

A. PREAMBLE

HDFC ERGO General Insurance Company Limited will provide insurance cover to the person(s) named in the Schedule subject to Your statements in the Proposal Form, declaration and/or medical reports, payment of premium and the terms and conditions of this Policy,

If during the Policy Period, You suffer from any illness or accident which requires Hospitalization as an inpatient, we will reimburse the amount of such Medical Expenses as per the benefits given under Section C – Scope of Covers, in excess of Aggregate Deductible and subject to a maximum of the Sum Insured as stated in the Schedule.

B. DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to the male include the female and references to any statutory enactment include subsequent changes to the same.

Def 1	We/Our/Us mean HDFC ERGO General Insurance Company Limited.
Def 2	You/Your/Insured/Insured Person means the person(s) named as Insured/Insured Person in the Schedule to this Policy, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
Def 3	Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Def 4	Any one illness: means continuous Period of Illness and it includes relapse within 45 days from the date of hospitalization at the Hospital/Nursing home where treatment may have been taken.
Def 5	Cashless facility: means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
Def 6	Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position. <ul style="list-style-type: none"> Internal Congenital anomaly: which is not in visible and accessible part of the body External Congenital Anomaly: which is visible and accessible parts of the body
Def 7	Cancellation: defines the terms on which the Policy contract can be terminated either by the Insurer or the Insured by giving sufficient notice to other which is not lower than period of 15 days.
Def 8	Co-payment is a cost sharing requirement under a Health Insurance policy that provides that Policy holder/Insured will bear a specified percentage of the admissible Claim amount. A co-payment does not reduce the Sum Insured.
Def 9	Condition Precedent: shall mean Policy term or condition upon which the Insurers liability under the Policy is conditional upon
Def 10	Commencement Date/Inception Date: means the commencement date of this Policy as specified in the Schedule.
Def 11	Contribution: is essentially the right of the Company to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
Def 12	Day Care treatment: refers to medical treatment and/or surgical procedure which is <ul style="list-style-type: none"> undertaken under General or Local Anesthesia in a hospital/day care centre for less than 24 hours due to technological advancement, and which would have otherwise required hospitalization of more than 24 hours. Treatment taken as an outpatient is not included under the Policy.
Def 13	Day Care Centre: A Day care centre means any institution established

for day care treatment of illness and/or injuries or a medical set up with in a hospital and which has been registered with local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner and must comply with all minimum criteria as under:

- Has qualified nursing staff under its employment
- Has qualified medical practitioner (s) in charge
- Has fully equipped operation theater of its own where surgical procedures are carried out
- Maintains daily record of patients and will make these accessible to the Insurance Company's authorized personnel.

Def 14	Dental treatment: is a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery / implants
Def 15	Aggregate Deductible: Aggregate deductible is a cost-sharing requirement under this Policy that provides that the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalization expenses incurred during the policy period by insured (individual policy) or insured family (in case of floater policy)
Def 16	Dependents: mean only the family members listed below: <ol style="list-style-type: none"> Your legally married spouse , Your dependent children - being your children (natural or legally adopted) aged between 3 months and 23 years, who is/are financially dependent on the primary insured or proposer and does not have his/her independent sources of income. Your parents or parents-in-law
Def 17	Disease: means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner to that effect.
Def 18	Domiciliary hospitalization: means medical treatment actually taken at home for a period exceeding 3 days, for an illness/injury which in the normal course would require care and treatment at a Hospital but is actually undertaken while confined at home under medical advice and under any of the following compelling circumstances: <ol style="list-style-type: none"> The condition of the patient is such that he/she is not in a condition to be removed to a Hospital <p>OR</p> <ol style="list-style-type: none"> The patient takes treatment at home on account of non availability of a room in a hospital.
Def 19	Emergency Care: means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and required immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
Def 20	Family: means You, Your: Spouse, Dependent Children, Dependant Parents/in laws, Grand Mother, Grand Father, Grand Son, Grand Daughter, Daughter in Law, Son in law, Sister, Brother, Sister in law, Nephew, Niece
Def 21	Disclosure to information norm: The Policy shall be void and all Premiums paid here on shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
Def 22	Family Floater: means a Policy described as such in the Schedule where under you and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents our maximum liability for any and all claims made by you or Your Dependents during the Policy Period.
Def 23	Grace Period: means the specified period of time immediately following

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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.

Def 24 Hospital/Nursing Home: 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, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner OR must comply with all the minimum criteria as under:

- has at least 10 inpatient beds, in those 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 respective Insurance company's authorized personnel.

Def 25 Hospitalization: means admission in a Hospital/Nursing Home for minimum period of 24 consecutive hours in Inpatient Care except for specified procedures/treatments, where such admission could be for period of less than 24 consecutive hours.

Def 26 Any one illness: Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Def 27 Illness: means sickness or disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy period and requires medical treatment.

Acute condition: Means sickness or disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy period and requires medical treatment.

Chronic condition: A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:-it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests-it needs ongoing or long-term control or relief of symptoms: it requires your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely-it comes back or is likely to come back

Def 28 Intensive Care Unit: Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def 29 Injury: means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Def 30 In-patient: means the person(s) named in the Schedule to this Policy who is/are admitted to Hospital/Nursing Home and stays for at least 24 hours for the sole purpose of receiving medical treatment covered under the Policy.

Def 31 Inpatient Care: means a treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def 32 Maternity expenses: shall include: (a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization). (b) expenses towards medical termination of pregnancy during the policy period.

Def 33 Medical Practitioner is 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 the scope and jurisdiction of license, provided that this person is not the Insured/Insured Person or a member of his/her family.

Def 34 Medical Expenses/Hospitalization 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 what would have been payable if the Insured Person(s) had not been insured and no more than other hospitals and doctors in the same locality would have charged for the same medical treatment.

Def 35 Medical Advice: Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Def 36 Medically Necessary treatment means any treatment, tests, medication, or stay in a Hospital/Nursing Home which

- is required for the medical management of the illness or injury suffered by the Insured Person(s);
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; must have been prescribed by a Medical Practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def 37 Network provider means hospitals or health care providers enlisted by an insurer or a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

Def 38 New born baby: means those babies born to you and your spouse during Policy Period aged between 1 day and 90 days both days inclusive.

Def 39 Notification of a Claim: is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

Def 40 Non Network means any Hospital, day care centre or other provider that is not part of the Network.

Def 41 OPD Treatment (Outpatient): OPD treatment is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for a diagnosis and treatment based on the advice of a medical practitioner. The Insured is not admitted as a Day Care or Inpatient

Def 42 Policy means Your statements in the proposal form, this policy wording (including endorsements, if any), and the Schedule

Def 43 Policy Period means the period between the inception date and the expiry date of the Policy as specified in the Schedule to this Policy or the date of cancellation of this Policy, whichever is earlier.

Def 44 Policy Year means a year following the Commencement Date and its subsequent annual anniversary.

Def 45 Portability: means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.

Def 46 Proposal Form means the proposal and any other information given to us by the Insured Person(s) prior to the inception of the Policy which forms the basis of this contract of Insurance.

Def 47 Pre-existing disease means any condition, ailment or injury or related condition(s) You had signs or symptoms, and / or diagnosed, and / or received medical advice/ treatment, within 36 months prior to the first Policy issued by us.

Def 48 Pre-Hospitalization Medical Expenses: means medical expenses incurred immediately before the Insured Person is hospitalized provided that

- i. such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalization was required and
- ii. the Inpatient Hospitalization claim for such Hospitalization is admissible by us.

Def 49 Post-Hospitalization Medical Expenses: means medical expenses incurred immediately after the Insured Person is discharged provided that

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- i. such Medical Expenses are incurred for the same condition for which the Insured Persons's hospitalization was required and
- ii. The inpatient hospitalization claim for such Hospitalization is admissible by us.

Def 50 Qualified Nurse means a qualified person who holds a valid registration from the Nursing Council of India or the Nursing Council of any State in India.

Def 51 Renewal: Renewal defines 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 all waiting periods and Cumulative Bonus (if applicable)

Def 52 Reasonable and Customary charges 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 among comparable providers only, taking into account the nature of the illness / injury involved.

Def 53 Room Rent: means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Def 54 Schedule means Schedule attached to and forming part of this Policy mentioning Your details, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any annexure and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Def 55 Subrogation: Subrogation shall mean the right of the Insurer to assume the rights of the Insured person to recover expenses paid out under the Policy that may be recovered from any other source.

Def 56 Sum Insured means, subject to terms, conditions and exclusions of this Policy, the Sum Insured representing Our maximum liability for any or all claims during the Policy Period specified in the Schedule.

In case of two year policies, the Sum Insured specified on the Policy is the limit for the first Policy Year. These limits will lapse at the end of the first year and fresh limits upto the full Sum Insured as opted will be available for the second year.

In the event of a claim being admitted under this Policy, the Sum Insured for the remaining Policy Period shall stand correspondingly reduced by the amount of claim paid (including 'taxes') or admitted and shall be reckoned accordingly.

Def 57 Surgery or Surgical procedure means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a Hospital/Nursing Home or Day Care centre by a Medical Practitioner.

Def 58 Alternative Treatment: are forms of treatments other than treatment under "Allopathy" or "Modern Medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Def 59 Unproven/Experimental treatment: Treatment including drug experimental therapy which is not based on established medical practice in India and is a treatment experimental or unproven.

C. SCOPE OF COVERS

A. In-patient Hospitalization Expenses:

If any Insured Person suffers an Illness or Accident during the Policy Period requiring Inpatient Hospitalization, We will pay the Medical Expenses incurred for

- 1.1 Room Rent/ Boarding & Nursing;
- 1.2 ICU Rent/Boarding & Nursing;
- 1.3 Fees of Surgeon, Anesthetist, Nurses and Specialists;
- 1.4 Cost of Operation Theatre, diagnostic tests, medicines, blood, oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical procedure.

Occurrence of same illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy

B. Pre-Hospitalization Medical Expenses:

The Medical Expenses incurred in the 30 days immediately before you were Hospitalized, provided that:

- i. Such Medical Expenses were in fact incurred for the same condition requiring subsequent Hospitalization, and;
- ii. We have accepted the Claim under Scope of Cover (A). "In-patient Hospitalization expenses".

C. Post Hospitalization Medical Expenses:

The Medical Expenses incurred in the 60 days immediately after you were discharged, provided that:

- i. Such Medical Expenses were in fact incurred for the same condition for which Your Hospitalization was required, and;
- ii. We have accepted the Claim under Scope of Cover (A). "In-patient Hospitalization expenses".

D. Day Care treatment:

The Medical Expenses for a day care treatment where the procedure or surgery

- is undertaken is under General or Local Anesthesia in a Hospital/Day care centre for less than 24 hours because of technological advancement, and
- which would have otherwise required hospitalization of more than 24 hours
- does not cover any treatment in an outpatient department or diagnostic procedures.

Please refer annexure 1 at the end of this document for indicative list of covered Day Care treatments.

D: EXCLUSIONS

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

1. All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 36 months of continuous covers have elapsed since inception of the first Policy with us.
2. Any disease contracted and/or Medical Expenses incurred by You in respect of any illness during the first 30 days from the commencement date of the Policy except in case of accidental injuries. This Exclusion doesn't apply for those having any health insurance indemnity policy in India at least for 1 year prior to taking this Policy as well as for subsequent renewals with Us without a break.
3. All expenses along with their complications on treatment towards following ailments/illness are excluded and will be covered after the first two years (24 months) of continuous operation of this insurance cover:
 - Cataract
 - Hysterectomy other than for malignancy
 - Uterine prolapse including any condition requiring Hysterectomy
 - Polycystic Ovarian Diseases, Myomectomy for Fibroids
 - Knee Replacement Surgery (other than caused by an accident)
 - Osteoarthritis and Osteoporosis
 - Arthritis, Arthroscopic Surgery, Rheumatism, Joint Replacement Surgery (other than caused by accident), Prolapse of Intervertebral discs (other than caused by accident)
 - Varicose Veins and Varicose Ulcers, Hernia, Stones in the urinary, uro-genital and biliary systems, Benign Prostate Hypertrophy, Hydrocele
 - Congenital internal anomaly
 - Fistula in anus, Piles, Fissures

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- Fibroids, Dilatation & Curettage for treatment purposes, Pilonidal sinus, Chronic Suppurative Otitis Media (CSOM)
 - Deviated Nasal Septum, Sinusitis and related disorders
 - Surgery on tonsils/Adenoids
 - Gastric and duodenal ulcer, any type of Cysts/Nodules/Polyps, and any type of Breast lumps, benign ear, Nose and Throat disorders and surgeries Chronic Nephritis and Nephropathy (Kidney diseases).
 - Hypertension, Diabetes and related complications
4. Domiciliary hospitalization expenses
 5. Co-payment: All person(s) named in the Schedule to this Policy above the age of 80 years (age last birthday) shall bear a co-pay of 10% for each and every claim.
 6. Aggregate Deductible: We are not liable for Claims/Claim amount falling within Aggregate Deductible limit as opted and mentioned on the Schedule
 7. Any treatment arising from or traceable to pregnancy, childbirth including caesarean section. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means.
 8. Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident.
 9. Ambulance charges.
 10. Stem cell implantation/surgery.
 11. Dental treatment or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
 12. Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception.
 13. Routine medical, eye and ear examinations, cost of spectacles, laser surgery for cosmetic purposes or corrective surgeries, contact lenses or hearing aids, vaccinations except post-bite treatment, issue of medical certificates and examinations as to suitability for employment or travel.
 14. All expenses arising out of any condition directly or indirectly caused due to or associated with human T-cell Lymph tropic virus type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases/illness/injury caused by and/or related to HIV and sexually transmitted diseases.
 15. Vitamins and tonics unless forming part of treatment for illness or injury and prescribed by a Medical Practitioner.
 16. Instrument used in treatment of Sleep Apnoea Syndrome (C.P.A.P.) and Continuous Peritoneal Ambulatory Dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump or any other external devices used during or after treatment.
 17. Treatment for developmental problems including learning difficulties eg. Dyslexia, behavioural problems including attention deficit hyperactivity disorder (ADHD).
 18. Treatment for general debility, ageing, convalescence, run down condition or rest cure, Congenital external anomaly/ies or defects, sterility, infertility including IVF, impotency, venereal disease, puberty or menopause.
 19. Committing or attempting to commit a criminal or illegal act, or intentional self injury or attempted suicide while sane or insane.
 20. Certification/Diagnosis/Treatment by a family member or from persons not registered as Medical Practitioners under the respective Medical Councils, or any diagnosis or treatment that is not scientifically recognized or experimental or unproven.
 21. Ailment requiring treatment due to use, abuse or a consequence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.
 22. Any illness or hospitalization arising or resulting from You or any of Your family members committing any breach of law with criminal intent.
 23. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
 24. Prostheses, corrective devices and medical appliances, which are not required intra-operatively for the illness/ injury for which You were hospitalised.
 25. Any stay in Hospital/Nursing Home without undertaking any treatment or where there is no active line of treatment by the Medical Practitioner.
 26. Treatment of any mental illness or sickness including a psychiatric condition, disorganization of personality or mind, or emotions or behavior, Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an accident or illness or general debility or exhaustion ("run-down condition").
 27. Any cosmetic surgery unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/morbid obesity or treatment/surgery /complications/illness arising as a consequence thereof.
 28. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital/Nursing Home.
 29. Costs of donor screening and organ.
 30. Costs incurred on Alternative treatments.
 31. whilst You are engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports or involving a naval military or air force operation.
 32. whilst You are flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
 33. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 34. All expenses directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, war like operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power. .
 35. All non-medical expenses as per annexure 2 attached.
 36. Any condition after the point at which it is certified by the attending Medical Practitioner to be of such a nature that further medical treatment may serve to stabilize or maintain it but it is unlikely to result in a material improvement within a reasonable time.
 37. Service charges or any other charges levied by the Hospital/Nursing Home, except registration/admission charges.

E. CLAIMS PROCEDURE

It is a condition precedent to Our liability that upon the discovery or happening of any illness/injury that may give rise to a claim under this Policy, You shall:

1. Claim Notification

Give immediate notice to the Company/TPA named in this Policy/Health Card, by calling the Help Line number as specified in the Policy/Health Card, or in writing to the address shown in the Schedule with particulars as below:

Policy Number,

Name of the person(s) named in the Schedule to this Policy availing treatment,

Nature of disease/illness/injury,

Name and address of the attending Medical Practitioner/Hospital

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Date of admission & probable date of discharge

Approximate Claim Expenses

Any other relevant information

Intimation of claim must be done at least 72 hours prior to Hospitalization in case of planned Hospitalization and within 24 hours of Hospitalization in case of an emergency Hospitalization.

In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer.

2. Cashless Facility for Hospitalization

- i) We may provide Cashless facility for Hospitalization expenses either directly or through the Third Party Administrator (TPA) if treatment is undergone at a Network Hospital by issue of pre-authorization by Us or the TPA.
- ii) For the purpose of considering pre-authorization and Cashless facility, you shall submit to the TPA complete information of the illness or injury requiring treatment along with necessary certification from the Medical Practitioner and/or Hospital.
- iii) If claim for treatment appears admissible, we or TPA shall issue pre-authorization to the Hospital concerned for Cashless facility whereby Hospitalization expenses shall be paid directly by us directly or through the TPA as confirmed in the pre-authorization.
- iv) Cashless facility for Hospitalization will not be available for treatment in Non-Network Hospital and may be declined even for treatment at Network Hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such a case, You shall bear the expenses and claim reimbursement, immediately after discharge from Hospital/Nursing Home in accordance with the stipulations herein.
- v) Cashless facility for Hospitalization benefit shall be limited exclusively to Hospitalization Expenses incurred for treatment at a Network Hospital for illness or injury which are covered under the Policy and shall be extended only for Coverage mentioned under Scope of cover(A) "Inpatient Hospitalization expenses" and Scope of cover (B) "Day care Procedures"

3. Claims Processing for Reimbursement

- i) After intimation as aforesaid, further submit following documents to the TPA at Your own expense within 30 days of discharge from the Hospital, the following:
 - Claim Form Duly filled with requisite information and signed by Insured & Hospital
 - Copy of the claim intimation
 - Original Hospital Main Bill
 - Original Hospital Bill break up (Where issued by the Hospital)
 - Original Hospital Bill Payment Receipt
 - Hospital Discharge Card/Summary
 - Original Pharmacy Bill with supporting prescriptions
 - Medical Investigation report: ECG/X-Ray / USG / CT / MRI / Histopathology / pathological and all other medical investigation report in support of diagnosis as advised by the treating doctor.
 - All Doctor's consultation note: confirming provisional & final diagnosis/advise for admission/medical complication/proposed line of treatment/past medical history
 - Original bills and receipts for claiming Ambulance charges(if any)
 - By signing the claim form you are authorizing us to collect the following documents from the Hospital. If you have obtained these documents, then please submit the same
 - Operation Theatre Notes in surgical cases

- Bar code sticker & Invoice for implants and prosthesis (if used)
- In case of Accidental Injuries, Medico Legal Certificate and / or First information Report, where applicable and self statement giving description of the incident

- Indoor case papers

Pre and Post hospitalization Claims documents

- Duly filled claim form(s)(If claimed Separately)
 - Pharmacy Bills with supporting prescriptions
 - Medical investigation test reports and payment receipts with doctor's advice note for such investigations.
 - All Doctor's consultation note with original bills and receipts for claiming Doctors fees,
- ii) Documents pertaining to the Post- Hospitalisation claim shall be submitted to the TPA within 15 days from the date of expiry of Post-Hospitalisation coverage period.
 - iii) At any time you may be required to authorize and permit the TPA and/or us or anyone deputed by us or TPA to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim.
 - iv) You should undergo medical examination by Medical Practitioner designated by us or the TPA and the cost of such medical examination will be borne by us.

We may carry out verification/investigation on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the assessment of loss. Verification carried out, if any, will be done by individuals or entities authorized by us to carry out such verification / investigation(s) and the costs for such verification / investigation shall be borne by us.

For determining the amount of admissible claim, applicable taxes prevailing at the time of the claim will be considered as part of claim amount and our aggregate liability, including any payment towards such Taxes shall in no case exceed the Sum Insured.

4. TPA to Pay or Reject

The TPA where appointed, shall process and communicate rejection, if a claim is found to be not admissible under this Policy as authorized by us. However all decisions shall be our responsibility.

5. Representation against Rejection

Where rejection is communicated, you, May if so desired, represent to Us within 15 days for reconsideration of the decision.

6. Condition Precedent

Completed claim forms and documents must be furnished to us within the stipulated timelines. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim, if you can satisfy us that it was not reasonably possible for you to submit/give proof within such time.

The due intimation, submission of documents and compliance with requirements by you as mentioned above shall be essential, failing which We/TPA shall not be bound to entertain a claim.

7. Condonation of delay

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the insured.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the insured shall not be condoned where such claims would have otherwise been rejected even if reported in time.

8. Claims Service Assurance

- 1) If you notify a cashless facility request by sending the pre-authorization form duly filled in and signed through email to Us or Our representative, then within 6 hours of the actual receipt of such a

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request, We will respond with:

- a) Approval, or
- b) Rejection.

If such request has been notified during office hours (9 am to 9 pm) on Monday to Saturday and we fail to either approve or reject or seek further information after the expiry of 6 hours from the actual receipt of the request then, we shall be liable to pay you for the delay in the following manner:

- i) For delay beyond 6 hours: Rs. 1,000/-
- ii) The maximum amount that We shall be liable to pay to You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs. 1,000/-.

If such request has been notified after office hours on a working day or at any time during a holiday and We fail to either approve or reject after the expiry of 8 hours from the actual receipt of the request, then We shall be liable to pay You for the delay in the following manner:

- iii) For delay beyond 8 hours: Rs. 1,000/-
- iv) The maximum amount that We shall be liable to pay You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs. 1,000/-.

- 2) In case of reimbursement claims, we shall communicate our decision on payment within 6 working days after you submit the complete details, information and document requirements in respect of the claim. If you have provided such information and documents as required by us and we fail to communicate our decision, then we shall pay You Rs. 1,000/- for a delay beyond 6 days. The maximum amount that We shall be liable to pay You for any delay, in respect of a single Hospitalization, shall at no time exceed Rs. 1,000/-.
- 3) We will not be liable to make any payments under Clauses 1 and 2 above in case of any natural event or manmade disturbance which impedes our ability to make a decision or to communicate such decision to you.
- 4) Any amounts paid under this Clause will not affect the Sum Insured as specified in the Schedule. Our liability to make payments under this Clause shall at all times be restricted to the amounts specified in Clause 1 and 2 above including the maximum amount specified therein and You shall not be entitled to any sum whatsoever, in excess of those amounts. Any payment made under this Clause by us will not amount to any admission of liability for a claim notified by You. Service Assurance is applicable only to the first response on a single claim and to no subsequent correspondence.

The above compensation shall be paid to You notwithstanding Our obligation to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by the Company in cases of delay in settlement of claims, as per Reg. 9(6) of IRDAI (Protection of Policy Holder's Interests) Regulations 2002

9. Claim Settlement

Wherever a claim has not been settled within the stipulations of the Claims Service Assurance Clause above, We will settle the Claim within a period of 30 days from receipt of final completed set of documents/investigation reports (if applicable)

In the event that We decide to reject a claim made under this Policy, We shall intimate the same to you within a period of 30 days of receipt of the final completed set of documents/investigation reports (if applicable), in accordance with the provisions of IRDAI (Protection of Policyholder's Interests) Regulations, 2002.

F. General Conditions

1. Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable in the event of the following:

- In case of any untrue or incorrect statements or misrepresentation, misdescription or non-disclosure or suppression of any material particulars

as sought to be declared on the Proposal Form

- if any material information has been withheld in the Proposal Form, personal statement, declaration or other documents,
- if a claim is found to be fraudulent or any fraudulent means or device is used by You or any one acting on your behalf to obtain a benefit under this Policy.

Material information to be disclosed includes every matter that You know, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Our decision to accept the risk of insurance and if so on those terms. You must exercise the same duty to disclose those matters to us before the renewal, extension, variation, endorsement or reinstatement of the Policy.

2. Observance of Terms and Conditions

The due observance and fulfilment of the terms, conditions and endorsements of this Policy insofar as they relate to anything to be done or complied with You shall be a condition precedent to any liability on Us to make any payment under this Policy.

3. Reasonable Care

You shall take all reasonable steps to safeguard against any accident or illnesses that may give rise to any claim under this Policy.

4. Notice of Charge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but Our payment to You or Your nominees or Your legal representative or to the Hospital/Nursing Home, as the case may be, of any benefit under the Policy shall in all cases be a full, valid and an effectual discharge by Us.

5. Electronic Transactions

You agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of this Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by you.

6. Subrogation

In the event of payment under this Policy, We shall be subrogated to Your rights of recovery thereof against any person or organization, and You shall execute and deliver instruments and papers necessary to secure such rights. You and any claimant under this Policy shall at Our expense do and concur in doing and permit to be done, all such acts and things as may be necessary or required by us, before or after Your indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which We shall be or would become entitled or subrogated. This clause does not apply to coverage provided on benefit basis.

7. Contribution

If there shall be existing any other insurance covering the same Insured/Insured Person whether effected by the Insured/Insured Person or not and If the Claim amount exceeds the Sum Insured under the Policy after considering the deductible or Co-pay, the Company shall not be liable to pay or contribute more than its ratable proportion of Claim. This clause does not apply where Claim amount is not exceeding the Sum Insured and/or to benefit sections under this Policy. Insured Person has the right to choose the Insurer by who Claim to be settled.

8. Fraudulent Claims

If any claim 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

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used by You or anyone acting on Your behalf to obtain any benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all person(s) named in the Schedule to this Policy, all sums paid under this Policy shall be repaid to Us by all person(s) named in the Schedule to this Policy who shall be jointly liable for such repayment.

9. Cancellation/Termination

We reserve the right and may at any time, cancel Your Policy, on grounds of misrepresentation, fraud, non disclosure or suppression of material facts as sought to be declared on the Proposal form or non co-operation, by giving 15 days notice in writing by Registered Post Acknowledgment Due to you at your last known address in which case, We shall not be liable to repay the premium for the unexpired term.

You may also give 15 days' notice in writing, to us, for the cancellation of this Policy, in which case We shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at Our short period scales as under:

Period on Risk	Rate of Premium Refunded
Up to 1 month	75% of annual Premium
Up to 3 months	50% of annual Premium
Up to 6 months	25% of annual Premium
Exceeding six months upto 365 days	Nil

In case of 2 year Policy;

If cancellation done before completion of 1 year: same grid as given above is applicable on first year Premium and second year Premium will be completely refunded.

If cancellation is done after completion of 1 year: same grid as given above is applicable however retention Premium on second year premium will be calculated on Annual Premium without long term Policy discount.

An individual policy with a single person named in the Schedule to this Policy shall automatically terminate in case of death of the Policyholder. In case of an individual Policy with multiple persons named in the Schedule to this Policy and in case of a floater, the Policy shall continue to be in force for the remaining members of the family upto the expiry of current Policy Period. The Policy may be renewed on an application by another adult person named in the Schedule to this Policy, whenever such is due.

However, in case of a valid claim having been paid or reported under this Policy, there would be no refund of premium.

Minimum premium of Rs. 250 per Policy will be retained by us towards administrative charges.

10. Free-look Period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy stating the reasons for cancellation, if you have any objections to any of the terms and conditions. We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate risk premium (If Policy has already commenced). Cancellation will be allowed only if there are no claims paid or reported under the Policy. Minimum premium shall not apply for free look cancellations.

11. Place/Currency

No claim shall be payable under this Policy for any treatment or expenses incurred outside India. All claims shall be payable in India and in Indian Rupees only.

12. Income Tax benefit

Premium paid under the Policy shall be eligible for benefits under the Income Tax laws prevailing from time to time.

13. Law Applicable

Laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy or any claim there under.

14. If a claim is rejected or partially settled and is not the subject matter of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be

deemed to have been abandoned and Our liability extinguished and shall not be recoverable thereafter.

15. Renewal

- We shall not be bound to give notice that renewal is due.
- If You desire renewal, You shall apply to Us for the same prior to expiry of the Policy Period of Insurance.
- Renewals are deemed to be continuous when received within a period of 30 days from the date of expiry of last policy, subject to however, to the effective policy inception date being reckoned from such period when the renewal premium is received by us.
- Policy will be considered as a fresh policy if there is a break of 30 or more days between the previous policy expiry date and current policy start date.
- We will not be liable to pay hospitalization expenses incurred during break period. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.
- Any enhanced Sum Insured during subsequent policy renewals will not be available for an illness, injury already contracted under the preceding policy periods. All Waiting periods as defined in the Policy shall apply for this enhanced limit from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with Us. Sum Insured enhancement will be subject to Underwriting approval.
- Where an individual is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with Us.
- In case of floater Policies, where dependent child crosses age 23 years, renewal can be done in a separate Policy under the same Product or any other available Products with continuity benefits.
- A Policy shall be ordinarily renewable for lifetime unless:
 - any fraud, misrepresentation or suppression of material facts as sought to be declared on the Proposal form by You or on Your behalf is found either in obtaining insurance or subsequently in relation thereto or,
 - We have discontinued issuance of Policy under this Product, in which event You will have the option of renewal under any similar Policy being issued by Us; provided however, benefits payable shall be subject to the terms contained in such other Policy. Such modification or revision of the terms and conditions of the Product shall be intimated to you 3 months in advance along with reasons of modification and revision.

- Based on the experience of the Product, Premium, Terms and Conditions may be revised subject to prior approval of Insurance Regulatory and Development Authority. Such revision shall be intimated to you 3 months in advance with an option of renewal under any similar Policy being issued by us. However, benefits payable shall be subject to the terms contained in such other Policy. Individual Claims experience loading is not applicable under the Policy.

16. Continuity Benefits

For Portability Policies, continuity benefits shall be offered to all in accordance with the Portability Guidelines issued by Insurance Regulatory and Development Authority from time to time. Portability benefits are not automatically applicable under the Policy unless application for portability has been specifically made and subsequently accepted by the Company. Application for portability must be made 45 days before expiry of the Policy.

Where the product is discontinued or offered to the customers of a specific institution, with which We have a tie up, continuity of benefits will be provided under the same or similar policies available with Us during such period in the event that such tie-up has been discontinued or Product is withdrawn.

17. Pre-acceptance Medical Test Requirement

- All Individuals upto 55 years (age last birthday as at Policy inception date): The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.

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- b. For age group 56-65 years (age last birthday as at Policy inception date): The Individuals would be required to undergo pre-acceptance medical tests as follows-Medical Examination Report, Treadmill Test/ECG, Lipid Profile, HbA1C, Serum Creatinine, Complete Blood Count, Urinalysis.

The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

The Health check up and subsequent Medical reports are valid upto 30 days from date of Health Check up.

In case of accepted proposals, A50% reimbursement of the medical test costs will be applicable for accepted proposals (on our pre agreed rates with the network provider). Please refer our website www.hdfcergo.com for the list of DC in your area.

18. Medical Underwriting

Proposers above 55 years of age and those having medical history are subject to Medical Underwriting by the Company. We reserve the right to accept such proposals on standard terms/Decline/Accept with exclusion or Premium loading (up to maximum of 100% on basic Premium). These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us.

19. Endorsements

Following type of endorsement are permissible under the Policy.

Premium Bearing

- Increase in Sum Insured: Subject to medical underwriting permissible at Renewal
- Decrease in Sum Insured: Permissible at Renewal unless Policy wrongly issued by us
- Addition of member: Newly married spouse or New born baby permissible at Renewal
- Policy cancellation

Non Premium Bearing

- Address change
- Corrections: Names, address etc
- Change of Occupation

Above list is indicative.

20. Condonation of delay

The Company may condone delay in claim intimation/ document submission on merit, where it is proved that delay in reporting of claim or submission of claim documents, is due to reasons beyond the control of the insured.

Notwithstanding the above, delay in claim intimation or submission of claim documents due to reasons beyond the control of the insured shall not be condoned where such claims would have otherwise been rejected even if reported in time.

21. Customer Support

You can Contact us on

HDFC ERGO General Insurance Co. Ltd.
Stellar IT Park, Tower-1, 5th Floor, C -25, Sector 62, Noida -201301

Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234
Email : healthclaims@hdfcergo.com

22. Grievances Redressal Procedure

At HDFC ERGO General Insurance, we are committed to serve our customers to their satisfaction by providing fast, fair and friendly services at all times.

However, should a customer feel that our services need improvement and wish to lodge your feedback / complaint, you may:

- Call our Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234
- For lodging a complaint online, email us to our customer service desk at care@hdfcergo.com.

After investigating the matter internally, we will send our response within a period of 10 days.

In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

Escalation Level 1

For lack of a response or if the response provided does not meet your expectation, you can write to: grievance@hdfcergo.com

After examining the matter, final response would be conveyed within a period of 15 days from the date of receipt of your complaint on this e-mail id.

Escalation Level 2

In case, you are not satisfied with the decision/resolution of the above office, or have not received any response within 15 days, you may write to: cgo@hdfcergo.com

Escalation Level 3

If after following Escalation Level 1 and 2 as stated above your issue remains unresolved, you may approach the Insurance Ombudsman for Redressal.

Contact Details of Insurance Ombudsman

Names of Ombudsman and Addresses of Ombudsmen Centres	
2nd Floor, Ambica House, Near C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel.: 27546150 Fax: 079-27546142 Email: insombalhd@rdiffmail.com	
62, Forest Park, BHUBANESHWAR - 751 009. Tel.: 2535220 Fax: 0674 - 2531607 Email: susantamishra@yahoo.com / ioobbsr@vsnl.net	
S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D, CHANDIGARH - 160 017 Tel.: 0172 - 2706196 EPBX:0172 - 2706468 Fax: 0172 - 2708274	
Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI - 600 018 Tel.: 24333678/24333668/24335284 Fax: 044 - 24333664 Email: insombud@md4.vsnl.net.in	
2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI - 110 002 Tel.: 23239611 Fax: 011 - 23230858 Email: insombudsmandel@netcracker.com	
6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 Tel.: 55574325 Fax: 040 - 23376599 Email: insombud@hd2.vsnl.net.in	
2nd Floor, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM - 682 015 Tel.: 2373334/2350959 Fax: 0484 - 2373336 Email: insuranceombudsmankochi@hclinfnet.com	
North British Building 29, N S Road, 3rd Floor, KOLKATTA - 700 001 Tel.: 22212666/22212669 Fax: 033-22212668	
Jeevan Bhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW - 226 001 Tel.: 0522-2201188/2231330/2231331 Fax: 0522 - 2231310 E-mail: ioblko@sancharnet.in	
3rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), MUMBAI - 400 054 Tel: 26106889 EPBX:022-26106889 Fax: 022 - 26106052/26106980 Email: ombudsman.i@hclinfnet.com	

Aquarius Bhaskar Nagar, R G Baruah Road,
GUWAHATI - 781 021
 Tel: 2413525 | EPBX:0361 - 2415430
 Fax: 0361 - 2414051

Secretary General
 Governing Body of Insurance Council
 5th Floor, Royal Insurance Building, 14 Jamshedji Tata Road,
 Churchgate, Mumbai - 400 020

23. IRDAI REGULATIONS

Email: inscoun@vsnl.net
 This Policy is subject to Regulations of IRDAI (Protection of Policyholder's
 Interests) Regulations, 2002 as amended from time to time.

ANNEXURE I

Indicative list of Day Care Procedure

Indicative list of Day Care Procedure and Treatments

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type-I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

1. Incision of tear glands
2. Other operations on the tear ducts
3. Incision of diseased eyelids
4. Excision and destruction of diseased tissue of the eyelid
5. Operations on the canthus and epicanthus
6. Corrective surgery for entropion and ectropion
7. Corrective surgery for blepharoptosis
8. Removal of a foreign body from the conjunctiva
9. Removal of a foreign body from the cornea
10. Incision of the cornea
11. Operations for pterygium
12. Other operations on the cornea
13. Removal of a foreign body from the lens of the eye
14. Removal of a foreign body from the posterior chamber of the eye
15. Removal of a foreign body from the orbit and eyeball
16. Operation of cataract

Operations on the skin & subcutaneous tissues

17. Incision of a pilonidal sinus
18. Other incisions of the skin and subcutaneous tissues
19. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
20. Local excision of diseased tissue of the skin and subcutaneous tissues
21. Other excisions of the skin and subcutaneous tissues
22. Simple restoration of surface continuity of the skin and subcutaneous tissues
23. Free skin transplantation, donor site
24. Free skin transplantation, recipient site
25. Revision of skin plasty

26. Other restoration and reconstruction of the skin and subcutaneous tissues
27. Chemosurgery to the skin
28. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

29. Incision, excision and destruction of diseased tissue of the tongue
30. Partial glossectomy
31. Glossectomy
32. Reconstruction of the tongue
33. Other operations on the tongue

Operations on the salivary glands & salivary ducts

34. Incision and lancing of a salivary gland and a salivary duct
35. Excision of diseased tissue of a salivary gland and a salivary duct
36. Resection of a salivary gland
37. Reconstruction of a salivary gland and a salivary duct
38. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

39. External incision and drainage in the region of the mouth, jaw and face
40. Incision of the hard and soft palate
41. Excision and destruction of diseased hard and soft palate
42. Incision, excision and destruction in the mouth
43. Plastic surgery to the floor of the mouth
44. Palatoplasty
45. Other operations in the mouth

Operations on the tonsils & adenoids

46. Transoral incision and drainage of a pharyngeal abscess
47. Tonsillectomy without adenoidectomy
48. Tonsillectomy with adenoidectomy
49. Excision and destruction of a lingual tonsil
50. Other operations on the tonsils and adenoids
51. Trauma surgery and orthopaedics
52. Incision on bone, septic and aseptic
53. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
54. Suture and other operations on tendons and tendon sheath
55. Reduction of dislocation under GA
56. Arthroscopic knee aspiration

Operations on the breast

57. Incision and drainage of the breast
58. Operations on the nipple

Operations on the digestive tract

59. Incision and excision of tissue in the perianal region
60. Surgical treatment of anal fistulas
61. Surgical treatment of haemorrhoids
62. Division of the anal sphincter (sphincterotomy)
63. Other operations on the anus
64. Ultrasound guided aspirations
65. Sclerotherapy

Operations on the female sexual organs

66. Incision of the ovary
67. Insufflation of the Fallopian tubes
68. Other operations on the Fallopian tube
69. Dilatation of the cervical canal
70. Conisation of the uterine cervix
71. Other operations on the uterine cervix
72. Incision of the uterus (hysterotomy)
73. Therapeutic curettage
74. Culdotomy
75. Incision of the vagina
76. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
77. Incision of the vulva
78. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

79. Incision of the prostate
80. Transurethral excision and destruction of prostate tissue
81. Transurethral and percutaneous destruction of prostate tissue
82. Open surgical excision and destruction of prostate tissue
83. Radical prostatovesiculectomy
84. Other excision and destruction of prostate tissue
85. Operations on the seminal vesicles

86. Incision and excision of periprosthetic tissue
87. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

88. Incision of the scrotum and tunica vaginalis testis
89. Operation on a testicular hydrocele
90. Excision and destruction of diseased scrotal tissue
91. Plastic reconstruction of the scrotum and tunica vaginalis testis
92. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

93. Incision of the testes
94. Excision and destruction of diseased tissue of the testes
95. Unilateral orchidectomy
96. Bilateral orchidectomy
97. Orchidopexy
98. Abdominal exploration in cryptorchidism
99. Surgical repositioning of an abdominal testis
100. Reconstruction of the testis
101. Implantation, exchange and removal of a testicular prosthesis
102. Other operations on the testes

Operations on the spermatic cord, epididymis und ductus deferens

103. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
104. Excision in the area of the epididymis
105. Epididymectomy
106. Reconstruction of the spermatic cord
107. Reconstruction of the ductus deferens and epididymis
108. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

109. Operations on the foreskin
110. Local excision and destruction of diseased tissue of the penis
111. Amputation of the penis
112. Plastic reconstruction of the penis
113. Other operations on the penis

Operations on the urinary system

114. Cystoscopic removal of stones

Other Operations

115. lithotripsy & lithotomy
116. Coronary angiography
117. Haemodialysis
118. Radiotherapy for Cancer
119. Cancer Chemotherapy

Sr. No.	Expense Head	Special Remarks
1.	Hair Removal Cream	Not Payable
2.	Baby Charges (unless Specified/ indicated)	Not Payable
3.	Baby Food	Not Payable
4.	Baby Utilities Charges	Not Payable
5.	Baby Set	Not Payable
6.	Baby Bottles	Not Payable
7.	Brush	Not Payable
8.	Cosy Towel	Not Payable
9.	Hand Wash	Not Payable
10.	Moisturiser Paste Brush	Not Payable
11.	Powder	Not Payable
12.	Razor	Payable
13.	Shoe Cover	Not Payable
14.	Beauty Services	Not Payable
15.	Belts/ Braces	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine

16.	Buds	Not Payable
17.	Barber Charges	Not Payable
18.	Caps	Not Payable
19.	Cold Pack/hot Pack	Not Payable
20.	Carry Bags	Not Payable
21.	Cradle Charges	Not Payable
22.	Comb	Not Payable
23.	Disposables Razors Charges (For Site Preparations)	Payable
24.	Eau-de-cologne / Room Fresheners	Not Payable
25.	Eye Pad	Not Payable
26.	Eye Sheild	Not Payable
27.	Email/ Internet Charges	Not Payable
28.	Food Charges (other Than Patient's Diet Provided By Hospital)	Not Payable
29.	Foot Cover	Not Payable
30.	Gown	Not Payable
31.	Leggings	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32.	Laundry Charges	Not Payable
33.	Mineral Water	Not Payable
34.	Oil Charges	Not Payable
35.	Sanitary Pad	Not Payable
36.	Slippers	Not Payable
37.	Telephone Charges	Not Payable
38.	Tissue Paper	Not Payable
39.	Tooth Paste	Not Payable
40.	Tooth Brush	Not Payable
41.	Guest Services	Not Payable
42.	Bed Pan	Not Payable
43.	Bed Under Pad Charges	Not Payable
44.	Camera Cover	Not Payable
45.	Cliniplast	Not Payable
46.	Crepe Bandage	Not Payable/ Payable by the patient
47.	Curapore	Not Payable
48.	Diaper of Any Type	Not Payable
49.	Eyelet Collar	Not Payable
50.	Face Mask	Not Payable
51.	Flexi Mask	Not Payable
52.	Dvd, Cd Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
53.	Gauze Soft	Not Payable
54.	Gauze	Not Payable
55.	Hand Holder	Not Payable
56.	Hansaplast/ Adhesive Bandages	Not Payable
57.	Lactogen/ Infant Food	Not Payable
58.	Slings	Reasonable costs for one sling in case of upper arm fractures may be considered

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59.	Weight Control Programs/ Supplies/ Services	Not Payable
60.	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Not Payable
61.	Dental Treatment Expenses That Do Not Require Hospitalisation	Not Payable
62.	Hormone Replacement Therapy	Not Payable
63.	Home Visit Charges	Not Payable
64.	Infertility/ Subfertility/ Assisted Conception Procedure	Not Payable
65.	Obesity (including Morbid Obesity) Treatment	Not Payable
66.	Psychiatric & Psychosomatic Disorders	Not Payable
67.	Corrective Surgery For Refractive Error	Not Payable
68.	Treatment Of Sexually Transmitted Diseases	Not Payable
69.	Donor Screening Charges	Not Payable
70.	Admission/Registration Charges	Not Payable
71.	Hospitalisation For Evaluation/ Diagnostic Purpose	Not Payable
72.	Expenses For Investigation/ Treatment Irrelevant to the Disease for which Admitted or Diagnosed	Not Payable
73.	Any Expenses When the Patient is Diagnosed with Retro Virus + or Suffering from /hiv/ Aids etc is Detected/ Directly or Indirectly	Not Payable
74.	Stem Cell Implantation/ Surgery	Not Payable except Bone Marrow Transplantation where covered by policy
75.	Ward And Theatre Booking Charges	Payable under OT Charges, not payable separately
76.	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital payable. Purchase of Instruments not payable.
77.	Microscope Cover	Payable under OT Charges, not separately
78.	Surgical Blades,harmonic Scalpel, shaver	Payable under OT Charges, not separately
79.	Surgical Drill	Payable under OT Charges, not separately
80.	Eye Kit	Payable under OT Charges, not separately
81.	Eye Drape	Payable under OT Charges, not separately
82.	X-ray Film	Payable under Radiology Charges, not as consumable
83.	Sputum Cup	Payable under Investigation Charges, not as consumable
84.	Boyles Apparatus Charges	Part of OT Charges, not separately
85.	Blood Grouping And Cross Matching of Donors Samples	Part of Cost of Blood, not payable
86.	Antiseptic Or Disinfectant Lotions	Not Payable - Part of Dressing Charges
87.	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable - Part of Dressing Charges
88.	Cotton	Not Payable - Part of Dressing Charges

89.	Cotton Bandage	Not Payable - Part of Dressing Charges
90.	Micropore/ Surgical Tape	Not Payable- Payable by the patient when prescribed, otherwise included as Dressing Charges
91.	Blade	Not Payable
92.	Apron	Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93.	Torniquet	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94.	Ortho bundle, Gynaec Bundle	Part of Dressing Charges
95.	Urine Container	Not Payable
96.	Luxury Tax	Actual tax levied by government is payable Part of room charge for sub limits
97.	Hvac	Part of room charge not payable separately
98.	House Keeping Charges	Part of room charge not payable separately
99.	Service Charges Where Nursing Charge also Charged	Part of room charge not payable separately
100.	Television & Air Conditioner Charges	Payable under room charges not if separately levied
101.	Surcharges	Part of room charge not payable separately
102.	Attendant Charges	Not Payable - Part of Room Charges
103.	Im Iv Injection Charges	Part of nursing charges, not payable
104.	Clean Sheet	Part of Laundry/ Housekeeping not payable separately
105.	Extra Diet of Patient (other than that which forms part of Bed charge)	Patient Diet provided by hospital is payable
106.	Blanket/ warmer Blanket	Not Payable- part of room charges
107.	Admission Kit	Not Payable
108.	Birth Certificate	Not Payable
109.	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
110.	Certificate Charges	Not Payable
111.	Courier Charges	Not Payable
112.	Convenyance Charges	Not Payable
113.	Diabetic Chart Charges	Not Payable
114.	Documentation Charges/ Administrative Expenses	Not Payable
115.	Discharge Procedure Charges	Not Payable
116.	Daily Chart Charges	Not Payable
117.	Entrance Pass/Visitors Pass Charges	Not Payable
118.	Expenses Related to Prescription on Discharge	To be claimed by patient under Post Hosp where admissible
119.	File Opening Charges	Not Payable
120.	Incidental Expenses/Misc. Charges (not Explained)	Not Payable

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121.	Medical Certificate	Not Payable
122.	Maintainance Charges	Not Payable
123.	Medical Records	Not Payable
124.	Preparation Charges	Not Payable
125.	Photocopies Charges	Not Payable
126.	Patient Identification Band/ Name Tag	Not Payable
127.	Washing Charges	Not Payable
128.	Medicine Box	Not Payable
129.	Mortuary Charges	Payable upto 24 hrs, shifting charges not payable
130.	Medico Legal Case Charges (mlc Charges)	Not Payable
131.	External Durable Devices	Not Payable
132.	Walking Aids Charges	Not Payable
133.	Bipap Machine	Not Payable
134.	Commode	Not Payable
135.	Cpap/ Capd Equipments	Device not Payable
136.	Infusion Pump - Cost	Device not Payable
137.	Oxygen Cylinder(for Usage Outside the Hospital)	Not Payable
138.	Pulseoxymeter Charges	Device not Payable
139.	Spacer	Not Payable
140.	Spirometre	Device not Payable
141.	Spo2 Probe	Device not Payable
142.	Nebulizer Kit	Device not Payable
143.	Steam Inhaler	Not Payable
144.	Armsling	Not Payable
145.	Thermometer	Not Payable (paid by patient)
146.	Cervical Collar	Not Payable
147.	Splint	Not Payable
148.	Diabetic Foot Wear	Not Payable
149.	Knee Braces (Long/ Short/ Hinged)	Not Payable
150.	Knee Immobilizer/ shoulder Immobilizer	Not Payable
151.	Lumbo Sacral Belt	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
152.	Nimbus Bed or Water or Air Bed Charges	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
153.	Ambulance Collar	Not Payable
154.	Ambulance Equipment	Not Payable
155.	Microsheild	Not Payable
156.	Abdominal Binder	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.

157.	Betadine/hydrogen Peroxide\spirit\ dettol\savlon\Disinfectants etc	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
158.	Private Nurses Charges- Special Nursing Charges	Post hospitalization nursing charges not Payable
159.	Nutrition Planning Charges - Dietician Charges - Diet Charges	Patient Diet provided by hospital is payable
160.	Alex Sugar Free	Payable -Sugar free variants of admissable medicines are not excluded
161.	Creams Powders Lotions (toileteries are not Payable, only Prescribed Medical Pharmaceuticals Payable)	Payable when prescribed
162.	Digene Gel/ Antacid Gel	Payable when prescribed
163.	Ecg Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
164.	Gloves	Sterilized Gloves payable/ unsterilized gloves not payable
165.	HIV Kit	Payable - payable Pre operative screening
166.	Listerine/ Antiseptic Mouthwash	Payable when prescribed
167.	Lozenges	Payable when prescribed
168.	Mouth Paint	Payable when prescribed
169.	Nebulisation Kit	If used during hospitalization is payable reasonably
170.	Novarapid	Payable when prescribed
171.	Volini Gel/ Analgesic Gel	Payable when prescribed
172.	Zytee Gel	Payable when prescribed
173.	Vaccination Charges	Routine Vaccination not Payable/ Post Bite Vaccination Payable
174.	AHD	Not Payable - Part of Hospital's internal Cost
175.	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
176.	Scrub Solution/sterillium	Not Payable - Part of Hospital's internal Cost
177.	Vaccine Charges for Baby	Not Payable
178.	Aesthetic Treatment/ Surgery	Not Payable
179.	TPA Charges	Not Payable
180.	Visco Belt Charges	Not Payable
181.	Any Kit with no Details Mentioned [delivery Kit, Ortho kit, Recovery Kit, etc]	Not Payable
182.	Examination Gloves	Not Payable
183.	Kidney Tray	Not Payable
184.	Mask	Not Payable
185.	Ounce Glass	Not Payable

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186.	Outstation Consultant's/ Surgeon's Fees	Not Payable
187.	Oxygen Mask	Not Payable
188.	Paper Gloves	Not Payable
189.	Pelvic Traction Belt	Should be payable in case of PIVD requiring tractions this is generally not reused
190.	Referral Doctor's Fees	Not Payable
191.	Accu Check (glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation/Reports and Charts required/ Device not payable
192.	Pan Can	Not Payable
193.	Sofnet	Not Payable
194.	Trolley Cover	Not Payable
195.	Urometer, Urine Jug	Not Payable
196.	Ambulance	Payable- Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
197.	Tegaderm/ Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
198.	Urine Bag	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
199.	Softovac	Not Payable
200.	Stockings	Essential for case like CABG etc. where it should be paid.