

PREAMBLE

This **Policy** is issued to **You** based on **Your Proposal and declarations together/ followed by, with any other documents to Us** and **Your** payment of the premium on behalf of you and the persons to be insured. This **Policy** records the contract between **Us** and **You** and/or any **Insured Person** and sets out the terms of insurance and the obligations of each party. Now this contract witnesses to the definition's terms, conditions and exclusions contained herein, or endorsed or otherwise expressed hereon and sets out as stated in **Schedule** of this policy/contract to the said **Insured Person/s** claiming payment or upon the happening of an event upon which one or more benefits become payable under the sum insured as stated in the Schedule.

A. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

I. Standard definitions

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **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.
3. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
4. **¹AYUSH 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. **²AYUSH 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

¹ Inserted definition of AYUSH Hospital

² Inserted definition of AYUSH Day Care Centre

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. **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 is approved.
7. **Condition Precedent** shall mean a **Policy** term or condition upon which the **Insurer's** liability under the **Policy** is conditional upon.
8. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- a. **Internal Congenital Anomaly - 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.
9. **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.
10. **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** 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
- a. has qualified nursing staff under its employment;
 - b. has qualified medical practitioner/s in charge;
 - c. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
12. **Day care treatment** means medical treatment, and/or surgical procedure which is:
- a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - b. which would have otherwise required hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
13. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
14. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including

examinations, fillings (where appropriate), crowns, extractions and surgery.

15. **Disclosure to information norm:** 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.
16. **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.
17. **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.
18. **Grace period** means the the specified period of time immediately following the premium due date during which premium a payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to as waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- Provided the insurer shall offer coverage during the grace period, if the premium is paid in installments during policy period.
19. **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
20. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive '**In- patient Care**' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
21. **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:
 - (i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - (ii) it needs ongoing or long-term control or relief of symptoms
 - (iii) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

- (iv) it continues indefinitely
- (v) it recurs or is likely to recur

22. **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. **Inpatient Care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.
24. **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.
25. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
26. **Maternity expense means:**
- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - b. expenses towards lawful medical termination of pregnancy during the policy period.
27. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
28. **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.
29. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.
30. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- i. is required for the medical management of the illness or injury suffered by the insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a medical practitioner;
 - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
31. **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.

32. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
33. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
34. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
35. **OPD treatment** means the 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.
36. **Portability** means the right accorded to an individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
37. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
38. **Pre-Existing Disease** means any condition, ailment or injury or disease:
- That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement, or
 - For which medical advice or treatment was recommended by, or received from, a Physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.
39. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
40. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
41. **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.
42. **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.
43. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
44. **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.

45. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.

II. Specific definitions

46. **Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

47. **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.

48. **Family** means and includes You, Your Spouse/Live-in partner in the Individual Policy or Family Floater Policy.

49. **Hazardous Activities** mean recreational or occupational activities which pose high risk of injury.

50. **Live-in Relationship** shall, for the purpose herein, mean an arrangement between two unmarried adult persons, who consent to living together in a long term relationship that is in the nature of a marriage.

51. **Live-in Partner** shall, for the purpose herein, means either half of the two unmarried adult persons of any gender and irrespective of the sexual orientation, who have consensually chosen to reside jointly with the other adult person, in a long term relationship and in the same residence. For the purpose of clarity, it is, hereby, mentioned that this definition shall be construed to include persons belonging to the LGBT community, wherein the scope of LGBT shall be in accordance with the standings laws of India, as may be in force from time to time.

52. **LGBT** will mean and include a sexual orientation / gender expression as defined below

- a) Lesbian: means a woman who has the capacity to form enduring physical, romantic, and/ or emotional attractions or sexual attraction towards other woman.
- b) Gay: means a man who has the capacity to form enduring physical, romantic, and/ or emotional attractions or sexual attraction towards other man.
- c) Bisexual: A person who has the capacity to form enduring physical, romantic, and/ or emotional attractions to those of the same gender or to those of opposite gender.
- d) Transgender: means a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities as kinner, hijra, aravani and jogta

53. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.

54. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.

55. **Policy Year** means every annual period within the Policy Period starting with the commencement date.

56. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover

to be granted

57. **Schedule** means that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured. Any Annexure or Endorsement to the **Schedule** shall also be a part of the **Schedule**.
58. **Senior citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.
59. **Sum Insured** means the amount specified in the Schedule which is Our maximum, total and cumulative liability under this Policy for any and all claims arising under this Policy in a Policy Year in respect of the Insured Person(s).
60. **We, Our, Us, Insurer** means Generali Central Insurance Company Limited.
61. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

Please note

- a) Insect and mosquito bites is not included in the scope of definition of **Accident**.
b) **Medical Expenses** would include both medical treatment and/ or surgical treatment

B. SCOPE OF COVER

We shall pay the following **medical expenses** for medically necessary treatment, **Reasonable and Customary Charges** incurred for **Hospitalisation**:

1. Room rent; Board & Nursing Expenses as provided by the Hospital/ Nursing Home
2. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
3. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any Medical expenses incurred which is integral part of the operation
4. **Pre-Hospitalisation Medical Expenses** – We shall pay for Medical expenses incurred with respect to the Insured Person for up to 60 days immediately prior to date of admission of Insured Person into the Hospital, provided that We have accepted a claim for Inpatient- Hospitalisation Expenses
5. **Post hospitalisation Medical expenses** – We shall pay for Medical expenses incurred with respect to the Insured Person for up to 90 days after the date of discharge of Insured Person from the Hospital, provided that We have accepted a claim for Inpatient- Hospitalisation Expenses

Pre and Post hospitalisation combined expenses are limited up to 2% of Sum Insured opted maximum up to ₹ 10000 for each hospitalisation.

6. **Day Care expenses** – **We** shall pay for expenses incurred under **Day Care Treatment** requiring less than 24 hours of **Hospitalisation** as per the attached list.
7. **Road Ambulance charges** - up to a maximum amount specified in the Schedule of Benefits, per **Hospitalisation** basis, which will be reimbursed to **You** on producing the bills in original.

8. **Free Annual medical check-up** - At the end of every continuous period of 1 year during which **You** have held **Our Policy** irrespective of claim free years, You may apply to Us for a free medical check-up (Physician's Consultation, ECG, Complete Blood Count, Fasting blood Sugar, Post Prandial Blood Sugar, Sr. Creatinine), at **Our** Diagnostic Center, the location of which **We** will specify at the time of **Your** application.

If **Our** Diagnostic Centre is not available at **Your** location, **We** will arrange for free annual medical check-up at **Your** nearest diagnostic centre, after **Your** prior intimation to **Us**.

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). This option would be available to the policy holder once during the respective policy period from the second year onwards.

C. EXCLUSIONS

1. Waiting Periods

All Illnesses and treatments shall be covered subject to the waiting periods specified below:

1. Pre-Existing Disease- Excl 01

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. If the Insured Person 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.
- iv. Coverage under the policy after the expiry of 12 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- Code- Excl02

- i. 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.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. 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.
- iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- v. If the Insured Person 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.
- vi. List of specific diseases/procedures:

I. 24 months waiting period:

- a) Cataract
- b) Glaucoma
- c) Diseases of the anterior segment and posterior segment of the eyes
- d) Surgery on ears
- e) Diseases related to Thyroid

- f) Varicose veins and Varicose ulcers
- g) All diseases of Prostate
- h) Stricture Urethra
- i) All types of Hernia
- j) Varicocele
- k) Hydrocele
- l) Fistula / Fissure in ano, Hemorrhoids
- m) Pilonidal Sinus and Fistula
- n) Rectal Prolapse
- o) Stress Incontinence
- p) Gall bladder and Pancreatic diseases
- q) Gastric and duodenal ulcers and all treatments (conservative, interventional, laparoscopic and open) related to Hepatopancreato-biliary disease including Gall bladder and Pancreatic calculi
- r) All types of management for Kidney and Genito-urinary tract calculi
- s) All treatments (conservative, interventional, laparoscopic and open) related to all diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Dysfunctional Uterine bleeding, Pelvic inflammatory diseases
- t) Conservative, operative treatment and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and Joint [other than caused by accident]
- u) Degenerative disc and Vertebral diseases including replacement of Bones and Joints, Prolapse of intervertebral disc (other than caused by accident)
- v) Degenerative diseases of the Musculo-skeletal system
- w) All internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps with exception of malignant tumour or growth.

II. 30 days waiting period Excl -03

- 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 Person 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

2. Standard exclusions

We will not pay for any expenses incurred by **You** in respect of claims arising out of or howsoever related to any of the following:

a) Obesity/ Weight Control: Code- 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

b) Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

c) Cosmetic or Plastic Surgery: Code- 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 medically necessity, it must be certified by the attending Medical Practitioner.

d) 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, scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc .

e) Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

f) Excluded Providers: Code- 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.

g) Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

h) Code- Excl13

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 a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons.

i) Code- Excl14

Dietary supplements and substances which are available naturally and 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 hospitalisation claim or day care procedures.

j) Refractive Error: Code- Excl15

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

k) Unproven Treatments: Code- 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.

l) Birth control, Sterility and Infertility: Code- Excl17

Expenses related to Birth Control, sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

m) Maternity : Code Excl 18

- i. Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean section incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during policy period.

3. Specific exclusions

We will not pay for any expenses incurred by **You** in respect of claims arising out of or howsoever related to any of the following:

- n) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.
- o) Vaccination/ inoculation (except as post bite treatment)
- p) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital.
- q) Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
- r) Convalescence, general debility or rest cure, intentional self-Injury, venereal/ Sexually Transmitted disease other than HIV/AIDS.
- s) Congenital External Illness/ disease/ defect anomaly.
- t) ³Costs incurred on all methods of treatment except AYUSH and Allopathic treatment.
- u) Stem cell storage.
- v) Expenses related to donor screening, treatment, including Surgery to remove organs from the donor in case of a transplant Surgery. We will also not pay donor's pre and post Hospitalisation expenses or any other medical treatment for the donor consequent to Surgery.
- w) Outpatient Diagnostic, Medical and Surgical Procedures or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- x) Medical Practitioner's home visit charges during pre and post Hospitalisation period, Attendant Nursing charges.
- y) Domiciliary hospitalisation, treatment received outside India.
- z) Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
- aa) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
- bb) Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
- cc) Standard list of excluded items as mentioned in Annexure 2 and on our website <https://generalicentralinsurance.com>
- dd) Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured.

³ Modified the wording to cover AYUSH treatment into the scope of the Product

D. GENERAL TERMS AND CLAUSES

I. Standard general terms and clauses

1. Disclosure to information norm:

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 by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

3. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/ migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

4. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

<https://generalicentralinsurance.com/portability-and-migration>

5. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

<https://generalicentralinsurance.com/portability-and-migration>

6. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or

assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

7. Multiple Policies

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person 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. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

8. 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 and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, 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 belief 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

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

9. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

10. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

11. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

12. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

13. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Website: <https://generalicentralinsurance.com>

Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800

Email: GCicare@generalicentral.com

Courier: Grievance Redressal Cell, Generali Central Insurance company limited.

Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West – 400607

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at GCIGRO@generalicentral.com or call at: 7900197777

For updated details of grievance officer, kindly refer the link

<https://Generalicentralinsurance.com/customer-service/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) - <https://bimabharosa.irdai.gov.in/>

II. Specific terms and clauses

1. Condition Precedent to the contract

(i) Co-Payments Applicable under the policy

- a) 50% co-payment is applicable on each and every claim related to Pre-existing disease, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. The Insured will

have no option to waive off this co-payment.

- b) 25% co-payment is applicable on each and every claim for all other claims, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. However the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium.
- c) The above co-payment shall continue lifelong.

(ii) Sub limits Applicable under the policy

a) Sub limits for Listed procedures applicable under the policy

Sub limits will be applicable for listed procedures as mentioned in Annexure 1 (Sub-limits table). In case of claim for specified procedures, the maximum liability of claim payment (including pre and post hospitalisation), shall be limited to the amount mentioned in the sublimit table.

b) Mandatory Sub limits for Modern Treatment Methods and Advancement in Technologies

The Medical Expenses incurred for the below listed treatments or procedures, as inpatient or as day care treatment (inclusive of pre and post hospitalization), is restricted to 50% of the sum insured opted, per policy period. These Sub limits are applicable for all Plans under the product. Claims related to conditions for which sub limits are already included, any expense towards Modern Treatment Methods and Advancement in Technologies are restricted to the applicable sublimit or 50% of Sum Insured whichever is lower.

- i. Uterine Artery Embolization and HIFU
- ii. Balloon Sinuplasty
- iii. Deep Brain stimulation
- iv. Oral chemotherapy
- v. Immunotherapy- Monoclonal Antibody to be given as injection
- vi. Intra vitreal injections
- vii. Robotic surgeries
- viii. Stereotactic radio surgeries
- ix. Bronchical Thermoplasty
- x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- xi. IONM - (Intra Operative Neuro Monitoring)
- xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

Co-payments mentioned in Section D. II. 1. (i) a) and b) will not be applicable in case there is a claim for the listed procedures mentioned in the Sub-limits section.

2. Conditions applicable during the contract

(i) Due Care

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 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. **You** will cooperate with **Us** at all times.

(ii) Insured

You and Your spouse / Live-in partner with entry age of 60 years and above can be covered in the Policy on Individual basis.

However if the spouse / Live-in partner is of age less than 60 years, she/ he can still opt under Family Floater policy, provided the age of Self is 60 years and above.

Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**.

(iii) **Cost of pre-insurance medical examination**

We will reimburse 50% of the cost of any pre-insurance medical examination conducted at our empanelled diagnostic center, once the Proposal is accepted and the Policy is issued for that Insured Person.

(iv) **Communications**

- a) Any communications, notifications or declarations meant for Us must be in writing and delivered to Our address specified in the Schedule.
- b) Any communication meant for You will be sent by Us to Your address shown in the Schedule. You must notify Us immediately of any change in Your address.
- c) Our agents are not authorized to receive communications, notices or declarations on Our behalf.

(v) **Policy Period**

The **Policy** can be issued for tenure of 1 year, 2 years and 3 years.

(vi) **Territorial Limits and Law**

- a) **We** cover Accidental Bodily **Injury** or sickness sustained by the Insured Person during the **Policy Period** anywhere in India.
- b) All medical/ surgical treatments including investigations under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency (Indian Rupees).
- c) The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.
- d) 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**.

(vii) **Cancellation**

- a) The policyholder may cancel this policy by giving 7 days written notice.
- b) In case the Policyholder requests for cancellation of the Policy, where no claims are reported under the Policy, the Company shall refund premium for the unexpired policy/ instalment period as detailed below:
 - i. **Single Premium Payment (1/2/3 years Policy Term)** – There shall be refund of proportionate premium for the unexpired policy period on prorata basis.
 - ii. **Premium paid in multiple instalments (1/2/3 years Policy Term)** - There shall be refund of proportionate premium for the unexpired instalment period on prorata basis.
- c) In case the Policyholder requests for cancellation of the Policy, where there are claims reported under the Policy, then the Company shall refund premium for the unexpired/ instalment policy period as detailed below:
 - i. **Single Premium Payment**
 - 1) 1 year Policy Term - There shall be no refund of premium for the unexpired policy period.
 - 2) 2/3 years Policy Term – There shall be no refund of premium for the current Policy Year in which the claim got reported. However, the premium for the unutilized subsequent Policy Years (if any), shall be refunded.
 - ii. **Premium paid in multiple instalments –**
 - 1) 1/2/3 years Policy Term - There shall be no refund of premium for the unexpired instalment period.
- d) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud or non-cooperation by the insured person by giving 15 days' written notice. There would be no refund of premium upon cancellation on the abovementioned grounds.
- e) In the event of death of an Insured Person, We shall refund the premium for the unutilized Policy / Instalment period based on the guidelines for various scenarios as mentioned below:

Scenario 1 – In case of no claim reported under the policy-

A. Policy Term – 1 / 2 / 3 Years; Payment Mode – Single Premium Payment

- 1) Non-Floater Policy - the corresponding premium pertaining to the deceased insured person for the unutilized Policy period shall be refunded on pro rata basis.
- 2) Floater policy - the premium for pertaining to the deceased Insured person for the unutilized Policy Period shall be refunded on pro rata basis.

B. Policy Term – 1 / 2 / 3 Years; Payment Mode – Multiple Instalments

- 1) Floater / Non-Floater Policy - the instalment premium pertaining to the deceased Insured Person for the unutilized instalment period shall be refunded on pro-rata basis.

Scenario 2 – In case of claim reported under the policy –

A. Policy Term – 1 Year; Payment Mode – Single Premium Payment

- 1) Non-Floater Policy
 - i. Claims incurred by the deceased Insured Person in the current Policy Year, The premium pertaining to the deceased Insured Person for the unutilized current Policy Year shall not be refunded.
 - ii. Claims incurred by any other Insured Person, but no claims incurred by deceased Insured Person in the current Policy Year- The premium pertaining to the deceased shall be refunded on pro-rata basis.
- 2) Floater Policy - Claims incurred by the deceased Insured Person or any other Insured Person in the current Policy Year, The premium for the deceased Insured Person for the unutilized Policy Period, will not be refunded.

B. Policy Term – 2 / 3 Years; Payment Mode – Single Premium Payment

- 1) Non-Floater Policy
 - i. Claims incurred by the deceased Insured Person in the current Policy Year –The premium pertaining to the deceased Insured Person for the unutilized current Policy Year shall not be refunded. However, premium pertaining to the deceased Insured Person for the unutilized subsequent Policy Years (if any), shall be refunded.
 - ii. Claims incurred by any other Insured Person, but no claims incurred by deceased Insured Person in the current Policy Year- The premium pertaining to the deceased Insured Person for the unutilized Policy Period, shall be refunded on pro-rata basis.
- 2) Floater Policy - Claims incurred by the deceased Insured Person or any other Insured Person in the current Policy Year – The premium for the deceased Insured Person for the unutilized current Policy Year, will not be refunded. Premium pertaining to the deceased Insured Person for the unutilized subsequent Policy Years (if any), shall be refunded.

C. Policy Term – 1 / 2 / 3 Years; Payment Mode – Multiple Instalments

- 1) Non-Floater Policy
 - i. Claims incurred by the deceased Insured Person in the current Instalment Period, the instalment premium pertaining to the deceased Insured Person for the unutilized current instalment period shall not be refunded.
 - ii. Claims incurred by any other Insured Person, but no claims incurred by deceased Insured Person in the current Instalment Period –The premium pertaining to the deceased Insured Person for the unutilized instalment Period, shall be refunded on pro-rata basis.
- 2) Floater Policy - Claims incurred by the deceased Insured Person or any other Insured Person in the current Instalment Period, the instalment premium pertaining to the deceased Insured Person for the unutilized current instalment period shall

not be refunded.

(viii) **Premium Payment in Instalments**

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay in case of monthly instalment premium and grace period of 30 days shall be given to pay in case of quarterly / Half Yearly installment premiums, due for the policy.
- ii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iii. No interest will be charged If the instalment premium is not paid on due date
- iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
- vii. The payment will be accepted through E-NACH / ACH/ ECS / any other mode approved by Government of India.
- viii. On successful registration for the mandate/ E-NACH/ any other mode approved by Government of India, the premium shall be auto debited as per the frequency opted.
- ix. In case of withdrawal of E-NACH/ ACH/ ECS / any other mode approved by Government of India, a written communication will be required from policyholder.
- x. In case there is failure in transaction in E-NACH/ ACH/ ECS mode/ any other mode approved by Government of India or the instalment premiums are not received within the grace period, the Policy will get cancelled. A fresh policy with all waiting periods would be issued.
- xi. If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered.

(ix) **⁴AYUSH Coverage:**

Expenses incurred on hospitalization due to accident and illnesses under AYUSH system of medicine shall be covered. However, all preventive and rejuvenation treatments which are non-curative in nature shall not be covered.

3. Conditions when a claim arises

A. Claims Procedure

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 treatment is only available at a Network Provider. In order to avail cashless treatment, the following procedure must be followed by **You**:
 - (i) For availing **cashless** at a **Network Provider**, We must be called at **Our** call centre and a request for pre-authorisation must be made by way of the written form prescribed by **Us**.
 - (ii) After considering the request and obtaining any further information or documentation that **We** have sought, We may, if satisfied, send the **Network Provider** an authorisation letter. Such pre-authorization shall be issued by **Us** within 24 hours of receiving the complete information.

⁴ Clause number IX newly inserted to cover AYUSH treatments at par with Allopathic Treatments, wherever applicable, in the product to provide an option for the Insured Persons to choose treatment of their choice

- (iii) 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 Provider identified in the pre-authorisation letter at the time of the Insured Person's admission to the **Hospital**.
 - (iv) If the above procedure is followed, **You** will not be required to directly pay for those Medical Expenses to the Network Provider that We are liable to indemnify under this **Policy**. The original bills and evidence of treatment in respect of the same shall be left with the Network Provider. Pre-authorisation does not guarantee that all costs and expenses that are incurred will be covered. We reserve the right to review each claim for **Medical Expenses** incurred and accordingly coverage will be determined according to the terms, conditions and exclusions of this Policy. All other costs and expenses that are not covered under this Policy must be settled directly with the **Network Provider** and **We** shall have no liability in this regard.
- b) If pre-authorisation as above is denied by **Us** or if treatment is taken in a **Hospital** which is Non-Network or if **You** do not wish to avail cashless facility, then:
- (i) **We** must be given Notification of Claim in writing immediately and in any event within 48 hours of the commencement of the Illness or Injury. You must immediately consult a Medical Practitioner and follow the advice and treatment that he/she recommends. **You** must take reasonable steps or measures in good faith to minimise the quantum of any claim that may be made under this **Policy**.
 - (ii) **You** must have **Yourself** examined by **Our** medical advisors if **We** ask, the cost for which will be borne by **Us**.
 - (iii) **You** or someone claiming on **Your** behalf must promptly and in any event within 15 days of discharge from a **Hospital** give **Us** the necessary documents, including written details of the quantum of any claim along with all original supporting documentation, including but not limited to the following, and other information **We** ask for, to investigate the claim for **Our** obligation to make payment for it:
 - a. the claim form specified by **Us** duly completed and signed by the claimant or a family member;
 - b. first consultation letter;
 - c. first prescription from the Medical Practitioner;
 - d. original vouchers;
 - e. original Hospital bills giving a detailed break up of all expense heads mentioned in the bill;
 - f. Money receipt duly signed with a revenue stamp;
 - g. birth/death certificate (as applicable);
 - h. the original Hospital discharge card;
 - i. all original laboratory and diagnostic test Reports such as X-Ray, E.C.G, USG, MRI Scan, Haemogram etc;
 - j. If medicines have been purchased in cash and if this has not been reflected in the Hospital bill, please enclose a prescription from the Medical Practitioner and the supporting medicine bill from the chemist;
 - k. If diagnostic or radiology tests have been paid for in cash and it has not been reflected in the Hospital bill, please enclose a prescription from the Medical Practitioner advising the tests, the actual test reports and the bill from the diagnostic centre for the tests.
 - (iv) In the event of **Your/Insured Person's** death, **You/Insured Person's** nominee/legal heir claiming on his/her behalf must inform **Us** in writing immediately and send **Us** a copy of the post mortem report (if any) within 14 days.
 - (v) If **We** are not given notice/ documentation within the time frames set out above, then **We** may accept the claim notice/ documentation if it is demonstrated to **Us** that the delay was for reasons beyond the control of the claimant.
 - (vi) The periods for intimation as stipulated under 3. A. b (i), or submission of any documents as stipulated under 3. A. b (i), (iii) and (iv) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

B. Basis of claims payment

a) Claims for Day Care Treatment

The Day Care Treatments listed are subject to the exclusions, terms and conditions of the **Policy** and will not be treated as independent coverage under the **Policy**.

b) Co-Payments and sub limits for specified procedures applicable under the policy

Co-Payments and sub limits for specified procedures, as mentioned in Section D. II. 1. (i) a), b) and (ii) a), b) will be applicable under the **Policy**.

c) Reimbursement Claims

For reimbursement claims, the payment will be made to **You**. In the event of **Your** death, **We** will pay the nominee (as named in the **Schedule**) and in case the nominee is deceased or untraceable, payment to Your legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and where discharge shall be treated as full and final discharge of Our liability under the **Policy**.

d) Claim Settlement

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall 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 shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
- v. Our Claims team will scrutinize the claims on the receipt of the last necessary documents specified in Section 3. A. b (iii) above
- vi. In case of 'pending' claims, We will ask for submission of incomplete documents.
- vii. 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.

C. Policy Currency

We shall make payment in Indian Rupees only.

D. Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.

4. Conditions for renewal of the contract

(i) Renewal

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- a) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- b) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- c) Request for renewal along with requisite premium shall be received by the Company before the end

- of the policy period.
- d) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy.
 - e) Coverage is not available during the grace period.
 - f) No loading shall apply on renewals based on individual claims experience
 - g) Your Varishta Bima Policy shall be renewable lifelong
 - h) In case of a Renewal within Grace Period of 30 days Policy will be considered as continuous for the purpose of all waiting periods and Health Check-up benefit.
 - i) For Renewal Proposal received after completion of Grace Period of 30 days, all waiting periods would apply afresh.
 - j) The brochure/ prospectus mentions the premiums as per the age slabs/ Sum Insured and the same would be charged as per the completed age at every Renewal.
 - k) The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the IRDAI. However such revised premiums would be applicable only from subsequent Renewals and with due notice whenever implemented.
 - l) No increase/ decrease in Sum Insured during the currency of the Policy. However increase/decrease in Sum Insured or change in cover, can be requested at the time of Renewal of the Policy. You can submit a request for the changes by filling the Proposal before the expiry of the Policy.
 - m) In case of enhancement of sum insured the waiting period shall apply afresh to the extent of sum insured increase.

E. SCHEDULE OF BENEFITS

Varishta Bima								
A	Eligibility	Sum Insured options (in ₹)	200000, 300000, 400000, 500000, 750000, 1000000					
		Minimum entry age	60 years					
		Maximum entry age	Lifelong					
		Maximum Renewal Age	Lifelong					
		Individual/ Family Floater SI Options	Individual/ Family Floater					
		Policy Term	1/ 2/ 3 years					
		Family Definition	Insured and Insured spouse /Live-in partner In case of Individual policy, we shall not be able to offer cover to the spouse/Live-in partner of age less than 60 years. However he/ she can still be covered under Family Floater option, provided the age of Self (primary insured) is 60 years and above.					
B	Hospitalisation on Benefits	Hospitalisation	Covered					
		Day Care Treatment	Covered					
		Pre- Hospitalisation for 60 days and post-hospitalisation for 90 days	Sum Insured (₹)	2 L	3 L	4 L	5 L	7.5 L
		Combined limits for Pre- & Post-Hospitalisation (₹)	4000	6000	8000	10000	10000	10000
C	Discount	1. Long term discount (2- and 3-years policy term) in case of single payment of premium - 5% discount for 2 year policy, 10% for 3 years policy.						

		<div>2. 10% family Discount if more than 1 member is covered under single proposal with Individual sum insured.</div> <div>3. 10% discount on the individual member's premium, if the insured produces the latest medical reports within 15 days of the tests done (2 D Echo, Blood Pressure report, Glycosylated hemoglobin, blood urea & serum creatinine) along with the proposal form and the proposal is accepted. This is available for Sum Insured options of ₹ 2L, 3L, 4L and 5L. This discount will not be applicable for further renewals.</div>								
D	Instalment option (monthly, quarterly, half yearly) with Loading	<div>Available for policy term of 1/2/3 years. Loadings on standard premium will be applicable in case instalment facility is opted for premium payment.</div> <table><tr><th>Instalment frequency</th><th>Loading on standard premiums</th></tr><tr><td>Monthly</td><td>5%</td></tr><tr><td>Quarterly</td><td>4%</td></tr><tr><td>Half-yearly</td><td>3%</td></tr></table>	Instalment frequency	Loading on standard premiums	Monthly	5%	Quarterly	4%	Half-yearly	3%
Instalment frequency	Loading on standard premiums									
Monthly	5%									
Quarterly	4%									
Half-yearly	3%									
E	Waiting Periods	<div>1. 12 months Waiting Period for Pre-existing Disease</div> <div>2. 30 days Waiting Period, except for Accidental Hospitalization</div> <div>3. 24 months Waiting Period for listed conditions irrespective whether it falls under pre-existing diseases</div>								
F	Co-payment	<div>a) 50% co-payment is applicable on each and every claim related to Pre-existing disease, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. The Insured will have no option to waive off this co-payment.</div> <div>b) 25% co-payment is applicable on each and every claim for all other claims, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. However, the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium.</div> <div>c) Both the above co-payments will be applicable lifelong</div>								
G	Sub limits	<div>1. Sub limits for listed procedures Our maximum liability of claim payment (including pre and post hospitalisation), shall be limited to amount mentioned in the sublimit table.</div> <div>2. Mandatory Sub limits for Modern Treatment Methods and Advancement in Technologies The Medical Expenses incurred for the listed treatments or procedures, as inpatient or as day care treatment (inclusive of pre and post hospitalization), shall be restricted to 50% of the sum insured opted, per policy period. Claims related to conditions for which sub limits are already included, any expense towards Modern Treatment Methods and Advancement in Technologies are restricted to the applicable sublimit or 50% of Sum Insured whichever is lower.</div> <div>Co-payments will not be applicable in case of a claim for the listed procedures mentioned in the Sub-limits Section.</div>								
H	Road Ambulance charges	Up to ₹ 1000/- per hospitalisation								
I	Free Annual Medical Check-up from second year onwards	Free Medical Check-up after every continuous period of 1 year (Physician's Consultation, ECG, Complete Blood Count, Fasting blood Sugar, Post Prandial Blood Sugar, Sr. Creatinine), irrespective of claim free years. This option will be available to the policy holder once during the respective policy period from the second year onwards.								
J	Pre-	a) Applicable for proposal form with any medical declaration for any sum insured								

insurance medical examination	b) Mandatory Pre-insurance medical examination for sum insured ₹ 7.5 L and ₹ 10 L
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Annexure 1: Sub-limits table on listed procedures:

Sub-limits on listed procedures (All values are in INR.)						
Procedure/ Treatment	200,000	300,000	400,000	500,000	750000	1,000,000
Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000	350000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	150000	200000	225000	275000	300000	350000
Cataract surgery (per eye)	15000	18000	20000	21500	23000	25000
Total Knee Replacement (per knee)	150000	200000	225000	275000	300000	350000
Total Hip Replacement (per hip)	150000	200000	225000	275000	300000	350000

F. DAY CARE LIST

Day Care

In addition to Day Care list **We** would also cover any other surgeries/ procedures agreed by **Us** in a **Hospital** or a **Day care centre** which require less than 24 hours **Hospitalisation** for inpatient care due to subsequent advancement in technology.

I. Cardiology Related:

1. Coronary Angiography

II. ENT Related:

2. Myringotomy With Grommet Insertion
3. Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
4. Removal Of A Tympanic Drain
5. Operations On The Turbinates (nasal Concha)
6. Stapedotomy To Treat Various Lesions In Middle Ear
7. Revision Of A Stapedectomy
8. Other Operations On The Auditory Ossicles
9. Myringoplasty (post-aural/endaural Approach As Well As Simple Type-I Tympanoplasty)
10. Fenestration Of The Inner Ear
11. Revision Of A Fenestration Of The Inner Ear
12. Palatoplasty
13. Transoral Incision And Drainage Of A Pharyngeal Abscess
14. Tonsillectomy Without Adenoidectomy
15. Tonsillectomy With Adenoidectomy

16. Excision And Destruction Of A Lingual Tonsil
17. Revision Of A Tympanoplasty
18. Other Microsurgical Operations On The Middle Ear
19. Incision Of The Mastoid Process And Middle Ear
20. Mastoidectomy
21. Reconstruction Of The Middle Ear
22. Other Excisions Of The Middle And Inner Ear
23. Other Operations On The Middle And Inner Ear
24. Excision And Destruction Of Diseased Tissue Of The Nose
25. Nasal Sinus Aspiration
26. Foreign Body Removal From Nose
27. Adenoidectomy
28. Stapedectomy Under GA
29. Stapedectomy Under LA
30. Tympanoplasty (type IV)
31. Turbinectomy
32. Endoscopic Stapedectomy
33. Incision And Drainage Of Perichondritis
34. Septoplasty
35. Thyroplasty Type I
36. Pseudocyst Of The Pinna - Excision

37. Incision And Drainage - Haematoma Auricle
38. Reduction Of Fracture Of Nasal Bone
39. Excision Of Angioma Septum
40. Turbinoplasty
41. Incision & Drainage Of Retro Pharyngeal Abscess
42. Uvulo Palato Pharyngo Plasty
43. Adenoidectomy With Grommet Insertion
44. Adenoidectomy Without Grommet Insertion
45. Incision & Drainage Of Para Pharyngeal Abscess

III. Gastroenterology Related:

46. Pancreatic Pseudocyst Eus & Drainage
47. RF Ablation For Barrett's Oesophagus
48. EUS + Aspiration Pancreatic Cyst
49. Small Bowel Endoscopy (therapeutic)
50. Colonoscopy, Lesion Removal
51. ERCP
52. Colonoscopy Stenting Of Stricture
53. Percutaneous Endoscopic Gastrostomy
54. EUS And Pancreatic Pseudo Cyst Drainage
55. ERCP And Choledochoscopy
56. Proctosigmoidoscopy Volvulus Detorsion
57. ERCP And Sphincterotomy
58. Esophageal Stent Placement
59. ERCP + Placement Of Biliary Stents
60. Sigmoidoscopy W / Stent
61. EUS + Coeliac Node Biopsy

IV. General Surgery Related:

62. Incision Of A Pilonidal Sinus / Abscess
63. Fissure In Ano Sphincterotomy
64. Orchidopexy for undescended testis
65. Laproscopic Abdominal Exploration In Cryptorchidism
66. Surgical Treatment Of Anal Fistulas
67. Division Of The Anal Sphincter (sphincterotomy)
68. Epididymectomy
69. Incision Of The Breast Abscess
70. Operations On The Nipple
71. Excision Of Single Breast Lump
72. Incision And Excision Of Tissue In The Perianal Region
73. Surgical Treatment Of Hemorrhoids
74. Sclerotherapy
75. Wound Debridement And Cover

76. Abscess-decompression
77. Infected Sebaceous Cyst
78. Incision And Drainage Of Abscess
79. Suturing Of Lacerations
80. Scalp Suturing
81. Infected Lipoma Excision
82. Maximal Anal Dilatation
83. Piles
 - i. Injection Sclerotherapy
 - ii. Piles Banding
84. Liver Abscess- Catheter Drainage
85. Fissure In Ano- Fissurectomy
86. Fibroadenoma Breast Excision
87. Oesophageal Varices Sclerotherapy
88. ERCP - Pancreatic Duct Stone Removal
89. Perianal Abscess I & D
90. Perianal Hematoma Evacuation
91. UGI Scopy And Polypectomy Oesophagus
92. Breast Abscess I & D
93. Oesophagoscopy And Biopsy Of Growth Oesophagus
94. ERCP - Bile Duct Stone Removal
95. Splenic Abscesses Laparoscopic Drainage
96. UGI Scopy And Polypectomy Stomach
97. Feeding Jejunostomy
98. Varicose Veins Legs - Injection Sclerotherapy
99. Pancreatic Pseudocysts Endoscopic Drainage
100. Zadek's Nail Bed Excision
101. Rigid Oesophagoscopy For Dilation Of Benign Strictures
102. Lord's Plication
103. Jaboulay's Procedure
104. Scrotoplasty
105. Circumcision For Trauma
106. Meatoplasty
107. Intersphincteric Abscess Incision And Drainage
108. PSOAS Abscess Incision And Drainage
109. Thyroid Abscess Incision And Drainage
110. Tips Procedure For Portal Hypertension
111. Esophageal Growth Stent
112. Pair Procedure Of Hydatid Cyst Liver
113. Tru Cut Liver Biopsy
114. Laparoscopic Reduction Of Intussusception
115. Microdochectomy Breast
116. Sentinel Node Biopsy
117. Testicular Biopsy

- 118.Sentinel Node Biopsy Malignant Melanoma
- 119.TURBT
- 120.URS + LL

V. Gynecology Related:

- 121.Conization Of The Uterine Cervix
- 122.Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
- 123.Incision Of Vulva
- 124.Salpingo-oophorectomy Via Laparotomy
- 125.Endoscopic Polypectomy
- 126.Hysteroscopic Removal Of Myoma
- 127.D & C
- 128.Hysteroscopic Resection Of Septum
- 129.Thermal Cauterisation Of Cervix
- 130.Mirena Insertion
- 131.Hysteroscopic Adhesiolysis
- 132.LEEP (Loop Electrosurgical Excision Procedure)
- 133.Cryocauterisation Of Cervix
- 134.Polypectomy Endometrium
- 135.Hysteroscopic Resection Of Fibroid
- 136.LLETZ (large loop excision of the transformation zone)
- 137.Conization
- 138.Polypectomy Cervix
- 139.Hysteroscopic Resection Of Endometrial Polyp
- 140.Vulval Wart Excision
- 141.Laparoscopic Paraovarian Cyst Excision
- 142.Uterine Artery Embolization
- 143.Laparoscopic Cystectomy
- 144.Hymenectomy (Imperforate Hymen)
- 145.Vaginal Wall Cyst Excision
- 146.Vulval Cyst Excision
- 147.Laparoscopic Paratubal Cyst Excision
- 148.Vaginal Mesh For POP
- 149.Laparoscopic Myomectomy
- 150.Repair Recto- Vagina Fistula
- 151.Pelvic Floor Repair (Excluding Fistula Repair)
- 152.Laparoscopic Oophorectomy

VI. Neurology Related:

- 153.Facial Nerve Glycerol Rhizotomy
- 154.Stereotactic Radiosurgery
- 155.Percutaneous Cordotomy
- 156.Diagnostic Cerebral Angiography
- 157.VP Shunt

- 158.Ventriculoatrial Shunt

VII. Oncology Related:

- 159.Radiotherapy For Cancer
- 160.Cancer Chemotherapy
- 161.IV Push Chemotherapy
- 162.HBI-hemibody Radiotherapy
- 163.Infusional Targeted Therapy
- 164.SRT-stereotactic ARC Therapy
- 165.SC Administration Of Growth Factors
- 166.Continuous Infusional Chemotherapy
- 167.Infusional Chemotherapy
- 168.CCRT-concurrent Chemo + RT
- 169.2D Radiotherapy
- 170.3D Conformal Radiotherapy
- 171.IGRT- Image Guided Radiotherapy
- 172.IMRT- Step & Shoot
- 173.Infusional Bisphosphonates
- 174.IMRT- DMLC
- 175.Rotational Arc Therapy
- 176.Tele Gamma Therapy
- 177.FSRT-fractionated SRT
- 178.VMAT-volumetric Modulated Arc Therapy
- 179.SBRT-stereotactic Body Radiotherapy
- 180.Helical Tomotherapy
- 181.SRS-stereotactic Radiosurgery
- 182.X-knife SRS
- 183.Gammaknife SRS
- 184.TBI- Total Body Radiotherapy
- 185.Intraluminal Brachytherapy
- 186.Electron Therapy
- 187.TSET-total Electron Skin Therapy
- 188.Extracorporeal Irradiation Of Blood Products
- 189.Telecobalt Therapy
- 190.Telecesium Therapy
- 191.External Mould Brachytherapy
- 192.Interstitial Brachytherapy
- 193.Intracavity Brachytherapy
- 194.3D Brachytherapy
- 195.Implant Brachytherapy
- 196.Intravesical Brachytherapy
- 197.Adjuvant Radiotherapy
- 198.Afterloading Catheter Brachytherapy
- 199.Conditioning Radiotherapy For BMT
- 200.Nerve Biopsy
- 201.Muscle Biopsy
- 202.Epidural Steroid Injection
- 203.Extracorporeal Irradiation To The Homologous Bone Grafts
- 204.Radical Chemotherapy

- 205. Neoadjuvant Radiotherapy
- 206. LDR Brachytherapy
- 207. Palliative Radiotherapy
- 208. Radical Radiotherapy
- 209. Palliative Chemotherapy
- 210. Template Brachytherapy
- 211. Neoadjuvant Chemotherapy
- 212. Adjuvant Chemotherapy
- 213. Induction Chemotherapy
- 214. Consolidation Chemotherapy
- 215. Maintenance Chemotherapy
- 216. HDR Brachytherapy

VIII. Operations On The Salivary Glands & Salivary Ducts:

- 217. Incision And Lancing Of A Salivary Gland And A Salivary Duct
- 218. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
- 219. Resection Of A Salivary Gland
- 220. Reconstruction Of A Salivary Gland And A Salivary Duct

IX. Operations On The Skin & Subcutaneous Tissues:

- 221. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
- 222. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
- 223. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
- 224. Free Skin Transplantation, Donor Site
- 225. Free Skin Transplantation, Recipient Site
- 226. Revision Of Skin Plasty
- 227. Chemosurgery To The Skin.
- 228. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
- 229. Reconstruction Of Deformity/defect In Nail Bed
- 230. Excision Of Bursitis
- 231. Tennis Elbow Release

X. Operations On The Tongue:

- 232. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
- 233. Partial Glossectomy
- 234. Glossectomy
- 235. Reconstruction Of The Tongue

XI. Ophthalmology Related

- 236. Surgery For Cataract
- 237. Incision Of Tear Glands
- 238. Incision Of Diseased Eyelids
- 239. Excision And Destruction Of Diseased Tissue Of The Eyelid
- 240. Operations On The Canthus And Epicanthus
- 241. Corrective Surgery For Entropion And Ectropion
- 242. Corrective Surgery For Blepharoptosis
- 243. Removal Of A Foreign Body From The Conjunctiva
- 244. Removal Of A Foreign Body From The Cornea
- 245. Incision Of The Cornea
- 246. Operations For Pterygium
- 247. Removal Of A Foreign Body From The Lens Of The Eye
- 248. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
- 249. Removal Of A Foreign Body From The Orbit And Eyeball
- 250. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
- 251. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
- 252. Diathermy/cryotherapy To Treat Retinal Tear
- 253. Anterior Chamber Paracentesis/ Cyclodiathermy/ Cyclocryotherapy/ Goniotomy Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
- 254. Enucleation Of Eye Without Implant
- 255. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
- 256. Laser Photocoagulation To Treat Retinal Tear
- 257. Biopsy Of Tear Gland

XII. Orthopedics Related:

- 258. Incision On Bone, Septic And Aseptic
- 259. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
- 260. Suture And Other Operations On Tendons And Tendon Sheath
- 261. Reduction Of Dislocation Under GA
- 262. Arthroscopic Knee Aspiration
- 263. Surgery For Ligament Tear
- 264. Surgery For Hemoarthrosis/pyoarthrosis
- 265. Removal Of Fracture Pins/nails

- 266. Removal Of Metal Wire
- 267. Closed Reduction On Fracture, Luxation
- 268. Reduction Of Dislocation Under GA
- 269. Epiphyseolysis With Osteosynthesis
- 270. Excision Of Various Lesions In Coccyx
- 271. Arthroscopic Repair Of Acl Tear Knee
- 272. Closed Reduction Of Minor Fractures
- 273. Arthroscopic Repair Of PCL Tear Knee
- 274. Tendon Shortening
- 275. Arthroscopic Meniscectomy - Knee
- 276. Treatment Of Clavicle Dislocation
- 277. Haemarthrosis Knee- Lavage
- 278. Abscess Knee Joint Drainage
- 279. Carpal Tunnel Release
- 280. Closed Reduction Of Minor Dislocation
- 281. Repair Of Knee Cap Tendon
- 282. ORIF With K Wire Fixation- Small Bones
- 283. Release Of Midfoot Joint
- 284. ORIF With Plating- Small Long Bones
- 285. Implant Removal Minor
- 286. K Wire Removal
- 287. Closed Reduction And External Fixation
- 288. Arthrotomy Hip Joint
- 289. Syme's Amputation
- 290. Arthroplasty
- 291. Partial Removal Of Rib
- 292. Treatment Of Sesamoid Bone Fracture
- 293. Shoulder Arthroscopy / Surgery
- 294. Elbow Arthroscopy
- 295. Amputation Of Metacarpal Bone
- 296. Release Of Thumb Contracture
- 297. Incision Of Foot Fascia
- 298. Partial Removal Of Metatarsal
- 299. Repair / Graft Of Foot Tendon
- 300. Amputation Follow-up Surgery
- 301. Exploration Of Ankle Joint
- 302. Remove/graft Leg Bone Lesion
- 303. Repair/graft Achilles Tendon
- 304. Remove Of Tissue Expander
- 305. Biopsy Elbow Joint Lining
- 306. Removal Of Wrist Prosthesis
- 307. Biopsy Finger Joint Lining
- 308. Tendon Lengthening
- 309. Treatment Of Shoulder Dislocation
- 310. Lengthening Of Hand Tendon
- 311. Removal Of Elbow Bursa
- 312. Fixation Of Knee Joint
- 313. Treatment Of Foot Dislocation
- 314. Surgery Of Bunion
- 315. Tendon Transfer Procedure
- 316. Removal Of Knee Cap Bursa

- 317. Treatment Of Fracture Of Ulna
- 318. Treatment Of Scapula Fracture
- 319. Removal Of Tumor Of Arm/ Elbow Under RA/GA
- 320. Repair Of Ruptured Tendon
- 321. Decompress Forearm Space
- 322. Revision Of Neck Muscle (torticollis Release)
- 323. Lengthening Of Thigh Tendons
- 324. Treatment Fracture Of Radius & Ulna

XIII. Other Operations On The Mouth & Face:

- 325. External Incision And Drainage In The Region Of The Mouth, Jaw And Face
- 326. Incision Of The Hard And Soft Palate
- 327. Excision And Destruction Of Diseased Hard And Soft Palate

XIV. Pediatric Surgery Related:

- 328. Excision Of Fistula-in-ano
- 329. Excision Juvenile Polyps Rectum
- 330. Vaginoplasty
- 331. Dilatation Of Accidental Caustic Stricture Oesophageal
- 332. Presacral Teratomas Excision
- 333. Removal Of Vesical Stone
- 334. Excision Sigmoid Polyp
- 335. Sternomastoid Tenotomy
- 336. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
- 337. Excision Of Soft Tissue Rhabdomyosarcoma
- 338. Mediastinal Lymph Node Biopsy
- 339. High Orchidectomy For Testis Tumours
- 340. Excision Of Cervical Teratoma
- 341. Rectal-myomectomy
- 342. Rectal Prolapse (delorme's Procedure)
- 343. Detorsion Of Torsion Testis

XV. Thoracic Surgery Related:

- 344. Thoracoscopy And Lung Biopsy
- 345. Excision Of Cervical Sympathetic Chain Thorascopic
- 346. Laser Ablation Of Barrett's Oesophagus
- 347. Pleurodesis
- 348. Thoracoscopy And Pleural Biopsy
- 349. EBUS + Biopsy
- 350. Thoracoscopy Ligation Thoracic Duct
- 351. Thoracoscopy Assisted Empyema Drainage

XVI. Urology Related:

- 352. Haemodialysis
- 353. Lithotripsy/nephrolithotomy For Renal Calculus
- 354. Excision Of Renal Cyst
- 355. Drainage Of Pyonephrosis/perinephric Abscess
- 356. Incision Of The Prostate
- 357. Transurethral Excision And Destruction Of Prostate Tissue
- 358. Transurethral And Percutaneous Destruction Of Prostate Tissue
- 359. Open Surgical Excision And Destruction Of Prostate Tissue
- 360. Operations On The Seminal Vesicles
- 361. Other Operations On The Prostate
- 362. Incision Of The Scrotum And Tunica Vaginalis Testis
- 363. Operation On A Testicular Hydrocele
- 364. Other Operations On The Scrotum And Tunica Vaginalis Testis
- 365. Incision Of The Testes
- 366. Excision And Destruction Of Diseased Tissue Of The Testes
- 367. Unilateral Orchiectomy
- 368. Bilateral Orchiectomy
- 369. Surgical Repositioning Of An Abdominal Testis
- 370. Reconstruction Of The Testis
- 371. Other Operations On The Testis
- 372. Excision In The Area Of The Epididymis
- 373. Operations On The Foreskin
- 374. Local Excision And Destruction Of Diseased Tissue Of The Penis
- 375. Other Operations On The Penis
- 376. Cystoscopical Removal Of Stones
- 377. Lithotripsy
- 378. Biopsy Of Temporal Artery For Various Lesions
- 379. External Arterio-venous Shunt
- 380. AV Fistula - Wrist
- 381. URSL With Stenting
- 382. URSL With Lithotripsy
- 383. Cystoscopic Litholapaxy
- 384. ESWL
- 385. Cystoscopy & Biopsy
- 386. Cystoscopy And Removal Of Polyp
- 387. Suprapubic Cystostomy
- 388. Percutaneous Nephrostomy
- 389. Cystoscopy And "SLING" Procedure
- 390. TUNA- Prostate
- 391. Excision Of Urethral Diverticulum
- 392. Excision Of Urethral Prolapse
- 393. Mega-ureter Reconstruction
- 394. Kidney Renoscopy And Biopsy
- 395. Ureter Endoscopy And Treatment
- 396. Surgery For Pelvi Ureteric Junction Obstruction
- 397. Anderson Hynes Operation
- 398. Kidney Endoscopy And Biopsy
- 399. Paraphimosis Surgery
- 400. Surgery For Stress Urinary Incontinence
- 401. Injury Prepuce- Circumcision
- 402. Frenular Tear Repair
- 403. Meatotomy For Meatal Stenosis
- 404. Surgery For Fournier's Gangrene Scrotum
- 405. Surgery Filarial Scrotum
- 406. Surgery For Watering Can Perineum
- 407. Repair Of Penile Torsion
- 408. Drainage Of Prostate Abscess
- 409. Orchiectomy

Note: The standard terms and conditions are applicable to all of the above procedures depending on the medical condition/ disease under treatment. Only 24 hours **Hospitalisation** is not mandatory.

Generali central Insurance (GCH)

Claims Department

Generali Central Health (GCH)

Generali Central Insurance Co. Ltd.

Qubix Business Park, Building No. Block IT – 1, Ground Floor, Plot No. 2,

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U66030MH2006PLC165287 | Website: www.generalicentralinsurance.com | Email ID:

gcicare@generalicentral.com | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800

Iso : GCH/HP/FVB/PWG/00

Annexure 2

List I – Items for which coverage is not available in the Policy

SI No.	Item
1.	BABY FOOD
2.	BABY UTILITES CHARGES
3.	BEAUTY SERVICES
4.	BELTS/ BRACES
5.	BUDS
6.	COLD PACK/HOT PACK
7.	CARRY BAGS
8.	EMAIL / INTERNET CHARGES
9.	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10.	LEGGINGS
11.	LAUNDRY CHARGES
12.	MINERAL WATER
13.	SANITARY PAD
14.	TELEPHONE CHARGES
15.	GUEST SERVICES
16.	CREPE BANDAGE
17.	DIAPER OF ANY TYPE
18.	EYELET COLLAR
19.	SLINGS
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22.	TELEVISION CHARGES
23.	SURCHARGES
24.	ATTENDANT CHARGES
25.	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26.	BIRTH CERTIFICATE
27.	CERTIFICATE CHARGES
28.	COURIER CHARGES
29.	CONVENYANCE CHARGES
30.	MEDICAL CERTIFICATE
31.	MEDICAL RECORDS
32.	PHOTOCOPIES CHARGES
33.	MORTUARY CHARGES
34.	WALKING AIDS CHARGES
35.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36.	SPACER
37.	SPIROMETRE
38.	NEBULIZER KIT
39.	STEAM INHALER
40.	ARMSLING
41.	THERMOMETER

42.	CERVICAL COLLAR
43.	SPLINT
44.	DIABETIC FOOT WEAR
45.	KNEE BRACES (LONG/ SHORT/ HINGED)
46.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47.	LUMBO SACRAL BELT
48.	NIMBUS BED OR WATER OR AIR BED CHARGES
49.	AMBULANCE COLLAR
50.	AMBULANCE EQUIPMENT
51.	ABDOMINAL BINDER
52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53.	SUGAR FREE TABLETS
54.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55.	ECG ELECTRODES
56.	GLOVES
57.	NEBULISATION KIT
58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59.	KIDNEY TRAY
60.	MASK
61.	OUNCE GLASS
62.	OXYGEN MASK
63.	PELVIC TRACTION BELT
64.	PAN CAN
65.	TROLLY COVER
66.	UROMETER, URINE JUG
67.	VASOFIX SAFETY

List II – Items that are to be subsumed into room charges

Sl No.	Item
1.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2.	HAND WASH
3.	SHOE COVER
4.	CAPS
5.	CRADLE CHARGES
6.	COMB
7.	EAU-DE-COLOGNE / ROOM FRESHNERS
8.	FOOT COVER
9.	GOWN
10.	SLIPPERS
11.	TISSUE PAPER
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 / MISC. CHARGES (NOT EXPLAINED)
36.	PATIENT IDENTIFICATION BAND / NAME TAG
37.	PULSEOXYMER CHARGES

List III – Items that are to be subsumed into Procedure Charges

SI 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.	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
11.	MICROSCOPE COVER
12.	SURGICAL BLADES,HARMONIC SCALPEL,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 cost of treatment

SI No.	Item
1.	ADMISSION/REGISTRATION CHARGES
2.	HOSPITALISATION 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 PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9.	NUTRITION 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

GRIEVANCE REDRESSAL PROCEDURE

Dear Customer,

At Generali Central Insurance, we continuously strive for service excellence to give you exceptional customer experience. This helps us build trust and long-term relationship with you.

We request you to read the policy document including the terms and conditions carefully. This will help you understand your plan and drive maximum benefits. We want to ensure the plan is working for you and welcome your feedback.

What is a grievance?

"Complaint" or "Grievance" means written expression (includes communication in the form of electronic mail or voice based electronic scripts), of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.

"Complainant" means a policyholder or prospect or any beneficiary of an insurance policy who has led a complaint or grievance against an insurer or a distribution channel.

We are always here for your help. You may use any of the following channels to reach us-

Helpline	Web site	Email	Branch GRO	Complaint Form
Call us on 1800 220 233/ 1860 500 3333/ 022-67837800 Senior citizens can avail priority support by choosing the senior citizen option from the helpline menu.	Click here to know more	Write to us at GCIcare@generalicentral.com Senior citizens can avail priority support by writing to care.assure@generalicentral.com	Click here to know your nearest branch.	Click here to raise complaint.

By when will my grievance be resolved?

- You will receive grievance acknowledgement from us immediately for your complaint.
- Final resolution will be shared with you within 2 weeks of receiving your complaint.
- Your complaint will be considered as closed if we do not receive any reply from you within 8 weeks from the date of receipt of response.

How do I escalate my complaint if I don't receive a response on time?

- You may write to our Grievance Redressal Officer at **GCI GRO@generalicentral.com**
- You may send a physical letter to our Grievance Redressal Cell, Head Office at the below address:

GENERALI CENTRAL INSURANCE COMPANY LIMITED (Formerly known as Future Generali India Insurance Company Limited)

Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2, Off Eastern Express Highway Behind TCS, Thane West – 400607

GRIEVANCE REDRESSAL PROCEDURE

What if I am not able to register my grievance?

You can comfortably raise a grievance via any of the above-mentioned avenues. If you face any challenge, you may write to the provided email IDs for help.

If you still face any challenge, you may use any of the below options to raise a complaint with the Insurance Regulatory and Development Authority of India (IRDAI).

- Call on toll-free number: **155255**
- **Click here** to register complaint online

Is there any special provision for senior citizen to raise grievance?

We understand our customers and their needs. Thus, have a separate channel to address the grievances of senior citizens. The concerns will be addressed to the senior citizen's channel (care.assure@generalicentral.com) as complaints for faster attention or speedy disposal of grievance, if any.

Insurance Ombudsman:

If you are still dissatisfied with the grievance redressal, you may approach the Office of the Insurance Ombudsman located in your vicinity, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, are available on the website a (<https://www.cioins.co.in/About>) of the Insurance Ombudsman. **Click here** to access the list of insurance Ombudsman offices.

You can also lodge an online complaint through the website of the Council for Insurance Ombudsmen(CIO): <https://www.cioins.co.in/>

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai - 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: www.generalicentralinsurance.com |

Email ID: GCicare@generalicentral.com | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800