Bajaj Allianz General Insurance Company Limited
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006. Reg. No.: 113
For more details, log on to : www.bajajallianz.com or
call at : Sales - 1800 209 0144 / Service - 1800 209 5858 (Toll Free No.)
Issuing Office :

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BAJAJ Allianz

GROUP MEDICLAIM FOR CANARA BANK

Policy Wordings

Preamble

Whereas the insured described in the Policy Schedule hereto (hereinafter called the 'Insured') has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal, which shall be the basis of this Contract and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Contract and be considered as incorporated herein, for the insurance Contract hereinafter contained and has paid the premium specified in the Policy Schedule hereto as consideration for such insurance Contract, now the Company agrees, subject always to the Policy Schedule and the following terms, conditions, exclusions, and limitations of the Policy, and in excess of the amount of the Deductible, to indemnify the Insured in the manner and to the extent hereinafter stated.

Scope

The insured Person will be indemnified towards hospitalization expenses (as an in-patient) incurred due to illness / accident subject to terms, conditions and exclusions of the said policy.

Eligibility

- Customers of Bank (Self), lawfully wedded spouse, up to four dependent children and either set of dependent parents or parents in law.
- Entry age for Self Insured Person, Spouse and Dependent Parents/Parents in law - 18 years to 69 years
- Entry age for dependent child - 91 days to 25 years.

Policy Period

This is an annual policy.

A. Medical Expenses Cover

The insurance cover is governed by, and subject to, the terms, conditions and exclusions of this policy and the limit up to Sum Insured opted.

1. In-patient Hospitalization Treatment

If you are hospitalized on the advice of a Medical practitioner as defined under Policy because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then we will pay You, Reasonable and Customary Medical Expenses incurred as per below list

- Room rent , ICU and Boarding expenses as provided by the Hospital/Nursing Home up to the policy limit
- Nursing Expenses as provided by the hospital
- Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants and Specialists Doctors.
- Operation Theatre Charges , Anesthesia, Blood, Oxygen, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

2. Pre-Hospitalization

Medical Expenses for consultations, investigations and medicines incurred up to 60 days before the date of admission to the Hospital. This is applicable for both In-patient and Day Care treatment.

We will not cover treatment, costs or expenses for:

i. Claims which have NOT been admitted under Inpatient Treatment and Day Care Treatment
ii. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.

3. Post-Hospitalization

Medical Expenses for consultations, investigations and medicines incurred up to 90 days after discharge from the Hospital. This is applicable both for In-patient and Day Care treatment.

We will not cover treatment, costs or expenses for:

i. Claims which have NOT been admitted under Inpatient Treatment and Day Care Treatment

ii. Expenses not related to the admission and not incidental to the treatment for which the admission has taken place.

4. Day Care Procedures

Medical treatment or surgical procedure which is undertaken under general or local anesthesia, which require admission in a Hospital/ Day Care Centre for stay less than 24 hours because of technological advancement.

Refer to Annexure I for complete list of Day Care Treatments/Procedures

We will not cover treatment, costs or expenses for:

i. Treatment that can be and is usually taken on an out-patient basis is not covered.

ii. Treatment NOT taken at a Hospital or a Day Care center.

5. Domiciliary Hospitalization

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:

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 room in a Hospital.

We will not cover treatment, costs or expenses for:

i. Treatment of less than 3 days.

ii. Expenses for treatment for first three days only will be covered if treatment period is greater than 3 days

iii. Pre and Post-Hospitalization expenses

6. Organ Donor

Medical and surgical Expenses of the organ donor for harvesting the organ where an Insured Person is the recipient. IMPORTANT: Expenses incurred by an Insured Person while donating an organ is NOT covered.

We will not cover treatment, costs or expenses for:

i. Claims which have NOT been admitted under Inpatient Treatment for the insured person.

ii. Admission not compliant under the Transplantation of Human Organs Act, 1994 (as amended).

iii. The organ donor's Pre and Post-Hospitalization expenses.

7. Road Ambulance

Expenses incurred on transportation of Insured Person to a Hospital for treatment in case of an Emergency, subject to a maximum of Rs. 2000 per Hospitalization.

We will not cover treatment, costs or expenses for:

i. Claims which have NOT been admitted under Inpatient Treatment and Day Care Treatment

ii. Healthcare or ambulance service provider not registered with road traffic authority.

8. AYUSH Benefit

The coverage under this Policy is extended to reimburse the Medical Expenses incurred for In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy provided that the treatment has been undergone in

i. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health; or

ii. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH); or

iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:

a. has at least fifteen in-patient beds;

b. has minimum five qualified and registered AYUSH doctors;

c. has qualified paramedical staff under its employment round the clock;

d. has dedicated AYUSH therapy sections;

e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel and general exclusion II xii) a) stands deleted for all Insured Persons to this extent, provided that:

f. Our maximum liability will be limited to the amounts specified in the table below

Benefit Description

Benefit	Description
AYUSH Benefit	100% of In-patient Sum Insured

ii. This limit will apply on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy

iii. We will not cover treatment, costs or expenses where hospitalization is for evaluation and or for investigation purpose only, any treatment availed outside India.

NOTE: Any claim made in respect of any of the above benefits (Section A1 to A8) will be subject to In-patient Sum Insured and will affect entitlement to Cumulative Bonus benefit.

9. Cumulative Bonus

i. A Cumulative Bonus of 10% will be applied on the Sum Insured for next Policy Year by automatically increasing the Sum Insured under the Policy after every CLAIM FREE Policy Year, provided that the Policy is renewed with us and without a break. The maximum Cumulative Bonus shall not exceed 100% of the Sum Insured in any Policy Year.

ii. In relation to a Family Floater Policy, the Cumulative Bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.

iii. If a Cumulative Bonus has been applied and a claim is made, then in the following Policy Year We will automatically decrease the Cumulative Bonus by 10% of the Sum Insured There will be no impact on the Inpatient Sum Insured, only the accrued Cumulative Bonus will be decreased.

iv. If the Insured Persons in the expiring Policy are covered on individual basis and thus have accumulated the No Claim Bonus for each member in the expiring Policy, and such expiring Policy is renewed with Us on a Family Floater basis, then the No Claim Bonus to be carried forward for credit in the Policy would be the least No Claim Bonus amongst all the Insured Persons.

10. Double Sum Insured for Cancer of specified severity (Indemnity based)

We will increase the Sum Insured for an insured person by 100% if he is diagnosed as suffering from cancer of specified severity under this Policy, provided that:

i. The Insured Person is first diagnosed as suffering from a cancer during the Policy period, and

ii. The benefit is utilised only by the Insured Person diagnosed with the illness, and

iii. We have accepted an inpatient hospitalisation claim under in-patient treatment benefit

Cancer of specified severity means:

- A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- The following are excluded:

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

11. Restore Benefit

If the Base Sum Insured is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then it is agreed that a Restore Sum Insured (equal to 100% of the Base Sum Insured) will be automatically available for the particular Policy Year, provided that:

i. The Restore Sum Insured will be enforceable only after the Base Sum Insured and Cumulative Bonus (if any) have been completely exhausted in that year; and

ii. The Restore Sum Insured can be used for claims made by the Insured Person in respect of the benefits stated above except Preventive Health Check-up, Hospital Daily Cash and E-Opinion in respect of Critical Illness.

iii. The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/ disease (including its complications) for which a claim has been paid in the current Policy Year under benefits 1 to 8 mentioned above.

iv. The Restore Sum Insured will only be applied once for the Insured Person during a Policy Year;

v. This benefit would only be offered where Base Sum Insured is 1 lac and above.

vi. If the Restore Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

vii. If the Policy is a Family Floater, then the Restore Sum Insured will be available for all Insured Person in the Policy for subsequent claims in the balance Policy period.

12. Hospital Daily Cash

If an Insured Person suffers an Illness or an Accident during the Policy Period that requires that Insured Person's Hospitalization as an in-patient, then

i. We will pay Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is Hospitalized subject to maximum number of days as specified in the below table, and

Sum Insured	Per Day Amount (Rs.)	Maximum No. of Days
Upto 5 lacs	500	30
Above 5 lacs	1000	30

ii. Our maximum liability shall be restricted to the amount mentioned in the table above and limit for the benefit will apply on individual basis.

iii. We will pay twice the Daily Cash amount for each continuous and completed period of 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Cash benefit in i) above for the period when the Insured Person is in Intensive Care Unit.

iv. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to Cumulative Bonus.

13. Preventive Health Check-up Benefit

GROUP MEDICLAIM FOR CANARA BANK

We will reimburse the reasonable costs incurred by an Insured Person of obtaining a health check-up as per details below

i. At the end of each year, we will pay up to the amount mentioned below towards the cost of a preventive medical check-up.
ii. This benefit is available ONLY to those Insured Persons who were insured in the previous Policy Year.
iii. Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus,

Sum Insured	Benefit amount
100,000	1,500
200,000	2,000
300,000	2,000
400,000	2,000
500,000	2,500
600,000	2,500
750,000	3,000
10,00,000	3,500
15,00,000	4,000

IMPORTANT: This benefit is not available for expenses incurred on a preventive health check-up in the first policy year. This benefit will NOT be carried forward if it is not claimed and would not be provided if the Group Mediclaim Policy is not renewed further.
You may approach Us for the arrangement of the Health Check up. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).
Contact Email id- healthcheck@bajajallianz.co.in.
Preventive Health Check-Up benefit will be Payable only if Health Check-up is done at our empaneled Diagnostic Center.

14. E-Opinion in respect of Critical Illness

We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if:

- The Insured Person suffers a Critical Illness during the Policy Period; and
- He requests an E-opinion; and

The Insured Person can choose one of our panel Medical Practitioners. The opinion will be directly sent to the Insured Person by the Medical Practitioner.
"Critical Illness" includes Cancer of specified severity, Open Chest CABG, Myocardial Infarction (First Heart Attack of specific severity), Kidney Failure requiring regular dialysis, Major Organ/Bone Marrow Transplant, Multiple Sclerosis with persisting symptoms, Permanent Paralysis of Limbs and Stroke resulting in permanent symptoms,

We will not pay for:

i. More than one claim for this benefit in a Policy Year.
ii. More than one claim for the same Critical Illness.
iii. Any other liability due to any errors or omission or representation or consequences of any action taken in reliance of the E-opinion provided by the Medical Practitioner.

Any claim made in respect of this benefit will not be subject to In-patient Sum Insured and will not affect entitlement to a Cumulative Bonus.

15. Accidental Death

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the Sum Insured.

16. Permanent Total Disablement

If an Insured Person suffers an Accident during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent total disablement in one of the ways detailed in the table below, then We will pay the percentage of the Sum Insured shown in the table.

Loss of 2 Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a Limb and an eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%
Loss of a Limb	50%
Complete and irrecoverable loss of sight of an eye	50%

In this Benefit:

a. Limb means a hand at or above the wrist or a foot above the ankle.

b. Loss of Limb means:

i. the physical separation of a Limb above the wrist or ankle respectively, or

ii. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.

17. Transportation of Mortal Remains

If we have accepted a claim under the Accidental Death benefit, then we will in addition reimburse the actual amount for transporting the mortal remains of the insured person from the place of the accident or the hospital to his residence or hospital or to a cremation or burial ground upto Rs. 1,000.

B. Optional Coverage

Critical Illness (Indemnity based)

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that an additional limit of Rs 1/2/3/5 lacs shall be available for coverage of expenses incurred on Inpatient and Day Care Treatment of the below listed number of critical illnesses.

a. Cancer of specified severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

viii. All tumors in the presence of HIV infection

b. Myocardial Infarction (First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

c. Stroke resulting in Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

d. Major Organ/Bone Marrow Transplant

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

e. Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:
Angioplasty and/or any other intra-arterial.

f. Open Heart Replacement or Repair of Heart Valves

i. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

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g. Kidney Failure Requiring Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

h. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;

ii. life support measures are necessary to sustain life; and

iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

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i. Permanent Paralysis of Limbs

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

j. Motor Neuron Disease with Permanent Symptoms

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

k. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

l. Major Head Trauma

Terms and Conditions for this cover

i. The Insured Person is first diagnosed as suffering from one of the listed Critical Illnesses during the Policy period.

ii. The benefit is utilised only by the Insured Person diagnosed with the illness

iii. The Sum Insured under the coverage would be triggered only for treatment of the listed conditions, no other claims would be covered under this benefit.

iv. This cover would be triggered post exhaustion of the base Sum Insured, either for the same claim or for a new claim. This benefit is applicable only once in a policy period for a single or multiple condition/s diagnosed.

B. Definitions

GROUP MEDICLAIM FOR CANARA BANK

1. Accident, Accidental
   An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Act of Terrorism
   Whoever

a. With intent to threaten the unity, integrity, security or sovereignty of India or to strike terror in the people or any section of the people does any act or thing by using bombs, dynamite or other explosive substances or inflammable substances or firearms or other lethal weapons or poisons or noxious gases or other chemicals or by any other substances (whether biological or otherwise) of a hazardous nature or by any other means whatsoever, in such a manner as to cause or likely to cause, death of or injuries to any person or persons or loss of or damage to or destruction of property or disruption of any supplies or services essential to the life of the community or causes damage or destruction of any property or equipment used or intended to be used for the defense of India or in connection with any other purposes of the Government of India, any state government or any of their agencies or detains any person and threatens to kill or injure such person in order to compel the Government or any other person to do or abstain from doing any act

b. Is or continues to be a member of an association declared unlawful under the Unlawful Activities (Prevention) Act 1967, (37 of 1967), or voluntarily does an act aiding or promoting in any manner the objects of such association and in either case is in possession of any unlicensed firearms, ammunition, explosives or other instrument or substances capable of causing mass destruction and commits any act resulting in loss of human life or grievous injury to any person or causes significant damage to any property, commits a terrorist act.

3. Any one illness
   Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing
   Home where treatment was taken.

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

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

6. Bajaj Allianz Network Hospitals / Network Hospitals

Bajaj Allianz Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request. For updated list please visit our website.

7. Bajaj Allianz Diagnostic Centre

Bajaj Allianz Diagnostic Centre means the diagnostic centers which have been empanelled by us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

8. Critical Illness

Critical Illness means any one of the following illnesses or conditions that occurs or manifests itself during the Policy Period as a first incidence.

9. Cancer of Specified Severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumors in the presence of HIV infection.

10. Cashless facility

"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.

11. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

12. Co-Payment

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

13. Condition Precedent

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

14. 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.

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

15. Contribution

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

16. Cumulative Bonus

Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

17. Day care centre

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

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;
iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

18. Day Care Treatment

Day care treatment means medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
ii. Which would have otherwise required a hospitalization of more than 24 hours.

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

19. Dental Treatment

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

20. Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or nondisclosure of any material fact.

21. Domiciliary hospitalization

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

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 room in a hospital.

22. Emergency Care

Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

23. Family

For the purpose of Individual Sum Insured policy- includes the insured; his/her lawfully wedded spouse and dependent children, parents. For the purpose of Family Floater- includes the insured; his/her lawfully wedded spouse and dependent children. For Parents separate floater policy can be taken.

24. Grace Period

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.

25. Hospital

A 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:

-- has qualified nursing staff under its employment round the clock;

-- 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;

-- has qualified medical practitioner(s) in charge round the clock;

-- has a fully equipped operation theatre of its own where surgical procedures are carried out;

-- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

26. 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.

27. Illness

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

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. It needs ongoing or long-term control or relief of symptoms
3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. It continues indefinitely
5. It recurs or is likely to recur

28. Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

29. Injury/ Bodily Injury

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.

30. Intensive Care Unit

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.

31. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

32. Limit of Indemnity

Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule against each Cover.

33. Myocardial Infarction (First heart attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

i. Other acute Coronary Syndromes

ii. Any type of angina pectoris

iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

34. Major Organ/Bone Marrow Transplant

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

35. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

36. Motor Neuron Disease with Permanent Symptoms

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

37. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

i. Spinal cord injury;

38. Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
II. The following are excluded:
Angioplasty and/or any other intra-arterial

39. Open Heart Replacement or Repair of Heart Valves

i. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded

40. Permanent Paralysis of Limbs

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

41. Stroke resulting in Permanent Symptoms

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I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic injury of the brain

iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

42. Medical Advise

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

43. Medical expenses

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.

44. Medical Practitioner/ Physician/ Doctor:

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 its scope and jurisdiction of license.

45. Medically Necessary

Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

46. Migration

Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions with the same insurer.

47. Named Insured / Insured:

Insured means the persons, or his Family members, named in the Schedule provided that an Insured or his Family Members has attained the age of 3 months and is not older than 65 years of age at the commencement of the Policy Period.

48. Non- Network

Any hospital, day care centre or other provider that is not part of the network.

49. Notification of Claim

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

50. OPD treatment

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 day care or in-patient.

51. **Portability**

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.

52. **Pre-Existing Disease**

means any condition, ailment or injury or disease

a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or

b For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

53. **Pre-hospitalization Medical Expenses**

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

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

54. **Post-hospitalization Medical Expenses**

Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

55. **Qualified Nurse**

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.

56. **Reasonable and Customary Charges**

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

57. **Room rent**

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

58. **Renewal**

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

59. **Surgery or Surgical Procedure**

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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

60. **Schedule** means the schedule and any annexure to it.

61. **Unproven/Experimental treatment**
Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

62. **You, Your, Yourself, Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.

63. **We, Our, Ours** means the Bajaj Allianz General Insurance Company Limited.

C. Exclusion

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or attributable to any of the following:

I. Waiting Period

All Illnesses, treatments and their associated complications shall be covered subject to the waiting periods specified below:

1. Pre-existing Diseases waiting period (Excl01)

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Policy with us.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If the Insured is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

d. Coverage under the Policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. Specified disease/procedure waiting period (Excl02)

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

e. If the Insured is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific diseases/procedures is as below

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Sl No	Organ / Organ System	Illness/diagnoses (irrespective of treatments medical or surgical)	Surgeries/procedures (irrespective of any illness / diagnosis other than cancers)
A	Ear, Nose and Throat (ENT)	• Sinusitis • Rhinitis • Tonsillitis	• Adenoidectomy • Mastoidectomy / Ossiculoplasty/ FESS and Surgeries of Paranasal sinuses • Tonsillectomy • Tympanoplasty • Surgery for nasal septum deviation • Surgery for Turbinate hypertrophy • Nasal concha resection • Nasal polypectomy
B	Gynaecological	• Cysts, polyps including breast lumps • Polycystic ovarian disease • Fibromyoma • Adenomyosis • Endometriosis • Prolapsed Uterus	• Hysterectomy
C	Orthopaedic	• Non infective arthritis • Gout and Rheumatism • Osteoarthritis • Ligament, Tendon and Meniscal tear • Prolapsed inter vertebral disk	• Joint replacement surgeries
D	Gastrointestinal	• Cholelithiasis • Cholecystitis • Pancreatitis • Fissure/fistula in anus, Haemorrhoids, Pilonidal sinus • Gastro Esophageal Reflux Disorder (GERD), Ulcer and erosion of stomach and duodenum • Cirrhosis (However Alcoholic cirrhosis is permanently excluded) • Perineal and Perianal Abscess • Rectal Prolapse	• Cholecystectomy • Surgery of hernia
E	Urogenital	• Calculus diseases of Urogenital system including Kidney, ureter, bladder stones • Benign Hyperplasia of prostate • Varicocele	• Surgery on prostate • Surgery for Hydrocele/ Rectocele
F	Eye	• Cataract • Retinal detachment • Glaucoma	
G	Others		• Surgery of varicose veins and varicose ulcers
H	General (Applicable to all organ systems/organs whether or not described above)	• Benign tumors of Non-infectious etiologye. eg. cysts, nodules, polyps, lump, growth, etc.	
I	Mental/Psychiatric	• Mental Illness • Alzheimer's Disease	

3. 30-day waiting period (Excl03)

a. Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b. This exclusion shall not, however, apply if the Insured has Continuous Coverage for more than twelve months.

c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

II. GENERAL EXCLUSIONS

We will not pay for any claim which is caused by, arising from or in any way attributable to following including their associated complications

1. Any dental treatment that comprises of cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization.

2. Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock

3. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
   Any Medical expenses incurred due to Act of Terrorism will be covered under the Policy.

4. Investigation & Evaluation (Excl04)

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.

b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5. Rest Cure, rehabilitation and respite care (Excl05)

a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

b. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

c Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs.

6. Obesity/Weight Control (Excl06)
   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);

a. greater than or equal to 40 or

b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

7. Change-of-gender treatments (Excl07)
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. Cosmetic or plastic Surgery (Excl08)
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. Hazardous or Adventure Sports (Excl09)
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

10. Breach of law (Excl10)
    Expenses for treatment directly arising from or consequent upon any Insured committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Excl11)
    Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

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

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

15. Refractive Error (Excl15)
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments (Excl16)
    Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility (Excl17)
    Expenses related to sterility and infertility. This includes:

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

18. Maternity (Excl18)

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

19. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.

20. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

21. Congenital external diseases or defects or anomalies, growth hormone therapy, stem cell implantation or surgery except for Hematopoietic stem cells for bone marrow transplant for haematological conditions.

22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)

23. Circumcision unless required for the treatment of Illness or Accidental bodily injury,

24. The cost of spectacles, contact lenses, hearing aids, crutches, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopedic implants, infra cardiac valve replacements, vascular stents etc.

25. Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia

26. Treatment at a healthcare facility which is NOT a Hospital.

27. Any treatment received outside India is not covered under this Policy.

28. Any expenses as per the List of Excluded items released by the Insurance Regulatory and Development Authority of India (IRDAI) will not be covered unless specifically mentioned in the Policy.

29. Healthcare providers (Hospitals /Medical Practitioners)

a. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.

b. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.

30. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary. Drugs or treatments which are not supported by a prescription.

31. Any kind of service charge, surcharge, admission fees, registration fee levied by Hospital.

III. Waiting period applicable to Critical Illness (Section A10. Double Sum Insured for Cancer of specified severity (Indemnity based) and Critical Illnesses listed under Section B Optional Cover)

Any Critical Illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed by the Named Insured, without a break, for subsequent years.

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IV. General Exclusions applicable to Critical Illness (Section A10. Double Sum Insured for Cancer of specified severity (Indemnity based) and Critical Illnesses listed under Section B Optional Cover)

1. Any Critical Illness for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.
2. Occupational Disease
3. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
4. Radioactive contamination.
5. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.

V. General Exclusions applicable to Accidental Death, Permanent Total Disability and Transportation of Mortal Remains (Section A15, 16, 17)

We will not be liable to make any payment under this Policy under any circumstances, for any claim directly or indirectly attributable to, or based on, or arising out of, or connected with any of the following:

1. Any Pre-existing Condition(s) and complications arising out of or resulting therefrom.
2. Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness,
3. Whilst engaging in Adventure Sports,
4. While under the influence of liquor or drugs , alcohol or other intoxicants,
5. Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony , riot , crime , misdemeanour, civil commotion,
6. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world ,
7. Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,
8. As a result of any curative treatments or interventions that you carry out or have carried out on your body,
9. Arising out of your participation in any police ,naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic,
10. Your consequential losses of any kind or your actual or alleged legal liability.
11. Venereal or sexually transmitted diseases,
12. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, or
13. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,
14. The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,
15. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines
16. Any Claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date,
17. No benefit would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor

18. While engaged in hazardous activity unless specifically insured

19. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident.

D. Conditions

1. Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim.

2. Insured

Only those persons named as the insured in the Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any insured member upon such insured member giving 14 days written notice to be received by Us.

3. Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

4. Claims Procedure

All Claims will be settled by In house claims settlement team of the company and no TPA is engaged.
If You meet with any Accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, You must comply with the following:

A. Cashless Claims Procedure:

Cashless treatment is only available at Network Hospitals. In order to avail of cashless treatment, the following procedure must be followed by You or your representative:

i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form.

ii. In case of Planned hospitalization , You/the insured person/ insured representative shall intimate such admission within 48 hours of such hospitalisation

iii. In case of Emergency hospitalization , You/the insured person/ insured representative shall intimate such admission within 24 hours of such hospitalisation

iv. On receipt of your pre-authorization form duly filled and signed by you, our representative then within 2 hours will respond with Approval, Rejection or an more information

v. After considering Your request and after obtaining any further information or documentation We have sought, We may, if satisfied, send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorization letter at the time of Your admission to the same.

vi. If the procedure above is followed, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under In-Patient Hospitalisation Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

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B. Reimbursement Claims Procedure:

If Pre-authorisation as per Cashless Claims Procedure above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:

i. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization

ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.

iii. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.

iv. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at our cost.

v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.

vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days*

vii. If the original documents are submitted with the co-insurer, the Xerox copies attested by the co-insurer should be submitted

*Note: In case You are claiming for the same event under an indemnity based policy of another insurer and are required to submit the original documents related to Your treatment with that particular insurer, then You may provide Us with the attested Xerox copies of such documents along with a declaration from the particular insurer specifying the availability of the original copies of the specified treatment documents with it.

**Note: Waiver of conditions (i) and (vi) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit.

List of Claim documents:

- Duly Completed Claim form with NEFT details & cancelled cheque duly signed by Insured
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers (Optional)
- Original/Attested copies Final Hospital Bill with breakup of surgical charges, surgeon's fees, OT charges etc
- Original Paid Receipt against the final Hospital Bill.
- Original bills towards Investigations done / Laboratory Bills.
- Original/Attested copies of Investigation Reports against Investigations done.
- Original bills and receipts paid for the transportation from Registered Ambulance Service Provider. Treating Doctor Certificate to transfer the Injured person to a higher medical centre for further treatment (if Applicable).
- Cashless settlement letter or other company settlement letter
- First consultation letter for the current ailment.
- In case of implant surgery, invoice & sticker.
- In cases where a fraud is suspected, we may call for any additional document(s) in addition to the documents listed above

Please send the documents on below address
Bajaj Allianz General Insurance Company
2nd Floor, Bajaj Finserv Building,
Behind Weikfield IT park,
Off Nagar Road, Viman Nagar
Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

5. Paying a Claim

i. You agree that We need only make payment when You or someone claiming on Your behalf has provided Us with necessary documentation and information.

ii. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.

iii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer a settlement of the claim to the insured. Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. We will settle the claim within thirty (30) days of the receipt of the last necessary document. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

iv. If the insurer, for any reasons decides to reject the claim under the policy the reasons regarding the rejection shall be communicated to the insured in writing within 30 days of the receipt of documents. The insured may take recourse to the Grievance Redressal procedure stated under policy.

6. Basis of Claims Payment

i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.

ii. The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.

iii. Claim Payment in case of diagnosis with Listed Critical illness under the Optional Cover (Section B).

iv. The claim for any of the listed critical illness will be paid first and foremost from the Base Sum Insured.

v. The optional cover- Critical Illness (Indemnity based) would be triggered post exhaustion of the base Sum Insured, either for the same claim or for a new claim.

vi. Our obligation to make payment in respect of surgeries / procedures as mentioned below shall be restricted to :

Coverages	Sub-limit
Mental Illness	25% of Sum Insured or 2 Lac whichever is lower
Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III)	50% of Sum Insured or 5 Lacs whichever is lower

vii. We shall make payment in Indian Rupees only.

7. Fraud

If You make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

8. Multiple Policies

If two or more policies are taken by You during a period from one or more insurers to indemnify treatment costs, You shall have the right to require a settlement of your claim in terms of any of your policies.

i. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies. It is further clarified that the policyholder having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/ policies, even of the sum insured is not exhausted. Then the insurer(s) shall settle the claim subject to the terms and conditions of the other policy/policies so chosen.

iii. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, you shall have the right to choose insurers from whom you wants to claim the balance amount.
Where you have policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

9. Eligibility:

- Indian nationals residing in India would be considered for this policy.
- This policy can be opted by Non-Resident Indians also; however the policy will be issued during their stay in India and premium paid in Indian currency and by Indian Account only
- Sum Insured for Self (i.e. Proposer) cannot be less than any of his/her family members

10. Renewal & Cancellation

i. In case of our own renewal, a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness or Accident sustained or contracted during the break period will not be admissible under the Policy.

ii. For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal.

iii. For dependent children, Policy is renewable up to 25 years. However a Separate proposal form should be submitted to us at the time of renewal with the insured member as proposer. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break

iv. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.

v. The loadings on renewals shall be in terms of increase or decrease in premiums offered for the entire portfolio and shall not be based on any individual policy claim experience.

vi. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled except for reasons of mis-representation, fraud, non-disclosure of material facts or Your non-cooperation.

vii. You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period in Risk	Refund Grid
Within 15 Days	Pro Rata Refund
Exceeding 15 days but less than or equal to 3 months	65.00%
Exceeding 3 months but less than or equal to 6 months	45.00%
Exceeding 6 months but less than or equal to 12 months	0.00%

Note:

- The first slab of Number of days "within 15 days" in above table is applicable only in case of new business.
- In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months".

11. Endorsements

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

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12. Revision/ Modification of the policy:

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, intimation shall be set out to all the existing insured members at least 3 months prior to the date of such revision/modification comes into the effect

13. Migration of policy:

1. Every individual policy holder (including members under family floater policy) covered under indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the policyholder;

a. To an individual health insurance policy or a family floater policy, or;

b. To a group health insurance policy, if members complies with the norms relating to the health insurance coverage under the concerned group insurance policy.

2. Every Individual member, including family members covered under an indemnity based group health insurance policy shall be provided an option of migration at the time of exit from group or in the event of modification of group policy (including the revision in the premium rates) or withdrawal of the group policy

a. To an individual health insurance policy or a family floater policy.

3. Migration shall be applicable to the extent of the sum insured under the previous policy and the cumulative bonus, if any, acquired from the previous policies.

4. Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and the time bound exclusions shall be made applicable on migration under the new policy.

5. Migration may be subject to underwriting as follows:

a. For individual policies, if the policyholder is continuously covered in the previous policy without any break for a period of four years or more, migration shall be allowed without subjecting the policyholder to any underwriting to the extent of the sum insured and the benefits available in the previous policy.

b. Migration from group policies to individual policy will be subject to underwriting

14. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with a intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking renewal of this Policy, You can choose, among Our available similar and closely similar Health insurance products. Upon Your so choosing Our new product, You will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Provided however, if You do not respond to Our intimation regarding the withdrawal of the product under which this Policy is issued, then this Policy shall be withdrawn and shall not be available to You for renewal on the renewal date and accordingly upon Your seeking renewal of this Policy, You shall have to take a Policy under available new products of Us subject to Your paying the Premium as per Our Underwriting Policy for such available new product chosen by You and also subject to Portability condition.

15. Premium payment Zone:

Zone A

Mumbai Metropolitan Region & Delhi National Capital Region

Zone B

Rest of India apart from Zone A cities are classified as Zone B.

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16. Sum Insured Enhancement:

i. The Insured member can apply for enhancement of Sum Insured at the time of renewal. You can apply for enhancement of Sum Insured by submitting a fresh proposal form to the company.

ii. The acceptance of enhancement of Sum Insured would be at the discretion of the company, based on the health condition of the insured members & claim history of the policy.

iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

17. Inclusion of members under the policy:

Where an Insured Person is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company for the insured member.

18. Territorial Limits & Governing Law

i. We cover insured events arising during the Policy Period, as well as treatment availed, within India only. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.

ii. The 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 an endorsement on the Schedule.

iii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

19. Arbitration and Reconciliation

i. If any dispute or difference shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted), such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.

ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this Policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

iv. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

20. Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing us as your insurer.

Please read your policy and schedule.

The policy and policy schedule set out the terms of your contract with us. Please read your policy and policy schedule carefully to ensure that the cover meets your needs.

We do our best to ensure that our customers are delighted with the service they receive from Bajaj Allianz. If you are dissatisfied we would like to inform you that we have a procedure for resolving issues. Please include your policy number in any communication. This will help us deal with the issue more efficiently. If you don't have it, please call our Branch office.

Initially, we suggest you contact the Branch Manager/ Regional Manager of the local office which has issued the policy. The address and telephone number will be available in the policy. Naturally, we hope the issue can be resolved to your satisfaction at the earlier stage itself. But if you feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

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Bajaj Allianz General Insurance Co. Ltd
Bajaj Allianz House, Airport Road
Yerawada, Pune 411006
E-mail: bagichelp@bajajallianz.co.in
Call : 1800-225858 (free calls from BSNL/MTNL lines only)
1800-1025858 (free calls from Bharti users – mobile /landline) or020-30305858

Grievance Redressal Cell for Senior Citizens
Senior Citizen Cell for Insured Person who are Senior Citizens
'Good things come with time' and so for our customers who are above 60 years of age we have created special cell to address any health insurance related query. Our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly
Health toll free number: 1800-103-2529
Exclusive Email address: seniorcitizen@bajajallianz.co.in
If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office Union Territory,District)
AHMEDABAD - Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

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CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

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NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, 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, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Note: Address and contact number of Governing Body of Insurance Council
Secretary General - Governing Body of Insurance Council
JeevanSevaAnnexe, 3rd Floor, S.V. Road, Santacruz (W), Mumbai - 400 054
Tel No: 022-2610 6889, 26106245, Fax No. : 022-26106949, 2610 6052, E-mail ID: inscoun@vsnl.net

Cashless facility offered through network hospitals of Bajaj Allianz only.Cashless facility at 3300+ Network hospitals PAN India.
Please visit our website for list of network hospitals and network Diagnostic Centres , Website: www.bajajallianz.com or get in touch with 24*7 helpline number: 1800-103-2529 (toll free) / 020-30305858

Annexure I: List of Day Care Procedures:

Microsurgical operations on the middle ear	Operations on the digestive tract
1. Stapedotomy	93. Incision and excision of tissue in the perianal region
2. Stapedectomy	94. Surgical treatment of anal fistulas
3. Revision of a stapedectomy	95. Surgical treatment of haemorrhoids
4. Other operations on the auditory ossicles under general/spinal anesthesia	96. Division of the anal sphincter (sphincterotomy)
5. Myringoplasty (Type -I Tympanoplasty)	97. Other operations on the anus
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)	98. Ultrasound guided aspirations
7. Revision of a Tympanoplasty	99. Sclerotherapy etc.
8. Other microsurgical operations on the middle ear under general /spinal anesthesia	100. Laprotomy for grading Lymphoma with Splenectomy/ Liver/ Lymph Node Biopsy
Other operations on the middle & internal ear	101. Therapeutic laproscopy with Laser
9. Myringotomy	102. Cholecystectomy and Choledocho - Jejunostomy/ Duodenostomy/ Gastrostomy/ Exploration Common Bile Duct
10. Removal of a tympanic drain	103. Esophagoscopy, gastroscopy, dudenoscopy with polypectomy/ removal of foreign body/ diathermy of bleeding lesions
11. Incision of the mastoid process and middle ear	104. Lithotripsy/ Nephrolithotomy for renal calculus
12. Mastoidectomy	105. Excision of renal cyst
13. Reconstruction of the middle ear	106. Drainage of Pyonephrosis/ Perinephric Abscess
14. Other excisions of the middle and inner ear	107. Appendicectomy with/ without Drainage

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15. Fenestration of the inner ear	Operations on the female sexual organs
16. Revision of a fenestration of the inner ear	108. Incision of the ovary
17. Incision (opening) and destruction (elimination) of the inner ear	109. Insufflation of the Fallopian tubes
18. Other operations on the middle and inner ear under general / spinal anesthesia	110. Other operations on the Fallopian tube
19. Removal of Keratosis Obturans	111. Dilatation of the cervical canal
Operations on the nose & the nasal sinuses	112. Conisation of the uterine cervix
20. Excision and destruction of diseased tissue of the nose	113. Other operations on the uterine cervix
21. Operations on the turbinates (nasal concha)	114. Incision of the uterus (hysterotomy)
22. Other operations on the nose under general/spinal anesthesia	115. Therapeutic curettage
23. Nasal sinus aspiration	116. Culdotomy
24. Foreign body removal from nose	117. Incision of the vagina
Operations on the eyes	118. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
25. Incision of tear glands	119. Incision of the vulva
26. Other operations on the tear ducts	120. Operations on Bartholin's glands (cyst)
27. Incision of diseased eyelids	121. Laser therapy of cervix for various lesions of Uterus
28. Excision and destruction of diseased tissue of the eyelid	122. Salpino-Oophorectomy via Laproscopy
29. Operations on the canthus and epicanthus	Operations on the prostate & seminal vesicles
30. Corrective surgery for entropion and ectropion	123. Incision of the prostate
31. Corrective surgery for blepharoptosis	124. Transurethral excision and destruction of prostate tissue
32. Removal of a foreign body from the conjunctiva	125. Transurethral and percutaneous destruction of prostate tissue
33. Removal of a foreign body from the cornea	126. Open surgical excision and destruction of prostate tissue
34. Incision of the cornea	127. Radical prostatovesiculectomy
35. Operations for pterygium	128. Other excision and destruction of prostate tissue
36. Other operations on the cornea	129. Operations on the seminal vesicles
37. Removal of a foreign body from the lens of the eye	130. Incision and excision of periprostatic tissue
38. Removal of a foreign body from the posterior chamber of the eye	131. Other operations on the prostate under general/spinal anesthesia
39. Removal of a foreign body from the orbit and eyeball	Operations on the scrotum & tunica vaginalis testis
40. Operation of cataract	132. Incision of the scrotum and tunica vaginalis testis
41. Retinal detachment	133. Operation on a testicular hydrocele
42. Correction of Eyelids Ptosis by Levator Palpebrae Superioris Resection (bilateral)	134. Excision and destruction of diseased scrotal tissue
43. Correction of Eyelids Ptosis by Fascia Lata Graft (bilateral)	135. Plastic reconstruction of the scrotum and tunica vaginalis testis
44. Diathermy/ Cryotherapy to treat retinal tear	136. Other operations on the scrotum and tunica vaginalis testis
45. Anterior chamber Pancentesis/ Cyclodiathermy/ Cyclocryotherapy / goniotomy/ Trabeculotomy and Filtering and Allied operations to treat glaucoma	Operations on the testes
46. Enucleation of the eye without implant	137. Incision of the testes
47. Dacryocystorhinostomy for various lesions of Lacrimal Gland	138. Excision and destruction of diseased tissue of the testes
48. Laser photocoagulation to treat Retinal Tear	139. Unilateral orchidectomy
Operations on the skin & subcutaneous tissues	140. Bilateral orchidectomy

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49. Incision of a pilonidal sinus	141. Orchidopexy
50. Other incisions of the skin and subcutaneous tissues	142. Abdominal exploration in cryptorchidism
51. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues	143. Surgical repositioning of an abdominal testis
52. Local excision of diseased tissue of the skin and subcutaneous tissues	144. Reconstruction of the testis
53. Other excisions of the skin and subcutaneous tissues	145. Implantation, exchange and removal of a testicular prosthesis
54. Simple restoration of surface continuity of the skin and subcutaneous tissues	146. Other operations on the testis under general /spinal anesthesia
55. Free skin transplantation, donor site	Operations on the spermatic cord, epididymis and ductus deferens
56. Free skin transplantation, recipient site	147. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
57. Revision of skin plasty	148. Excision in the area of the epididymis
58. Other restoration and reconstruction of the skin and subcutaneous tissues	149. Epididymectomy
59. Chemosurgery to the skin	150. Reconstruction of the spermatic cord
60. Destruction of diseased tissue in the skin and subcutaneous tissues	151. Reconstruction of the ductus deferens and epididymis
61. Reconstruction of deformity/defect in NailBed	152. Other operations on the spermatic cord, epididymis and ductus deferens
Operations on the tongue	Operations on the penis
62. Incision, excision and destruction of diseased tissue of the tongue	153. Operations on the foreskin
63. Partial glossectomy	154. Local excision and destruction of diseased tissue of the penis
64. Glossectomy	155. Amputation of the penis
65. Reconstruction of the tongue	156. Plastic reconstruction of the penis
66. Other operations on the tongue under general/spinal anesthesia	157. Other operations on the penis under general/spinal anesthesia
Operations on the salivary glands & salivary ducts	Operations on the urinary system
67. Incision and lancing of a salivary gland and a salivary duct	158. Cystoscopical removal of stones
68. Excision of diseased tissue of a salivary gland and a salivary duct	159. Cathterisation of bladder
69. Resection of a salivary gland	Other Operations
70. Reconstruction of a salivary gland and a salivary duct	160. Lithotripsy
71. Other operations on the salivary glands and salivary ducts	161. Coronary angiography
Other operations on the mouth & face	162. Haemodialysis
72. External incision and drainage in the region of the mouth, jaw and face	163. Radiotherapy for Cancer
73. Incision of the hard and soft palate	164. Cancer Chemotherapy
74. Excision and destruction of diseased hard and soft palate	165. Renal biopsy
75. Incision, excision and destruction in the mouth	166. Bone marrow biopsy
76. Plastic surgery to the floor of the mouth	167. Liver biopsy
77. Palatoplasty	168. Biopsy of Termporal Artery for Various lesions
78. Other operations in the mouth under general /spinal anesthesia	169. External Arterio-venus shunt
Operations on the tonsils & adenoids	170. Endoscopic polypectomy
79. Transoral incision and drainage of a pharyngeal abscess	Operation on bone and joints

80. Tonsillectomy without adenoidectomy	171. Surgery for ligament tear
81. Tonsillectomy with adenoidectomy	172. Surgery for meniscus tear
82. Excision and destruction of a lingual tonsil	173. Surgery for hemoarthrosis/ pyoarthrosis
83. Other operations on the tonsils and adenoids under general / spinal anesthesia	174. Removal of fracture pins/ nails
Trauma surgery and orthopaedics	175. Removal of metal wire
84. Incision on bone, septic and aseptic	176. Closed reduction on fracture, luxation
85. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	177. Reduction of dislocation under GA
86. Suture and other operations on tendons and tendon sheath	178. Epiphyseolysis with Osteosynthesis
87. Reduction of dislocation under GA	179. Excision of Bursitis
88. Arthroscopic knee aspiration	180. Tennis elbow release
89. Adenoidectomy	181. Excision of various lesions in Coccyx
Operations on the breast	182. Arthroscopic knee aspiration
90. Incision of the breast	
91. Operations on the nipple	
92. Excision of single breast lump	

Note:

i. Above mentioned list is an indicative list of procedures, any other surgeries/procedures requiring less than 24 hours hospitalization due to technological advances will also be covered under this policy provided such procedures comply with the standard definition of Day Care Centre and Day Care treatment mentioned in the definitions.

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

Annexure II:-

List 1: List of Non-Medical Items

SL No	Item	
1	BABY FOOD	Not Payable
2	BABY UTILITIES CHARGES	Not Payable
3	BEAUTY SERVICES	Not Payable
4	BELTS/ BRACES	Not Payable
5	BUDS	Not Payable
6	COLD PACK/HOT PACK	Not Payable
7	CARRY BAGS	Not Payable
8	EMAIL I INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
11	LAUNDRY CHARGES	Not Payable
12	MINERAL WATER	Not Payable
13	SANITARY PAD	Not Payable
14	TELEPHONE CHARGES	Not Payable
15	GUEST SERVICES	Not Payable
16	CREPE BANDAGE	Not Payable

GROUP MEDICLAIM FOR CANARA BANK

17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHA RGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not Payable
26	BIRTH CERTIFICATE	Not Payable
27	CERTIFICATE CHARGES	Not Payable
28	COURIER CHARGES	Not Payable
29	CONVEYANCE CHARGES	Not Payable
30	MEDICAL CERTIFICATE	Not Payable
31	MEDICAL RECORDS	Not Payable
32	PHOTOCOPIES CHARGES	Not Payable
33	MORTUARY CHARGES	Not Payable
34	WALKING AIDS CHARGES	Not Payable
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
36	SPACER	Not Payable
37	SPIROMETRE	Not Payable
38	NEBULIZER KIT	Not Payable
39	STEAM INHALER	Not Payable
40	ARMSLING	Not Payable
41	THERMOMETER	Not Payable
42	CERVICAL COLLAR	Not Payable
43	SPLINT	Not Payable
44	DIABETIC FOOT WEAR	Not Payable
45	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
46	KNEE IMMOBILIZER/S HOULDER IMMOBILIZER	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED CHARGES	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
53	SUGAR FREE Tablets	Not Payable
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Not Payable
55	ECG ELECTRODES	Not Payable
56	GLOVES	Not Payable
57	NEBULISATION KIT	Not Payable

58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT , RECOVERY KIT, ETC]	Not Payable
59	KIDNEY TRAY	Not Payable
60	MASK	Not Payable
61	OUNCE GLASS	Not Payable
62	OXYGEN MASK	Not Payable
63	PELVIC TRACTION BELT	Not Payable
64	PAN CAN	Not Payable
65	TROLLY COVER	Not Payable
66	UROMETER , URINE JUG	Not Payable
68	VASOFIX SAFETY	Not Payable

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

S. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED /INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CARDLE CHARGES
6	COMB
7	EAU-DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINEFCTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES

31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCTDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLATNED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List lll- Items that are to be subsumed into Procedure Charges

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

List lV - Items that are to be subsumed into costs of treatment

S. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/CAPD EQUIPMENTS
7	INFUSION PUMP-COST
8	HYDROGEN PERPOXIDE\SPIRIT\DISINFECTION ETC
9	NUTTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT

11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION / STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

Annexure III: Modern Treatment Methods and Advancement in Technologies

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