

## Policy Terms and Conditions

### I. Definitions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, Regulations notified by the Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

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 and vice versa.

- I.1 Accidental/Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- I.2 Age** means the completed age of the Insured Person as on his last birthday.
- I.3 Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- I.4 Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
- I.5 Annexure** means a document attached and marked as Annexure to this Policy.
- I.6 Any One Illness** means a continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment may have been taken;
- I.7 Break in Policy** occurs at the end of the existing Policy term, when the premium due date for Renewal on a given policy is not paid on or before the premium Renewal date or within 30 days thereof.
- I.8 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.
- I.9 Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of Medical Expenses or Optional Extensions in respect of the Insured Member as covered under the Policy.
- I.10 Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- I.11 Congenital Anomaly** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- i) **Internal Congenital Anomaly** Congenital anomaly which is not in the visible and accessible parts of the body.
- ii) **External Congenital Anomaly** Congenital anomaly which is in the visible and accessible parts of the body.
- I.12 Contribution** is essentially Our right to call upon other insurers liable to the same Insured Member to share the cost of an indemnity claim on a ratable proportion of Sum Insured.
- I.13 Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
- I.14 Cover End Date** means the date specified in Annexure 'B' for the respective Insured Member on which the Insured Member's cover under the Policy expires.
- I.15 Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure 'A'.
- I.16 Cover Start Date** means the date specified in Annexure 'A' for the respective Insured Member on which the Insured Member's cover under the Policy commences.
- I.17 Day Care Centre** means any institution established for day care treatment of Illness and/or injuries or a medical setup 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 -
- i) has qualified nursing staff under its employment.

- ii) has qualified Medical Practitioner/s in charge.
- iii) has a fully equipped operation theater of its own where Surgical Procedures are carried out.
- iv) maintains daily records of patients and will make these accessible to the Our authorized personnel.

**I.18 Day Care Treatment** means medical treatment, and/ or Surgical Procedure which is listed in Annexure 'C' and which is:

- i) undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 hours because of technological advancement, and
- ii) which would have otherwise required a Hospitalization of more than 24 hours.

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

**I.19 Dependent** means a person who is a member of the Primary Insured Member's family who is legally wedded spouse, natural or legally adopted child, parents and parents in law and who is named in Annexure "A" to the Policy as an Insured Member.

**I.20 Deductible** means a cost-sharing requirement under a health insurance policy that provides that We 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 Us. A deductible does not reduce the Sum Insured.

The Deductible may be applicable on per year, per life or per event basis as specified in Policy Certificate.

**I.21 Dental Treatment (Dental Care)** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

**I.22 Disclosure to Information Norm** means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**I.23 Domiciliary Hospitalization** means medical treatment for an Illness/disease/Injury which in the normal course would require care or treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- i) The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- ii) The patient takes treatment at home on account of non-availability of a room in a Hospital.

**I.24 Emergency** means a medical condition arising out of any Illness or Injury contracted by the Insured Member and declared and certified by the Medical Practitioner, attending to the Insured Member, that immediate treatment is required to save the life of the Insured Member.

**I.25 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 Member's health.

**I.26 Grace Period** means the specified period of time immediately following the premium due date during which 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.

**I.27 Hospital** means any institution established for In-patient Care and Day Care Treatment of Illness and/or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock.
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places.
- iii) has qualified Medical Practitioner(s) in charge round the clock.
- iv) has a fully equipped operation theatre of its own where Surgical Procedures are carried out.
- v) maintains daily records of patients and makes these accessible to the Our authorized personnel.

**I.28 Hospitalization** 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 of less than 24 consecutive hours.

- 1.29 Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Cover Period and requires medical treatment.
- 1.30 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.
- 1.31 In-patient Care** means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for a covered event.
- 1.32 Insured Member** means the Primary Insured Member named in the Policy Certificate and those of his Dependents named as Insured Members in the Policy Certificate.
- 1.33 Intensive/Critical Care Unit (ICU)** 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.
- 1.34 Maternity Expense / Treatment** shall include-
- medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalization).
  - expenses towards lawful medical termination of pregnancy during the Policy Period.
- 1.35 Medical Advice** means any consultation or advice from a Medical Practitioner including issue of any prescription or repeat prescription
- 1.36 Medical Expenses** means those expenses that an Insured Member 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 Member had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.37 Medically necessary** means a treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- Is required for the medical management of the Illness or Injury suffered by the Insured Member.
  - 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.
- 1.38 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 license.
- 1.39 Network Provider** means the Hospitals or health care providers enlisted by Us or by Our TPA and by Us together to provide medical services to an Insured Member on payment by a Cashless Facility.
- 1.40 Non-Network** means any Hospital, Day Care Centre or other provider that is not part of the network.
- 1.41 Notification of Claim (Intimation)** is the process of notifying a Claim to Us or Our TPA by specifying the timelines as well as the address/telephone number to which it should be notified.
- 1.42 Out-Patient Treatment (OPD Treatment)** is one in which the Insured Member 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 Member is not admitted as a day care or in-patient.
- 1.43 Policy** means these Policy Terms & Conditions, Optional Extensions (if any), the Proposal Form / data sheet, Policy Certificate and Annexures which form part of the policy contract and shall be read together.
- 1.44 Policy Certificate** is a certificate attached to and forming part of this Policy.
- 1.45 Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof..
- 1.46 Policyholder** means the person or the entity named in the Policy Certificate as the Policyholder.
- 1.47 Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy Certificate.
- 1.48 Policy Period End Date** means the date on which the Policy expires, as

specifically appearing in the Policy Certificate.

- 1.49 Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Certificate.
- 1.50 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.
- 1.51 Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which the Insured Member had signs or symptoms, and / or were diagnosed, and / or received Medical Advice / treatment within 48 months prior to the first Policy issued by Us.
- 1.52 Primary Insured Member** means Your employee or a member of Your group who satisfies and continues to satisfy the eligibility criteria specified in the Policy Certificate and who is named in Annexure "A" to the Policy as an Insured Member.
- 1.53 Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 1.54 Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
- 1.55 Rehabilitation** means assisting an Insured Member who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.
- 1.56 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.
- 1.57 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.
- 1.58 Subrogation** shall mean Our right to assume the rights of the Insured Member to recover expenses paid out under the Policy that may be recovered from any other source.
- 1.59 Sum Insured** means the amount specified against each Insured Member in the Policy Certificate which represents Our maximum, total and cumulative liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Period.
- 1.60 Surgery/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 a Day Care Centre by a Medical Practitioner.
- 1.61 TPA** or Third Party Administrator, means any person who is licensed under the IRDA (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and engaged, for a fee or remuneration by Us for the purposes of providing health services.
- 1.62 Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 1.63 We/Our/Us** means Religare Health Insurance Company Limited.
- 1.64 You/Your** means the Policyholder.

## 2. Scope of Cover

### Benefit : Hospitalization Expenses

If an Insured Member is diagnosed with an Illness or suffers an Injury during the Cover Period and while the Policy is in force that requires:

- 2.1 In-patient Care :** The Insured Member's Hospitalization, then We will indemnify the Medical Expenses incurred on Hospitalization, provided that the Hospitalization was on the written advice of a Medical Practitioner.
- 2.2 Day Care Treatment :** The Insured Member to undergo Day Care Treatment at a Day Care Centre or Hospital, We will indemnify the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was taken on the written advice of a Medical Practitioner.

Our maximum, total and cumulative liability for an Insured Member for any and all Claims incurring under this Policy during the Cover Period in relation to that Insured Member shall not exceed the Sum Insured for that Insured Member. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.

### 2.3 Sub-limit on Room Rent

- (a) If the Insured Member is admitted in a Hospital room where the Room Rent incurred is higher than the eligible limit, as specified below then the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the Room Rent actually incurred less Room Rent limit and divided by Room Rent actually incurred, provided that We have admitted a Claim under Clause 2.1 (a).
- (b) Room Rent Limit = one (1%) percent of the Sum Insured per day subject to maximum amount specified in the Policy Certificate.

### 2.4 Sub-limit on ICU charges

- (a) If the Insured Member is admitted in an ICU where the ICU charges incurred are higher than the ICU charges Limit specified below, then the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the ICU charges actually incurred less ICU charges limit and divided by the ICU charges actually incurred, provided that We have admitted a Claim under Clause 2.1 (a).
- (b) ICU charges Limit = two (2%) percent of the Sum Insured per day subject to maximum amount specified in the Policy Certificate.

## 3. Exclusions

### 3.1. Waiting Period

#### a. 30-Day waiting period

Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days of the Cover Start Date shall not be admissible, except those Medical Expenses incurred as a result of an Injury.

#### b. Specific waiting period

- i) Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 consecutive months from the Cover Start date:
    - I Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal disorders, Joint replacement Surgery.
    - II Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty), nasal septum deviation, Sinusitis and related disorders.
    - III Benign Prostatic Hypertrophy.
    - IV Cataract.
    - V Dilatation and Curettage.
    - VI Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers.
    - VII Surgery of Genito urinary system unless necessitated by malignancy;
    - VIII All types of Hernia, Hydrocele.
    - IX Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy.
    - X Internal tumors, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant.
    - XI Kidney Stone/ Ureteric Stone/ Lithotripsy/ Gall bladder Stone.
    - XII Myomectomy for fibroids.
    - XIII Varicose veins and varicose ulcers.
  - ii) If an Insured Member is suffering from any of the above Illnesses, conditions or Pre-existing Diseases at the time of commencement of the first Cover Start Date, that Insured Member shall not be covered for any Claim in respect of or related to that Illnesses, condition or Pre-existing Disease until the completion of the period specified in the Policy Certificate but not exceeding 48 months of continuous insurance coverage with Us from the first Cover Start Date under the first Policy with Us.
- c. Pre-existing Disease: Any Claims for Medical Expenses incurred for diagnosis or treatment of any Pre-existing Disease shall not be admissible until the completion of first 48 months of continuous insurance coverage from the first Cover Start Date under the first Policy with Us.
  - d. The Waiting Periods as defined in Clauses 3.1.(a), 3.1.(b) and 3.1.(c) shall be applicable individually for each Insured Member and Claims shall be assessed accordingly.

### 3.2 Permanent Exclusions

Any Claim in respect of any Insured Member for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i) Any condition or treatment as specified in Annexure - C
- ii) Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- iii) Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
- iv) Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
- v) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- vi) Charges incurred in connection with cost of routine eye and ear examinations, dentures, and artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment.
- vii) Unproven/Experimental Treatment or investigational treatment. Any Illness or treatment which is a result or a consequence of undergoing such Unproven/Experimental Treatment or investigational treatment.
- viii) Any diagnosis or treatment of an Illness or Injury which does not require Hospitalization.
- ix) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- x) Any treatment related to sleep disorder or sleep apnea syndrome, general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
- xi) Treatment of all external Congenital Anomaly or Illness or defects or anomalies or treatments relating to birth defects.
- xii) Treatment of mental illness, stress or psychological disorders.
- xiii) Aesthetic treatment, Cosmetic Surgery and plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns
- xiv) Any treatment or surgery for change of sex or gender reassignments including any complication arising from these treatments.
- xv) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- xvi) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), vitamins and tonics.
- xvii) Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- xviii) Any travel or transportation expenses including Ambulance charges.
- xix) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- xx) Non-allopathic treatment.
- xxi) Out-patient Treatment.
- xxii) Treatment received outside India.
- xxiii) Domiciliary Hospitalization or treatment.
- xxiv) Charges incurred at a Hospital primarily for X-ray or laboratory examinations not consistent with or incidental to the diagnosis and

treatment of the positive existence or presence of any Illness or Injury, for which In-patient Care/Day Care Treatment is required.

- xxv) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power; seizure, capture, arrest, restraints and detainment of all kinds.
- xxvi) Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Member with any criminal intent.
- xxvii) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol.
- xxviii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- xxix) Personal comfort & convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body/baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- xxx) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
- xxxi) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
  - I. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
  - II. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
  - III. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

- xxxii) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
- xxxiii) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- xxxiv) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Certificate.
- xxxv) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification Centre, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions, unless specifically provided for.

## 4. Claims Intimation, Assessment and Management

**4.1** Upon occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the You or the Insured Member shall undertake all of the following:

**a. Intimation**

- I) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, You or the Insured Member, shall notify Us either at Our call Centre or in writing immediately.
- ii) If the Insured Member is to undergo planned Hospitalization, You or the Insured Member shall give written intimation to Us of the proposed Hospitalization at least 48 hours prior to the planned date of admission to

Hospital.

- iii) It is agreed and understood that the following details are to be provided to Us at the time of intimation of Claim:
  - I. Policy Number.
  - II. Name of Primary Insured Member.
  - III. Name of the Insured Member in whose relation the Claim is being made.
  - IV. Nature of Illness or Injury.
  - V. Name and address of the attending Medical Practitioner and Hospital.
  - VI. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization.
  - VII. Any other information, documentation or details as requested by Us.

### 4.2 Claims Procedure

**a. Cashless**

- I) Cashless Facility is available only at Network Providers. The Insured Members can avail Cashless Facility at the time of admission into a Network Provider, by presenting the health card as provided by Us under this Policy, along with a valid photo identification document (like: Voter ID card/Driving License/Passport/PAN Card/any other identification documentation as approved by Us).
- ii) In addition to the above, in order to avail Cashless Facility, the following procedure must be followed:
  - I. Pre-authorization: You or the Insured Member must call Our call centre ( 1800-200-4488) or Our TPA and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least 48 hours prior before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.
  - II. We will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. We or Our TPA will confirm in writing authorization or rejection of the request to avail Cashless Facility for the Insured Member's Hospitalization.
  - III. If the request for availing Cashless Facility is authorized by Us or Our TPA, then payment for the Medical Expenses incurred in respect of the Insured Member shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by Us for availing Cashless Facility. Payment in respect of Co-payments (if applicable) or within Deductible (if applicable) or any other costs and expenses not authorized under the Cashless Facility shall be made directly by You or the Insured Member to the Network Provider. All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member and all other information and documentation specified at Clause 4.4 shall be submitted to the Network Provider immediately and in any event before the Insured Member's discharge from Hospital.
  - IV. If the Company does not authorize the cashless facility due to insufficient Sum Insured or if insufficient information is provided to the Company to determine the admissibility of the Claim, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.
- iii) The list of updated Network Providers is available with Us or Our TPA and is subject to amendment or modification of the Network Providers and/or the extent of cashless facilities available at particular Network Providers from time to time.
- iv) Health card issued by Us shall not be used
  - (a) On termination or cancellation of this Policy
  - (b) From Cover End Date
  - (c) On death of Insured Member

**b. Re-imburement:**

- i) We shall be given intimation of Hospitalization at Our call Centre or in writing at least 48 hours before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.
- ii) It is agreed and understood that in all cases where intimation of a

Claim has been provided under this provision, all the information and documentation specified in Clause 4.4. below shall be submitted (at Your or the Insured Member's expense) to Us immediately and in any event within 15 days of Insured Member's discharge from Hospital or completion of treatment.

#### 4.3 The Policyholder and Insured Member's duty at the time of Claim

- a. You or the Insured Member shall check the updated list of Network Providers before submission of a pre-authorization request for cashless facility; and
- b. It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:
  - i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
  - ii) The Insured Member shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought about or contributed to by the Insured Member failing to follow such directions, advice or guidance.
  - iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy.
  - iv) The Insured Member will, at Our request submit himself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such medical examination shall be borne by Us.
  - v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Member's medical and Hospitalization records and to investigate the facts and examine the Insured Member.
  - vi) We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.

#### 4.4 Claim Documents

- a. The following information and documentation shall be submitted to Us in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy in respect of all Claims:
  - (i) Duly completed and signed Claim form, in original.
  - (ii) Medical Practitioner's referral letter advising Hospitalization.
  - (iii) Medical Practitioner's prescription advising drugs/diagnostic tests/consultation.
  - (iv) Original bills, receipts and discharge card from the Hospital/Medical Practitioner.
  - (v) Original bills from pharmacy/chemists.
  - (vi) Original pathological/diagnostic test reports and payment receipts.
  - (vii) Indoor case papers.
  - (viii) First Information Report/ final police report, if applicable.
  - (ix) Post mortem report, if conducted.
  - (x) Any other document as required by Us or Our TPA to assess the Claim.
- b. Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company or to a reimbursement provider We will accept properly verified photocopies of such documents attested by such other insurance company/reimbursement provider along with an original certificate of the extent of payment received from such insurance company/reimbursement provider.
- c. We will only accept bills/invoices which are made in the Insured Member's name.
- d. We shall condone delay on merit for delayed Claims where delay is proved to be for reasons beyond Your/Insured Member's control.

#### 4.5 Claim Assessment for Benefit

- a. All admissible Claims under this Policy shall be assessed by Us in the following progressive order:
  - (i) If the provisions of the Contribution Clause in Clause 5.10 are applicable, Our liability to make payment under that Claim shall first be apportioned accordingly.
  - (ii) If a room/ ICU accommodation has been opted for where the rent or category is higher than the eligible limit for that Insured Member under the Policy, then, the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Certificate in the proportion of the Room Rent actually incurred less

Room Rent limit and divided by Room Rent actually incurred.

- (iii) If any sub-limits on Medical Expenses are applicable as specified in the Policy Certificate, Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
- (iv) Co-payments and Deductibles, if any, shall be applicable on the amount payable by Us after applying Clause 4.5.(a)(i), (ii) and (iii).
- b. The Claim amount assessed in Clause 4.5(a) above would be deducted from the Sum Insured.

#### 4.6 Payment Terms

- a. This Policy covers only medical treatment taken entirely within India.
- b. All payments under this Policy shall be made in Indian Rupees and within India.
- c. The Sum Insured of the Insured Member shall be reduced by the amount payable or paid under the Policy Terms and Conditions and any Optional Extensions applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Cover Period.
- d. The Claim amount assessed for any Benefit or for any Optional Extensions would be deducted from the Sum Insured and for the unexpired Policy Period balance Sum Insured shall be available.
- e. We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Member, once the Sum Insured for that Insured Member is exhausted.
- f. If the Insured Member suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- g. Under cashless facility, the payment of Claims shall be made to the Network Provider and Our discharge would be complete and final.
- h. For the Reimbursement Claims, We will pay to the Primary Insured Member unless specified otherwise in the Policy Certificate. In the event of death of the Primary Insured Member, unless specified otherwise in the Policy Certificate, We will pay the nominee (as named in Annexure A to the Policy) and in case of no nominee to the legal heir of the Primary Insured Member whose discharge shall be treated as full and final discharge of its liability under the Policy.
- i. We shall settle any claim within 30 days of receipt of all the necessary documents/information as required for settlement of such Claim and sought by Us. In case We accept Our liability under any Claim, We shall make the payment within 7 days from the confirmation by You / Insured Member. In case there is delay in the payment beyond the stipulated timelines, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the Claim is reviewed by Us.

## 5. General Terms and Conditions

### 5.1 Mid-term Addition/ Deletion of Insured Members

- a. Mid-term addition of the Insured Member
 

Any person may be added as an Insured Member during the Policy Period provided that his application for cover has been accepted by Us, additional premium, on pro rata basis in respect of such Member has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Member.
- b. Mid-term deletion of the Insured Member
 

Name of any Insured Member who is covered under the Policy and whose name specifically appears in Annexure A may be deleted on Your request during the Policy Period. Refund of premium shall be made on pro-rata basis provided that Primary Insured Member or any of his Dependent has not made any Claim during the Cover Period under this Policy.

### 5.2 Disclosure to Information Norm

If any untrue or incorrect statements are made or there has been a misrepresentation, misdescription or non-disclosure of any material particulars or any material information having been withheld in the Proposal Form or accompanying document or if a Claim is fraudulently made or any fraudulent means or devices are used by You, the Insured Member or any one acting on his / q their behalf, We shall have no liability to make payment of any Claims and the premium paid shall be forfeited to Us.

### 5.3 Observance of Terms and Conditions

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by You or the Insured Member, shall be a condition precedent to Our liability under this Policy.

### 5.4 Reasonable Care

The Insured Member shall take all reasonable steps to safeguard against any Illness or Injury that may give rise to a Claim.

### 5.5 Material Change

It is condition precedents to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Member. We may, in Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.

### 5.6 Records to be maintained

You and the Insured Members shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You or the Insured Member shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy Period End Date, or until final adjustment (if any) and resolution of all Claims under this Policy.

### 5.7 No constructive Notice

Any knowledge or information of any circumstance or condition in relation to You the Insured Members which is in Our possession a other than that information expressly disclosed in the Proposal Form or otherwise in writing to Us, shall not be held to be binding or prejudicially affect Us.

### 5.8 Complete Discharge

Payment made by Us to You the Insured Member or their legal representatives or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construed as an effectual discharge in favor of Us.

### 5.9 Subrogation

You and the Insured Members shall at their own expense 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 paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor the Insured Members shall prejudice these subrogation rights in any manner and shall at their expense 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 the You or the Insured Member.

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

### 5.10 Contribution

- a. In case any Insured Member/Dependent is covered under more than one indemnity insurance policies, with Us or with other insurers, Insured Member/Dependent shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.
- b. In case the Claim amount exceeds the Sum Insured, then Insured Member/Dependent shall have the right to choose the companies with whom the Claim is to be settled. In such cases, the settlement shall be done as under:
  - l) If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then We shall not be liable to pay or contribute more than its ratable proportion of any Claim.
- c. This clause shall not apply to any Benefit offered on a fixed benefit basis.

### 5.11 Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect of this Policy shall be determined by the Indian Courts and subject to Indian law.

- a. The disputes on quantum on payment of losses or any other dispute explained in the paragraph shall be preferred to be dealt and resolved under the alternative dispute resolutions system including Arbitration and Conciliation Act of India.

### 5.12 Free Look Period

- a. You may, within 15 days from the receipt of the Policy document, return the Policy, if You disagree with any Policy terms and conditions. If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.
- b. It is agreed and understood that this clause cannot be exercised on any renewal of this Policy, if the Policy terms and conditions remain unchanged.

### 5.13 Renewal Notice

- a. This Policy will automatically terminate on the Policy Period End Date. All renewal applications and requisite premium shall be given to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period. The Policyholder shall give Us written notice along with the renewal application of any material changes to the risk insured under the Policy. If no such written notice is received by Us along with the renewal application, it shall be deemed that there is no material change to the risk.
- b. Any Policy which is due for renewal, and where You have requested for one or more of the following alterations in the expiring Policy, may be subjected to a review by Us:
  - (i) Increase in Sum Insured
  - (ii) Change in Terms & Conditions
- c. The general underwriting conditions, where the underwriters review the Proposal Form or any other parameter described above, shall prevail and need be adhered to at the renewal also.
- d. We will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation.
- e. The Policyholder has an option to seek a change of TPA at time of renewal of the Policy. The Policyholder shall give Us written notice for such change 30 days before the renewal.
- f. Renewal premium is subject to change with prior approval from IRDA.
- g. This product may be withdrawn by Us after due approval from the IRDA. In case this product is withdrawn by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. We shall duly intimate You regarding withdrawal of this product and the options available to You at the time of renewal of this policy.

### 5.14 Cancellation/Termination

- a. We may at any time, cancel this Policy on grounds as specified in Clause 5.2, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/ recorded delivery to Your last known address.
- b. You may also give 15 days' notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided that no refund shall be made for those Insured Member who has incurred Claim under the Policy.
- c. Refund % to be applied on total premium received as on the date of receipt of the cancellation request

Cancellation period upto (x months) from Policy Period Start Date	Refund %
1 month	75
3 months	50
Beyond 6 months	0

### 5.15 Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless You or the Insured Member proves to Our satisfaction that the delay in reporting of the Claim was for reasons beyond the Insured Member's control.

### 5.16 Communication

- a. Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Certificate. Any communication meant for You or the Insured Member will be sent by Us to Your last known address or the address as shown in the Policy Certificate.
- b. All notifications and declarations for Us must be in writing and sent to the address specified in the Policy Certificate. Intermediaries are not authorized to receive notices and declarations on Our behalf.

- c. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

**5.17 Alterations in the Policy**

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by a written endorsement signed and stamped by Us.

**5.18 Overriding effect of Policy Certificate**

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Certificate, the information contained in the Policy Certificate shall prevail.

**5.19 Electronic Transactions**

You and Insured Members agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

**5.20 Portability and Continuity Benefits**

We will grant continuity of benefits which were available to the Insured Members under a group insurance policy with any other Indian Non-life insurance company in the immediately preceding policy period provided that:

- a. We shall be liable to provide continuity of only those benefits ( for e.g; Wait period of Pre- existing Diseases, wait period of Specific Diseases etc.)which are applicable under the Policy;
- b. The Insured Members to whom continuity benefits will be provided under this Policy were covered under that group insurance policy;
- c. There is no Break in Policy between the previous group insurance policy and this Policy, provided further that the application for this Policy is made within 30 days after the expiry of that group insurance policy;
- d. The benefits which will continue to be applicable under this Policy are specified in the Policy Certificate.
- e. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by Us and the credit for wait periods would be given in the opted in individual health insurance policy or a family floater policy offered by Us.

**5.21 Obligation in respect to minor**

If an Insured Member is less than 18 years of age, the Primary Insured Member shall be responsible for ensuring compliance with all terms and conditions of this Policy on behalf of that Insured Member.

**5.22 Nominee**

The Primary Insured Member can at the inception or at any time before the expiry of the Policy make the nomination for the purpose of payment of Claims.

Any change of nomination shall be communicated to us in writing and such change shall be effective only when an endorsement to the Policy is made by Us.

In case of any Insured Member other than the Primary Insured Member under the Policy, for the purpose of payment of Claims in the event of death, the default nominee would be the Primary Insured Member.

**5.23 Grievances**

- a. The Company has developed proper procedures and effective mechanism to address complaints, if any of the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued from time to time in this regard.
- b. If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website : [www.religarehealthinsurance.com](http://www.religarehealthinsurance.com)  
 Contact No.: 1800-200-4488  
 Fax: 1800-200-6677

or write to:

The Grievance Cell  
 Head of Customer Services  
 Religare Health Insurance Company Limited

GYS Global,  
 Plot No. A3, A4, A5, Sector - 125,  
 Noida, U.P. - 201301  
 E-mail : [resolve1@religarehealthinsurance.com](mailto:resolve1@religarehealthinsurance.com)

Post/Courier : Any branch office or the correspondence address, during normal business hours

- c. If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may contact the Company at:

Director - Services  
 Religare Health Insurance Company Limited  
 GYS Global,  
 Plot No. A3, A4, A5, Sector - 125,  
 Noida, U.P. - 201301  
 E-mail : [resolve2@religarehealthinsurance.com](mailto:resolve2@religarehealthinsurance.com)

- d. If You or the Insured Member is not satisfied with Our redressal of their grievance through one of the above methods, You or the Insured Member may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned on the next page:

Office of the Ombudsmen	Name of the Ombudsman	Contact Details	Area of Jurisdiction
AHMEDABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, 5, Navyug Colony, Nr. C.U. Shah College, Ashram Road, AHMEDABAD - 380014. Tel : 079-27545441/27546139 , Fax: 079-27546142 E-mail : bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Shri. M. Parshad	Insurance Ombudsman, Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., J.P. Nagar, 1st Phase, BENGALURU - 560 025. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL	Shri Raj Kumar Srivastava	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.) - 462 023. Tel: 0755-2769201/9202, Fax: 0755-2769203 E-mail : bimalokpal.bhopal@gbic.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri B.N. Mishra	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel: 0674-2596455/2596003, Fax: 0674-2596429 E-mail : bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH	Shri Manik B. Sonawane	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160017. Tel: 0172-2706468/2705861, Fax: 0172-2708274 E-mail : bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Shri Virander Kumar	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 Anna Salai, Teynampet, CHENNAI - 600018. Tel : 044-24333668 /24335284, Fax: 044-24333664 E-mail : bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
NEW DELHI	Smt. Sandhya Baliga	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110002. Tel: 011-23237539/23232481, Fax: 011-23230858 E-mail : bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI		Insurance Ombudsman, 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 E-mail : bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri G. Rajeswara Rao	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD - 500004. Tel: 040-65504123/23312122, Fax: 040-23376599 E-mail : bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telengana and UT of Yanam - a part of Territory of Pondicherry
JAIPUR	Shri Ashok K. Jain	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, JAIPUR - 302 005. Tel : 0141-2740363 Email : bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Shri P.K. Vijay Kumar	Insurance Ombudsman, 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 E-mail : bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep & Mahe - a part of Pondicherry
KOLKATA	Shri K. B. Saha	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, KOLKATA - 700 072. Tel: 033-22124339/22124340, Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Shri N. P. Bhagat	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW - 226 001. Tel : 0522-2231331/2231330, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Shri A.K. Dasgupta	Insurance Ombudsman, 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 E-mail : bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane



Office of the Ombudsmen	Name of the Ombudsman	Contact Details	Area of Jurisdiction
NOIDA		Office of the Insurance Ombudsman Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar; Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA		Office of the Insurance Ombudsman Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
PUNE	Shri. A. K. Sahoo	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, PUNE - 411 030. Tel: 020-32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDAI website: [www.irda.gov.in](http://www.irda.gov.in), on the website of General Insurance Council: [www.gjcouncil.org.in](http://www.gjcouncil.org.in), on the Company's website [www.religarehealthinsurance.com](http://www.religarehealthinsurance.com) or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council -

Office of the 'Governing Body of Insurance Council'

Secretary General/Secretary,  
3rd Floor, Jeevan Seva Annexe,  
S.V. Road, Santacruz(W),  
Mumbai - 400 054.  
Tel: 022-26106245/889/671  
Fax: 022-26106949  
Email - [inscoun@gbic.co.in](mailto:inscoun@gbic.co.in)

## Annexure B - List of Day Care Treatments

### 1. Microsurgical operations on the middle ear

1. Stapedotomy to treat various lesions in middle ear
2. Revision of a stapedectomy
3. Other operations on the auditory ossicles
4. Myringoplasty (post-aura/endaural approach as well as simple Type - I Tympanoplasty)
5. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
6. Revision of a tympanoplasty
7. Other microsurgical operations on the middle ear

### 2. Other operations on the middle & internal ear

8. Myringotomy
9. Removal of a tympanic drain
10. Incision of the mastoid process and middle ear
11. Mastoidectomy
12. Reconstruction of the middle ear
13. Other excisions of the middle and inner ear
14. Fenestration of the inner ear
15. Revision of a fenestration of the inner ear
16. Incision (opening) and destruction (elimination) of the inner ear
17. Other operations on the middle and inner ear
18. Removal of Keratosis Obturans

### 3. 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 Foreign body removal from nose

### 4. Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Correction of Eyelid Ptosis by Levator Palpebrae Superioris Resection (bilateral)
27. Correction of Eyelid Ptosis by Fascia Lata Graft (bilateral)
28. Excision and destruction of diseased tissue of the eyelid
29. Operations on the canthus and epicanthus
30. Corrective surgery for entropion and ectropion
31. Corrective surgery for blepharoptosis
32. Removal of a foreign body from the conjunctiva
33. Removal of a foreign body from the cornea
34. Incision of the cornea
35. Operations for pterygium
36. Other operations on the cornea
37. Removal of a foreign body from the lens of the eye
38. Removal of a foreign body from the posterior chamber of the eye
39. Removal of a foreign body from the orbit and eyeball
40. Operation of cataract
41. Diathermy/Cryotherapy to treat retinal tear
42. Anterior chamber Paracentesis/Cyclodiathermy/Cyclocryotherapy/Goniotomy/Trabeculotomy and Filtering and Allied Operations to treat glaucoma
43. Enucleation of Eye without Implant

### 5. Operations on the skin & subcutaneous tissues

44. Incision of a pilonidal sinus
45. Other incisions of the skin and subcutaneous tissues
46. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
47. Local excision of diseased tissue of the skin and subcutaneous tissues
48. Other excisions of the skin and subcutaneous tissues
49. Simple restoration of surface continuity of the skin and subcutaneous tissues
50. Free skin transplantation, donor site
51. Free skin transplantation, recipient site
52. Revision of skin plasty
53. Other restoration and reconstruction of the skin and subcutaneous tissues.
54. Chemosurgery to the skin.
55. Destruction of diseased tissue in the skin and subcutaneous tissues
56. Reconstruction of Deformity/Defect in Nail Bed

### 6. Operations on the tongue

57. Incision, excision and destruction of diseased tissue of the tongue
58. Partial glossectomy
59. Glossectomy
60. Reconstruction of the tongue
61. Other operations on the tongue

### 7. Operations on the salivary glands & salivary ducts

62. Incision and lancing of a salivary gland and a salivary duct
63. Excision of diseased tissue of a salivary gland and a salivary duct
64. Resection of a salivary gland
65. Reconstruction of a salivary gland and a salivary duct
66. Other operations on the salivary glands and salivary ducts

### 8. Other operations on the mouth & face

67. External incision and drainage in the region of the mouth, jaw and face
68. Incision of the hard and soft palate
69. Excision and destruction of diseased hard and soft palate
70. Incision, excision and destruction in the mouth
71. Plastic surgery to the floor of the mouth
72. Palatoplasty
73. Other operations in the mouth

### 9. Operations on tonsils and adenoids

74. Transoral incision and drainage of a pharyngeal abscess
75. Tonsillectomy without adenoidectomy
76. Tonsillectomy with adenoidectomy
77. Excision and destruction of a lingual tonsil
78. Other operations on the tonsils and adenoids
79. Trauma surgery and orthopaedics
80. Incision on bone, septic and aseptic
81. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
82. Suture and other operations on tendons and tendon sheath
83. Reduction of dislocation under GA
84. Arthroscopic knee aspiration

### 10. Operations on the breast

85. Incision of the breast abscess
86. Operations on the nipple

87. Excision of single breast lump

#### **11. Operations on the digestive tract, Kidney and Bladder**

- 88. Incision and excision of tissue in the perianal region
- 89. Surgical treatment of anal fistulas
- 90. Surgical treatment of hemorrhoids
- 91. Division of the anal sphincter (sphincterotomy)
- 92. Other operations on the anus
- 93. Ultrasound guided aspirations
- 94. Sclerotherapy, etc.
- 95. Laparotomy for grading Lymphoma with Splenectomy/Liver/Lymph Node Biopsy
- 96. Therapeutic Laparoscopy with Laser
- 97. Cholecystectomy and Choledcho-Jejunostomy/Duodenostomy/Gastrostomy/Exploration Common Bile Duct
- 98. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/removal of foreign body/diathermy of bleeding lesions
- 99. Lithotripsy/Nephrolithotomy for renal calculus
- 100. Excision of renal cyst
- 101. Drainage of Pyonephrosis/Perinephric Abscess

#### **12. Operations on the female sexual organs**

- 102. Incision of the ovary
- 103. Insufflations of the Fallopian tubes
- 104. Other operations on the Fallopian tube
- 105. Dilatation of the cervical canal
- 106. Conisation of the uterine cervix
- 107. Therapeutic curettage with Colposcopy/Biopsy/Diathermy/Cryosurgery/
- 108. Laser Therapy of Cervix for Various lesions of Uterus
- 109. Other operations on the uterine cervix
- 110. Incision of the uterus (hysterectomy)
- 111. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- 112. Incision of vagina
- 113. Incision of vulva
- 114. Culdotomy
- 115. Operations on Bartholin's glands (cyst)
- 116. Salpingo-Oophorectomy via Laparotomy

#### **13. Operations on the prostate & seminal vesicles**

- 117. Incision of the prostate
- 118. Transurethral excision and destruction of prostate tissue
- 119. Transurethral and percutaneous destruction of prostate tissue
- 120. Open surgical excision and destruction of prostate tissue
- 121. Radical prostatovesiculectomy
- 122. Other excision and destruction of prostate tissue
- 123. Operations on the seminal vesicles
- 124. Incision and excision of periprostatic tissue
- 125. Other operations on the prostate

#### **14. Operations on the scrotum & tunica vaginalis testis**

- 126. Incision of the scrotum and tunica vaginalis testis
- 127. Operation on a testicular hydrocele
- 128. Excision and destruction of diseased scrotal tissue
- 129. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 130. Other operations on the scrotum and tunica vaginalis testis

#### **15. Operations on the testes**

- 131. Incision of the testes
- 132. Excision and destruction of diseased tissue of the testes
- 133. Unilateral orchidectomy
- 134. Bilateral orchidectomy
- 135. Orchidopexy
- 136. Abdominal exploration in cryptorchidism
- 137. Surgical repositioning of an abdominal testis
- 138. Reconstruction of the testis
- 139. Implantation, exchange and removal of a testicular prosthesis
- 140. Other operations on the testis

#### **16. Operations on the spermatic cord, epididymis and ductus deferens**

- 141. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 142. Excision in the area of the epididymis
- 143. Epididymectomy
- 144. Reconstruction of the spermatic cord
- 145. Reconstruction of the ductus deferens and epididymi
- 146. Other operations on the spermatic cord, epididymis and ductus deferens

#### **17. Operations on the penis**

- 147. Operations on the foreskin
- 148. Local excision and destruction of diseased tissue of the penis
- 149. Plastic reconstruction of the penis
- 150. Amputation of the penis
- 151. Other operations on the penis

#### **18. Operations on the urinary system**

- 152. Cystoscopic removal of stones
- 153. Catheterisation of Bladder

#### **19. Other Operations**

- 154. Lithotripsy
- 155. Coronary angiography
- 156. Biopsy of Temporal Artery for Various Lesions
- 157. External Arterio-venous Shunt
- 158. Haemodialysis
- 159. Radiotherapy for Cancer
- 160. Cancer Chemotherapy
- 161. Endoscopic polypectomy

#### **20. Operations of bones and joints**

- 162. Surgery for ligament tear
- 163. Surgery for meniscus tear
- 164. Surgery for hemoarthrosis/pyoarthrosis
- 165. Removal of fracture pins/nails
- 166. Removal of metal wire
- 167. Closed reduction on fracture, luxation
- 168. Reduction of dislocation under GA
- 169. Epiphyseolysis with osteosynthesis
- 170. Excision of Bursitis
- 171. Tennis Elbow Release
- 172. Excision of Various Lesions in Coccyx

## Annexure C : List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy

S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy - toiletries/cosmetics/personal comfort or convenience items	S. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy - toiletries/cosmetics/personal comfort or convenience items
1	Hair removal cream	55	Hand holder
2	Baby charges (unless specified/indicated)	56	Hansaplast/Adhesive bandages
3	Baby food	57	Lactogen/Infant food
4	Baby utilites charges	58	Slings
5	Baby set	Items specifically excluded in the policies	
6	Baby bottles	59	Weight control programs/supplies/services
7	Brush	60	Cost of spectacles/contact lenses/hearing aids, etc.
8	Cosy towel	61	Dental treatment expenses that do not require hospitalisation
9	Hand wash	62	Hormone replacement therapy
10	Moisturizer paste brush	63	Home visit charges
11	Powder	64	Infertility/subfertility/assisted conception procedure
12	Razor	65	Obesity (including morbid obesity) treatment
13	Shoe cover	66	Psychiatric & psychosomatic disorders
14	Beauty services	67	Corrective surgery for refractive error
15	Belts/braces	68	Treatment of sexually transmitted diseases
16	Buds	69	Donor screening charges
17	Barber charges	70	Admission/registration charges
18	Caps	71	Hospitalisation for evaluation/diagnostic purpose
19	Cold pack/Hot pack	72	Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed
20	Carry bags	73	Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/AIDS etc is detected/directly or indirectly
21	Cradle charges		
22	Comb		
23	Disposables razors charges ( for site preparations)	74	Stem cell implantation/surgery and storage
24	Eau-de-cologne/Room fresheners	List of expenses generally excluded ("Non-medical")in hospital indemnity policy - items which form part of hospital services where separate consumables are not payable but the service is	
25	Eye pad	75	Ward and Theatre booking charges
26	Eye shield	76	Arthroscopy & Endoscopy instruments
27	Email/Internet charges	77	Microscope cover
28	Food charges (other than patient's diet provided by Hospital)	78	Surgical blades, Harmonic scalpel, shaver
29	Foot cover	79	Surgical drill
30	Gown	80	Eye kit
31	Leggings	81	Eye drape
32	Laundry charges	82	X-ray film
33	Mineral water	83	Sputum cup
34	Oil charges	84	Boyles apparatus charges
35	Sanitary pad	85	Blood grouping and cross matching of donors samples
36	Slippers	86	Savlon
37	Telephone charges	87	Band aids, bandages, sterile injections, needles, syringes
38	Tissue paper	88	Cotton
39	Tooth paste	89	Cotton bandage
40	Tooth brush	90	Micropore/Surgical tape
41	Guest services	91	Blade
42	Bed Pan	92	Apron
43	Bed under pad charges	93	Torniquet
44	Camera cover	94	Orthobundle, Gynaec bundle
45	Cliniplast	95	Urine container
46	Crepe bandage	Elements of room charge	
47	Curapore	96	Luxury tax
48	Diaper of any type	97	HVAC
49	DVD, CD charges	98	House keeping charges
50	Eyelet collar	99	Service charges where nursing charge also charged
51	Face mask	100	Television & Air conditioner charges
52	Flexi mask	101	Surcharges
53	Gause soft		
54	Gauze		

102	Attendant charges	153	Ambulance equipment
103	Im Iv Injection charges	154	Microsheild
104	Clean sheet	155	Abdominal binder
105	Extra diet of patient (other than that which forms part of bed charge)	Items payable if supported by a prescription	
106	Blanket/Warmer blanket	156	Betadine\Hydrogen peroxide\Spirit\Disinfectants etc.
Administrative or Non-medical charges		157	Private nurses charges- Special nursing charges
107	Admission kit	158	Nutrition planning charges - Dietician charges - Diet charges
108	Birth certificate	159	Sugar free tablets
109	Blood reservation charges and Ante-natal booking charges	160	Creams, powders, lotions (toileteries are not payable, only prescribed medical pharmaceuticals payable)
110	Certificate charges		
111	Courier charges	161	Digestion gels
112	Conveyance charges	162	Ecg electrodes
113	Diabetic chart charges	163	Gloves
114	Documentation charges/Administrative expenses	164	HIV kit
115	Discharge Procedure charges	165	Listerine/Antiseptic mouthwash
116	Daily chart charges	166	Lozenges
117	Entrance pass/Visitors pass charges	167	Mouth paint
118	Expenses related to prescription on discharge	168	Nebulisation kit
119	File opening charges	169	Novarapid
120	Incidental expenses/Misc. charges (not explained)	170	Volini gel/Analgesic gel
121	Medical certificate	171	Zytee gel
122	Maintenance charges	172	Vaccination charges
123	Medical records	Part of hospital's own costs and not payable	
124	Preparation charges	173	AHD
125	Photocopies charges	174	Alcohol swabes
126	Patient identification band/Name tag	175	Scrub solution/Sterillium others
127	Washing charges	176	Vaccine charges for baby
128	Medicine box	177	Aesthetic treatment/Surgery
129	Mortuary charges	178	TPA charges
130	Medico legal case charges (MLC charges)	179	Visco belt charges
External durable devices		180	Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.
131	Walking aids charges	181	Examination gloves
132	BIPAP machine	182	Kidney tray
133	Commode	183	Mask
134	CPAP/CAPD equipments	184	Ounce glass
135	Infusion pump - cost	185	Outstation consultant's/Surgeon's fees
136	Oxygen cylinder (for usage outside the hospital)	186	Oxygen mask
137	Pulseoxymeter charges	187	Paper gloves
138	Spacer	188	Pelvic traction belt
139	Spirometre	189	Referral doctor's fees
140	SpO2 Probe	190	Accu check (glucometry/strips)
141	Nebulizer Kit	191	Pan can
142	Steam Inhaler	192	Sofnet
143	Arm sling	193	Trolley cover
144	Thermometer	194	Urometer, Urine jug
145	Cervical collar	195	Ambulance
146	Splint	196	Tegaderm/Vasofix safety
147	Diabetic foot wear	197	Urine bag
148	Knee braces (long/short/hinged)	198	Softovac
149	Knee immobilizer/Shoulder immobilizer	199	Stockings
150	Lumbo sacral belt		
151	Nimbus bed or water or air bed charges		
152	Ambulance collar		