

Group Medclaim for Syndicate Bank

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

- Account Holder of Bank (Self), lawfully wedded spouse, up to two dependent children and either set of dependent parents or parents in law.
- Entry age for Self Insured Person, Spouse, Dependent Parents/Parents in law – 18 years to 65 years
- Entry age for Children – 3 months 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

This includes

- Room rent and Boarding expenses as provided by the Hospital/Nursing Home
- Nursing Expenses as provided by the hospital.
- If admitted in ICU, the Company will pay up to actual ICU expenses provided by 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. 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. 1000 per policy period.

We will not cover treatment, costs or expenses for:

- i) Claims which have NOT been admitted under Inpatient Treatment
- ii) Healthcare or ambulance service provider not registered with road traffic authority.

5. Day Care Procedures:

We will pay You the medical expenses as listed above under Section A. Part a,1- In-patient Hospitalization Treatment for Day care procedures / Surgeries taken as an inpatient in a hospital or day care center but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.

6. Maternity Benefit:

- i. We will pay the Medical Expenses for the delivery of a baby (including caesarean section), limited to maximum 2 deliveries,
- ii. Our maximum liability per delivery shall be limited to 5% of the Opted Mediclaim Sum Insured.
- iii. We will pay the Medical Expenses of pre-natal and post-natal hospitalization (90 days post-delivery) per delivery up to the maternity limit.
- iv. Waiting period of 9 months would apply from the date of issuance of the first Group Mediclaim Policy with Us,
- v. Any complications arising, within 90 days post-delivery, out of or as a consequence of maternity/child birth will be covered up to the maternity limit.

7. New Born Baby Cover:

Coverage for new born baby will be considered subject to a claim being accepted under Maternity Expenses (Section I.A.6). We will pay the following expenses within the limit of the Sum Insured available under the Maternity Benefit section.

We will pay for,

- i. Medical Expenses towards treatment of Your new born baby while You are Hospitalized as an inpatient for delivery,
- ii. Hospitalization charges incurred on the new born baby during post birth including any complications shall be covered up to a period of 90 days from the date of birth and within limit of the Sum Insured under Maternity Expenses without payment of any additional premium
- iii. Mandatory Vaccinations of the new born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered under the Maternity Expenses Sum Insured.

8. Daily Cash Benefit for Accompanying an Insured Child

We will pay Daily Cash Benefit of Rs. 100 per day maximum up to 10 days during each Policy Year for reasonable accommodation expenses in respect of one parent/legal guardian, to stay with any minor Insured (under the Age of 12), provided the hospitalization claim is paid under Section I Part A,1- Inpatient Hospitalization Treatment.

9. Preventive Health Check-up Benefit

At the end of block of every continuous period of 3 claim free years during which You have held our Policy, You are eligible for a free Preventive Health checkup. We will reimburse the amount equal to 1% of Sum Insured.

You may approach us for the arrangement of the Health Checkup. 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.

10. Funeral Expenses:

In case the insured or his family members have died following hospitalization due to an illness/ accident and their eyes have been donated to a recognized institution, funeral expenses of Rs. 1000/- will be paid under the policy on production of the original certificate from the said institution. This is subject to there being a valid claim under the Group Mediciam policy. The amount will be reimbursed over and above the sum insured opted.

11. Personal Accidental (Death Only).

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 as per following grid mentioned below:

Insured Person	Medi-Claim Sum Insured
Account Holder	100%
Spouse	50%
Children Age 12 Years & Above	20%
Children Age Less than 12 Years	10%

NOTE: This Benefit is not available for Dependent parents / Parents in Law.

I. Definitions

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. 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.

5. 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.

6. 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.

7. 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.

8. Condition Precedent

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

9. 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.

10. Cumulative Bonus

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

11. 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.

12. 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.

13. Dental Treatment

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

14. 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.

15. 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.

16. Family

For the purpose of Individual Sum Insured policy- includes the insured; his/her lawfully wedded spouse and dependent children, parents, Sister, Brother, In laws, Aunt, Uncle, Grandchildren. 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.

17. 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.

18. 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.

19. 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.

20. 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

21. 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.

22. 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.

23. 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.

24. Medical Advise

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

25. 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.

26. 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.

27. 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.

28. 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.

29. 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.

30. Non- Network

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

31. 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.

32. 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.

33. 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.

34. 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.

35. 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.

36. 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.

37. 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.

38. 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

39. Room rent

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

40. 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.

41. 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.

42. Schedule means the schedule and any annexure to it.

43. 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.

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

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

II. Exclusion

A. 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

1. Any type gastrointestinal ulcers	2. Cataracts,
3. Any type of fistula	4. Macular Degeneration
5. Benign prostatic hypertrophy	6. Hernia of all types
7. All types of sinuses	8. Fissure in ano
9. Haemorrhoids, piles	10. Hydrocele
11. Dysfunctional uterine bleeding	12. Fibromyoma
13. Endometriosis	14. Hysterectomy
15. Uterine Prolapse	16. Stones in the urinary and biliary systems
17. Surgery on ears/tonsils/adenoids/ paranasal sinuses	18. Surgery on all internal or external tumours/cysts/nodules/polyps of any kind including breast lumps with exception of Malignant tumour or growth
19. Mental Illness	20. Diseases of gall bladder including cholecystitis
21. Pancreatitis	22. All forms of Cirrhosis
23. Gout and rheumatism	24. Tonsilitis
25. Surgery for varicose veins and varicose ulcers	26. Chronic Kidney Disease
27. Alzheimer's Disease	

3. Any Medical Expenses incurred during the first Four consecutive annual periods (48 Months) during which You have the benefit of a Group Mediclaim Policy with Us in connection with:

- i. Joint replacement surgery,
- ii. Surgery for vertebral column disorders (unless necessitated due to an accident)
- iii. Surgery to correct deviated nasal septum

- iv. Hypertrophied turbinate
 - v. Congenital internal diseases or anomalies
 - vi. Treatment for correction of eye sight due to refractive error recommended by Ophthalmologist for medical reasons with refractive error greater or equal to 7.5
 - vii. Bariatric Surgery
 - viii. Parkinson's Disease
 - ix. Genetic disorders
4. 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.
5. Maternity
Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 9 months continuous period has elapsed since the inception of the first Policy with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.

B. 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:
 - i. 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.
 - ii. 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: (Code- 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 health spas, 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 dioptries.
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. Circumcision unless required for the treatment of illness or accidental bodily injury.
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. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
21. 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.
22. 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.
23. 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.
24. All non-medical Items as per Annexure II.
25. Any treatment received outside India is not covered under this Policy.

C. General Exclusions applicable to Accidental Death

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

III. CONDITIONS

1. Conditions Precedent

2. 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. **Insured**

Only those persons named as the insured in the Policy Schedule shall be covered under this Policy. Cover under this Policy shall be withdrawn from any Insured upon such Insured 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. However the Company reserves to engage TPA at any time, at the sole discretion of the Company.

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:

- i. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You or *Your* representative must call Us and request pre-authorisation by way of the written form.
- ii. 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.
- iii. 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 Section A1 In-Patient Hospitalization Treatment above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorization 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.

B. Reimbursement Claims Procedure:

If Pre-authorization 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 Medical practitioner 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, 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:

- Claim form with NEFT details & cancelled cheque duly signed by Insured
- Photo identity proof of the patient
- Original/Attested copies of Discharge Summary / Discharge Certificate / Death Summary with Surgical & anesthetics notes
- Attested copies of Indoor case papers
- Original/Attested copies Final Hospital Bill with break up 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 Medical practitioner 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.
- Legal heir/ succession certificate, wherever applicable
- Any other relevant document required by Company/ TPA for assessment of the claim.

Please send the documents on below address
Bajaj Allianz General Insurance Company Ltd
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, the Company will settle the claim within 30 (thirty) days of the receipt of the last necessary document. 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. 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. However, where the circumstances of a claim warrant an investigation, the Company will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. 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 Medical practitioner 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. We shall make payment in Indian Rupees only.

- IV. Modern Treatment Methods and Advancement in Technologies (as per list in Annexure III) are covered up to 50% of Sum Insured or 2.5 lacs whichever is lower, subject to policy terms, conditions, coverages and exclusions.
- V. Mental Treatment is covered upto 20% of Sum Insured, subject to policy terms, conditions, coverages and exclusions.

7. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on His/her behalf to obtain any Benefit under this Policy, all benefits under this Policy shall be forfeited.

Any amount already paid against Claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:-

- a) The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or brief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

8. Migration

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

9. Multiple Policies

- i. In case of multiple policies which provide fixed benefits, on the occurrence of the covered event/s in accordance with the terms and conditions of the Policy, each Insurer shall make the claim payments independent of payments received under other similar policies.
- ii. If two or more Policies are taken by an Insured during a period from one or more insurers to indemnify treatment costs, the Insured shall have the right to require a settlement of his/her claim in terms of any of his/her Policies.
 - a. 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.
 - b. Claims under other Policy/ies may be made after exhaustion of Sum Insured in the earlier chosen Policy / Policies.
 - c. If the amount to be claimed exceeds the Sum Insured under a single Policy after considering the deductibles or co-pay, the Policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
 - d. Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the medical expenses incurred in accordance with the terms, conditions and coverage's of the chosen Policy.

If Insured has multiple Policies, he/ she has the right to prefer claims from other Policy/Policies for the amounts disallowed under the earlier chosen Policy/ Policies, even if the Sum Insured is not exhausted. The Company shall settle the claim subject to the terms and conditions of the Policy.

10. Renewal & Cancellation

- i. 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.
- ii. Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDAI.
- iii. 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.
- iv. The Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances, Policy will not be cancelled by the Company except for reasons of (i) **Insured's** failure to comply with the material terms, conditions or contractual obligations under this Policy, including the failure to pay any premium or Deductible when due, (ii) misrepresentation, fraud, non-disclosure of material facts, if any false/fraudulent claim is made, statement or declaration is made or used or non-cooperation. In cases of cancellation of Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, or if any false/fraudulent claim, statement, undertaking or declaration is made or used premium shall be forfeited and no refund of premium shall be made by the **Company**. In cases of the failure to pay any premium or Deductible when due there shall be no refund of premium and any premium/deductible receivable shall be paid by Insured to the company failing which appropriate actions shall be taken by the Company. In other cases of cancellation of Policy by the Company, premium will be refunded on pro-rata basis. However, no premium refund is applicable if there is a **claim** or notification of any occurrence which may give rise to a **claim** prior to the above cancellation date.

- v. The Policy may be cancelled by the Insured at any time before the expiry of the Policy Period by giving at least 15 days written notice to the Company and if no claim has been made then the Company will refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the below tables. However, no premium refund is applicable if there is a **claim** or notification of any occurrence which may give rise to a **claim** prior to the above cancellation date.

Cancellation grid for premium received on annual basis and refund is as under

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%

For the avoidance of doubt, the Company shall remain liable for any claim that was made prior to the date upon which the Policy is cancelled except in cases such cancellation is on account of Fraud, if any false/fraudulent claim is made by Insured or any one on behalf of Insured, mis-representation or non-disclosure of material facts or non-co-operation by the Insured.

11. High Claims Ratio Loadings

The total premium payable at renewal of the Group Mediclaim policy will be loaded at the following scale depending upon the incurred claims ratio for the entire Group insured under the Group Mediclaim Policy for the preceding year (immediately preceding the date of renewal)

Incurring Claim Ratio under the Group Mediclaim	Loading
Between 70% and 100%	25%
Between 101% and 125%	55%
Between 126% and 150%	90%
Between 151% and 175%	120%
Between 176% and 200%	150%
Over 200%	Cover to be reviewed

12. Disclosure of Information

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

13. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly

14. Endorsements:

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

15. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

16. Complete Discharge

Any payment to the Insured Person or his/her nominees or his/her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

17. 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(s) at least 3 months prior to the date of such revision/modification comes into the effect

18. Withdrawal of Policy

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDA, as We reserve Our right to do so with a intimation of 3 months to all the existing Insured(s). 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 IRDA.

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.

19. Sum Insured Enhancement:

- i. The Insured can apply for enhancement of Sum Insured at the time of renewal for upto next two slabs only. 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(s) & 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.

20. Inclusion of members under the Policy:

Where an Insured 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.

21. Territorial Limits & Governing Law

- i. We cover medical expenses for 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.

22. Arbitration and Reconciliation

- (i) If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy (liability/claim being otherwise admitted by the Insurers), such difference shall independently of all other question be referred to the decision of a sole arbitrator to be appointed in writing by the Insurer and the Insured who has made claim under this Policy or if they cannot agree upon a single arbitrator within 30 days of any party [the Insurer or the and the Insured who has made claim under this Policy] invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators one to be appointed by the Insured who has made claim under this Policy and the Insurer, respectively, who are the parties to the dispute/ difference and the third arbitrator to be appointed by such two appointed arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 as amended from time to time. The law of the arbitration will be Indian law.
- (ii) It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided if the Insurers has disputed or not accepted/admitted the liability/claim under the Policy.
- (iii) It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit read with this Policy that the award by such arbitrator/ arbitrators of the amount of the Loss or damage shall be first obtained.
- (iv) It is also hereby further expressly agreed and declared that if the Insurers shall disclaim/repudiate the liability to the Insured for any claim under the Policy, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit in a court of law, then all benefits/indemnities under the Policy shall be forfeited and the rights of Insured shall stand extinguished and the liability of the Insurers shall also stand discharged.
- (v) The seat of the arbitration shall be Pune. This condition remains valid, should the Policy become void.
- (vi) In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of this Policy.

23. Grievance Redressal Procedure

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

Please read *Your* Policy and Policy 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:

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) or 020-30305858

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured 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)
<p>AHMEDABAD - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase,</p>	<p>Karnataka.</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p>	
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri/Smt..... Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI - Shri/Smt..... Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building,</p>	<p>Delhi.</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>

Office Details	Jurisdiction of Office Union Territory, District)
<p>KOLKATA - Shri/Smt..... Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Shri/Smt..... Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri/Smt..... Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri/Smt..... Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,,</p>	<p>Bihar, Jharkhand.</p>

Office Details	Jurisdiction of Office Union Territory, District)
Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	
PUNE - Shri/Smt..... Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure I: List of Day Care Procedures:

Microsurgical operations on the middle ear	
1. Stapedotomy	47. Dacryocystorhinostomy for various lesions of Lacrimal Gland
2. Stapedectomy	48. Laser photocoagulation to treat Retinal Tear
3. Revision of a stapedectomy	Operations on the skin & subcutaneous tissues
4. Other operations on the auditory ossicles under general/spinal anesthesia	49. Incision of a pilonidal sinus
5. Myringoplasty (Type -I Tympanoplasty)	50. Other incisions of the skin and subcutaneous tissues
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)	51. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
7. Revision of a Tympanoplasty	52. Local excision of diseased tissue of the skin and subcutaneous tissues
8. Other microsurgical operations on the middle ear under general /spinal anesthesia	53. Other excisions of the skin and subcutaneous tissues
Other operations on the middle & internal ear	54. Simple restoration of surface continuity of the skin and subcutaneous tissues
9. Myringotomy	55. Free skin transplantation, donor site
10. Removal of a tympanic drain	56. Free skin transplantation, recipient site

11. Incision of the mastoid process and middle ear	57. Revision of skin plasty
12. Mastoidectomy	58. Other restoration and reconstruction of the skin and subcutaneous tissues
13. Reconstruction of the middle ear	59. Chemosurgery to the skin
14. Other excisions of the middle and inner ear	60. Destruction of diseased tissue in the skin and subcutaneous tissues
15. Fenestration of the inner ear	61. Reconstruction of deformity/defect in NailBed
16. Revision of a fenestration of the inner ear	Operations on the tongue
17. Incision (opening) and destruction (elimination) of the inner ear	62. Incision, excision and destruction of diseased tissue of the tongue
18. Other operations on the middle and inner ear under general /spinal anesthesia	63. Partial glossectomy
19. Removal of Keratosis Obturans	64. Glossectomy
Operations on the nose & the nasal sinuses	65. Reconstruction of the tongue
20. Excision and destruction of diseased tissue of the nose	66. Other operations on the tongue under general/spinal anesthesia
21. Operations on the turbinates (nasal concha)	Operations on the salivary glands & salivary ducts
22. Other operations on the nose under general/spinal anesthesia	67. Incision and lancing of a salivary gland and a salivary duct
23. Nasal sinus aspiration	68. Excision of diseased tissue of a salivary gland and a salivary duct
24. Foreign body removal from nose	69. Resection of a salivary gland
Operations on the eyes	70. Reconstruction of a salivary gland and a salivary duct
25. Incision of tear glands	71. Other operations on the salivary glands and salivary ducts
26. Other operations on the tear ducts	Other operations on the mouth & face
27. Incision of diseased eyelids	72. External incision and drainage in the region of the mouth, jaw and face
28. Excision and destruction of diseased tissue of the eyelid	73. Incision of the hard and soft palate
29. Operations on the canthus and epicanthus	74. Excision and destruction of diseased hard and soft palate
30. Corrective surgery for entropion and ectropion	75. Incision, excision and destruction in the mouth
31. Corrective surgery for blepharoptosis	76. Plastic surgery to the floor of the mouth
32. Removal of a foreign body from the conjunctiva	77. Palatoplasty
33. Removal of a foreign body from the cornea	78. Other operations in the mouth under general /spinal anesthesia
34. Incision of the cornea	Operations on the tonsils & adenoids
35. Operations for pterygium	79. Transoral incision and drainage of a pharyngeal abscess

36. Other operations on the cornea	80. Tonsillectomy without adenoidectomy
37. Removal of a foreign body from the lens of the eye	81. Tonsillectomy with adenoidectomy
38. Removal of a foreign body from the posterior chamber of the eye	82. Excision and destruction of a lingual tonsil
39. Removal of a foreign body from the orbit and eyeball	83. Other operations on the tonsils and adenoids under general /spinal anesthesia
40. Operation of cataract	Trauma surgery and orthopaedics
41. Retinal detachment	84. Incision on bone, septic and aseptic
42. Correction of Eyelids Ptosis by Levator Palpebrae Superioris Resection (bilateral)	85. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
43. Correction of Eyelids Ptosis by Fascia Lata Graft (bilateral)	86. Suture and other operations on tendons and tendon sheath
44. Diathermy/ Cryotherapy to treat retinal tear	87. Reduction of dislocation under GA
45. Anterior chamber Paracentesis/ Cyclodiathermy/ Cyclocryotherapy / goniotomy/ Trabeculotomy and Filtering and Allied operations to treat glaucoma	88. Arthroscopic knee aspiration
46. Enucleation of the eye without implant	89. Adenoidectomy
Operations on the breast	139. Unilateral orchidectomy
90. Incision of the breast	140. Bilateral orchidectomy
91. Operations on the nipple	141. Orchidopexy
92. Excision of single breast lump	142. Abdominal exploration in cryptorchidism
Operations on the digestive tract	143. Surgical repositioning of an abdominal testis
93. Incision and excision of tissue in the perianal region	144. Reconstruction of the testis
94. Surgical treatment of anal fistulas	145. Implantation, exchange and removal of a testicular prosthesis
95. Surgical treatment of haemorrhoids	146. Other operations on the testis under general /spinal anesthesia
96. Division of the anal sphincter (sphincterotomy)	Operations on the spermatic cord, epididymis and ductus deferens
97. Other operations on the anus	147. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
98. Ultrasound guided aspirations	148. Excision in the area of the epididymis
99. Sclerotherapy etc.	149. Epididymectomy
100. Laprotomy for grading Lymphoma with Splenectomy/ Liver/ Lymph Node Biopsy	150. Reconstruction of the spermatic cord
101. Therapeutic laproscopy with Laser	151. Reconstruction of the ductus deferens and epididymis
102. Cholecystectomy and Choledoch - Jejunostomy/ Duodenostomy/ Gastrostomy/ Exploration Common Bile Duct	152. Other operations on the spermatic cord, epididymis and ductus deferens

103. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/ removal of foreign body/ diathermy of bleeding lesions	Operations on the penis
104. Lithotripsy/ Nephrolithotomy for renal calculus	153. Operations on the foreskin
105. Excision of renal cyst	154. Local excision and destruction of diseased tissue of the penis
106. Drainage of Pyonephrosis/ Perinephric Abscess	155. Amputation of the penis
107. Appendicectomy with/ without Drainage	156. Plastic reconstruction of the penis
Operations on the female sexual organs	157. Other operations on the penis under general/spinal anesthesia
108. Incision of the ovary	Operations on the urinary system
109. Insufflation of the Fallopian tubes	158. Cystoscopic removal of stones
110. Other operations on the Fallopian tube	159. Catheterisation of bladder
111. Dilatation of the cervical canal	Other Operations
112. Conisation of the uterine cervix	160. Lithotripsy
113. Other operations on the uterine cervix	161. Coronary angiography
114. Incision of the uterus (hysterotomy)	162. Haemodialysis
115. Therapeutic curettage	163. Radiotherapy for Cancer
116. Culdotomy	164. Cancer Chemotherapy
117. Incision of the vagina	165. Renal biopsy
118. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas	166. Bone marrow biopsy
119. Incision of the vulva	167. Liver biopsy
120. Operations on Bartholin's glands (cyst)	168. Biopsy of Temporal Artery for Various lesions
121. Laser therapy of cervix for various lesions of Uterus	169. External Arterio-venous shunt
122. Salpingo-Oophorectomy via Laparoscopy	170. Endoscopic polypectomy
Operations on the prostate & seminal vesicles	Operation on bone and joints
123. Incision of the prostate	171. Surgery for ligament tear
124. Transurethral excision and destruction of prostate tissue	172. Surgery for meniscus tear
125. Transurethral and percutaneous destruction of prostate tissue	173. Surgery for hemoarthrosis/ pyoarthrosis
126. Open surgical excision and destruction of prostate tissue	174. Removal of fracture pins/ nails
127. Radical prostatovesiculectomy	175. Removal of metal wire
128. Other excision and destruction of prostate tissue	176. Closed reduction on fracture, luxation
129. Operations on the seminal vesicles	177. Reduction of dislocation under GA
130. Incision and excision of periprostatic tissue	178. Epiphyseolysis with Osteosynthesis
131. Other operations on the prostate under general/spinal anesthesia	179. Excision of Bursitis
Operations on the scrotum & tunica vaginalis testis	180. Tennis elbow release

132. Incision of the scrotum and tunica vaginalis testis	181. Excision of various lesions in Coccyx
133. Operation on a testicular hydrocele	182. Arthroscopic knee aspiration
134. Excision and destruction of diseased scrotal tissue	
135. Plastic reconstruction of the scrotum and tunica vaginalis testis	
136. Other operations on the scrotum and tunica vaginalis testis	
Operations on the testes	
137. Incision of the testes	
138. Excision and destruction of diseased tissue of the testes	

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 I: List of Non-Medical Items

SL N	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 / INTERNET CHARGES	Not Payable
9	FOOD CHARGES (OTHER THAN PATIENT'S)	Not Payable
10	LEGGINGS	Essential in bariatric and varicose vein surgery
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
17	DIAPER OF ANY TYPE	Not Payable
18	EYELET COLLAR	Not Payable
19	SLINGS	Not Payable
20	BLOOD GROUPING AND CROSS MATCHING	Not Payable
21	SERVICE CHARGES WHERE NURSING CHARGES ALSO CHARGED	Not Payable
22	Television Charges	Not Payable
23	SURCHARGES	Not Payable
24	ATTENDANT CHARGES	Not Payable
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED	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	Not Payable
47	LUMBOSACRAL BELT	Not Payable
48	NIMBUS BED OR WATER OR AIR BED	Not Payable
49	AMBULANCE COLLAR	Not Payable
50	AMBULANCE EQUIPMENT	Not Payable
51	ABDOMINAL BINDER	Not Payable
52	PRIVATE NURSES CHARGES - SPECIAL	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	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	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES/ ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MtSC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III- 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 IV - 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 prostate (Green laser treatment or holmium laser treatment)
- K. IONM -(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

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