



WITH YOU ALWAYS

INDIVIDUAL ACCIDENT & SICKNESS HOSPITAL CASH POLICY

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14

POLICY WORDINGS

Tata AIG General Insurance Co. Ltd.

Registered Office:

Peninsula Business Park, Tower A, 15th Floor,

G.K. Marg, Lower Parel, Mumbai – 400013

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (Senior Citizen)

Fax: 022 6693 8170

Email: customersupport@tataaig.com Website: www.tataaig.com

IRDA of India Registration No: 108 CIN:U85110MH2000PLC128425

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Individual Accident and Sickness Hospital Cash Policy

Tata AIG General Insurance Company Limited (We, Our or Us) will provide the insurance described in this Policy and any endorsements thereto for the Insured Period as defined in this Policy, to the Insured Persons detailed in the Policy Schedule and in reliance upon the statements contained in the Proposal which shall be the basis of this Policy and are deemed to be incorporated herein in return for the payment of the required premium when due and compliance with all applicable provisions of this Policy.

The insurance provided under this Policy is only with respect to such and so many of the benefits as are indicated by a specific amount set opposite in the Policy Schedule.

This Policy will only be valid and in force if the Policy Schedule is signed by a person We have authorized.

Authorised Signatory

For Tata AIG General Insurance Company Ltd.

Registered Office: Peninsula Business Park,
Tower A, 15th Floor, G. K. Marg,
Lower Parel, Mumbai- 400013.
Toll Free Helpline No. 1800 266 7780
Visit us at www.tataaig.com

Part A: General Definitions

We use certain words in this Policy and Policy Schedule, which have a specific meaning and are shown under the heading of General Definitions in the Policy. They have this meaning wherever they appear in the Policy or Policy Schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice-versa in both cases.

Accident, Accidental - means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

Acquired Immune Deficiency Syndrome - means the meanings assigned to it by the World Health Organization. Acquired Immune Deficiency Syndrome shall include HIV (Human Immune -deficiency Virus), encephalopathy (dementia), HIV Wasting Syndrome, and ARC (AIDS Related Condition).

Age - means completed years as at the effective Date.

Airworthiness Certificate - means the standard Airworthiness Certificate issued by the aviation agency or by the governmental authority having jurisdiction over civil aviation in the country of its registry.

Break in policy - occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

Cancellation (of policy) - means 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 a period of fifteen days. The terms of cancellation may differ from insurer to insurer.

Certificate of Insurance - means the document issued by Us detailing the effective date, installment date, Insured Person(s), benefits, sums

insured, Deductible, Franchise, premium and more generally all special condition(s) and or endorsement(s).

Common Carrier - means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.

Congenital Anomaly - means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- **Internal Congenital Anomaly** - which is not in the visible and accessible parts of the body.
- **External Congenital Anomaly** - which is in the visible and accessible parts of the body.

Condition precedent - means a policy term or condition upon which the insurer's liability under the policy is conditional upon.

Contribution - is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.

Day - means a period of 24 consecutive hours.

Daily Benefit - means the amount payable for each Day spent in the Hospital.

Disease - means an illness or affliction of the body having a defined and recognized pattern of symptom(s) which causes more than temporary indisposition and which illness or affliction first manifested itself and was contracted after the Effective Date of the Certificate of Insurance.

Deductible - A deductible is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

The deductible is applicable per event.

Dependent Child(ren)/Eligible (Child)ren - means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

Such Child(ren) of the Insured Person should be in age between Ages six

(6) months to eighteen (18) years (twenty three (23) years if attending as a full time student in an accredited Institution of Higher Learning) who are unmarried, who permanently reside with the Insured Person.

Hospital - means any institution established for in- patient care and daycare treatment of illness and/or injuries and which has been registered as a hospital with the local authorities, under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- has qualified medical practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out maintains daily records of patients and will make these accessible to the Insurance company's authorized

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



IRDA - means Insurance Regulatory and Development Authority.

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

Illness - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment.

(a) **Acute Condition** - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

(b) **Chronic Condition** - a chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- 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.

Insured Period(s) - means with respect to the Policy, the period commencing with the Effective Date of the Policy and terminating with the Expiration Date of the Policy as stated in the Policy Schedule and any subsequent period for which the Policy may be renewed.

Insured Person - means the Insured Person up to Age of 65 years, and or eligible Spouse and/or Eligible Children, detailed in the Policy Schedule as being eligible to become insured under this Policy and for whom a Proposal Form for insurance has been received from the Policyholder and approved by us. The coverage can be renewed for life.

Medical Practitioner/Physician - 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 Homoeopathy 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 his license.

Medical Practitioner will not be (a) an Insured Person or (b) Your Immediate Family Member or c) or anyone who is living in the same household as the Insured.

Medical Advice - means any consultation or advice from a medical Practitioner including the issue of any prescription or repeat prescription.

Medical Expenses - means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically Necessary - means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which:

- Is required for the medical management of the Illness or injury suffered by the Insured
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.

- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, Injury, Disease or Sickness. However, successive confinements as an Inpatient caused by or attributable to the same Accident, Injury, Disease or Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of Accidents, Injuries, Illnesses or Sicknesses for which the confinement is required.

Policy - means the insurance contract, the Policy Schedule, and any attached enrollment forms, endorsements, or riders.

Policy Schedule - means the Policy Schedule attached to and forming part of the Policy.

Policyholder - means the physical person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premiums.

Policyholder Aircraft - means any aircraft with a current and valid Airworthiness Certificate and owned, leased or operated by the Policyholder.

Pre-existing Condition - means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to the commencement of the first Policy issued by insurer.

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

Portability guidelines applied will be as defined by the Regulator from time to time.

Professional Sport - means a sport, which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood.

Proposal Form - means any initial or subsequent declaration made by the Policyholder/ Insured Person and is deemed to be attached and which forms a part of this Policy.

Reasonable Charges - means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

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 all waiting periods.

Special Hospital - means a Hospital or group of Hospitals specifically named in this Policy by endorsement.

Spouse - means Your legal husband or wife, who is between the Ages of 18 and 65 years old, and is living in Your residence.

Subrogation - means 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.

Act of Terrorism - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered Terrorist Acts. Terrorism shall also include any act which is verified or recognized by the relevant Government as an act of terrorism.

War - means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

We/Us/Our - means Tata AIG General Insurance Company Limited.

You/Your/Yourself - means the Policy Holder and/or Insured Person(s) who is detailed in the Policy Schedule.

Part B: General Exclusions

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:

- any Pre-existing Condition, any complication arising from it or
- suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
- serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by the Policyholder, shall return the pro rata premium for any such Insured Period of service under the circumstances described in a Hazard; or
- being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
- operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or
- War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
- any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.

If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. ;or

- the intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or

- Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
- the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment; or
- congenital anomalies or any complications or conditions arising therefrom; or
- participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained; or.
- any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or
- for any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your resistance to arrest; or
- if You are admitted to a Hospital within 90 days immediately following the Effective Date of Coverage stated in the Schedule, unless hospitalization is caused by Injury;
- if You are admitted to a Hospital during the first 3 months immediately following the Policy Effective Date as a result of cataract(s), benign prostatic hypertrophy, hysterectomy for menorrhagia or fibromyoma, hernia, hydrocle, fistula in anus, piles, sinusitis and related disorders;
- any medical treatment taken outside of India.
- any non medical treatment (list enclosed- Annexure I).

Part C: Postponement Of Effective Date

No insurance provided by this Policy shall become effective if You are hospital confined or disabled, meaning unable to perform the usual and customary daily duties or activities of a person of like age and sex on the effective date of the policy. The coverage will take effect thirty one (31) Days after such hospital confinement or disability terminates.

Part D: Uniform Provisions

- Entire Contract - Changes:** This Policy, together with the Proposal Form, as well as any forms, riders and endorsements and papers hereto, constitutes the entire contract of insurance.

No change in this Policy shall be valid until approved by Our authorised officer and such approval is endorsed hereon. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

- Consideration:** The premium payable under each Certificate of Insurance issued under this Policy is payable in installments: in the case of annually paid premium – before the beginning of each 12 monthly period when the annual premium installment is due.
- Effective Date:** The Policy will start on the date specified on the Policy Schedule provided it is countersigned by Us and the total premium has been paid and realized by us.

However Your coverage under this Policy begins on the latest of :

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



- the Policy Effective date & hour as stated above; or
- the date on which the premium is paid when due.
-
- Renewal conditions:** The Policy and Certificate of Insurance maybe renewed with Our consent by the payment in advance of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. The policy and the Certificate of Insurance shall be ordinarily renewable for life except on grounds such as mis-representation, fraud or moral hazard or non co-operation by the Insured.

We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.

We may extend the renewal automatically if opted for by You in the Proposal Form and provided You are eligible for renewal as per age criteria as per Policy terms.

The policy will be renewable provided premium has been paid on the renewal due date. However a grace period in payment up to 30 days from the premium due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the policy will lapse i.e. be terminated.

We will not apply any additional loading on your policy premium at renewal based on your claims experience.

You may enhance the sum insured only at the time of renewal of the policy. However the quantum of increase shall be subject to underwriting guidelines of the company.

Any revision/modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Your premium will also change if you change the plan or change the sum insured.

5. Expiration Date:

- This Policy will terminate at the expiration of the period for which premium has been paid or on the Expiration Date shown in the Policy Schedule, whichever is earlier.
- Further However We may cancel this Policy at any time on grounds of mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured by giving you a 15 Days notice delivered to You, or mailed to Your last address as appears in Our records, stating when such cancellation shall be effective in the event of your non-cooperation. In the event of cancellation for mis-representation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is cancelled for non-cooperation of the insured or If you cancel the Policy, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation. In the event a claim has occurred in which case there shall be no return of premium.

Short rate table –

Cancellation	ANNUALLY
Up to 1 month	25 % OF annual Premium
Up to 3 months	37.5 % OF annual Premium
Up to 4 months	50 % OF annual Premium

Up to 6 months	62.5 % OF annual Premium
Up to 8 months	87.5 % OF annual Premium
Above 8 months	100 % OF annual Premium

These are retention scales.

- Territory:** This Policy applies to incidents anywhere in the world unless limited by Us through endorsement or specifically restricted in the Policy.
- Concealment Or Fraud:** The entire Policy/Certificate of Insurance will be void if, whether before or after a loss, You have, related to this insurance:
 - intentionally or recklessly or otherwise concealed, not disclosed or misrepresented what we consider to be any material fact or circumstance;
 - engaged in what we consider to be fraudulent, dishonest or deceitful conduct; or
 - made false statements.
- Claim Procedure:**
 - Notice Of Claim/loss:** It is a condition precedent to Our liability hereunder that written notice of claim must be given by You to Us within 7 days after an actual or potential loss begins or as soon as reasonably possible and in any event not later than 30 Days after an actual or potential loss begins.
 - Claim Forms:** We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss.
 - Time For Filing Claim Forms And Evidence:** Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. 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 give proof within such time. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.
 - Supporting Documentation & Examination:** You or someone claiming on Your behalf shall provide Us with all documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the Your discharge from Hospitalisation or completion of treatment. Such documentation will include but is not limited to the following:
 - Our claim form, duly completed and signed for on behalf of the Insured Person.
 - Original Bills & Receipts (Only in Reimbursement benefit) otherwise Photocopy of Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of treatment taken.
 - All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - A precise diagnosis of the treatment for which a claim is made.
 - A detailed list of the individual medical services and treatments provided and a unit price for each.
 - Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



- (e) **Time Of Payment Of Claim:** We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents/information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Interests Regulation), 2002. In case of any delay in payment as stated herein, We will pay you interest at the prevalent bank rate plus 2 % at the beginning of the financial year in which claim is settled. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- (f) **Payment Of Claim:** All claims under this Policy that are payable to You/Your assignee shall be paid in Indian currency.
9. **Arbitration:** If any dispute or difference shall arise as to the quantum of claim to be paid under this Policy, (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole Arbitrator, to be appointed in writing by the parties to or, if they cannot agree upon a single Arbitrator within 30 Days of any party invoking Arbitration, the same shall be referred to a panel of three Arbitrators, comprising two Arbitrators - one to be appointed by each of the parties to the dispute/ difference, and the third Arbitrator to be appointed by such two Arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Indian Arbitration and Conciliation Act, 1996.
- It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has denied, disputed or not accepted liability under or in respect of this Policy.
- It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such Arbitrator/Arbitrators of the amount of the loss or damage shall be first obtained.
10. **Assignment Of Indemnities:** Indemnity, if any, in case of Your loss of life is payable as defined in the Policy Schedule by default to the assignee declared by You; indemnity is payable to Your estate. Any payment We make in good faith pursuant to this provision shall fully discharge Us to the extent of the payment.
11. **Consent Of Assignee:** Consent of the assignee, if any, shall not be a pre-requisite for any change of assignee or to any other changes in this Policy.
12. **Change Of Assignee:** No change of assignee under this Policy shall bind Us, unless consent/such change thereto is formally endorsed thereon by Our authorized officer.
13. **Medical Examination:** We, at Our own expense, shall have the right and opportunity to obtain a post mortem examination report of Your body as permitted by law. Your or Your estate's compliance with the need for such examination report is a condition precedent to establishing liability under the Policy.
14. **Legal Actions:** Without prejudice to Uniform Provision 9 above, no action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) Days after written evidence has been furnished in accordance with the requirements of this Policy.
- If We disclaim liability to You for any claim, and if You do not notify Us in writing within one (1) year from the date of receipt of the notice of such disclaimer that You do not accept such disclaimer and intend to recover this claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
15. **Misstatement Of Age:** If Your Age has been misstated, all amounts payable under this Policy shall be adjusted to the coverage amount that would have been purchased for the premium paid. In the event Your Age has been misstated, and if according to Your correct Age, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then Our liability during the period You are not eligible for coverage, shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.
16. **Compliance With Policy Provisions:** Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.
17. **Limitations:**
Multiple policies:
If an Insured Person suffers a covered Accident or Injury, for which benefits, are payable under more than one Hospital Cash Policy issued, then the Insured Person shall have the right to require a settlement of his claim in terms of any of his policies and contribution as defined in the policy will not apply.
Provided further that, If the amount to be claimed under the Policy chosen by the Insured Person, exceeds the sum insured under a single Policy after considering the deductibles or co-pay (if applicable), the Insured Person shall have the right to choose the insurers by whom claim is to be settled. In such cases, the respective insurers may then settle the claim by applying the principle of Contribution defined in Part A – General Definitions.
Note – This clause is not applicable to Part E Coverage - In-hospital Indemnity For Accidents & In-hospital Indemnity For Sickness
18. **Other Interest:** No person(s) other than you and/or your nominee(s) named by you in this application form can claim or sue us under this policy.
19. **Subrogation:** In the event of any payment under this Policy, We shall be subrogated to all Your rights of recovery thereof against any person or organization or You shall execute and deliver instruments and papers to us and do whatever else is necessary to secure such rights and provide whatever assistance We might reasonably required from You in the pursuance of Our subrogation rights. You shall take no action after the loss to prejudice such rights.
20. **Additions:** Any person becoming eligible after the Effective Date of this policy may be added from time to time as a named Insured Person upon Your proposal, proof of eligibility and insurability satisfactory to Us, and payment of the required additional premium. Insurance coverage for the new named Insured Person shall commence on the date when such proposal has been approved by Us subject to any limitations set forth in the attached forms.
21. **Reasonable Care And Assistance:** You and each Insured Person must take all reasonable steps to avoid or reduce, as far as possible, any loss or damage. You and they must also make every effort to get back any property, which has been lost.
In addition, You and each Insured Person must assist Us in any manner We may reasonably require in relation to the investigation or settlement of a claim or the preservation or enforcement of any rights of subrogation to which we may be entitled.
22. **Dispute Resolution Clause And Procedure:** This contract of insurance includes the following dispute resolution procedure which is exclusive and a material part of this Policy:
a. **Nature of Coverage:** This Policy is not a general health insurance policy. Coverage for medical expenses, if offered, in Part D: Coverage of this Policy is intended for

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



Your use in the event of a sudden and unexpected Disease, Injury or Accident arising under the circumstances described in a Hazard.

- b. **Pre-existing Exclusion:** This Policy is not designed to provide an indemnity in respect of medical services, the need for which arises out of a Pre-existing Condition.
- c. **Choice of Law:** This Policy will be governed by the law of the Republic of India. Any disputes will be dealt with as provided for by Uniform Provision 14, above and otherwise by the Indian courts.
23. **Change Of Occupation:** If You sustain a loss after having changed occupation to one We classify as more hazardous than the stated in the Proposal or while doing for compensation anything pertaining to an occupation so classified, We will pay such portion of the indemnities provided in this policy as the premium paid would have purchased at the rates and within the limits We have fixed for such more hazardous occupation.
24. **Free Look Period -** You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.
25. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits provided the policy has been maintained without a break as per portability guidelines issued by IRDA.
26. We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:
- Insured Person has been insured with Us under this Policy as a dependant.
 - This option for migration to similar Indemnity health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age, and certainly at the time of renewal only.
 - Insured Person will be offered continuity of coverage & suitable credits, if any , for all the previous policy years, provided the policy has been maintained without a break.

Part E: Coverage

Section: In-hospital Indemnity For Accidents

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Injury or Accidents subject to the Deductible shown in the Policy Schedule, that occurs within the Republic of India. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

One Period of Confinement - means a Hospital confinement due to the same Injury or Accident unless separated by at least 45 Days.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident, or Injury, are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 Days

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Accidents, or Injuries, for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. hospitalization outside the Republic of India; or
2. pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
3. routine physical exams; or
4. elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
5. any mental, nervous or emotional disorders or rest cures.

Section: In-hospital Indemnity For Sickness

We will pay a Daily Benefit for each Day You are an Inpatient in a Hospital due to Illness, or Disease or Sickness subject to the Deductible shown in the Policy Schedule, that occurs within the Republic of India. The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum shown in the Policy Schedule.

Definitions:

Daily Benefit - means the amount payable for each Day spent in the Hospital.

One Period of Confinement - means a Hospital confinement due to the same Illness, or Disease or Sickness unless separated by at least 45 Days.

Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by Illness, or Disease, or Sickness. However, successive confinements as an Inpatient caused by or attributable to the same Illness, or Disease, or Sickness are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 Days.

Only one Daily Benefit is provided for any one Day of confinement, regardless of the number of covered Illness, or Diseases, or Sicknesses for which the confinement is required.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. hospitalization outside the Republic of India; or
2. pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
3. routine physical exams; or
4. elective, cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while the policy is in force; or
5. any mental, nervous or emotional disorders or rest cures.

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



Section: Accident Medical Expense Reimbursement

We will pay the Reasonable Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses that occurs within the Republic of India, for medical services which are not due to a Pre-existing Condition up to the maximum amount and benefit period stated in the Policy Schedule for the treatment of an Injury sustained by You under the circumstances described in a Hazard while this Policy is in effect.

Definition:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- a. the services of a Physician;
- b. hospital confinement and use of operating room;
- c. anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- d. ambulance service;
- e. drugs, medicines, and therapeutic services and supplies;

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. any treatment of any disease, sickness or illness; or
2. services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. routine physicals or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or
12. any expenses incurred outside India unless authorized and approved by us in advance; or
13. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury has caused impairment of vision or hearing; or
14. treatment provided in a government Hospital or services for which no charge is normally made; or
15. mental, nervous, or emotional disorders or rest cures; or
16. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
17. medical expenses covered under any workers' compensation or similar policy; or
18. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or

19. therapeutic services unless conclusive scientific evidence proves, as determined by Us, that it improves health outcome; or
20. expenses incurred for Emergency Medical Evacuation.

Part F: Scope Of Coverage

Hazard

24-HOUR PROTECTION

(Business and Pleasure)

The hazards described in this Hazard apply only to those Insured Persons who are within a class to which this Hazard applies as stated in the Policy Schedule.

Description Of Hazards

Such insurance as is afforded to an Insured Person to which this Hazard applies, shall apply only to Injury sustained by such Insured Person anywhere in the world.

Such insurance includes such Injury sustained while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from any civilian/scheduled aircraft's aircraft having a current and valid Airworthiness Certificate, (and piloted by a person who then holds a valid and current certificate of competency of a rating authorizing him to pilot such aircraft.) This Hazard H-1 shall not apply while such Insured Person is riding in any civilian aircraft other than as expressly described herein, unless previously consented to in writing by Us.

Exclusion:

In addition to the General Exclusions listed in this Policy this Hazard-1 shall not cover any loss, fatal or non-fatal, caused by or resulting from travel or flight in or on (including getting in or out of, or on or off of) any Policyholder Aircraft, unless otherwise provided by this Policy, and any aircraft while it is being used for any Specialized Aviation Activity (ies).

Part G: Grievance Lodgment Stage

The Company is committed to extend the best possible services to its customers. However, if you are not satisfied with our services and wish to lodge a complaint, please feel free to contact us through below channels:

Call us 24X7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen)

Email us at customersupport@tataaig.com

Write to us at : Customer Support, Tata AIG General Insurance Company Limited

A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097

Visit the Servicing Branch mentioned in the policy document

Nodal Officer

Please visit our website at www.tataaig.com to know the contact details of the Nodal Officer for your servicing branch.

After investigating the grievance internally and subsequent closure, we will send our response within a period of 10 days from the date of receipt of the complaint by the Company or its office in Mumbai. 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 resolution still does not meet your expectations, you can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt of your complaint.

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



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Escalation Level 2

For lack of a response or if the resolution still does not meet your expectations, you can write to the Head-Customer Services at head.customerservices@tataaig.com. After examining the matter, we will send you our response within a period of 7 days from the date of receipt of your complaint. Within 30 days of lodging a complaint with us, if you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDA of India under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

INSURANCE OMBUDSMAN CENTRES

Office of the Ombudsman	Address and Contact Details	Jurisdiction of Office Union Territory, District
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/ 02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080-26652048/ 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 – 2769201/ 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest Park, Bhubneshwar - 751 009. Tel.: 0674 – 2596461/ 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa

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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
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@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which, are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239633/ 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar Over Bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361-2132204/2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
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.: 040-65504123/ 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanamand part of Territory of Pondicherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur-302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.	Rajasthan

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



WITH YOU ALWAYS

	jaipur@ecoi.co.in				Ghazipur, Chandauli, Ballia, Sidharathnagar
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484-2358759/2359338 Fax: 0484 - 2359336 Email: bimalokpal. ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe- a part of Pondicherry			
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA-700 072. Tel.: 033-22124339/ 22124340 Fax : 033 - 22124341 Email: bimalokpal. kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands		MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022-26106552/26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522-2231330/2231331 Fax: 0522 – 2231310 Email: bimalokpal. lucknow@ecoi.co.in	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, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau,		NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250/ 2514252/ 2514253, Email: bimalokpal.noida@ecoi.co.in
				PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



WITH YOU ALWAYS

	Email: bimalokpal.patna@ecoi.co.in	
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Flr, C.T.S. Nos. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune-411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Grievance Redressal Procedure:

As per Regulation 17 of IRDA of India (Protection of Policy holders Interests) Regulation. 2017.

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

"Insurance is the subject matter of the solicitation". For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ Policy wordings carefully, before concluding a sale.

"Commencement of risk cover under the Policy is subject to receipt of payable premium by Tata AIG General Insurance Company Limited".

RENEWAL:

The Policy may be renewed with our consent. The benefits under the policy or/and the terms and conditions of the policy, including premium rate may be subject to change. We, however, are not bound to give notice that it is due for renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid / received. No renewal receipt shall be valid unless it is on the printed form of the Company and signed by an authorized official of the Company.

S. No.	List of excluded expenses ("Non-Medical") Expenses under indemnity Policy	
1	Anne French Charges	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	Bottle	Not Payable
8	Brush	Not Payable

9	Cosy Towel	Not Payable
10	Hand Wash	Not Payable
11	Moisturiser Paste Brush	Not Payable
12	Powder	Not Payable
13	Razor	Payable
14	Towel	Not Payable
15	Shoe Cover	Not Payable
16	Beauty Services	Not Payable
17	Belts/ Braces	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
18	Buds	Not Payable
19	Barber Charges	Not Payable
20	Caps	Not Payable
21	Cold Pack/Hot Pack	Not Payable
22	Carry Bags	Not Payable
23	Cradle Charges	Not Payable
24	Comb	Not Payable
25	Disposables Razors Charges (For Site Preparations)	Payable
26	Eau-de-cologne / Room Freshners	Not Payable
27	Eye Pad	Not Payable
28	Eye Shield	Not Payable
29	Email / Internet Charges	Not Payable
30	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable
31	Foot Cover	Not Payable
32	Gown	Not Payable
33	Leggings	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable
34	Laundry Charges	Not Payable
35	Mineral Water	Not Payable
36	Oil Charges	Not Payable
37	Sanitary Pad	Not Payable
38	Slippers	Not Payable
39	Telephone Charges	Not Payable
40	Tissue Paper	Not Payable
41	Tooth Paste	Not Payable
42	Tooth Brush	Not Payable

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



WITH YOU ALWAYS

43	Guest Services	Not Payable
44	Bed Pan	Not Payable
45	Bed Under Pad Charges	Not Payable
46	Camera Cover	Not Payable
47	Care Free	Not Payable
48	Cliniplast	Not Payable
49	Crepe Bandage	Not Payable/ Payable by the patient
50	Curapore	Not Payable
51	Diaper Of Any Type	Not Payable
52	Dvd, Cd Charges	Not Payable (However if CD is specifically sought bt insurer/TPA, then payable)
53	Eyelet Collar	Not Payable
54	Face Mask	Not Payable
55	Flexi Mask	Not Payable
56	Gause Soft	Not Payable
57	Gauze	Not Payable
58	Hand Holder	Not Payable
59	Hansaplast/ Adhesive Bandages	Not Payable
60	Lactogen/ Infant Food	Not Payable
61	Slings	Reasonable costs for one sling in case of upper arm fractures may be considered
<i>Items Specifically Excluded In The Policies</i>		
62	Weight Control Programs/ Supplies/	Exclusion in policy services unless otherwise specified
63	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Exclusion in policy services unless otherwise specified
64	Dental Treatment Expenses That do Not Require Hospitalisation	Exclusion in policy services unless otherwise specified
65	Hormone Replacement Therapy	Exclusion in policy services unless otherwise specified
66	Home Visit Charges	Exclusion in policy services unless otherwise specified
67	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in policy services unless otherwise specified
68	Obesity (Including Morbid Obesity) Treatment	Exclusion in policy services unless otherwise specified
69	Psychiatric & Psychosomatic Disorders	Exclusion in policy services unless otherwise specified

70	Corrective Surgery For Refractive Error	Exclusion in policy services unless otherwise specified
71	Treatment Of Sexually Transmitted Diseases	Exclusion in policy services unless otherwise specified
72	Donor Screening Charges	Exclusion in policy services unless otherwise specified
73	Admission/Registration Charges	Exclusion in policy services unless otherwise specified
74	Hospitalisation For Evaluation/ Diagnostic Purpose	Exclusion in policy services unless otherwise specified
75	Expenses For Investigation/ Treatment	Not Payable -
76	Irrelevant. To The Disease For Which Admitted Or Diagnosed	Exclusion in policy services unless otherwise specified
77	Any Expenses When The Patient Is Diagnosed With Retro Virus + or Suffering From /Hiv/ Aids Etc Is Detected/ Directly or Indirectly	Not payable as per HIV/AIDS exclusion
78	Stem Cell Implantation/ Surgery	Not Payable except bone marrow transplantation where covered by policy
Items Which Form Part Of Hospital Services Where Separate Consumables Are Not Payable But The Service Is		
79	Ward And Theatre Booking Charges	Payable under OT charges, not payable separately
80	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital payable. Purchase of instrument not payable
81	Microscope Cover	Payable under OT charges, not payable separately
82	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT charges, not payable separately
83	Surgical Drill	Payable under OT charges, not payable separately
84	Eye Kit	Payable under OT charges, not payable separately
85	Eye Drape	Payable under OT charges, not payable separately
86	X-Ray Film	Payable under Radiology charges, not as consumables

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



WITH YOU ALWAYS

87	Sputum Cup	Payable under investigation charges, not as consumables
88	Boyles Apparatus Charges	Part of OT charges, not separately
89	Blood Grouping And Cross Matching of Donors Samples	Part of Cost of Blood, not payable
90	Savlon	Not Payable-Part of dressing charges
91	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable-Part of dressing charges
92	Cotton	Not Payable-Part of dressing charges
93	Cotton Bandage	Not Payable-Part of dressing charges
94	Micropore/ Surgical Tape	Not Payable. Payable by the patient when prescribed, otherwise included as Dressing Charges
95	Blade	Not Payable
96	Apron	Not Payable -Part of Hospital Services/Disposable linen to be part of OT/ICU charges
97	Torniquet	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
98	Orthobundle, Gynaec Bundle	Part of Dressing charges
99	Urine Container	Not Payable
Elements of Room Charge		
100	Luxury Tax	Actual tax levied by government is payable. Part of room charge for sub limits
101	Hvac	Part of room charge, not payable separately
102	House Keeping Charges	Part of room charge, not payable separately
103	Service Charges Where Nursing Charge also charged	Part of room charge, not payable separately
104	Television & Air Conditioner Charges	Payable under room charges not if separately levied
105	Surcharges	Part of room charge, not payable separately
106	Attendant Charges	Not Payable - part of room charges
107	IM IV Injection Charges	Part of nursing charges, not payable
108	Clean Sheet	Part of Laundry/ Housekeeping, not

		payable separately
109	Extra Diet Of Patient(Other Than That Which Forms Part Of Bed Charge)	Patient Diet provided by hospital is payable
110	Blanket/Warmer Blanket	Not Payable- part of room charges
Administrative or Non-Medical Charges		
111	Admission Kit	Not Payable
112	Birth Certificate	Not Payable
113	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
114	Certificate Charges	Not Payable
115	Courier Charges	Not Payable
116	Conveyance Charges	Not Payable
117	Diabetic Chart Charges	Not Payable
118	Documentation Charges/Administrative Expenses	Not Payable
119	Discharge Procedure Charges	Not Payable
120	Daily Chart Charges	Not Payable
121	Entrance Pass/Visitors Pass Charges	Not Payable
122	Expenses Related to Prescription on Discharge	To be claimed by patient under Post Hosp where admissible
123	File Opening Charges Incidental Expenses/Misc. Charges (Not Explained)	Not Payable
124	Medical Certificate	Not Payable
125	Maintainance Charges	Not Payable
126	Medical Records	Not Payable
127	Preparation Charges	Not Payable
128	Photocopies Charges	Not Payable
129	Patient Identification Band / Name Tag	Not Payable
130	Washing Charges	Not Payable
131	Medicine Box	Not Payable
132	Mortuary Charges	Payable upto 24 hrs, shifting charges not payable
133	Medico Legal Case Charges (Mlc Charges)	Not Payable
External Durable Devices		
134	Walking Aids Charges	Not Payable
135	Bipap Machine	Not Payable
136	Commode	Not Payable
137	Cpap/ Capd Equipments	Device not payable
138	Infusion Pump – Cost	Device not payable

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



WITH YOU ALWAYS

139	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
140	Pulseoxymeter Charges	Device not payable
141	Spacer	Not Payable
142	Spirometre	Device not payable
143	Spo2 Probe	Not Payable
144	Nebulizer Kit	Not Payable
145	Steam Inhaler	Not Payable
146	Armsling	Not Payable
147	Thermometer	Not Payable (paid by patient)
148	Cervical Collar	Not Payable
149	Splint	Not Payable
150	Diabetic Foot Wear	Not Payable
151	Knee Braces (Long/ Short/ Hinged)	Not Payable
152	Knee Immobilizer/Shoulder Immobilizer	Not Payable
153	Lumbo Sacral Belt	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine
154	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
155	Ambulance Collar	Not Payable
156	Ambulance Equipment	Not Payable
157	Microsheild	Not Payable
158	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, liver transplant, etc
Items Payable If Supported By A Prescription		
159	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
160	Private Nurses Charges- Special Nursing Charges	Post hospitalization nursing charges not payable

161	Nutrition Planning Charges - Dietician Charges	Patient Diet provided by Diet charges hospital is payable
162	Alex Sugar Free	Payable -Sugar free variants of admissible medicines are not excluded
163	Creams Powders Lotions (Toiletries Are Not Payable,Only Prescribed Medical Pharmaceuticals Payable)	Payable when prescribed
164	Digene Gel/Antacid Gel	Payable when prescribed
165	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
166	Gloves	Sterilized Gloves payable/unsterilized gloves not payable
167	Hiv Kit	Payable - payable for operative screening
168	Listerine/Antiseptic Mouthwash	Payable when prescribed
169	Lozenges	Payable when prescribed
170	Mouth Paint	Payable when prescribed
171	Nebulisation Kit	If used during hospitalization is payable reasonably
172	Neosprin	Payable when prescribed
173	Novarapid	Payable when prescribed
174	Volini Gel/Analgesic Gel	Payable when prescribed
175	Zytee Gel	Payable when prescribed
176	Vaccination Charges	Routine vaccination not payable/ Post bite vaccination payable
Part of Hospital's Own Costs and Not Payable		
177	AHD	Not Payable - part of hospital's internal cost
178	Alcohol Swabes	Not Payable - part of hospital's internal cost
179	Scrub Solution/Sterillium	Not Payable - part of hospital's internal cost
Othe	Others	Others

Individual Accident & Sickness Hospital Cash Policy

UIN: IRDA/NL-HLT/TAGI/P-P/V.I/288/13-14



WITH YOU ALWAYS

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180	Vaccine Charges For Baby	Not Payable
181	Aesthetic Treatment / Surgery	Not Payable
182	Tpa Charges	Not Payable
183	Visco Belt Charges	Not Payable
184	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
185	Examination Gloves	Not payable
186	Kidney Tray	Not Payable
187	Mask	Not Payable
188	Ounce Glass	Not Payable
189	Outstation Consultant's/ Surgeon's Fees	Not payable, except for telemedicine consultations where covered by policy
190	Oxygen Mask	Not Payable
191	Paper Gloves	Not Payable
192	Pelvic Traction Belt	Should be payable in case of PIVD requiring tractions this is generally not reused
193	Referral Doctor's Fees	Not Payable
194	Accu Check (Glucometry/ Strips)	Not payable pre hospitalization or post hospitalization/reports and charts required/device not payable
195	Pan Can	Not Payable
196	Sofnet	Not Payable
197	Trolley Cover	Not Payable
198	Urometer, Urine Jug	Not Payable
199	Ambulance Payable	Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
200	Tegaderm / Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
201	Urine Bag	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24hrs
202	Softovac	Not Payable
203	Stockings	Essential for case like CABG, etc where it should be paid