Health Super Top Up

Preamble

This is a contract of insurance between You and Us which is subject to the receipt of the premium in full and the terms, conditions and exclusions of the Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in respect of the Insured Persons in the Proposal Form. Please inform Us immediately of any change in the address, state of health or any other changes affecting You or any Insured Person.

PART I

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
Admission	means the Insured Person's admission to a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
Alternative Treatments (AYUSH)	refers to the medical and/ or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy system
Ambulance	means a road vehicle operated by a licensed/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
AYUSH Hospital	is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following: a. Central or State Government AYUSH Hospital or b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion: i. Having at least 5 in-patient beds; ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

	iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
AYUSH Day Care Centre	means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion: i. Having qualified registered AYUSH Medical Practitioner(s) in charge; ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
Any one Illness	means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
Base Annual Sum Insured	means the amount specified in the Policy Schedule which is Our maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of all Insured Persons. If the Policy Period is more than one year, then the Base Annual Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Base Annual Sum Insured which remains un-utilised in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period.
Break in policy	means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
Cashless Facility	means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
Claim	means a demand made by You for payment of any benefit under the Policy in respect of an Insured Person.
Condition Precedent	means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
Cumulative Bonus	means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

Day care centre	means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under – i. has qualified nursing staff under its employment; ii. has qualified medical practitioner/s in charge; iii. has fully equipped operation theatre of its own where surgical procedures are carried out; iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
Day Care Treatment	means medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
Deductible	means 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 will apply on individual basis in case of individual policy and on floater basis in case of floater policy. The Deductible will apply on aggregate basis for all hospitalisation expenses during the policy year.
Dental treatment	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
Dependants	means Your legally married spouse, Your natural or adopted dependent children and Your dependent parents.
Disclosure to information norm	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
Domiciliary Hospitalisation	means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances: i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or ii. The patient takes treatment at home on account of non-availability of room in a hospital.
Emergency	means a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of

	the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an emergency anymore.
Emergency Care	means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
Family Floater	means a Policy described as such in the Policy Schedule where under You and Your dependents named in the Schedule are insured under this Policy as at the policy period start date. The Base Annual Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your dependents during each Policy Year.
Grace Period	means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
Hospital	means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act Or complies with all minimum criteria as under: i. has qualified nursing staff under its employment round the clock; ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places; iii. has qualified medical practitioner(s) in charge round the clock; iv. has a fully equipped operation theatre of its own where surgical procedures are carried out v. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
Hospitalisation	means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
Illness	means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment. i. **Acute condition** - 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. ii. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics: a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests b. it needs ongoing or long-term control or relief of symptoms

	c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it d. it continues indefinitely e. it recurs or is likely to recur
Injury	means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
Inpatient care	means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
Intensive Care Unit	means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
ICU Charges	ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
Insured Person(s)	means the Individual or Dependent(s) named in the Policy Schedule, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium received.
Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up 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 treatment	means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which i. is required for the medical management of the illness or injury suffered by the insured; ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; iii. must have been prescribed by a Medical Practitioner; iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
Medical Practitioner	means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

	The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family. "Immediate Family would comprise of Your spouse, dependent children, brother(s), sister(s) and dependent parent(s).
Migration	means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credit gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer
Network Provider	means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
Non-Network Provider	means any Hospital, day care centre or other provider that is not part of the network.
Notification of Claim	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
OPD treatment	means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
Policy	means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.
Policy Period	means the period commencing from Policy start date and time as specified in Policy Schedule and terminating at midnight on the Policy End Date as specified in Policy Schedule.
Policy Schedule	means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
Policy Year	means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule.
Portability	means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer
Post-Hospitalisation Medical Expenses	means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

	i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
Pre-existing Disease	means any condition, ailment, injury or disease: a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or b) for which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy.
Pre-Hospitalisation Medical Expenses	means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that: i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
Qualified Nurse	means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
Reasonable & Customary 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
Room Rent	means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
Surgery or Surgical Procedure	means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a *Medical Practitioner*.
Third Party Administrator (TPA)	means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
Unproven / Experimental Treatment	means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
You/Your/ Policyholder	means the policyholder/insured person named in the Policy Schedule.
We/ Our/Us	means Zurich Kotak General Insurance Company (India) Limited

PART II

2. WHAT WE WILL PAY (SCOPE OF COVER OF BENEFITS AVAILABLE UNDER THE POLICY)

The Benefits available under this Policy are described below. Benefits will be payable in excess of Deductible stated in the Policy Schedule, subject to

i) availability of Base Annual Sum Insured and Cumulative Bonus
ii) the terms, conditions and exclusions of this Policy and
iii) any sub-limits specified in respect of that Benefit and any limits applicable under the Plan in force for the Insured Person as specified in the Policy Schedule.

2.1 In-patient Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization that occurs during the Policy Period following an Illness or Injury provided that:

(a) The Hospitalisation is for a minimum and continuous period of 24 hours
(b) the Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
(c) the Medical Expenses incurred are Reasonable and Customary;

2.2 Day Care Treatment

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

(a) the Day Care Treatment is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
(b) the Medical Expenses incurred are Reasonable and Customary;
(c) We will only cover the Medical Expenses for those Day Care Treatments which are listed in Annexure II of the Policy. The complete list of Day Care Treatments covered is also available on Our website [www.zurichkotak.com];
(d) We will not cover any OPD Treatment under this Benefit.

2.3 Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

We will indemnify the Insured Person's Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses that occurs during the Policy Period following an Illness or Injury provided that:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under the Policy and the Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses relate to the same Illness/medical condition;
(b) We will not be liable to pay Pre-Hospitalisation Medical Expenses for more than 30 days preceding the Insured Person's Admission to Hospital for In-patient Care or Day Care Treatment;

(c) We will not be liable to pay Post-Hospitalisation Medical Expenses for more than 60 days immediately following the Insured Person's discharge from Hospital following In-patient Care or Day Care Treatment.

2.4 Ambulance Cover

We will indemnify the Ambulance Charges incurred up to Rs. 2000 per Hospitalization, for the reasonable expenses incurred by You on availing ambulance services offered by a healthcare or Ambulance service provider for you necessary transportation to the Hospital for treatment of an Illness or Injury following an Emergency provided that:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under the Policy and the Ambulance service relates to the same illness / medical condition
(b) The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;
(c) We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available/adequate treatment facilities at the existing Hospital.
(d) The limit under Ambulance cover is applicable for each claim admitted under the policy.

2.5 Organ Donor Cover

We will indemnify the In-patient Hospitalisation Medical Expenses towards the donor for harvesting the organ provided that:

(a) The organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules;
(b) The organ donated is for the use of the Insured Person who has been asked to undergo an organ transplant on Medical Advise;
(c) We have accepted a Claim for In-patient Treatment under the Policy in respect of the Insured Person;
(d) The payment under this benefit is within the opted Base Annual Sum Insured.
(e) We will not cover expenses towards the donor in respect of:
    (i) Any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses;
    (ii) Costs directly or indirectly associated to the acquisition of the organ;
    (iii) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

2.6 Alternative Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Alternative Treatment provided that:

(a) The Alternative Treatment is administered by a Medical Practitioner;
(b) The Insured Person is admitted to AYUSH Hospital / AYUSH Day Care Centre as an Inpatient for the Alternative Treatment to be administered.
(c) The payment under this benefit is within the opted Base Annual Sum Insured.

(d) We have accepted a Claim for In-patient Treatment or Day Care Treatment under the Policy.

2.7 Restoration of Sum Insured

We will provide a 100% restoration of the opted Base Annual Sum Insured once in a Policy Year if the opted Base Annual Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous Claims in that Policy Year, provided that:

(a) The restored Base Annual Sum Insured will only be available for future Claims under the Policy and not in respect of any Illness (including its complications) for which a Claim has already been accepted / paid in that Policy Year for the same person;
(b) No Cumulative Bonus will apply on the restored Base Annual Sum Insured;
(c) The restored Base Annual Sum Insured will apply to all Insured Persons on the same basis as the opted Base Annual Sum Insured;
(d) Any restored Base Annual Sum Insured which is not utilized in a Policy Year shall not be carried forward to any subsequent Policy Year;
(e) Restoration of Sum Insured will be in addition to opted Base Annual Sum Insured.
(f) In case of Individual policy, payment under this cover shall be available on Individual basis and In case of floater the payment shall be available on floater basis.
(g) The restored Base Annual Sum Insured will not be available, in case of admissible claim under 2.8 "Double Sum Insured for Hospitalization due to Accident".

2.8 Double Sum Insured for Hospitalization due to Accident

We will indemnify Medical Expenses incurred in respect of the Insured Person's Hospitalization during the Policy Period in respect of an Injury sustained solely and directly due to an Accident which occurs during the Policy Period upto the Sum Insured mentioned in the Policy Schedule, against this cover and up to the maximum limit of INR 40 lakhs provided that:

(a) In calculating the amount available to the Insured Person under this Cover, We shall deduct any amount previously paid from available Sum Insured during the Policy Year;
(b) The amount calculated under this Cover shall not be available for Medical Expenses incurred for treatment of any other Illness;
(c) The amount calculated under this Cover shall not be available for payment of benefits under any provision other than the In-patient Treatment cover under the Policy;
(d) The payment under this benefit is over and above the opted Base Annual Sum Insured.

If this amount is un-utilised (in whole or in part) in any Policy Year, it shall not be carried forward to any subsequent Policy Year.

2.9 Cumulative Bonus

We will increase Your Base Annual Sum Insured by 10% at the end of the Policy Year if the Policy is renewed with Us provided that:

(a) The Cumulative Bonus under a Family Floater Policy will be available only to those Insured Persons who were Insured Persons in the immediately completed Policy Year;
(b) The Cumulative Bonus will not accrue in excess of 50% of the Base Annual Sum Insured;
(c) If the Base Annual Sum Insured is increased at the time of Renewal, then the Cumulative Bonus will be calculated based on the Base Annual Sum Insured of the immediately completed Policy Year;
(d) If the Base Annual Sum Insured is reduced at the time of Renewal, then the applicable cumulative bonus will be applicable on the renewed policy Base Annual Sum Insured.
(e) Cumulative bonus will be carried forward to the next policy year, provided the Insured Person renews the policy before the expiry of the grace period.

If the Policy Period is more than one year, then any Cumulative Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.

3. WHAT WE WILL NOT PAY (EXCLUSIONS APPLICABLE UNDER THE POLICY)

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the exclusions listed below. All waiting periods will apply individually to each Insured Person:

3.1 Pre-Existing Diseases (Code – Excl01)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36/ 24 months (as mentioned in the Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 36/ 24 months (as mentioned in the Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3.2 30 Day Waiting Period (Code – Excl03)

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3.3 Specified disease/ procedure waiting period (Code – Excl02)

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
f) List of specific diseases/procedures

(a) Cataract*;
(b) Benign Prostatic Hypertrophy;
(c) Myomectomy, Hysterectomy unless because of malignancy;
(d) All types of Hernia, Hydrocele;
(e) Fissures and/or Fistula in anus, haemorrhoids/piles;
(f) Arthritis, gout, rheumatism and spinal disorders;
(g) Joint replacements unless due to Accident;
(h) Sinusitis and related disorders;
(i) Stones in the urinary and biliary systems;
(j) Dilatation and curettage, Endometriosis;
(k) All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant;
(l) Dialysis required for chronic renal failure;
(m) Surgery on Tonsilitis, adenoids and sinuses;
(n) Gastric and duodenal erosions and ulcers;
(o) Deviated nasal septum;
(p) Varicose Veins/ Varicose Ulcers.

*Our maximum liability for any Claim for an Insured Person's cataract treatment shall not exceed INR 20,000 per eye, during each Policy Year of the Policy Period.

3.4 Permanent Exclusions:

(a) Investigation & Evaluation (Code- Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

(b) Rest Cure, rehabilitation and respite care (Code – Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
   i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
   ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

(c) Obesity/ Weight Control (Code – Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
1) Surgery to be conducted is 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 Type2 Diabetes

(d) Change-of- Gender treatments (Code – Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

(e) Cosmetic or plastic Surgery (Code – Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

(f) Hazardous or Adventure sports: (Code- Excl09)

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

(g) Breach of law (Code – Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

(h) Excluded Providers: (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(i) Code- Excl12

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof

(j) Code- Excl13

Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

(k) Code- Excl14

Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.

(l) Refractive Error (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

(m) Unproven Treatments (Code – Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

(n) Sterility and Infertility (Code- Excl17)

Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

(o) **Maternity (Code- Excl18)**

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

(p) Up to Deductible amount mentioned
(q) Costs of routine medical, eye or ear examinations preventive health check-ups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;
(r) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively;
(s) Expenses incurred on all dental treatment unless necessitated due to an Accident;
(t) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;
(u) Acupressure, acupuncture, magnetic and such other therapies;
(v) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;
(w) Vaccination or inoculation of any kind, unless it is post animal bite;
(x) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise);
(y) Treatment relating to Congenital external Anomalies;
(z) any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition
(aa) Costs incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose;
(bb) Any expenses arising out of Domiciliary Hospitalization;
(cc) Any treatment taken outside India;
(dd) Any treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council;
(ee) Any consequential or indirect loss arising out of or related to Hospitalization;
(ff) Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority;
(gg) Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
(hh) All non-medical expenses listed in Annexure III (List I) of the Policy.
(ii) Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule under Important Conditions

4. CLAIM ADMINISTRATION

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be conditions precedent to admission of Our liability under this Policy:

(a) On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed;

(b) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the facts surrounding the Claim. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person;

(c) We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such Claim;

(d) If the Insured Person suffers a relapse within 45 days of the date of discharge from Hospital for a Claim that has been made, then such relapse shall be deemed to be part of the same Claim and all limits for Any One Illness under this Policy shall be applied as if they were part of a single claim.

5. CLAIMS PROCEDURE

On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to Our liability under the Policy the following procedure shall be complied with:

5.1 For Cashless Facility

Cashless Facility will be available at a Network Provider of the Company. The complete list of Providers is available on Our website (The list is updated as and when there is any change in the Network Provider) or can be obtained from Our call centre. In order to avail of Cashless Facility, the following procedure shall be followed:

(a) Pre-authorization for Planned Hospitalization:

At least 48 hours prior to a planned Hospitalization, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that planned Hospitalisation. Each such request must be accompanied by all the following details:

(i) The Health Card We have issued to the Insured Person;
(ii) The Policy Number;
(iii) Name of the Policyholder;
(iv) Name and address of Insured Person in respect of whom the request is being made;
(v) Nature of the Illness/Injury and the treatment/surgery required;
(vi) Name and address of the attending Medical Practitioner;
(vii) Hospital where treatment/surgery is proposed to be taken;
(viii) Proposed date of Admission.

If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the Claim under the Policy, then We/Our TPA will request additional information or documentation in respect of that request.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

Turn Around Time (TAT) for issue of Pre-Authorization within 1 hours from receipt of complete documents for initial and within 3 hours from receipt of complete documents for final approval at the time of discharge.

In Case of Claim Contact Us at:
24x7 Toll Free number: 1800 266 4545 or may write an e- mail at care@zurichkotak.com

In the event of claims, please send the relevant documents to:
Family Health Plan (TPA) Ltd,
Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad, 500 034.

(b) Pre-authorization for Emergency Care:

If the Insured Person has been admitted into Hospital for Emergency Care, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that Emergency Care within 24 hours of commencement of Hospitalisation. Each such request must be accompanied by all the following details:

(i) The Health Card We have issued to the Insured Person;
(ii) The Policy Number;
(iii) Name of the Policyholder;
(iv) Name and address of Insured Person in respect of whom the request is being made;
(v) Nature of the Illness/Injury and the treatment/surgery required;
(vi) Name and address of the attending Medical Practitioner;
(vii) Hospital where treatment/surgery is being taken;
(viii) Date of Admission.

If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the Claim under the Policy, then We/ Our TPA will request additional information or documentation in respect of that request with the provider.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection. In circumstances where We/Our TPA refuse the request for pre-authorisation as there is insufficient Base Annual Sum Insured there is insufficient information to determine the admissibility of the request for pre-authorisation, a claim for reimbursement may be submitted to Us in accordance with the procedure set out below and We will consider the Claim in accordance with the policy terms, conditions and exclusions.

We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities in Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Providers on Our website or by calling Our call centre.

5.2 For Reimbursement Claims

We shall be given written notice of the Claim for reimbursement along with the following details at least within 30 days of the Insured Person's discharge from Hospital:

(a) The Policy Number;
(b) Name of the Policyholder;
(c) Name and address of the Insured Person in respect of whom the request is being made;
(d) Nature of Illness or Injury and the treatment/surgery taken;
(e) Name and address of the attending Medical Practitioner;
(f) Hospital where treatment/surgery was taken;
(g) Date of Admission and date of discharge;
(h) Any other information that may be relevant to the Illness/ Injury/ Hospitalization**.**

If the Claim is not notified to Us within 30 days of the Insured Person's discharge from Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Turn Around Time (TAT) for settlement of Reimbursement is within 15 days from the date of receipt of claim along with claim form (and necessary documents).

6. CLAIM DOCUMENTS

We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's discharge from Hospital. For Claims under which the use of Cashless Facility has been approved, We will be provided with these documents by the Network Provider immediately following the Insured Person's discharge from Hospital:

(a) Duly completed Claim form signed by You and the Medical Practitioner (only for reimbursement claims);
(b) Original Pre – authorization request
(c) Copy of Pre – authorization approval letter
(d) Copy of the photo identity document of the Insured Person;
(e) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
(f) Original bills from chemists supported by proper prescription;
(g) Original investigation test reports (including CT/MR/USG/ECG, as applicable) and payment receipts;
(h) Indoor case papers (if available);
(i) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
(j) Hospital discharge summary;
(k) FIR (if done) or MLC (if conducted) for Accident cases
(l) Post mortem report (if applicable and conducted);
(m) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

7. CLAIMS FOR PRE-HOSPITALISATION MEDICAL EXPENSES AND POST-HOSPITALISATION MEDICAL

EXPENSES

(a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital along with the following information and documentation:

(i) Duly Completed Claim Form
(ii) Investigation Payment Receipt
(iii) Original Investigation Report
(iv) Original Pharmacy Bills
(v) Original Pharmacy Prescription
(vi) Medical practitioners bill and receipts.
(vii) Copy of Discharge Summary

(b) All Claims for Post-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the completion of post hospitalisation period as mentioned in your plan. You need to send Medical Expenses being incurred along with the following information and documentation:

(i) Duly Completed Claim Form
(ii) Investigation Payment Receipt
(iii) Original Investigation Report
(iv) Original Pharmacy Bills
(v) Original Pharmacy Prescription
(vi) Medical practitioners bills and receipts
(vii) Copy of Discharge Summary

(c) If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

(d) If the original documents mentioned in clause 6 and 7 are submitted to any other insurance company, self-attested copies along with certificate from that Insurance Company to be submitted under this Policy.

PART III OF THE POLICY

General Terms and Clauses

1. Disclosure of Information

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

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

2. Condition Precedent to Admission of Liability

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

3. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4. Multiple Policies:

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

5. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression

of material fact are within the knowledge of the insurer.

6. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

7. Cancellation

a. The Policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall –

- For 1 year Policy
  Refund proportionate premium for unexpired policy period subject to no claim(s) were made during the policy period.
- For Multi Year Policy -
  - For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
  - For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

b. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

9. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

10. Renewal of Policy

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

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of atleast 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. No loading shall apply on renewals based on individual claims experience.

11. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

12. Premium Payment in Instalments:

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of 15 days (where premium is paid on monthly instalments) and 30 days (where premium paid in quarterly / half yearly/ annual instalments) would be given to pay the instalment premium due for the policy.

ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also

iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

13. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

14. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

15. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement(if any)} and in case there is no

subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

16. Redressal of Grievance

In case of any grievance the insured person may contact the company through
Website: www.zurichkotak.com
Toll free: 18002664545
E-mail: care@zurichkotak.com
Courier: Zurich Kotak General Insurance Company (India) Limited, 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance
If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievanceofficer@zurichkotak.com
For updated details of grievance officer, kindly refer the link:
https://www.zurichkotak.com/customer-support/grievance-redressal-process

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@zurichkotak.com

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

The details of the Insurance Ombudsman is available at:
https://www.zurichkotak.com/customer-support/grievance-redressal-process
The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: www.cioins.co.in/ombudsman
The details of the Insurance Ombudsman is available at Annexure I

Grievance may also be lodged through the Bima Bharosa Portal – https://bimabharosa.irdai.gov.in

17. Claim Settlement (Provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of claim along with claim form (and necessary documents).

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

18. Material Change

Material information to be disclosed to Us includes every matter that You are aware of or could reasonably

be expected to know that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk and the terms of acceptance of the risk.

19. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our personnel and not specifically informed to Us by You shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

20. Terms and condition of the Policy

The terms and conditions contained herein and in the Policy Schedule / Certificate of Insurance shall be deemed to form part of the Policy and shall be read together as one document.

21. Limitation of Liability

If a Claim is rejected or partially settled under the terms of the Policy and is not the subject of a pending suit or other proceedings within the applicable period specified under the Limitation Act 1963 (as amended and any other applicable law), the Claim shall be deemed to have been closed and Our liability in respect of it shall be extinguished.

22. Underwriting and Loadings

We may apply a risk loading up to a maximum 100% per Insured Person, on the premium payable (excluding statutory levies & taxes) based on declarations on proposal form, your health status. Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s). There will be no loadings based on individual claims experience.

We will inform You about the applicable risk loading or special condition through a counter offer letter and We will only issue the Policy once We receive your consent on the applicable additional premium.

In case of loading on 2 or more ailments, the loadings shall apply in conjunction, however maximum risk loading per individual shall not exceed 100% of Premium excluding applicable Taxes

In case policies are accepted with loadings, waiting period for Pre-Existing Disease Waiting Period (Section 3.1) as well as 2 Year Waiting Period (Section 3.3) shall continue to be applicable.

23. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

24. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with Indian law and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

25. Special Provision for Insured Person who are Senior citizen

The premium charged for health Insurance products offered to Senior citizens shall be fair, justified, transparent and duly disclosed upfront. The insured shall be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loadings shall be obtained before issuance of policy.

Zurich Kotak General Insurance Company (India) Limited (Formerly known as Kotak Mahindra General Insurance Company Limited) CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai- 400063. Maharashtra, India.

26. Communications & Notices

Any communication, notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

In Your case, at Your last known address per Our records in respect of this Policy.

In Our case, at Our address specified in the Policy Schedule.

No insurance agent, broker or any other person is authorised to receive any notice on Our behalf.

27. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified in the Policy Schedule, during normal business hours or contact Our call centre.

28. ECS/ Auto Debit Payment Facility:

You are eligible for availing the ECS / Auto Debit payment facility for your premium payments under this Policy. This facility can be opted for automatic premium payment under this Policy for such premium paying term as availed by you under this Policy by submitting a duly signed ECS / Auto Debit mandate form. You may opt for any premium payment term as per your convenience but in accordance with the Policy terms and conditions. Please note that this facility may not be available for all the Banks at present however and you are requested to kindly visit website: www.zurichkotak.com to check the updated list of all partner banks facilitating the ECS /Auto Debit facility from time to time. Additionally, the following conditions shall apply in case of ECS / Auto Debit facility opted by you –

a. The premium payment under the Policy shall be subject to change on renewal which would be in accordance with the terms and conditions of the Policy
b. The Policy shall get cancelled in the event of failure of ECS transaction towards payment of premium under the Policy and/or non-receipt of premium within the Grace Period under the Policy
c. The renewal premium amount under the Policy shall be communicated to you in advance i.e. minimum 45 days before the renewal date
d. You have the right to withdraw the ECS /Auto Debit mandate by giving Us at least 15 days' notice before the due date of next premium due under the Policy

The term ECS / Auto Debit herein shall be governed by the Electronic Clearing Service (Debit) Procedural Guidelines issued by the Reserve Bank of India (as may be amended from time to time) and shall mean an electronic facility for effecting periodic insurance premium payment transactions in an automated manner.

29. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate in the case of any Insured Person's demise during the policy period/year:

Termination of cover takes place on account of death of the insured person and pro-rata refund of premium of deceased insured person is processed for the unexpired policy period, provided no claim has been made. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person

is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

30. Sanction Exclusion Clause

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

Annexure I
Details of Insurance Ombudsman

Office 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@cioins.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@cioins.co.in**	Karnataka.
Bhopal: Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 **Email: bimalokpal.bhopal@cioins.co.in**	Madhya Pradesh and Chattisgarh.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 **Email: bimalokpal.bhubaneswar@cioins.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 **Email: bimalokpal.chandigarh@cioins.co.in**	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 **Email: bimalokpal.chennai@cioins.co.in**	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.

Email: bimalokpal.delhi@cioins.co.in	
Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan**.**
Ernakulam: Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai:	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	
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.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Patna: Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar and Jharkhand.
Pune: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

Annexure II
List of Day Care Surgeries

Sr No	ENT		
1	Stapedotomy	23	Tympanoplasty (Type II)
2	Myringoplasty (Type I Tympanoplasty)	24	Reduction of fracture of Nasal Bone
3	Revision stapedectomy	25	Excision and destruction of lingual tonsils
4	Labyrinthectomy for severe Vertigo	26	Conchoplasty
5	Stapedectomy under GA	27	Thyroplasty Type II
6	Ossiculoplasty	28	Tracheostomy
7	Myringotomy with Grommet Insertion	29	Excision of Angioma Septum
8	Tympanoplasty (Type III)	30	Turbinoplasty
9	Stapedectomy under LA	31	Incision & Drainage of Retro Pharyngeal Abscess
10	Revision of the fenestration of the inner ear	32	Uvulo Palato Pharyngo Plasty
11	Tympanoplasty (Type IV)	33	Palatoplasty
12	Endolymphatic Sac Surgery for Meniere's Disease	34	Tonsillectomy without adenoidectomy
13	Turbinectomy	35	Adenoidectomy with Grommet insertion
14	Removal of Tympanic Drain under LA	36	Adenoidectomy without Grommet insertion
15	Endoscopic Stapedectomy	37	Vocal Cord lateralisation Procedure
16	Fenestration of the inner ear	38	Incision & Drainage of Para Pharyngeal Abscess
17	Incision and drainage of perichondritis	39	Transoral incision and drainage of a pharyngeal abscess
18	Septoplasty	40	Tonsillectomy with adenoidectomy
19	Vestibular Nerve section	41	Tracheoplasty
20	Thyroplasty Type I	42	Excision of Ranula under GA
21	Pseudocyst of the Pinna - Excision	43	Meatoplasty
22	Incision and drainage - Haematoma Auricle		
	Ophthalmology		
44	Incision of tear glands	54	Removal of Foreign body from cornea
45	Other operation on the tear ducts	55	Incision of the cornea
46	Incision of diseased eyelids	56	Other operations on the cornea
47	Excision and destruction of the diseased tissue of the eyelid	57	Operation on the canthus and epicanthus

48	Removal of foreign body from the lens of the eye	58	Removal of foreign body from the orbit and the eye ball
49	Corrective surgery of the entropion and ectropion	59	Surgery for cataract
50	Operations for pterygium	60	Treatment of retinal lesion
51	Corrective surgery of blepharoptosis	61	Removal of foreign body from the posterior chamber of the eye
52	Removal of foreign body from conjunctiva	62	glaucoma surg
53	Biopsy of tear gland		
	Oncology		
63	IV Push Chemotherapy	91	Telecobalt Therapy
64	HBI-Hemibody Radiotherapy	92	Telecesium Therapy
65	Infusional Targeted therapy	93	External mould Brachytherapy
66	SRT-Stereotactic Arc Therapy	94	Interstitial Brachytherapy
67	SC administration of Growth Factors	95	Intracavity Brachytherapy
68	Continuous Infusional Chemotherapy	96	3D Brachytherapy
69	Infusional Chemotherapy	97	Implant Brachytherapy
70	CCRT-Concurrent Chemo + RT	98	Intravesical Brachytherapy
71	2D Radiotherapy	99	Adjuvant Radiotherapy
72	3D Conformal Radiotherapy	100	Afterloading Catheter Brachytherapy
73	IGRT- Image Guided Radiotherapy	101	Conditioning Radiothearpy for BMT
74	IMRT- Step & Shoot	102	Extracorporeal Irradiation to the Homologous Bone grafts
75	Infusional Bisphosphonates	103	Radical chemotherapy
76	IMRT- DMLC	104	Neoadjuvant radiotherapy
77	Rotational Arc Therapy	105	LDR Brachytherapy
78	Tele gamma therapy	106	Palliative Radiotherapy
79	FSRT-Fractionated SRT	107	Radical Radiotherapy
80	VMAT-Volumetric Modulated Arc Therapy	108	Palliative chemotherapy
81	SBRT-Stereotactic Body Radiotherapy	109	Template Brachytherapy
82	Helical Tomotherapy	110	Neoadjuvant chemotherapy
83	SRS-Stereotactic Radiosurgery	111	Adjuvant chemotherapy
84	X-Knife SRS	112	Induction chemotherapy
85	Gammaknife SRS	113	Consolidation chemotherapy
86	TBI- Total Body Radiotherapy	114	Maintenance chemotherapy
87	intraluminal Brachytherapy	115	HDR Brachytherapy
88	Electron Therapy	116	Mediastinal lymph node biopsy
89	TSET-Total Electron Skin Therapy	117	High Orchidectomy for testis tumours
90	Extracorporeal Irradiation of Blood Products		
	Plastic Surgery		

118	Construction skin pedicle flap	125	Fibro myocutaneous flap
119	Gluteal pressure ulcer-Excision	126	Breast reconstruction surgery after mastectomy
120	Muscle-skin graft, leg	127	Sling operation for facial palsy
121	Removal of bone for graft	128	Split Skin Grafting under RA
122	Muscle-skin graft duct fistula	129	Wolfe skin graft
123	Removal cartilage graft	130	Plastic surgery to the floor of the mouth under GA
124	Myocutaneous flap		
	Urology		
131	AV fistula - wrist	149	Ureter endoscopy and treatment
132	URSL with stenting	150	Vesico ureteric reflux correction
133	URSL with lithotripsy	151	Surgery for pelvi ureteric junction obstruction
134	Cystoscopic Litholapaxy	152	Anderson hynes operation
135	ESWL	153	Kidney endoscopy and biopsy
136	Haemodialysis	154	Paraphimosis surgery
137	Bladder Neck Incision	155	injury prepuce- circumcision
138	Cystoscopy & Biopsy	156	Frenular tear repair
139	Cystoscopy and removal of polyp	157	Meatotomy for meatal stenosis
140	Suprapubic cystostomy	158	surgery for fournier's gangrene scrotum
141	percutaneous nephrostomy	159	surgery filarial scrotum
142	Cystoscopy and "SLING" procedure	160	surgery for watering can perineum
143	TUNA- prostate	161	Repair of penile torsion
144	Excision of urethral diverticulum	162	Drainage of prostate abscess
145	Removal of urethral Stone	163	Orchiectomy
146	Excision of urethral prolapse	164	Cystoscopy and removal of FB
147	Mega-ureter reconstruction	165	Surgery for SUI
148	Kidney renoscopy and biopsy	166	URS + LL
	Neurology		
167	Facial nerve physiotherapy	174	Stereotactic Radiosurgery
168	Nerve biopsy	175	Percutaneous Cordotomy
169	Muscle biopsy	176	Intrathecal Baclofen therapy
170	Epidural steroid injection	177	Entrapment neuropathy Release
171	Glycerol rhizotomy	178	Diagnostic cerebral angiography
172	Spinal cord stimulation	179	VP shunt
173	Motor cortex stimulation	180	Ventriculoatrial shunt
	Thoracic surgery		
181	Thoracoscopy and Lung Biopsy	185	Thoracoscopy and pleural biopsy

182	Excision of cervical sympathetic Chain Thoracoscopic	186	EBUS + Biopsy
183	Laser Ablation of Barrett's oesophagus	187	Thoracoscopy ligation thoracic duct
184	Pleurodesis	188	Thoracoscopy assisted empyaema drainage
	Gastroenterology		
189	Pancreatic pseudocyst EUS & drainage	199	Colonscopy stenting of stricture
190	RF ablation for barrett's Oesophagus	200	Percutaneous Endoscopic Gastrostomy
191	ERCP and papillotomy	201	EUS and pancreatic pseudo cyst drainage
192	Esophagoscope and sclerosant injection	202	ERCP and choledochoscopy
193	EUS + submucosal resection	203	Proctosigmoidoscopy volvulus detorsion
194	Construction of gastrostomy tube	204	ERCP and sphincterotomy
195	EUS + aspiration pancreatic cyst	205	Esophageal stent placement
196	Small bowel endoscopy (therapeutic)	206	ERCP + placement of biliary stents
197	Colonoscopy, lesion removal	207	Sigmoidoscopy w / stent
198	ERCP	208	EUS + coeliac node biopsy
	General Surgery		
209	infected keloid excision	251	Pancreatic Pseudocysts Endoscopic Drainage
210	Incision of a pilonidal sinus / abscess	252	ZADEK's Nail bed excision
211	Axillary lymphadenectomy	253	Subcutaneous mastectomy
212	Wound debridement and Cover	254	Rigid Oesophagoscopy for dilation of benign Strictures
213	Abscess-Decompression	255	Eversion of Sac a) Unilateral b)Bilateral
214	Cervical lymphadenectomy	256	Lord's plication
215	infected sebaceous cyst	257	Jaboulay's Procedure
216	Inguinal lymphadenectomy	258	Scrotoplasty
217	Incision and drainage of Abscess	259	Surgical treatment of varicocele
218	Suturing of lacerations	260	Epididymectomy
219	Scalp Suturing	261	Circumcision for Trauma
220	infected lipoma excision	262	Intersphincteric abscess incision and drainage
221	Maximal anal dilatation	263	Psoas Abscess Incision and Drainage
222	Piles A) Injection Sclerotherapy B) Piles banding	264	Thyroid abscess Incision and Drainage
223	liver Abscess- catheter drainage	265	TIPS procedure for portal hypertension

224	Fissure in Ano- fissurectomy	266	Esophageal Growth stent
225	Fibroadenoma breast excision	267	PAIR Procedure of Hydatid Cyst liver
226	Oesophageal varices Sclerotherapy	268	Tru cut liver biopsy
227	ERCP - pancreatic duct stone removal	269	Photodynamic therapy or esophageal tumour and Lung tumour
228	Perianal abscess I&D	270	Excision of Cervical RIB
229	Perianal hematoma Evacuation	271	laparoscopic reduction of intussusception
230	Fissure in ano sphincterotomy	272	Microdochectomy breast
231	UGI scopy and Polypectomy oesophagus	273	Surgery for fracture Penis
232	Breast abscess I& D	274	Sentinel node biopsy
233	Feeding Gastrostomy	275	Parastomal hernia
234	Oesophagoscopy and biopsy of growth oesophagus	276	Revision colostomy
235	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers	277	Prolapsed colostomy- Correction
236	ERCP - Bile duct stone removal	278	Testicular biopsy
237	Ileostomy closure	279	laparoscopic cardiomyotomy (Hellers)
238	Colonoscopy	280	Sentinel node biopsy malignant melanoma
239	Polypectomy colon	281	laparoscopic pyloromyotomy (Ramstedt)
240	Splenic abscesses Laparoscopic Drainage	282	Keratosis removal under GA
241	UGI SCOPY and Polypectomy stomach	283	Excision Sigmoid Polyp
242	Rigid Oesophagoscopy for FB removal	284	Rectal-Myomectomy
243	Feeding Jejunostomy	285	Rectal prolapse (Delorme's procedure)
244	Colostomy	286	Orchidopexy for undescended testis
245	Ileostomy	287	Detorsion of torsion Testis
246	colostomy closure	288	lap.Abdominal exploration in cryptorchidism
247	Submandibular salivary duct stone removal	289	EUA + biopsy multiple fistula in ano
248	Pneumatic reduction of intussusception	290	Excision of fistula-in-ano
249	Varicose veins legs - Injection sclerotherapy	291	TURBT
250	Rigid Oesophagoscopy for Plummer vinson syndrome		
	Orthopedics		
292	Arthroscopic Repair of ACL tear knee	323	Partial removal of metatarsal
293	Closed reduction of minor Fractures	324	Partial removal of metatarsal
294	Arthroscopic repair of PCL tear knee	325	Revision/Removal of Knee cap
295	Tendon shortening	326	Amputation follow-up surgery
296	Arthroscopic Meniscectomy - Knee	327	Exploration of ankle joint

297	Treatment of clavicle dislocation	328	Remove/graft leg bone lesion
298	Arthroscopic meniscus repair	329	Repair/graft achilles tendon
299	Haemarthrosis knee- lavage	330	Remove of tissue expander
300	Abscess knee joint drainage	331	Biopsy elbow joint lining
301	Carpal tunnel release	332	Removal of wrist prosthesis
302	Closed reduction of minor dislocation	333	Biopsy finger joint lining
303	Repair of knee cap tendon	334	Tendon lengthening
304	ORIF with K wire fixation- small bones	335	Treatment of shoulder dislocation
305	Release of midfoot joint	336	Lengthening of hand tendon
306	ORIF with plating- Small long bones	337	Removal of elbow bursa
307	Implant removal minor	338	Fixation of knee joint
308	K wire removal	339	Treatment of foot dislocation
309	POP application	340	Surgery of bunion
310	Closed reduction and external fixation	341	intra articular steroid injection
311	Arthrotomy Hip joint	342	Tendon transfer procedure
312	Syme's amputation	343	Removal of knee cap bursa
313	Arthroplasty	344	Treatment of fracture of ulna
314	Partial removal of rib	345	Treatment of scapula fracture
315	Treatment of sesamoid bone fracture	346	Removal of tumor of arm/ elbow under RA/GA
316	Shoulder arthroscopy / surgery	347	Repair of ruptured tendon
317	Elbow arthroscopy	348	Decompress forearm space
318	Amputation of metacarpal bone	349	Revision of neck muscle (Torticollis release)
319	Release of thumb contracture	350	Lengthening of thigh tendons
320	Incision of foot fascia	351	Treatment fracture of radius & ulna
321	calcaneum spur hydrocort injection	352	Repair of knee joint
322	Ganglion wrist hyalase injection		
	Paediatric surgery		
353	Excision Juvenile polyps rectum	358	Sternomastoid Tenotomy
354	Vaginoplasty	359	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
355	Dilatation of accidental caustic stricture oesophagea	360	Excision of soft tissue rhabdomyosarcoma
356	Presacral Teratomas Excision	361	Excision of cervical teratoma
357	Removal of vesical stone	362	Cystic hygroma - Injection treatment
	Gynaecology		
363	Hysteroscopic removal of myoma	379	uterine artery embolization
364	D&C	380	Bartholin Cyst excision
365	Hysteroscopic resection of septum	381	Laparoscopic cystectomy

366	thermal Cauterisation of Cervix	382	Hymenectomy (imperforate Hymen)
367	MIRENA insertion	383	Endometrial ablation
368	Hysteroscopic adhesiolysis	384	vaginal wall cyst excision
369	LEEP	385	Vulval cyst Excision
370	Cryocauterisation of Cervix	386	Laparoscopic paratubal cyst excision
371	Polypectomy Endometrium	387	Repair of vagina (vaginal atresia)
372	Hysteroscopic resection of fibroid	388	Hysteroscopy, removal of myoma
373	LLETZ	389	Ureterocoele repair - congenital internal
374	Conization	390	Vaginal mesh For POP
375	polypectomy cervix	391	Laparoscopic Myomectomy
376	Hysteroscopic resection of endometrial polyp	392	Repair recto- vagina fistula
377	Vulval wart excision	393	Pelvic floor repair (excluding Fistula repair)
378	Laparoscopic paraovarian cyst excision	394	Laparoscopic oophorectomy
	Critical care		
395	Insert non- tunnel CV cath	398	Insertion catheter, intra anterior
396	Insert PICC cath (peripherally inserted central catheter)	399	Insertion of Portacath
397	Replace PICC cath (peripherally inserted central catheter		
	Dental		
400	Splinting of avulsed teeth	403	Oral biopsy in case of abnormal tissue presentation
401	Suturing lacerated lip	404	FNAC
402	Suturing oral mucosa	405	Smear from oral cavity

Annexure III

List I - List of non-medical expenses

Sr. No.	Items	Remarks
1	Baby Food	Not Payable
2	Baby Utilities Charges	Not Payable
3	Beauty Services	Not Payable
4	Belts/ Braces	Payable for cases who have undergone surgery of Thoracic or Lumbar Spine.
5	Buds	Not Payable
6	Cold Pack/Hot Pack	Not Payable
7	Carry Bags	Not Payable
8	Email / Internet Charges	Not Payable
9	Food Charges (other than Patient's Diet Provided by Hospital)	Not Payable
10	Leggings	Payable in case of Bariatric and Varicose Vein Surgery
11	Laundry Charges	Not Payable
12	Mineral Water	Not Payable
13	Sanitary Pad	Not Payable
14	Telephone Charges	Not Payable
15	Guest Services	Not Payable
16	Crepe Bandage	Not Payable
17	Diaper Of Any Type	Not Payable
18	Eyelet Collar	Not Payable
19	Slings	Not Payable
20	Blood Grouping and Cross Matching of Donors Samples	Not Payable
21	Service Charges Where Nursing Charge Also Charged	Post Hospitalization Nursing Charges Not Payable
22	Television Charges	Not Payable
23	Surcharges	Not Payable
24	Attendant Charges	Not Payable
25	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)	Not Payable
26	Birth Certificate	Not Payable
27	Certificate Charges	Not Payable
28	Courier Charges	Not Payable
29	Conveyance Charges	Not Payable
30	Medical Certificate	Not Payable
31	Medical Records	Not Payable

32	Photocopies Charges	Not Payable
33	Mortuary Charges	Payable Up to 24 Hrs, Shifting Charges Not Payable
34	Walking Aids Charges	Not Payable
35	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
36	Spacer	Not Payable
37	Spirometre	Not Payable
38	Nebulizer Kit	Not Payable
39	Steam Inhaler	Not Payable
40	Armsling	Not Payable
41	Thermometer	Not Payable
42	Cervical Collar	Not Payable
43	Splint	Not Payable
44	Diabetic Foot Wear	Not Payable
45	Knee Braces (Long/ Short/ Hinged)	Not Payable
46	Knee Immobilizer/Shoulder Immobilizer	Not Payable
47	Lumbo Sacral Belt	Payable for cases who have undergone Surgery of Lumbar Spine
48	Nimbus Bed Or Water Or Air Bed Charges	Not Payable
49	Ambulance Collar	Not Payable
50	Ambulance Equipment	Not Payable
51	Abdominal Binder	Payable in case of post-surgery patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc
52	Private Nurses Charges- Special Nursing Charges	Not Payable
53	Sugar Free Tablets	Not Payable
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Not Payable
55	ECG Electrodes	Not Payable
56	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
57	Nebulisation Kit	Not Payable
58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
59	Kidney Tray	Not Payable
60	Mask	Not Payable
61	Ounce Glass	Not Payable

62	Oxygen Mask	Not Payable
63	Pelvic Traction Belt	Payable in case of PIVD requiring traction
64	Pan Can	Not Payable
65	Trolly Cover	Not Payable
66	Urometer, Urine Jug	Not Payable
67	Ambulance	Payable - Ambulance from home to Hospital or inter-hospital shifts is Payable/ RTA - As Specific Requirement for critical injury is Payable
68	Vasofix Safety	Not Payable

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

Sr No	Item
1	Baby Charges (Unless Specified/Indicated)
2	Hand Wash
3	Shoe Cover
4	Caps
5	Cradle Charges
6	Comb
7	Eau-De-Cologne / Room Freshners
8	Foot Cover
9	Gown
10	Slippers
11	Tissue Paper
12	Tooth Paste
13	Tooth Brush
14	Bed Pan
15	Face Mask
16	Flexi Mask
17	Hand Holder
18	Sputum Cup
19	Disinfectant Lotions
20	Luxury Tax
21	Hvac
22	House Keeping Charges
23	Air Conditioner Charges
24	Im Iv Injection Charges
25	Clean Sheet
26	Blanket/Warmer Blanket
27	Admission Kit
28	Diabetic Chart Charges
29	Documentation Charges / Administrative Expenses
30	Discharge Procedure Charges

31	Daily Chart Charges
32	Entrance Pass / Visitors Pass Charges
33	Expenses Related To Prescription On Discharge
34	File Opening Charges
35	Incidental Expenses / Misc. Charges (Not Explained)
36	Patient Identification Band / Name Tag
37	Pulseoxymeter Charges

List III – Items that are to be subsumed into Procedure Charges

Sr No.	Item
1	Hair Removal Cream
2	Disposables Razors Charges (For Site Preparations)
3	Eye Pad
4	Eye Sheild
5	Camera Cover
6	Dvd, Cd Charges
7	Gause Soft
8	Gauze
9	Ward And Theatre Booking Charges
10	Arthroscopy And Endoscopy Instruments
11	Microscope Cover
12	Surgical Blades, Harmonicscalpel,Shaver
13	Surgical Drill
14	Eye Kit
15	Eye Drape
16	X-Ray Film
17	Boyles Apparatus Charges
18	Cotton
19	Cotton Bandage
20	Surgical Tape
21	Apron
22	Torniquet
23	Orthobundle, Gynaec Bundle

List IV – Items that are to be subsumed into costs of treatment

Sr No.	Item
1	Admission/Registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges

5	Bipap Machine
6	Cpap/ Capd Equipments
7	Infusion Pump– Cost
8	Hydrogen Peroxide\Spirit\ Disinfectants Etc
9	Nutrition Planning Charges - Dietician Charges- Diet Charges
10	Hiv Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabes
16	Scrub Solution/ Sterillium
17	Glucometer& Strips
18	Urine Bag