

Terms & Conditions

In-patient Hospitalization

We will cover the Medical Expenses incurred towards one or more of the following arising out of an Insured Person's Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- I. The Hospitalization is for Medically Necessary Treatment and follows written Medical Advice;
- II. The Medical Expenses incurred are Reasonable and Customary Charges for one or more of the following:
 - 1) Room Rent and other boarding charges;
 - 2) ICU Charges;
 - 3) Operation theatre expenses;
 - 4) Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
 - 5) Qualified Nurses' charges;
 - 6) Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
 - 7) Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
 - 8) Anaesthesia, blood, oxygen and blood transfusion charges;
 - 9) Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.
- III. If the Insured Person is admitted in the Hospital in a room category/Room Rent higher than the eligibility as specified in the Policy Schedule/Certificate of Insurance, then We shall be liable to pay only a pro-rated proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the entitled room category/eligible Room Rent to the Room Rent actually incurred.

Family Eligibility-

Self, lawfully wedded spouse/ Partner (including same sex partners), son (biological/ adopted), daughter (biological/ adopted)

Sum Insured means-

For a Family Floater Policy, the amount specified in the Policy Schedule or Certificate of Insurance which is Our maximum, total and cumulative liability for any and all claims arising during a Policy Year in respect of any and all Insured Persons.

Room rent-

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

Single Private Room means a basic (cheapest) category of single room in a Hospital with/without air-conditioning facility where a single patient is accommodated and which has an attached toilet (lavatory and bath).

Pre – hospitalization Medical Expenses-

We will cover, on a reimbursement basis, the Insured Person's Pre-Hospitalization Medical Expenses incurred in respect of an Illness or Injury that occurs during the Policy Period upto 30 days provided that:

- (i) We have accepted a claim for In-patient Hospitalization;
- (ii) The date of admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Illness for which We have accepted an In-patient Hospitalization claim.

Post – hospitalization Medical Expenses-

We will cover, on a reimbursement basis, the Insured Person's Post-Hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period upto 60 days, provided that:

- (i) We have accepted a claim for In-patient Hospitalization;
- (ii) The date of discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Illness for which We have accepted an In-patient Hospitalization claim.

Day Care Treatment-

Day Care Treatment means medical treatment, and/or *surgical procedure* which is:

- i. undertaken under General or Local Anaesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
- ii. 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.

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- (i) The Medical Expenses are incurred, including for any procedure which requires a period of specialized observation or care after completion of the procedure undertaken by an Insured Person as Day Care Treatment and such list of 527 Day Care Treatment is listed in Annexure I;
- (ii) The Day Care Treatment is for Medically Necessary Treatment and follows the written Medical Advice;
- (iii) We will not cover any OPD Treatment under this Benefit.

Domiciliary Hospitalization-

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

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

We will cover Medical Expenses upto full Sum Insured incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- (i) The Domiciliary Hospitalisation continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;
- (ii) The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically required and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital or the Insured Person satisfies Us that a Hospital bed was unavailable;

- (iii) If a claim is accepted under this Benefit then We shall not pay any Post-Hospitalization Medical Expenses, but We will accept a claim for Pre-Hospitalization Medical Expenses subject to the terms and conditions of pre hospitalization;
- (iv) We shall not be liable to pay for any claim in connection with:
 - (1) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
 - (2) Arthritis, gout and rheumatism;
 - (3) Chronic nephritis and nephritic syndrome;
 - (4) Diarrhea and all type of dysenteries, including gastroenteritis;
 - (5) Diabetes mellitus and insipidus;
 - (6) Epilepsy;
 - (7) Hypertension;
 - (8) Psychiatric or psychosomatic disorders of all kinds;
 - (9) Pyrexia of unknown origin.

Pre-Existing Disease Waiting Period-

Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 24 months prior to the first policy issued by the insurer and renewed continuously thereafter

We will not make any payment for any claim in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any Pre-Existing Diseases or any complication arising from the same, until the time period of 2 Years has elapsed since the Start Date of the first Policy with Us.

First 30 Days waiting Period -

Any treatment taken during the first 30 days of the Start Date shall not be covered under the Policy, unless the treatment is required as a result of an Accident that occurs during the Policy Period.

Two Year Waiting Period-

A waiting period of 24 months from the Start Date shall apply to the treatment, whether medical or surgical and of the Illness/conditions and their complications mentioned below.

	Body System	Illness	Treatment/ Surgery
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy
		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
		Mastoiditis	Mastoidectomy
3	Gynaecology	All Cysts & Polyps of the female genito-urinary system	Dilatation & Curettage
		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery

		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy
		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	
		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery Surgery for Prolapse of the intervertebral disc
		Rheumatism, Rheumatoid Arthritis	
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	
5	Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	cholecystectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
6	Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	
		Hernia, Hydrocele,	Surgery for Hydrocele, Rectocele and Hernia
		varicocele / Spermatocele	Surgery for Varicocele / Spermatocele
7	Skin	skin tumour (unless malignant)	Removal of such tumour unless malignant
		All skin diseases	
8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	Surgery for Varicose veins and Varicose ulcers
		Congenital Internal Diseases or Anomalies	

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they will be covered only after the completion of the Pre-Existing Disease Waiting Period.

Organ Donor Expenses -

We will cover the Medical Expenses incurred for an organ donor's treatment for the harvesting of the organ donated up to family Sum insured

- (i) The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;
- (ii) The organ transplant is medically required for the Insured Person as certified in writing by a Medical Practitioner;
- (iii) We will not cover:
 - (1) Pre-hospitalization Medical Expenses or Post-Hospitalization Medical Expenses of the organ donor;
 - (2) Screening expenses of the organ donor;
 - (3) Any other Medical Expenses as a result of the harvesting from the organ donor;
 - (4) Costs directly or indirectly associated with the acquisition of the donor's organ;
 - (5) Transplant of any organ/tissue where the transplant is experimental or investigational;
 - (6) Expenses related to organ transportation or preservation;
 - (7) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

Road Ambulance Expenses -

We will cover the costs incurred up to Rs. 2500 on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury which occurs during the Policy Period. We will also cover the costs incurred on transportation of the Insured Person by road Ambulance in the following circumstances up to the limits specified in the Policy Schedule or Certificate of Insurance:

- (i) it is medically required to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital;
- (ii) it is medically required to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of super speciality treatment in the existing Hospital.

Permanent Exclusions -

We shall not be liable to make any payment for any claim under any Benefit in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any of the following:

1. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
2. Committing or attempting to commit a breach of law with criminal intent, intentional self- Injury or attempted suicide while Insured Person is sane or insane.
3. Wilful or deliberate exposure to danger, intentional self- Injury, non- adherence to Medical Advice, participation or involvement in naval, military or air force operation, circus personnel, racing in wheels or horseback, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, bungee jumping, parasailing, ballooning, skydiving, river rafting, polo, snow and ice sports in a professional or semi- professional nature.
4. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
5. Weight management programs or treatment in relation to the same including vitamins and tonics, treatment of obesity (including morbid obesity).
6. Treatment for correction of eye sight due to refractive error including routine examination.

7. All routine examinations and preventive health check-ups.
8. Cosmetic, aesthetic and re-shaping treatments and Surgeries:
Plastic Surgery or cosmetic Surgery or treatments to change appearance unless medically required and certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
9. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
10. Non- allopathic treatment.
11. Conditions for which treatment could have been done on an out-patient basis without any Hospitalization.
12. Unproven/Experimental treatment, investigational treatment, devices and pharmacological regimens.
13. Admission primarily for diagnostic purposes not related to Illness for which Hospitalization has been done.
14. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
15. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing
16. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
17. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens.
18. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.
19. Medical supplies including elastic stockings, diabetic test strips, and similar products.
20. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).
21. Psychiatric or psychological disorders, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("rundown condition"), sleep-apnea, stress.
22. External Congenital Anomalies, diseases or defects, genetic disorders.
23. Stem cell therapy or surgery, or growth hormone therapy
24. Venereal disease, all sexually transmitted disease or Illness including but not limited to genital warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
25. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
26. Complications arising out of pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy for In-patient only.
27. Treatment for sterility, infertility, sub-fertility or other related conditions and complications arising out of the same, assisted conception, surrogate or vicarious pregnancy, birth control, and similar procedures contraceptive supplies or services including complications arising due to supplying services.
28. Expenses for organ donor screening, or save as and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery).
29. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended).
30. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
31. Dentures and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident.

32. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
33. Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:
 1. Deep coma and unresponsiveness to all forms of stimulation; or
 2. Absent pupillary light reaction; or
 3. Absent oculovestibular and corneal reflexes; or
 4. Complete apnea.
34. Treatment for developmental problems, learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).
35. Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.
36. Expenses which are medically not required such as items of personal comfort and convenience including but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty service, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
37. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.
38. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
39. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, save for the proven material costs are eligible for reimbursement as per the applicable cover.
40. Any treatment or part of a treatment that is not of a reasonable charge, is not a Medically Necessary Treatment; drugs or treatments which are not supported by a prescription.
41. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing, including MRD charges (medical records department charges).
42. Non-medical expenses including but not limited to RMO charges, surcharges, night charges, service charges levied by the Hospital under any head and as specified in the Annexure V for non- medical expenses.
43. Treatment taken outside India.
44. Insured Person whilst flying or taking part in aerial activities except as a fare-paying passenger in a regular scheduled airline or air charter company.

***Rest T&Cs and exclusions as per Group Active Health Policy Wording.**