges, not payable
107.	Clean Sheet	Part of Laundry/ Housekeeping not payable separately
108.	Extra Diet of Patient (other than that which forms part of Bed charge)	Patient Diet provided by hospital is payable
109.	Blanket/ warmer Blanket	Not Payable- part of room charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
110.	Admission Kit	Not Payable
111.	Birth Certificate	Not Payable

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112.	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
113.	Certificate Charges	Not Payable
114.	Courier Charges	Not Payable
115.	Convenyance Charges	Not Payable
116.	Diabetic Chart Charges	Not Payable
117.	Documentation Charges/ Administrative Expenses	Not Payable
118.	Discharge Procedure Charges	Not Payable
119.	Daily Chart Charges	Not Payable
120.	Entrance Pass/Visitors Pass Charges	Not Payable
121.	Expenses Related to Prescription on Discharge	To be claimed by patient under Post Hosp where admissible
122.	File Opening Charges	Not Payable
123.	Incidental Expenses/Misc. Charges (not Explained)	Not Payable
124.	Medical Certificate	Not Payable
125.	Maintainance Charges	Not Payable
126.	Medical Records	Not Payable
127.	Preparation Charges	Not Payable
128.	Photocopies Charges	Not Payable
129.	Patient Identification Band/ Name Tag	Not Payable
130.	Washing Charges	Not Payable
131.	Medicine Box	Not Payable
132.	Mortuary Charges	Payable upto 24 hrs, shifting charges not payable
133.	Medico Legal Case Charges (mlc Charges)	Not Payable
	EXTERNAL DURABLE DEVICES	
134.	Walking Aids Charges	Not Payable
135.	Bipap Machine	Not Payable
136.	Commode	Not Payable
137.	Cpap/ Capd Equipments	Device not Payable
138.	Infusion Pump - Cost	Device not Payable
139.	Oxygen Cylinder(for Usage Outside the Hospital)	Not Payable
140.	Pulseoxymeter Charges	Device not Payable
141.	Spacer	Not Payable
142.	Spirometre	Device not Payable
143.	Spo2 Probe	Device not Payable
144.	Nebulizer Kit	Device not Payable
145.	Steam Inhaler	Not Payable
146.	Armsling	Not Payable
147.	Thermometer	Not Payable (paid by patient)
148.	Cervical Collar	Not Payable
149.	Splint	Not Payable
150.	Diabetic Foot Wear	Not Payable
151.	Knee Braces (Long/ Short/ Hinged)	Not Payable
152.	Knee Immobilizer/ shoulder Immobilizer	Not Payable
153.	Lumbo Sacral Belt	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
154.	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
155.	Ambulance Collar	Not Payable
156.	Ambulance Equipment	Not Payable
157.	Microsheild	Not Payable
158.	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.
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
159.	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
160.	Private Nurses Charges- Special Nursing Charges	Post hospitalization nursing charges not Payable
161.	Nutrition Planning Charges - Dietician Charges - Diet Charges	Patient Diet provided by hospital is payable
162.	Alex Sugar Free	Payable -Sugar free variants of admissable medicines are not excluded
163.	Creams Powders Lotions (toileteries are not Payable, only Prescribed Medical Pharmaceuticals Payable)	Payable when prescribed
164.	Digene Gel/ Antacid Gel	Payable when prescribed
165.	Ecg Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
166.	Gloves	Sterilized Gloves payable/ unsterilized gloves not payable
167.	HIV Kit	Payable - payable Pre operative screening
168.	Listerine/ Antiseptic Mouthwash	Payable when prescribed
169.	Lozenges	Payable when prescribed
170.	Mouth Paint	Payable when prescribed
171.	Nebulisation Kit	If used during hospitalization is payable reasonably
172.	Neosprin	Payable when prescribed
173.	Novarapid	Payable when prescribed
174.	Volini Gel/ Analgesic Gel	Payable when prescribed

175.	Zytee Gel	Payable when prescribed
176.	Vaccination Charges	Routine Vaccination not Payable/ Post Bite Vaccination Payable
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
177.	AHD	Not Payable - Part of Hospital's internal Cost
178.	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
179.	Scrub Solution/sterillium	Not Payable - Part of Hospital's internal Cost
	OTHERS	
180.	Vaccine Charges for Baby	Not Payable
181.	Aesthetic Treatment/ Surgery	Not Payable
182.	TPA Charges	Not Payable
183.	Visco Belt Charges	Not Payable
184.	Any Kit with no Details Mentioned [delivery Kit, Ortho kit, Recovery Kit, etc]	Not Payable
185.	Examination Gloves	Not Payable
186.	Kidney Tray	Not Payable
187.	Mask	Not Payable
188.	Ounce Glass	Not Payable
189.	Outstation Consultant's/ Surgeon's Fees	Not Payable
190.	Oxygen Mask	Not Payable
191.	Paper Gloves	Not Payable
192.	Pelvic Traction Belt	Should be payable in case of PIVD requiring tractions this is generally not reused
193.	Referal Doctor's Fees	Not Payable
194.	Accu Check (glucometery/ Strips)	Not payable pre hospitalisation or post hospitalisation/Reports and Charts required/ Device not payable
195.	Pan Can	Not Payable
196.	Sofnet	Not Payable
197.	Trolly Cover	Not Payable
198.	Urometer, Urine Jug	Not Payable
199.	Ambulance	Payable- Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200.	Tegaderm/ Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201.	Urine Bag	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
202.	Softovac	Not Payable
203.	Stockings	Essential for case like CABG etc. where it should be paid.