

**CHOMP**

Section	Description	Page No.
Section A.	Definitions	3
Section B.	Dental Treatment Covers	4
Section C.	Value Added Services	7
Section D.	Waiting Period And Exclusions	7
Section E-	Terms & Conditions	9

Preamble

We will provide Insurance coverage to the Insured Person(s) under this Policy up to Sum Insured and/or Sub-limits subject to Terms, Conditions, Exclusions, waiting period, and other limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. The Coverage under this Policy is subject to statements of Policyholder and/or Insured Person(s) in the Proposal form/enrollment form, declaration and/or medical reports, and the terms and conditions of this Policy.

Disclaimer: The Description mentioned under "In Simple Terms" throughout this Policy is only to aid understanding of the offered cover. In case of dispute, the Terms and Conditions detailed in the Policy Document shall prevail

Section A: Definitions

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable you to identify that particular word has a specific meaning for which You need to refer below Definitions

I. Standard Definitions

1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means
2. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:
 - i) Having qualified registered AYUSH Medical Practitioner (s) in charge;
 - ii) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative..
3. **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 c. Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located within-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.
4. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.
5. **Grace Period** means the specified period of time immediately following the **premium** due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
6. **Hospital** means any institution established for In-patient Care and Day Care Treatment of illness and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
7. **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.
8. **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 Dental Medical Practitioner.

9. Inpatient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
10. **Medically Necessary treatment** means any dental treatment, test, medication, or stay in Hospital or part of stay in Hospital which
 - Is required for the medical management of the Dental Illness or Injury or Condition suffered by the Insured Person;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Dental Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India
11. 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
12. Portability means, the right accorded to 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.
13. 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 PreExisting Diseases, time-bound exclusions and for all waiting periods
14. We/Our/Us means the HDFC ERGO General Insurance Company Limited
15. You/Your/Insured means the Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.

II. Specified Definitions

1. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
2. **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/Health Service Provider** or by the insurer to the extent pre-authorization is approved
3. **Commencement Date** means the date of

commencement of insurance coverage under the Policy as specified in the **Policy Schedule/Certificate of Insurance**.

4. **Dental Clinic** means places where dentists provide dental care with no inpatient facilities
5. means places where dentists provide outpatient dental care with inpatient facilities
6. **Dental Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for dental treatment on the advice of a Dentist, 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 dental hospitals/ dental clinics or dentists in the same locality would have charged for the same dental treatment.
7. **Dentist/Dental Medical Practitioner** means a person who is registered with (i) the Dental Council of India, (ii) State Dental Councils, (iii) Joint State Dental Councils or any other Dental council recognized as per Dentists Act, 1948 and its subsequent amendments thereof.
8. **Dental treatment** means a medically necessary treatment related to teeth or structures supporting teeth, performed by a dentist and as mentioned in your Policy Schedule/Certificate of Insurance
9. **Dentistry** includes -
 - the performance of any surgical procedure on, and the treatment on any disease, deficiency or lesion of, human teeth or jaws, and the performance of radiographic work in connection with human teeth or jaws or the oral cavity;
 - the giving of any anaesthetic in connection with any such operation or treatment;
 - the mechanical construction or the renewal of artificial dentures or restorative dental appliances;
 - the performance of any surgical procedure on, or the giving of any treatment, advice or attendance to, any person preparatory to, or for the purpose of, or in connection with, the fitting, inserting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances, and the performance of any such operation and the giving of any such treatment, advice or attendance, as is usually performed or given by dentists;
10. **Endorsement** means a written amendment to the Policy that the Company makes (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original Policy.
11. **Family members** means any one or more of the following family members of the Insured Person:
 - i. Legally wedded spouse
 - ii. Parents and parents-in-law

- iii. Dependent Children
 - iv. Dependent Siblings.
12. **Health Service Provider** means any person or entity providing dental care services/treatments in individual capacity, or through an aggregator under "Health Service Provider Agreement"
 13. **Health Service Provider Agreement** means an agreement prescribing the terms and conditions of the services which may be rendered to the Insured Persons under this Policy, and may be entered into between Health Service Provider and Us.
 14. **Insured Person/You** means the persons named in the **Policy Schedule/Certificate of Insurance**
 15. **Policy** means **Policyholders** and **Insured Persons** statements in the proposal form and Enrolment form, this Policy wording (including endorsements and Clauses if any), **Policy Schedule** and Certificate of Insurance (as the same may be amended from time to time) to which this Policy is attached.
 16. **Policyholder** means Person who has proposed the **Policy** and in whose name the **Policy** is issued.
 17. **Policy Period** means the period between the **Commencement Date** and the Expiry Date specified in the **Policy Schedule/Certificate of Insurance**.
 18. **Policy Schedule** means the document accompanying and forming part of the **Policy** that gives Insured's details and of insurance cover, Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time.
 19. **Pre-existing Dental Condition** means any dental condition or injury
 - a) That is/are diagnosed by a dental medical practitioner within 12 months prior to the effective date of the policy issued by the insurer or its reinstatement , or
 - b) For which medical advice or treatment was recommended by, or received from, a dental medical practitioner within 12 months prior to the effective date of the policy issued by the insurer or its reinstatement.
 20. **Premium** means the amount Insured pay the Company for this insurance. The **Policy Schedule/ Certificate of Insurance** shows the amount of premium for the Policy Period and all other taxes and levies.
 21. **Sum Insured** means the amount shown in the **Policy Schedule/Certificate of Insurance** which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year
 22. **Waiting Period** means a period from the inception of this **Policy** during which specified dental treatments are not covered. On completion of the Waiting Period, dental treatments shall be covered provided the Policy has been continuously renewed without any break or within the graceperiod.

III. Simplified Dental Definitions

Dental Terms	In Simple Terms
Bridges	A fixed prosthesis for missing teeth. Bridges can be supported by natural teeth, implants or a combination of teeth and implants
Complete Dentures	A complete denture is a removable appliance used when all teeth within a jaw have been lost and need to be prosthetically replaced. In contrast to a partial denture which have few teeth missing in the jaw, a complete denture is constructed when there are no more teeth left in an arch or jaw
Crowns	A crown is a tooth-shaped cover placed over a tooth that is badly damaged or decayed. A crown is made to look like and function like a tooth
Curretage	A surgical process to treat gum related problems, where the gum is first cleaned to remove tartar, then cleaning and removal of inflammation under the gum tissue down to the root of the teeth from bacterial infections
Cyst Enucleation	It means removal or cleaning of the cyst by using laser or excavation method to destroy the further growth or damage to the underlying structures.
Extraction	The removal of a broken or decayed tooth from the socket in the bone.
Filling	means a process of dental restoration in which the dentist first removes the decayed tooth material, cleans the affected area, and then fills the cleaned out cavity with a filling material.
Fracture of Jaws and Other facial bones	It means discontinuity with joints due to injury or accidents causing the fractures or dislocation of facial bone.
Gingival Flap Surgery or Osseous Surgery	It is a procedure that gets rid of bacteria living in pockets. During the procedure, a dentist cut open your gums, removes the bacteria, and repairs damaged bone and grafting to regenerate the lost tissue and bone.

Gingivectomy or Gingivoplasty	<i>It is a surgical procedure to treat pockets cause by gum disease, remove the diseased tissue and reshape or recontouring the marginal and proximal gingival tissue</i>
OSMF (Oral Submucous Fibrosis)	<i>Excision of Bands caused due to irritation due to tobacco or vitamin deficiency causing difficulty in opening the mouth</i>
Partial Dentures	<i>Partial dentures are dental appliances worn by people who have lost one or more teeth in an area in the mouth. The replacement teeth are attached to a metal framework or resin frame work covered by a plastic pink base colored to look like the gum tissue along with the attached clasps or rings to hold</i>
RCT (Root Canal Treatment)	<i>A treatment to remove damaged or diseased tooth pulp. Once removed, the remaining space is cleaned and the tooth is sealed off with the thermoplastic material and closed with permanent filling.</i>
Space Infections	<i>It is when the dental infections spread to the sinus or spaces or lymph nodes causing swelling and enlargement of lymph nodes causing pain and suffocation.</i>
Temporomandibular joint Surgeries (TMJ)	<i>It is the surgery of joint which helps in opening, closing of mouth and chewing the food due to lateral movements</i>
Tumor Excision	<i>It means removal of the excessive growth tissue or cancer site removal</i>

Section B: Dental Treatment Covers

We will pay for the Covers opted by Insured/Insured person up to the limits specified on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

a) Restorative Treatment Cover

In Simple Terms: Teeth are not capable of self-healing and hence damage caused to teeth due to a chip, crack or cavity requires treatments like fillings. Under this benefit you will be covered for restorative treatments mentioned below.

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**.

Each payment under the **Policy** will be subject to per claim payout, number. of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

	What is not Covered?
1 Fillings of any of below material type including Pulp Capping will be covered (a) Silver Amalgam; OR (b) GIC (Glass Ionomere Cement) Cement; OR (c) Composite; OR (d) GIC (Glass Ionomere Cement) Light Cure	<ul style="list-style-type: none"> General Exclusions as specified in Section D

b) Periodontal Treatment Cover

In Simple Terms: Gums and bone around your teeth are like the foundation of a house. Just like a house, the foundation must be strong regardless of the beauty of the home. Similarly, bacterial infections in your gums and supporting structures should be kept at bay to keep that beautiful smile. Under this benefit you will be covered for gum related treatments mentioned below.

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**.

Each payment under the **Policy** will be subject to per claim payout, number of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

What is Covered?	What is not Covered?
1 Gum Related Treatments mentioned below will be covered- (a) Curettage - manual or laser (b) Gingivectomy or gingivoplasty - manual (c) Gingivectomy for Orthodontic - laser (d) Gingival flap procedure/ Osseous root planning) - manual (e) Crown Lengthening	<ul style="list-style-type: none"> General Exclusions as specified in Section D Curretage treatment followed by an extraction which is not claimed under this Policy is not covered Cost of Bone Graft is not covered under Gingival flap procedure/Osseous surgery

c) Endodontic Treatment Cover

In Simple Terms: Because, there is nothing more painful than a dental bill you did not expect. When you have a toothache, it can make life pretty miserable. Root Canal Treatment is, in short, a treatment for tooth pain that involves removing the infection from the root which is causing the pain. The cleaned tooth is then protected using a crown. We can help ease your pain, under this benefit you will be covered for below treatments. If Insured Person undergoes below Dental Treatment(s),

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**.

Each payment under the **Policy** will be subject to per claim payout, number of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

What is Covered?	What is not Covered?
1. Root Canal Treatment of below type will be covered - Anterior or Posterior Tooth	<ul style="list-style-type: none"> General Exclusions as specified in Section D Re Root Canal Treatment done on incomplete or faulty treatment done before the commencement of this Policy will not be covered
2. Crowns of below material type will be covered - Metal or Ceramic material	<ul style="list-style-type: none"> Crowns followed by a Root Canal Treatment which is not claimed under this Policy will be exclude Repair of Crowning done before commencement of this Policy or during the Waiting Period will not be covered

d) Prosthetic Treatment Cover - Bridges

In Simple Terms: If any of your teeth are missing or damaged, your dentist may recommend "bridging" the gap to replace that missing tooth/teeth with a false tooth/teeth. Under this benefit you will be covered for getting your tooth "SUBSTITOOTHED" (substituted)

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**.

Each payment under the **Policy** will be subject to per claim payout, number of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

What is Covered?	What is not Covered?
Bridges of below material type will be covered - Metal or Ceramic Material	<ul style="list-style-type: none"> General Exclusions as specified in Section D

e) Prosthetic Treatment Cover – Partial Dentures

In Simple Terms: If any of your teeth are missing or damaged, your dentist may recommend putting dentures to replace that missing tooth/teeth with a false tooth/teeth. Under this benefit you will be covered for getting your tooth "SUBSTITOOTHED"

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**.

Each payment under the **Policy** will be subject to per claim payout, number of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

What is Covered?	What is not Covered?
Partial Dentures of below type will be covered Cast Partial Denture	<ul style="list-style-type: none"> General Exclusions as specified in Section D

f) Prosthetic Treatment Cover – Complete Dentures

In Simple Terms: If any of your teeth are missing or damaged, your dentist may recommend putting dentures to replace that missing tooth/teeth with a false tooth/teeth. Under this benefit you will be covered for getting your tooth "SUBSTITOOTHED"

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**.

Each payment under this **Policy** will be subject to per claim payout, number of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

What is Covered?	What is not Covered?
Complete dentures of below type will be covered -	<ul style="list-style-type: none"> General Exclusions as specified in Section D
<ul style="list-style-type: none"> Indian or Imported Material 	<ul style="list-style-type: none"> Complete Dentures required other than due to Accidental Injury will not be covered Complete Dentures required due to medical illness or age or degenerative disease will not be covered

g) Minor Surgical Procedures

In Simple Terms: Under this benefit you will be covered for

small operations like removing wisdom teeth, grossly decayed teeth etc

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**

Each payment under this **Policy** will be subject to preclaim payout, number of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

What is Covered?	What is not Covered?
Minor Surgeries of below type will be covered.	General Exclusions as specified in Section D
a) Normal Extraction, or	
b) Molar including Soft Tissue Impaction, or	
c) Surgical Extraction, or	
d) Impaction - completely bony	
e) Cyst Enucleation	

h) Major Surgeries Cover

In Simple Terms: Under this benefit you will be covered for dental surgeries requiring hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital)

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**.

Each payment under this **Policy** will be subject to per claim payout, number of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

What is Covered?	What is not Covered?
Major Surgeries as mentioned below will be covered.	<ul style="list-style-type: none"> General Exclusions as specified in Section D Treatment of listed major surgeries which does not lead to hospitalization will not be covered Treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking Treatment of tumors which are malignant will not be covered
a) Fracture of Jaws and Other facial bones	
b) Tumor Excision	
c) Space Infections	
d) OSMF (Oral Submucous Fibrosis) - Excision of Bands	
e) Temporomandibular joint Surgeries (TMJ)	

i) Accidental Major Surgeries Cover

In Simple Terms: Under this benefit you will be covered for dental surgeries arising out of an accident and requiring hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital)

If Insured Person undergoes below Dental Treatment(s), during the **Policy Period**, We will pay **Dental Medical Expenses** upto the **Sum Insured**.

Each payment under this **Policy** will be subject to per claim payout, number of claims in a year, network type and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**

What is Covered?	What is not Covered?
Major Surgeries arising as a result of an accidental injury as mentioned below will be covered.	<ul style="list-style-type: none"> General Exclusions as specified in Section D Major Surgeries required other than due to Accidental Injury will not be covered Treatment of listed accidental major surgeries which does not lead to hospitalization will not be covered Treatment required as a result of injury caused by foodstuffs or foreign bodies while eating, chewing or drinking Treatment required as a result of routine body movements such as stooping, twisting, bending Cost of damage to prosthetic devices will not be covered
a) Fracture of Jaws and Other facial bones	
b) Temporomandibular joint Surgeries (TMJ)	

Section C: Value Added Services

In Simple Terms:

A stitch in time saves nine!

With these value added services you can get your teeth examined and cleaned that in turn can help you avoid mouthful of tooth problems in future

Following value added services are offered to You through Our Health Service Provider subject to number of claims in a year and **Waiting Period** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance**. Value added services taken at a non-listed Health Service Provider will not be covered

a) Preventive Consultation

The service provided under this shall include unlimited physical and video dental consultations through Our Health Service Provider

b) **Preventive Investigation**

The service provided under this shall include 5 (five) Intraoral Periapical (IOPA) X-ray through Our Health Service Provider

c) **Preventive Cleaning**

The service provided under this shall include 1 (one) prophylactic cleaning through Our Health Service Provider

Section D: Waiting Periods and Exclusions

In Simple Terms: The time span in months, after the purchase of the policy during which you cannot claim any benefit

I. **Specific Waiting Period**

- a) Waiting Period as specified in Your Policy Schedule/ Certificate of Insurance shall apply basis chosen Dental Treatments
- b) Waiting Period of 12 months shall apply on Preexisting dental condition for all Dental Treatments
- c) In case of enhancement of sum insured the waiting period shall apply afresh to the extent of sum insured increase.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) No waiting period will be applicable for Accidental Claims

In Simple Terms: To keep things transparent, here is a list of things we don't cover

II. **Standard Permanent Exclusions**

We will not pay for any claim which is caused by, arising from or attributable to:

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

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

e) **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.

III. **Specific Permanent Exclusions**

- a) Claims arising during waiting period as specified in Your Policy Schedule/Certificate of Insurance
- b) Any claim related to a dental treatment for which Medical Advice or treatment was recommended by a Dental Medical Practitioner 12 months before Policy Period
- c) 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, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- d) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- e) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing of a professional or semiprofessional nature.
- f) Congenital external diseases, defects or anomalies,
- g) Treatment rendered by unlicensed Dental Medical Practitioner
- h) Treatments rendered by a Dental Medical Practitioner who is a member of an Insured Person's family, or stays with him.
- i) dental consumables, including but not limited to toothbrushes, toothpaste, mouthwash and dental floss
- j) Costs for any treatment required due to the actions of a third party, whether accidental or not, where in the capacity of their work the third party should have professional indemnity insurance to meet any costs for which they are liable
- k) Any treatment that is in a trial stage, or Treatment using any material, instrument, device, or medical supply that is in a trial stage or any Treatment not recognized as dental practice by the Ministry of Health or by Dental Council of India or any competent foreign authority

- l) Prescription drugs and medications that need to be taken post treatment
- m) Intentional injury by the policy holder to the Insured Person
- n) Any treatment or part of a treatment that is not of a Reasonable and Customary charge and is not a Medically Necessary treatment.
- o) Any Claim arising due to Non-disclosure of Preexisting Dental issues or Material fact as sought to be declared on the Proposal form
- p) Any claims arising caused by participating in any contact sport unless you were wearing a protective gum shield at the time of the accident;
- q) Any other dental service or treatment not specifically listed on the Policy Schedule/Certificate of Insurance
- r) Any dental treatment which is done for cosmetic purposes only or performed mainly for aesthetic purposes, including the transformation or extraction and replacement of healthy teeth in order to modify appearance.
- s) dental treatment required as a result of tooth or mouth jewellery
- t) Any costs for claims arising from pandemics/endemics
- u) Treatment of an Injury arising whilst You are engaged in a brawl or fight, or taking part in inciting a brawl or fight.
- v) Treatment of an Injury sustained while repairing/ restoring or replacing dental restorations
- w) Charges for transportation costs; or professional advice given on the phone (except under Value Added Services)
- x) Charges for sterilization of equipment, disposal of medical waste or other requirements mandated by regulatory agencies and infection control
- y) Temporary, transitional or interim dental services or treatments
- z) Treatment of insured person who use consume tobacco in any form including but not limited to cigarettes / bidi/ e- cigarettes/ paan masala/ betel leaf/ gutkha/ khaini and mawa. This exclusion will not be applicable to claims arising out of accidents.
- aa) Treatment of insured person who has undergone for following treatments/conditions/procedure within 12 months before the policy commencement date
 - Fillings/ Replacements of fillings
 - Complete/Partial dentures
 - Root Canal Treatment/Dental crowns / Inlay/ Onlay
 - Gum Treatment
- Bridge/s
- Braces
- Implant/s
- Missing Tooth/Teeth
- bb) Claims arising out of any of the following pre-existing diseases or their treatment, complications, recurrence if diagnosed on or before policy commencement date
 - Cancer / Leukemia /Oral Cancer
 - Parkinson's Disease
 - Angina
 - Cerebral attack (infarction/ hemorrhage)
 - Congenital Dental Deformity /Disorder
 - Leukoplakia
 - Epilepsy

Section E: Terms & Conditions

1. Standard General Conditions

1.1. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the Policyholder/Insured Person

1.2. Condition Precedent to Admission of Liability

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

1.3. Claim Settlement (provision for Penal Interest)

- a. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured person only from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c. 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.
- d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person at a rate 2% above the bank rate from the date

of receipt of last necessary document to the date of payment of claim.

1.4. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Dental Hospital/ Dental Clinic, 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

1.5. Multiple Policies

- a. 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.
- b. 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
- c. 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.
- d. Where the 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

1.6. Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this Policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, copayments, deductibles as per the policy contract.

1.7. Fraud

If any claim made by the Insured Person/Policyholder, 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/Policyholder 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)/Insured Person(s), who have 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/ Policyholder or by his agent or the hospital/doctor/ dentist/any other party acting on behalf of the Insured Person/Policyholder, 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 declare to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Policyholder/Insured Person / beneficiary can prove that the mis-statement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the Insurer.

1.8. Free look Period

The insured person shall be allowed free look period of fifteen 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:

- a. 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
- b. 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
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

1.9. Renewal of Policy:

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

- a. The Company shall endeavour 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. Coverage is not available during the Grace Period
- e. No loading shall apply on renewals based on individual claims experience.

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

1.10. Cancellation

- a. The Insured Person may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium on pro-rata basis subject to a minimum retention of Rs.50 (excluding tax)

For Policies where premium is paid by instalment, the following additional conditions will be applicable:

- i. For all other payment options, 50% of current instalment premium will be refunded when the current period elapsed is less than 6 months from the commencement of the Policy Year. For instalment after 6 months, no refund will be payable.
- ii. In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

- b. The Company may cancel the Policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the Insured Person/ Policyholder by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
- c. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s

1.11. Premium Payment in Instalments

If the Policyholder/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, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- a. Grace Period as mentioned in the table below would be given to pay the instalment premium due for the Policy

Options	Instalment Premium Option	Grace Period applicable
Option 1	Multi-Year / Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- b. During such Grace Period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company
- c. 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
- d. No interest will be charged If the instalment premium is not paid on due date
- e. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled
- f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
- g. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the policy

1.12. Instalment Premium payment through Auto Debit/ECS Facility

- a. If premium payment is opted for by instalments through auto debit/ECS facility, a separate authorization form shall be submitted by Policyholder/ Insured Person specifying the frequency chosen for premium to be debited.
- b. Where there is a change either in the terms and conditions of the coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh.
- c. The Policyholder/Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable.
- d. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode.

1.13. 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.

1.14. Withdrawal of Policy

- a. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person/Policyholder about the same 90 days prior to expiry of the policy.
- b. 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.

1.15. Nomination

The Insured Person 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

1.16. Redressal of Grievance

In case of any grievance the insured person may contact the Company through:

- Website: www.hdfcergo.com
- Toll free: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 – 6242 – 6226 | seniorcitizen@hdfcergo.com
- E-mail: grievance@hdfcergo.com

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 cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances Call - : 022 – 6242 – 6226 Email - seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai – 400078	The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

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

Latest contact details of Offices of Insurance Ombudsman are provided at Annexure A.

2. Specific General Conditions

- A.** In the event of any difference of opinion between our dentist and your dentist, our dentist's opinion shall prevail
- B.** If there are treatment materials and methods recognized by the company as being similar or equivalent to the above dental materials, the treatment methods will also be compensated.

C. Geography

This Policy provides coverage throughout the territory of India

D. Endorsements

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

E. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the following:

- The Policyholder's, at the address/ e-mail address specified in the Policy Schedule.
- To the Company, at the address specified in the Policy Schedule.
- Insurance agents, brokers, other person or entity is/ are not authorized to receive any notice on the behalf of the Company, unless stated in writing by the Company

F. Claim Procedure

On the occurrence of any event that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

i. Claims through Health Service Provider

Insured Person will have to follow below steps to avail claim through Our Health Service Provider for covered benefits.

Visit our Portal at www.hdfcergo.com or mobile application through link provided in the certificate or on the website. for notification of claim and booking an appointment for dental treatment.

Applicable for all benefits except "Major Surgeries" cover and "Accidental Major Surgeries" cover.

ii. Claims other than Health Service Provider

a) Notification of a Claim

Notice with full particulars shall be sent to the Company as under:

- Within 24 hours from the date of emergency Hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- At least 48 hours prior to admission in Hospital in case of a planned Hospitalization

b) Cashless Claims

1) Procedure for Cashless Claims

- Treatment may be taken in a Network Provider and is subject to pre authorization by the Company
- Cashless request form is available with the Network Provider.
- The Network Provider shall obtain the relevant information from the Insured Person / Policyholder and send a Cashless Facility request to the Company for authorization.
- The Company upon getting cashless request form and related medical information from the Insured Person/ Network Provider shall issue preauthorization letter to the Network Provider after verification.
- At the time of discharge, the Insured Person shall verify and sign the discharge papers along with final bill, pay for non-medical and inadmissible expenses.
- The Company reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details.

2) Conditions for obtaining Cashless facility for Hospitalization claims

- Applicable only for "Major Surgeries" cover and "Accidental Major Surgeries" cover
- Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** is available on **Our** website and can be obtained by contacting **Us**.
- We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.

- iv. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Dental treatment**, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- v. We will make payment for the Cashless authorized amount directly to the **Network Provider**.
- vi. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

c) Reimbursement Claims

Procedure for Reimbursement claims For reimbursement of claims, the Insured Person shall submit the necessary documents to the Company within 30 days of date of discharge from the Hospital

iii. List of documents required for a Claim

1. Duly completed and signed claim form
2. Photo ID and Age Proof
3. **Policy** Number
4. KYC document, if claim amount is more than 1 Lakh
5. Name of the Insured Person(s) named in the Policy Schedule/Certificate of insurance availing treatment
6. Name and address of the attending Dental Medical Practitioner/Hospital
7. MLC / FIR Copy – in Accident cases only
8. History of alcohol consumption or any intoxication certified by first treating doctor in case of Accident cases,
9. Pre and Post Procedure Dental X-rays and Photographs (wherever applicable)
10. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
11. Legal heir/succession certificate, wherever applicable
12. Any other relevant document required by Company for assessment of the claim
13. For Hospitalization claims, additional documents required
 - Copy of the Hospital's Registration Certificate/Hospital Registration number in case of Hospitalization in any non-Network Provider of the Company or certificate from

Hospital authorities providing facilities available including number of beds

- Discharge Card / Day Care Summary / Transfer Summary
- Final Hospital bill with all original deposit and final payment receipt and refund receipt(s), if advance amount refunded
- All previous consultation papers indicating history and treatment details for current illness and advice for current Hospitalization

Note:

- The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
- If requested by the Company, at the Company's cost, the Insured Person must submit to medical examination by Medical Practitioner appointed by the Company as often as it is considered reasonable and necessary and Company's representatives must be permitted to inspect

Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person. the medical and Hospitalization records pertaining to the Insured Person's treatment, and to investigate the circumstances pertaining to the claim.

We reserve the right to modify, add or restrict any Network Provider/Health Service Provider for Cashless facility at Our sole discretion. We will make payment for the Cashless authorized amount directly to the **Health Service Provider**.

In no event shall HDFC ERGO be liable for any direct, indirect, punitive, incidental, special consequential damages or any other damages whatsoever caused to the Policyholder/Insured of HDFC ERGO while receiving the services from **Health Service Provider**

Contact Us

For any claim related query, intimation of claim and submission of claim related documents, You can contact HDFC ERGO General Insurance Limited through:

Claim Intimation:	Customer Service No. 022-62346234 / 0120- 62346234 Email: healthclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh

You may also refer Our website www.hdfcergo.com “ [https:// www.hdfcergo.com/customer-care/grievances.html](https://www.hdfcergo.com/customer-care/grievances.html) for detailed grievance redressal procedure.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
<p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU - Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh Chattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and Chandigarh.</p>
<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahadurgarh</p>
<p>GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor,4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II,Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Clause L. Information about Us

Name of the company – HDFC ERGO General Insurance Company Limited (IRDAI Reg No 146)

Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020.

Website – www.hdfcergo.com

Contact number – 022 - 62346234

Email – care@hdfcergo.com

Annexure I – List of Non-Medical Expenses

S. No.	Item	S. No	Item
1	BABY FOOD	26	BIRTH CERTIFICATE
2	BABY UTILITIES CHARGES	27	CERTIFICATE CHARGES
3	BEAUTY SERVICES	28	COURIER CHARGES
4	BELTS/ BRACES	29	CONVEYANCE CHARGES
5	BUDS	30	MEDICAL CERTIFICATE
6	COLD PACK/HOT PACK	31	MEDICAL RECORDS
7	CARRY BAGS	32	PHOTOCOPIES CHARGES
8	EMAIL / INTERNET CHARGES	33	MORTUARY CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	34	WALKING AIDS CHARGES
10	LEGGINGS	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
11	LAUNDRY CHARGES	36	SPACER
12	MINERAL WATER	37	SPIROMETRE
13	SANITARY PAD	38	NEBULIZER KIT
14	TELEPHONE CHARGES	39	STEAM INHALER
15	GUEST SERVICES	40	ARMSLING
16	CREPE BANDAGE	41	THERMOMETER
17	DIAPER OF ANY TYPE	42	CERVICAL COLLAR
18	EYELET COLLAR	43	SPLINT
19	SLINGS	44	DIABETIC FOOT WEAR
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
22	TELEVISION CHARGES	47	LUMBO SACRAL BELT
23	SURCHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
24	ATTENDANT CHARGES	49	AMBULANCE COLLAR
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER	60	MASK
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	61	OUNCE GLASS
53	SUGAR FREE TABLETS	62	OXYGEN MASK
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	63	PELVIC TRACTION BELT

55	ECG ELECTRODES	64	PAN CAN
56	GLOVES	65	TROLLY COVER
57	NEBULISATION KIT	66	UROMETER, URINE JUG
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	67	AMBULANCE
59	KIDNEY TRAY	68	VASOFIX SAFETY

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

SI 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	PULSEOXYMETER 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 AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
21	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV–Items that are to be subsumed into costs 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