

## Annexure-V

### Terms and conditions of the Policies

#### FEATURES OF SBI HEALTH CARE

##### **Domiciliary Cover:**

There will be a provision of domiciliary cover of 1 % of the lifetime limit (in SBI-REMBS) under **SBI Health Care**.

Existing domiciliary limits against the lifetime SBI-REMBS plans and number of members under such limits are as under:

<b>Lifetime Limit under SBI – REMBS</b>	<b>Annual Domiciliary Limit 1% of Life time limit</b>
3,00,000	3,000
4,00,000	4,000
5,00,000	5,000
7,00,000	7,000
10,00,000	10,000
15,00,000	15,000
20,00,000	20,000

Domiciliary cover will be available for 63 listed diseases only enumerated as below:

Animal/reptile/insect bite or sting including Dengue & Chikangunya	Hepatitis – C	Psychiatric disorder including Schizophrenia and Psychotherapy
Aplastic Anaemia	Hypertension	Purpura
Arthritis	Hyperthyroidism	Accidents serious in nature & Fracture including hair line fracture / dislocation
Asthma	Hypothyroidism	Seizure disorders
Cancer	Immuno Suppressants	Sequalea of Meningitis
Cardiac Ailments	Kidney Ailment	Sickle cell disease

Cerebral Palsy	Leprosy	Sleep apnea syndrome (not related to obesity)
Chronic Bronchitis	Leukemia	Status Asthmatics
Chronic pancreatitis	Malaria	Strokes Leading to Paralysis
Chronic Pulmonary Disease	Multiple sclerosis / motor neuron Disease	Swine flu
Connective tissue disorder	Muscular Dystrophies	Systemic lupus Erythematosus (SLE)
Diabetes	Myasthenia gravis	Thalassemia
Diphtheria	Non-Alcoholic Cirrhosis of Liver	Third Degree burns
Epidermolysis bullosa	Osteoporosis	Thrombo Embolism Venous Thrombosis / Venous Thromboembolism (VTE)
Expenses incurred on Radiotherapy and Chemotherapy in the treatment of Cancer and Leukemia	Paralysis	Tuberculosis
Glaucoma	Prostate	Tumor
Graves' disease	Parkinson's diseases	Typhoid,
Growth disorders	Physiotherapy	Ulcerative Colitis
Hemophilia	Pleurisy	Varicose veins
Hemorrhages caused by accidents	Polio	Venous Thrombosis (not caused by smoking)
Hepatitis – B	Psoriasis	Wilson's disease

The cost of Medicines, Investigations, and consultations, etc. in respect of domiciliary treatment shall be reimbursed for the period stated by the Registered Medical Practitioner in Prescription or 90 days whichever is earlier. If the treatment continues beyond 90 days, a fresh prescription has to be submitted. In case the doctor advises lifelong medicine or follow up after one year or six months, the validity of the prescription would be maximum of 180 days.

Domiciliary claim under SBI Health Care Policy can be settled from Super Top, if the Base Sum Insured is already exhausted and domiciliary limit for the year is available.

## **COMMON FEATURES OF SBI HEALTH ASSIST & SBI HEALTH CARE**

### **Coverage:**

- (i) **Hospital Charges:** The Policy will cover Hospital charges for:
- (a) Operation Theatre, OT Consumables and Recovery Room.
  - (b) Prescribed medicines, drugs and dressing for in-patient.
  - (c) Expenses incurred during the Pre-Hospitalization and Post Hospitalization period for 30 days prior to hospitalization and 90 days after discharge respectively subject to limit of 10 % of Base Sum Insured for each Hospitalization.
  - (d) Visiting and treating Doctor's fees are covered only as a part of the hospitalization bill.
- (ii) **Pre- Existing Diseases / Ailments:** All Pre-existing diseases and ailments are covered under the scheme.
- (iii) The Room rent capping will be as under :

### **A . Room rent / ICU rent/ ICCU rent per day:**

<b>Basic Sum Insured (Rs.)</b>	<b>Room Rent Per Day (Rs.)</b>	<b>ICU/ICCU Rent Per Day (Rs.)</b>
3,00,000	5,000	9,500
5,00,000	7,500	12,000

Room Charges include Nursing care, RMO Charges, IV Fluids / Blood transfusion / Injection administration charges and similar other expenses.

**Isolation Room: It may be noted that Tariff for Isolation Room would be treated at par with ICU and the Tariff & other conditions including proportionate condition on defined associated medical expenses would apply accordingly.**

In case one opts for room category higher than his eligibility, the policy would be subject to deduction on all defined associated medical expenses in the same ratio as the eligibility of the room rent bears to the actual room rent availed.

For example, as against an eligibility of room rent of Rs. 5000 per day, a member availed a room of rent of Rs.10,000 per day. The associated medical expenses would be paid as under :

$$(5000 / 10,000) \times \text{Associated Medical expenses}$$

For Normal Room: Associate Medical Expenses shall include room rent, nursing

charges, operation theatre charges, fees of Medical Practitioner /Surgeon/Anesthetists' /Specialists conducted within the same Hospital where the Insured person has been admitted.

The below expenses are not part of Associate Medical Expenses:

- a. Cost of Pharmacy & Consumables
- b. Cost of Implants & Medical devices
- c. Cost of diagnostics.
- d. Cost of Investigation.

For admission in ICU/ICCU- There will be only deduction of the differential amount if the ICU/ ICCU Rent is higher than the eligibility and there will not be any proportionate deduction on Associate Medical Expenses.

Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted.

Further if the Hospital is having defined rate structure for different expenses depending upon the Room Rent, the Pensioner will get the entire expenses as per the Hospital tariff corresponding to his eligible room rent. Example given below:

A pensioner is having base Sum Insured of Rs. 3 lacs and Room rent eligibility of Rs. 5000 per day. He availed a room with tariff of Rs. 10000 a day. He incurred associated medical expenses of Rs. 70000.

**Scenario 1:** Hospital is NOT having system of differential structure of all medical expenses depending upon the room rent availed. The admissible associated medical expenses would be as below:

Rs.  $5000 / 10000 * 70000 =$  Rs. 35000.

**Scenario 2:** Hospital is HAVING defined rate structure depending upon the room rent like below,

Room Rent Rs. 5000 a day: Hospital tariff for other medical expenses: Rs. 50000

Room Rent Rs. 10000 a day: Hospital tariff for other medical expenses: Rs.70000.

The admissible associated medical expenses would be Rs. 50000 as the patient's eligible room rent is Rs. 5000 a day and the corresponding tariff for the associated medical expenses is Rs. 50000.

**Special Condition: There will not be any Proportionate Deduction on Associated Medical Expenses due to availing room rent higher than the eligibility in case of DEATH of any of the insured member before being discharged from Hospital.**

## B ) Disease wise capping:

The maximum liability under the 8 major diseases shall be restricted as per the table given below for each member of the family for each hospitalization:

Sl.	Surgical Procedure + Implant (if any) + Pre & Post Hospitalization expenses (subject to limit of 10% of Base Sum Insured for each hospitalization)	Limits for Basic Sum Insured of Rs. 3 lacs	Limits for Basic Sum Insured of Rs. 5 lacs
1	Angioplasty	2,00,000	2,25,000
2	CA BG	4,00,000	4,50,000
3	Cataract	45,000	50,000
4	Cholecystectomy	1,00,000	1,25,000
5	Hernia involving single repair	1,00,000	1,25,000
6	Knee Replacement – Unilateral	2,00,000	2,25,000
7	Knee replacement –Bilateral	4,00,000	4,50,000
8	Prostrate (other than treatment of Prostate cancer)	1,00,000	1,25,000

In case of CA BG & Knee replacement – Bilateral for a Base Sum Insured of Rs. 3 lacs, the balance amount of Rs. 1 lakh would be paid from Super Top Up.

In case of complications arising out of any of the above capped ailments or if there is a multiple surgery involving any of the above capped ailments under the same hospitalization, the cost of such additional procedure would be considered separately as per actuals within the total sum insured.

## C) Coverage

- (i) **Dental Treatment:** Both the policies will cover Root Canal Treatment (RCT) with a limit of Rs. 7,500/- per annum per family. It includes RCT and other associated expenses e.g., extraction, filling, crowning, restoration, casting etc. However, these associated expenses are not covered on standalone basis. The amount fixed is overall limit for the entire family unit not forming part of domiciliary treatment but within the total Sum Insured.
- (ii) **Congenital Anomalies:** Expenses for Treatment of only Congenital Internal defects & anomalies are covered under the policy. Congenital external diseases are not covered.
- (iii) **Psychiatric diseases:** The expenses incurred for treatment of psychiatric and psychosomatic diseases will be covered under the IPD as well as under domiciliary

treatment (Domiciliary treatment is applicable for SBI Health Care Policy members only)

**(iv) Nursing:** The policy will pay for the services of actual charges of qualified & registered Nurse benefit for the medically necessary provision of continuing care at the Member's Home immediately following Hospitalization for a maximum number of 90 days on submission of proper serial numbered receipt and subject to maximum of 10 % of Base Sum Insured of each hospitalization. It should be prescribed by the same doctor and for the same accident / injury for which Hospitalization took place subject to limit of Rs. 1000 per day.

**(v) Advanced Medical Treatment:** All new kinds of approved advanced medical procedures for treatment as defined below are required to be covered with or without hospitalization.

- I. Uterine Artery Embolization & HIFU
- II. Balloon Sinuplasty
- III. Deep Brain Stimulation
- IV. Oral Chemotherapy
- V. Peritoneal Dialysis
- VI. Immunotherapy- Monoclonal Antibody to be given as injection.
- VII. Intra Vitreal injections
- VIII. Laser Surgeries
- IX. Robotic Surgeries
- X. Stereotactic Radio Surgeries
- XI. Bronchial Thermoplasty.
- XII. Vaporisation of prostate (Green Laser treatment or holmium laser treatment)
- XIII. IONM- (Intra Operative Neuro Monitoring)
- XIV. Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions.

**(vi) Obesity Treatment:** Obesity treatment and its complications including morbid obesity will be covered if it fulfills all the following conditions:

- i) Surgery to be conducted upon the advice of the Doctor.
- ii) The surgery/procedure conducted should be supported by clinical protocols.
- iii) The member must be 18 years of age or older and
- iv) Body Mass Index (BMI)
  - i. Greater than or equal to 40 or
  - ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - Obesity related cardiomyopathy
    - Coronary Heart disease
    - Severe Sleep Apnea
    - Uncontrolled Type 2 Diabetes

**(vii) Cancer Treatment:** Cancer coverage for advanced cancer treatments (Adjuvant / neo-adjuvant cancer treatments including Zoledronic Acid Injection) will be covered with or without Hospitalization / Day care treatment involved.

**(viii)** Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External

Counter pulsation (EECP), are covered under the scheme. Treatment for all neurological/ macular degenerative disorders shall be covered under the scheme under IPD.

**(ix) Enhanced External Counter Pulsation (EECP):** It will be covered for specific indications viz.:

- a. Angina or Angina equivalents with poor response to medical treatment and when patient is unwilling to undergo invasive revascularization procedures.
- b. Ejection fraction is less than 35%.
- c. Co-morbid conditions co-exist which increase the risk of surgery e.g., DM, Congestive Cardiac Failure, Cor. Pulmonale, Renal dysfunction, Ischemic or Idiopathic Cardio Myopathy.

**(x) Genetic Disorders and Stem Cell Surgery** is covered only for cases involving Hematopoietic Stem Cell Transplantation for Blood & Bone Marrow Cancers like Leukemia, Lymphoma and Multiple Myeloma and poly cystic kidney disease.

**(xi) Rental Charges for CPAP, CAPD, Bi-PAP and Infusion pump** used for diagnosis and or treatment arising out of hospitalization during the Post hospitalization period for a maximum number of 90 days is covered within the overall limit of pre-and post-hospitalization expenses of 10% of Base Sum insured for each hospitalization.

**(xii) Physiotherapy Charges:** Physiotherapy charges shall be covered for the period specified under the Discharge Summary or for a maximum period of post hospitalization period of 90 days within the overall limit of pre-and post-hospitalization expenses of 10% of Base Sum insured for each hospitalization.

**(xiii) Day Care Benefits:** Condition for Hospitalization for minimum period of 24 hrs is not applicable for the following specific treatments / investigations:

Sr.	Name of Disease
1	Adenoidectomy
2	Appendectomy
3	Ascitis / Plural Tapping
4	Auroplasty not Cosmetic in nature
5	Coronary and CT angiography /Renal
6	Coronary angioplasty
7	Dental Surgery
8	D&C (Dilation 81 Curettage)
9	Excision of cyst / granuloma / lump / tumor
10	Eye surgery
11	Fracture including hairline fracture /dislocation
12	Radiotherapy
13	Chemotherapy including parental chemotherapy (Both Conventional & Unconventional treatment including Herclon Injection)
14	Lithotripsy
15	Incision and drainage of abscess

16	Varicocelectomy
17	Wound suturing
18	FESS
19	Operations / Micro surgical operations on the nose, middle ear / internal ear, tongue, mouth, face, tonsils & adenoids, salivary glands and salivary ducts, breasts, skin & subcutaneous tissues, digestive tract, female / male sexual organs.
20	Haemo dialysis including arising out of polycystic Kidney disease
21	Fissurectomy / Fistulectomy
22	Mastoidectomy
23	Hydrocele
24	Hysterectomy
25	Inguinal / Vejtral / Umbilica / Femoral Hernia
26	Parenteral chemotherapy
27	Polypectomy
28	Septoplasty
29	Piles / fistula
30	Prostrate surgeries
31	Sinusitis surgeries
32	Tonsillectomy
33	Liver aspirations
34	Sclerotherapy
35	Varicose Vein Ligation
36	All scopies and / or Biopsies
37	Lumbar puncture
<b>ENT: Operation of the ear</b>	
1	Stapedotomy or Stapedectomy
2	Myringoplasty (Type –I Tympanoplasty)
3	Tympanoplasty (closure of an eardrum perforation)
4	Reconstruction and other Procedures of the auditory ossicles
5	Myringotomy
6	Removal of a tympanic drain
7	Mastoidectomy
8	Reconstruction of the middle ear
9	Fenestration of the inner ear
10	Incision (opening) and destruction (elimination) of the inner ear
<b>ENT: Procedures on the nose &amp; the nasal sinuses</b>	
1	Excision and destruction of diseased tissue of the nose
2	Procedures on the turbinates (nasal concha)
3	Nasal sinus aspiration
<b>ENT: Procedures on the tonsils &amp; adenoids</b>	
1	Transoral incision and drainage of a pharyngeal abscess
2	Tonsillectomy and / or adenoidectomy
3	Excision and destruction of a lingual tonsil
4	Quinsy drainage
<b>OPHTHALMOLOGY : Procedure on the eyes</b>	
1	Incision of tear glands
2	Excision and destruction of diseased tissue of the eyelid
3	Procedures on the canthus and epicanthus

4	Corrective surgery for entropion and ectropion
5	Corrective surgery for blepharoptosis
6	Removal of a foreign body from the conjunctiva
7	Removal of a foreign body from the cornea
8	Incision of the cornea
9	Procedures for pterygium
10	Removal of a foreign body from the lens of the eye
11	Removal of a foreign body from the posterior chamber of the eye
12	Removal of a foreign body from the orbit and eyeball
13	Operation of cataract
14	Chalazion removal
15	Glaucoma Surgery
16	Surgery of Retinal Detachment
17	Treatment of AMD /ARMD
<b>Procedures on the skin &amp; subcutaneous tissues</b>	
1	Incision of a pilonidal sinus
2	Other incisions of the skin and subcutaneous tissues
3	Surgical wound toilet (wound debridement)
4	Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
5	Simple restoration of surface continuity of the skin and subcutaneous tissues
6	Free skin transplantation, donor site
7	Free skin transplantation, recipient site
8	Revision of skin plasty
9	Restoration and reconstruction of the skin and subcutaneous tissues
10	Chemosurgery to the skin
11	Excision of Granuloma 17
12	Incision and drainage of abscess
<b>Procedures on the tongue</b>	
1	Incision, excision and destruction of diseased tissue of the tongue
2	Partial glossectomy
3	Glossectomy
4	Reconstruction of the tongue
<b>Procedures on the salivary glands &amp; salivary ducts</b>	
1	Incision and lancing of a salivary gland and a salivary duct
2	Excision of diseased tissue of a salivary gland and a salivary duct
3	Resection of a salivary gland
4	Reconstruction of a salivary gland and a salivary duct
<b>Procedures on the mouth &amp; face</b>	
1	External incision and drainage in the region of the mouth, jaw and face
2	Incision of the hard and soft palate
3	Excision and destruction of diseased hard and soft palate
4	Incision, excision and destruction in the mouth
5	Plastic surgery to the floor of the mouth
6	Palatoplasty
<b>Trauma surgery and orthopaedics</b>	
1	Incision on bone, septic and aseptic

2	Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
3	Suture and other Procedures on tendons and tendon sheath
4	Reduction of dislocation under GA
5	Arthroscopic knee aspiration
6	Aspiration of hematoma
7	Excision of dupuytren's contracture
8	Carpal tunnel decompression
9	Surgery for ligament tear
10	Surgery for meniscus tear
11	Surgery for hemoarthrosis /pyoarthrosis
12	Removal of fracture pins/nails
13	Removal of metal wire
14	Joint Aspiration – Diagnostic / therapeutic
<b>Procedures on the breast</b>	
1	Incision of the breast
2	Procedures on the nipple
3	Excision of breast lump /Fibro adenoma
<b>Procedures on the digestive tract</b>	
1	Incision and excision of tissue in the perianal region
2	Surgical treatment of anal fistulas
3	Surgical treatment of haemorrhoids
4	Division of the anal sphincter (sphincterotomy)
5	Ultrasound guided aspirations
6	Sclerotherapy
7	Therapeutic Ascitic Tapping
8	Endoscopic ligation /banding
9	Dilatation of digestive tract strictures
10	Endoscopic ultrasonography and biopsy
11	Replacement of Gastrostomy tube
12	Endoscopic decompression of colon
13	Therapeutic ERCP 18
14	Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
15	Endoscopic Gastrostomy
16	Laparoscopic procedures e.g. cholecystectomy, appendicectomy etc.
17	Endoscopic Drainage of Pseudopancreatic cyst
18	Hernia Repair (Herniotomy / herniography / hernioplasty)
<b>Procedures on the female sexual organs</b>	
1	Incision of the ovary
2	Insufflation of the Fallopian tubes
3	Dilatation of the cervical canal
4	Conisation of the uterine cervix
5	Incision of the uterus (hysterotomy)
6	Therapeutic curettage
7	Culdotomy

8	Local excision and destruction of diseased tissue of vagina and Pouch of Douglas
9	Procedures on Bartholin's glands (cyst)
10	Endoscopic polypectomy
11	Myomectomy , hysteroscopic or laparoscopic biopsy or removal
<b>Procedures on the prostate seminal vesicles</b>	
1	Incision of the prostate
2	Transurethral excision and destruction of prostate tissue
3	Open surgical excision and destruction of prostate tissue
4	Radical prostatovesiculectomy
5	Incision and excision of periprostatic tissue
<b>Procedures on the scrotum &amp; tunica vaginalis testis</b>	
1	Incision of the scrotum and tunica vaginalis testis
2	Operation on a testicular hydrocele
3	Excision and destruction of diseased scrotal tissue
4	Plastic reconstruction of the scrotum and tunica vaginalis testis
<b>Procedures on the testes</b>	
1	Incision of the testes
2	Excision and destruction of diseased tissue of the testes
3	Orchidectomy- Unilateral / Bilateral
4	Orchidopexy
5	Abdominal exploration in cryptorchidism
6	Surgical repositioning of an abdominal testis
7	Reconstruction of the testis
8	Implantation, exchange and removal of a testicular prosthesis
<b>Procedures on the spermatic cord, epididymis and Ductus Deferans</b>	
1	Surgical treatment of a varicocele and hydrocele of spermatic cord
2	Excision in the area of the epididymis
3	Epididymectomy
4	Reconstruction of the spermatic cord
5	Reconstruction of the ductus deferens and epididymis
<b>Procedures on the penis</b>	
1	Procedures on the foreskin
2	Local excision and destruction of diseased tissue of the penis
3	Amputation of the penis
4	Plastic reconstruction of the penis
<b>Procedures on the urinary system</b>	
1	Cystoscopic removal of stones
2	Lithotripsy 19
3	Haemodialysis
4	PCNS (Percutaneous nephrostomy)
5	PCNL (Percutaneous Nephro-Lithotomy)
6	Tran urethral resection of bladder tumor
7	Suprapubic cystostomy
<b>Procedure of Respiratory System</b>	
1	Brochosopic treatment of bleeding lesion
2	Brochosopic treatment of fistula /stenting
3	Bronchoalveolar lavage 8i biopsy

4	Direct Laryngoscopy with biopsy
5	Therapeutic Pleural Tapping
<b>Procedures of Heart and Blood vessels</b>	
1	CT & Coronary angiography (CAG)
2	Coronary Angioplasty (PTCA)
3	Insertion of filter in inferior vena cava
4	TIPS procedure for portal hypertension
5	Blood transfusion for recipient
6	Therapeutic Phlebotomy
7	Pericardiocentesis
8	Insertion of gel foam in artery or vein
9	Carotid angioplasty
10	Renal angioplasty
11	Varicose vein stripping or ligation
<b>OTHER Procedures</b>	
1	Radiotherapy for Cancer
2	Cancer Chemotherapy
3	True cut Biopsy
4	Endoscopic Foreign Body Removal
5	Vaccination / Inoculation – Post Dog bite or Snake bite
6	Endoscopic placement/removal of stents
7	Tumor embolization
8	Aspiration of an internal abscess under ultrasound guidance
<b>Obesity treatment and its complications including morbid obesity</b>	
1	Surgery to be conducted upon the advice of the Doctor.
2	The surgery/procedure conducted should be supported by clinical protocols.
3	The member has to be 18 years of age or older, and
4	Body Mass Index (BMI)
a.	Greater than or equal to 40 or
b.	Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity related cardiomyopathy ii. Coronary Heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes
<b>Modern Treatment Methods</b>	
I	Uterine Artery Embolization & HIFU
II	Balloon Sinuplasty
III	Deep Brain Stimulation
IV	Oral Chemotherapy
V	Peritoneal Dialysis
VI	Immunotherapy- Monoclonal Antibody to be given as injection.
VII	Intra vitreal injections
VIII	Laser Surgeries
IX	Robotic Surgeries
X	Stereotactic Radio Surgeries
XI	Bronchial Thermoplasty.

XII	Vaporisation of prostate ( Green Laser treatment or holmium laser treatment)
XIII	IONM- ( Intra Operative Neuro Monitoring)
XIV	Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions.

Apart from the above listed procedure in the Day care treatment, the condition of minimum 24 hrs. Hospitalization would not be applicable under the following circumstances also:

The treatment is undertaken under General or Local Anesthesia in a hospital /day care Centre in less than a day because of technological advancement; and which would have otherwise required hospitalization of more than a day.

- (xiv) Alternative Treatment:** Reimbursement of Expenses for Hospitalization & Domiciliary treatment (Applicable for SBI Health Care Policy members) under the recognized system of medicines, viz. Ayurvedic, Unani, Siddha, Homeopathy is covered provided such treatment is taken in a Hospital / Nursing Home / Clinic registered with the Central / State government.
- (xv) Change of Treatment:** Change of treatment from one system of medicine to another is permitted in the policy subject to recommendation by the treating doctor.
- (xvi) Ambulatory Devices:** Rental charges for external and or durable Medical equipment CPAP, CAPD, Bi-PAP and Infusion pump used for diagnosis or treatment arising out of hospitalization only during the post hospitalization period are covered subject to maximum period of 90 days and also within the overall limit of 10% of Base Sum Insured for each hospitalization.
- (xvii) Mortal Remains:** This benefit provides for reimbursement of Rs. 10,000/- as expenses incurred for transportation of the mortal remains of the Insured / Insured Person from Hospital to his / her place of residence or the cremation ground in the event of death of the Insured / Insured Person at the Hospital while under treatment for disease / illness / injury etc.
- (xviii) Ambulance Charges:** Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home. In case of intercity movement exceeding 50 Kms. the amount would be maximum of Rs. 5000/- per trip. The limit for cardiac ambulance would be maximum of Rs. 7500/- per trip for both within the city and intercity movement.
- (xix) Air Ambulance Charges** are covered for a limit of Rs. 5,00,000/- for the plan having Base Sum Insured of Rs 5 lacs and above. The Air ambulance cost would be within the overall Sum Insured.
- (xx) Taxes and other Charges:** All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Administration charges and TPA processing charges are admissible.
- (xxi) Geographical Limit:** India only

#### **D) EXCLUSIONS:**

The Insurance Company will not be liable to make any payment under this Policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- i. War like Operations: Injury/disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy and War like operations (whether war be declared or not).
- ii. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
- iii. Vaccination or inoculation.
- iv. Cosmetic Surgeries: Change of life or cosmetic or aesthetic treatment of any description.
- v. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.
- vi. Cost of spectacles, contact lenses, hearing aids and cochlear implant.
- vii. Dental treatment or surgery of any kind unless arising out of accident and necessitating hospitalization or as permitted for Root canal Treatment.
- viii. Convalescence, rest cure, treatment relating disorders, venereal disease, Intentional self-injury and use of intoxication drugs/ alcohol.
- ix. Hospitalization for investigations only: Charges incurred at Hospital or Nursing home primarily for diagnosis, X ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing home.
- x. Expenses on Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- xi. Injury or disease directly or indirectly caused by or contributed to by nuclear weapons /materials.
- xii. All Non-medical expenses as per IRDAI guidelines including convenience items for personal comfort such as charges of telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items, and similar incidental expenses.
- xiii. All expenses arising out of any condition directly or indirectly caused to or associated with human T- Cell Lymphotropic Virus Type III (HTLB-III) or lymphadenopathy Associated Virus (LAV) or Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind referred to as AIDS.
- xiv. Naturopathy Treatment, Acupressure, Acupuncture, Magnetic therapies, Experimental and Unproven treatment/therapies. Treatment including drug Experimental therapy, which is not based on established medical practice in India, is experimental or unproven line of treatment.
- xv. No claim is admissible for Prosthetic Devices whether arising out of Hospitalization or without it.
- xvi. In case of organ transplant, no cost of organ is allowed. However, the cost of treatment of the Donor & the Recipient would be allowed within the Sum Insured.