KOTAK COVID-19 SECURE

Prospectus

INTRODUCTION

It is a specialized health insurance policy designed to support individuals and families affected by COVID-19. It offers a comprehensive range of benefits, including lump-sum payouts upon diagnosis, coverage for in-patient hospitalisation, pre- and post- hospitalisation expenses, and daily cash benefits for hospital and ICU stays. The policy also includes ambulance cover, outpatient (OPD) benefits, and convalescence support, ensuring financial protection across various treatment scenarios. With flexible options for individual or floater coverage, clear claims procedures, and transparent exclusions, this product helps policyholders manage the uncertainties and costs associated with COVID-19 treatment.

SCOPE OF COVER

1. WHAT WE WILL PAY (COVERS AVAILABLE UNDER THE POLICY)

The Benefits available under this Policy are described below. The customer may opt for any one or more of the Base Benefits available. Optional Benefit may be opted only if the Base Benefit has been opted for. The Policy Schedule/ Certificate of Insurance will specify which of the following Benefits are applicable and in force for the Insured Person. Benefits will be payable subject to the terms, conditions and exclusions of this Policy and subject to Sum Insured/ Sub-limits/ Deductible/ Franchise/ Co-payment, if any and applicability specified in respect of that Benefit in the Policy Schedule/ Certificate of Insurance.

1.1 Base Benefit: Covid-19 Diagnosis Cover

We will pay the Sum Insured as specified in the Policy Schedule/ Certificate of Insurance as a lumpsum benefit to the Insured Person(s) provided that:

- The Insured Person(s) Diagnosis test confirms the presence of Coronavirus Disease (COVID-19)
- The date of Quarantine or Diagnosis (whichever is earlier) lies within the Policy Period and after the Initial Waiting Period as specified in the Policy Schedule/ Certificate of Insurance

We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.

This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

1.2 Base Benefit: In-patient Hospitalisation Cover

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalisation due to COVID-19 for a minimum and continuous period of 24 hours that occurs during the Policy Period provided that:

(a) The Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
(b) The Medical Expenses incurred are Reasonable and Customary for one or more of the following:
   i. Room Rent and other boarding charges;
   ii. ICU Charges;
   iii. Operation theatre expenses;
   iv. Medical Practitioner’s fees including fees of specialists and anaesthetists treating the Insured Person;
   v. Qualified Nurses’ charges;
   vi. Medicines and drugs prescribed by the treating Medical Practitioner;

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vii. Other allowable consumables and disposables prescribed by the treating Medical Practitioner upto Rs. 5,000 per day or the actual expenses whichever is lower;
viii. Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
ix. Anaesthesia, blood, oxygen and blood transfusion charges;
x. Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

In case of Individual policy, this payout will be available on individual basis and in case of Floater Policy the payout will be available on floater basis.

1.3 Optional Benefit: Pre & Post Hospitalization Medical Expenses

We will indemnify the Insured Person's Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses due to COVID-19 that occurs during the Policy Period provided that:

(a) We have accepted a Claim for In-patient Hospitalisation Cover under this Policy and the Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses relate to the same Illness/medical condition;

(b) We will be liable to pay Pre-Hospitalisation Medical Expenses up to the number of days as specified in the Policy Schedule/Certificate of Insurance prior to the Insured Person's Admission to Hospital for In-patient Care;

(c) We will be liable to pay Post-Hospitalisation Medical Expenses up to the number of days as specified in the Policy Schedule/Certificate of Insurance immediately following the Insured Person's discharge from Hospital following In-patient Care.

The payment under this benefit is within the In-patient Hospitalisation Cover Sum Insured, subject to limits specified, if any.

In case of Individual policy, this payout will be available on individual basis and in case of Floater Policy the payout will be available on floater basis.

1.4 Optional Benefit: Room Rent Capping

We will pay for the room rent charges as per the limits set out in the Policy Schedule/ Certificate of Insurance for Normal and ICU room category and also based on the location of the hospital.

If the Insured Person incurs Room Rent that is higher than the eligible Room Rent as per the limits specified under this Benefit then We will be liable to pay only a rateable proportion of the Associated Medical Expenses incurred in the proportion of the difference between the eligible Room Rent and the Room Rent actually incurred, provided that Reasonable and Customary costs incurred on medicines/pharmacy, medical consumables and medical implants will be reimbursed based on the actual amounts incurred.

Optional Benefit 1.3 and 1.4 can be opted for only if Base Benefit: 1.2 In-patient Hospitalisation Cover is opted.

1.5 Base Benefit: Ambulance Cover

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We will indemnify the Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule/ Certificate of Insurance towards transportation of the Insured Person by a healthcare or Ambulance service provider to a Hospital due to COVID-19 following an Emergency provided that:

(a) The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;
(b) 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.
(c) The limit under Ambulance cover is applicable for each claim admitted under the policy.

In case of Individual policy, this payout will be available on individual basis and in case of Floater Policy the payout will be available on floater basis.

1.6 Base Benefit: Hospital Daily Cash Benefit

We will pay the Daily Cash Amount, subject to Deductible/ Franchise, as specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care due to COVID-19 during this Policy Period.

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/ per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

In case of Individual Policy, the maximum number of days will be on individual basis and in case of Floater Policy the maximum number of days will be on floater basis.

1.7 Base Benefit: ICU Daily Cash Benefit

We will pay the Daily Cash Amount, subject to Deductible/ Franchise, as specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care due to COVID-19 in an ICU during this Policy Period.

We shall be liable to make payment only for the maximum number of days per policy year per Insured Person/ per family as specified in the Policy Schedule/Certificate of Insurance for this Cover.

In case of Individual Policy, the maximum number of days will be on individual basis and in case of Floater Policy the maximum number of days will be on floater basis.

Note:

- In case the Policyholder opts for both 1.6 Hospital Daily Cash Benefit and 1.7 ICU Daily Cash Benefit, the maximum number of days under each Benefit will be considered individually as mentioned in the Policy Schedule/ Certificate of Insurance.

- In case the Insured Person’s Hospitalisation covers both Hospital Daily Cash Benefit and ICU Daily Cash Benefit, the highest of the Daily Cash Amount applicable will be paid in respect of each and every completed day. There will be no cumulative payout under these 2 Benefits and only the highest of the payout applicable will be paid.

1.8 Base Benefit: OPD Benefit

We will reimburse the amount up to the limit specified against this benefit in the Policy Schedule/ Certificate of Insurance towards out-patient medical expenses in respect of Insured person due to COVID-19 towards:

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(a) Diagnostic procedures like laboratory tests, MRI's, CAT Scan, Pathology tests
(b) Medical Practitioners consultations
(c) Pharmacy expenses
(d) Any others expenses specifically approved by the Medical Practitioner

Provided that:

- The Medical Expenses incurred are Reasonable and Customary Charges
- Deductible/ Co-payment, as mentioned in the Policy Schedule/ Certificate of Insurance is applicable in respect of this benefit.

General Exclusion 2.2and 2.36 of the Policy Wordings stands deleted to the extent of this Cover only.

In case of Individual policy, this payout will be available on individual basis and in case of Floater Policy the payout will be available on floater basis.

1.9 Base Benefit: Convalescence Benefit

We will pay the Sum Insured specified in the Policy Schedule/Certificate of Insurance for this Benefit if the Insured Person is admitted in a Hospital due to COVID-19 for a minimum period as specified in the Policy Schedule/ Certificate of Insurance.

We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.

This benefit is applicable on an individual basis irrespective of type of policy (Individual/ Floater).

SPECIFIC CONDITIONS APPLICABLE TO THE POLICY

A The Benefits shall be applicable after an Initial Waiting Period of 15 days or as mentioned in the Policy Schedule/ Certificate of Insurance

B The Insured must have tested positive for COVID-19 as per report from laboratories authorised by Union Health Ministry of India and/or State Government and/or Union Territory for COVID-19 testing.

C The Insured should not have traveled to travel restricted countries against travel advisory whether in force or freshly issued by Government of India at any time during the Policy Period

D The Insured Person(s) should not violate any of the directives issued by the Government of India or any other government authorities with respect to Novel Coronavirus Disease (COVID-19) including the Lock Down orders issued by the State Government(s).

E **Pre-existing diseases:** Any Pre-existing condition whether declared or not declared is not covered.

F **Survival Period:** We shall not be liable to make any payment arising out of any claim under this Policy for any Insured Person if the Insured Person does not survive a period of atleast 30 days or as mentioned in the Policy Schedule/ Certificate of Insurance after the date of the occurrence of the event

G **Unauthorised testing centre:** Testing done at a diagnostic centre which is not recognised and authorised by the Union Health Ministry of India and/or State Government and/or Union Territory shall not be covered under this Policy

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H Negative or Inconclusive Reports: If the test report is negative or if Insured Person is "Patient under investigation" with inconclusive reports, it will not be covered under the Policy

2. WHAT WE WILL NOT PAY (GENERAL 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:

2.1 Initial Waiting Period

a) Any Diagnosis, Quarantine or expenses related to Coronavirus Disease (COVID-2019) arising within 15 days or number of days as specified in the Policy Schedule/ Certificate of Insurance from the first policy commencement date shall be excluded
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.

2.2 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.

2.3 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.

2.4 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

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

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

2.6 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.

2.7 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.

2.8 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.

2.9 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.

2.10 Code- Excl12

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

2.11 Code- Excl13

Treatments received in heath 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.

2.12 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.

2.13 Refractive Error (Code – Excl15)

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

2.14 Unproven Treatments (Code – Excl16)

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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.

2.15 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

2.16 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.

2.17 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;

2.18 Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively;

2.19 Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services, medical supplies including elastic stockings, diabetic test strips, and similar products.

2.20 Expenses incurred on all dental treatment unless necessitated due to an Accident and treatment is taken in in-patient department of hospital or day care centre;

2.21 Acupressure, acupuncture, magnetic and such other therapies;

2.22 Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;

2.23 Vaccination or inoculation of any kind, unless it is post animal bite and there is hospitalisation as an in-patient;

2.24 Sterility, venereal disease or any sexually transmitted disease;

2.25 Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)

2.26 Treatment relating to Congenital external Anomalies;

2.27 Any treatment related to sleep disorder or sleep apnoea syndrome

2.28 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

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2.29 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;

2.30 Any consequential or indirect loss arising out of or related to Hospitalization;

2.31 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;

2.32 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;

2.33 Non-medical expenses as listed in Annexure II (List I) of the Policy.

2.34 Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.

2.35 Treatment such as External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), and Hyperbaric Oxygen Therapy will not be covered unless it forms a part of In-Patient Treatment in case of hospitalisation or part of discharge advice upto the Post hospitalisation period as specified in the Policy Schedule.

2.36 Any OPD treatment will not be covered.

2.37 Any hospitalisation treatment taken outside India

3. CLAIMS PROCESS

3.1 Claim Administration

The fulfilment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule/ Certificate of Insurance) 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 Condition 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, We may conduct Medical examination by any Medical Practitioner for this purpose when and so often as We may reasonably require. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person and We/Our representatives must be permitted to inspect the medical and Hospitalisation records pertaining to the Insured Person's treatment and to investigate the facts surrounding the Claim;
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.

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3.2 Claims Intimation

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:

(a) For Cashless Facility

Cashless Facility is only available at a Network Provider. The complete list of Network 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:

- **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 and the treatment required;
vi. Name and address of the attending Medical Practitioner;
vii. Hospital where treatment 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 6 hours from receipt of complete documents

In Case of Claim Contact Us at:

24x7 Toll Free number: 1800 266 4545 or may write an e- mail at care@kotak.com

In the event of claims, please send the relevant documents to:
<Details of the TPA>

- **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;

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v. Nature of the Illness and the treatment required;
vi. Name and address of the attending Medical Practitioner;
vii. Hospital where treatment 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.

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.
Turn Around Time (TAT) for settlement of Reimbursement is within 30 days from the receipt of the complete documents.

(b) For Reimbursement Claims

We shall be given a written notice within 10 days of the Insured Person being first diagnosed with Coronavirus Disease (COVID-19) and We shall be provided the following necessary information and documentation in respect of all Claims atleast within 30 days of the Insured Person's diagnosis/ discharge from quarantine/ hospital (as applicable):

i. The Policy Number
ii. Name of the Policyholder;
iii. Name and address of the Insured Person in respect of whom the request is being made;
iv. Nature of Illness and the treatment taken;
v. Name and address of the attending Medical Practitioner;
vi. Hospital where treatment was taken/ Details of the Quarantine Facility;
vii. Date of Admission and date of discharge;
viii. 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.

Kindly note that Company may de-list few of the hospitals and the Company shall not service any claims including re-imbursement claims for the treatment undertaken at these hospitals other than in case of a medical Emergency. List of de-listed hospitals would be available on our website and is subject to updates from time to time.

3.3 Claims 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

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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) Address Proof of Insured / nominee;
(f) KYC documents and 2 recent coloured passport size photographs of Insured/ nominee;
(g) Signed NEFT mandate along cancelled cheque copy of Insured/ nominee;
(h) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
(i) Original bills from chemists supported by proper prescription;
(j) A positive virology report from laboratories authorised by Union Health Ministry of India for COVID-19 testing shall be considered valid.
(k) Original investigation test reports (including CT/MR/USG/ECG, as applicable) and payment receipts;
(l) Indoor case papers (if available);
(m) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
(n) Hospital discharge summary;
(o) Copy of passport with Entry/ exit stamp (If has insured has travel history)
(p) Post mortem report (if applicable and conducted);
(q) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

Cover-wise Additional Documents:

Pre & Post Hospitalization Medical Expenses	Original copies of Consultations, bills & receipts towards medical expenses, investigation reports & bills, prescriptions and invoices
Ambulance Cover	Original Bill from a certified Ambulance Service Provider or Hospital Doctor's advice for Ambulance
Hospital Daily Cash Benefit/ ICU Daily Cash Benefit	Hospital discharge card/ summary, copy of treatment papers, medical investigation reports and copy of hospital bill
OPD Benefit	Consultations bills, receipts, investigation reports & bills, prescriptions and invoices
Convalescence Benefit	Hospital discharge card/ summary

3.4 Claims Investigation, Settlement & repudiation

a) We may investigate claims at Our own discretion to determine the validity of a claim. This investigation will be conducted within 15 days of the date of assigning the claim for investigation and not later than 30 days from the date of receipt of last necessary document. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.
b) We shall settle or repudiate a Claim within 30 days of the receipt of the last necessary information and documentation. In case of suspected frauds, where Investigation is initiated. We shall settle the claim within 45 days from the date of receipt of the last necessary document.
c) Payment for Claims will be made to the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee named in the Policy Schedule / Certificate of Insurance or to the Insured person's legal heir or legal representatives holding a valid succession certificate.

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d) In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the Claim is reviewed by Us.

General Terms and Conditions

1. Eligibility

Minimum Entry Age	1 day
Maximum Entry Age	No Limit

Insured Person will include Self (Group member) and the following relationships of the Group member: Lawfully wedded spouse (more than one wife)/ Partner (including same sex partners) and Live-in Partner, children (biological/ adopted/others), parents (biological/ foster), siblings (biological/ step), mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law.
For the purpose of this Policy, Partner shall be taken as declared at the time of Start of the Policy Period and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover.

2. Disclosure of Information

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or devices being used by You/Insured Person or any one acting on Your/Insured Person's behalf to obtain any benefit under this Policy.

3. Observance of terms and conditions

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

4. Material Change

Material information to be disclosed to Us includes every matter that You are aware of 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.

5. 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.

6. Terms and condition of the Policy

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

7. Multiple Policies

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a. If two or more policies are taken by an Insured during a period from one or more insurers, the contribution shall not be applicable where the cover/ benefit offered:
   - Is fixed in nature;
   - Does not have any relation to the treatment costs;

b. In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.

c. If two or more policies are taken by an insured during a period from one more insurers to indemnify treatment costs, the policyholder 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 who has issued the chosen policy 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.
   - Policyholder having multiple policies shall also have the right to prefer claims from other policy/ policies for the amount disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.

d. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductible or co-pays, the policy holder shall have the right to choose insurers from whom he/she wants to claim balance amount.

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

8. Cancellation/ Termination/ Refund

(a) For Policyholder's initiated cancellation, the Company would compute refund amount as pro-rata (for the unexpired duration) premium. This would further be deducted by 25% of computed refundable premium.

This is provided no claim has been made under the Policy.

(b) No refund of premium is applicable when policy is cancelled by the Insurer on grounds of misrepresentation, fraud, nondisclosure or non-cooperation of the Insured

9. 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.

10. 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.

11. Portability & Continuity Benefits

Kotak Mahindra General Insurance Company Ltd.
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It is agreed and understood that, Upon the Insured Person ceasing to be an Employee/member of the Policyholder, such Insured Person shall have the option to migrate to an approved retail health insurance policy available with Us in accordance with the Portability guidelines issued by the IRDAI, provided that:

(a) Portability benefit will be offered to the extent of sum of previous Sum Insured (if opted for), and Portability shall not apply to any other additional increased Sum Insured
(b) We will apply the waiting periods under Sections 4 individually for each Insured Person based on his previous policy details and claims shall be assessed accordingly.
(c) We should have received Your application for Portability with complete documentation at least 45 days before ceasing to be an Employee/member of the Policyholder
(d) Portability benefit will be offered to the nearest Sum Insured, in case exact Sum Insured option is not available.
(e) Portability benefit will be offered to any other suitable policy, in case exact option is not available.
(f) We may subject Your proposal to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be as per our underwriting practices and underwriting policy of the Company.
(g) There is no obligation on Us to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.
(h) We should have received the database and claim history from the previous insurance company for Your previous policy.

For Detailed Guidelines on Portability, kindly refer: IRDAI/HLT/REG/CIR/003/01/2020

12. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company policy by applying for migration of the policy 30 days before the premium due date of his/her existing policy as per extant 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 proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on migration.

For Detailed Guidelines on Migration, kindly refer: IRDAI/HLT/REG/CIR/003/01/2020

13. Role of Group Administrator/ Policyholder

(a) The Policy holder should provide the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.
(b) In case of employer-employee policies, the employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.
(c) In case of such policies, claims of the individual employees may be processed through the employer
(d) In case of non-employer-employee policies, We shall generally issue the Certificate of Insurance. However, We may provide the facility to the Group Administrator to issue the Certificate of Insurance to the members.
(e) In case of such policies, the Group Administrator may facilitate the claims process for the members however the payment will be made only to the beneficiary which is the Insured Person

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14. Free Look Period

The free look period shall be applicable at the inception of the policy and:

(a) The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable

(b) If the insured has not made any claim during the free look period, the insured shall be entitled to
- A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
- Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

15. Grace Period & Renewal

a. Renewal notice for policies not issued on Auto Renewal Basis:

(a) A health insurance Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided the Policy is not withdrawn.

(b) The Policy will automatically terminate at the end of the Policy Period and must be renewed within the Grace Period of at least 30 days or as informed by Insurer from time to time. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

(c) If We have discontinued or withdrawn this product/plan You will have the option to renewal under the nearest substitute Policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI

(d) You shall make a full disclosure to Us in writing of any material change in the health condition of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.

(e) We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 90 days prior to date of such revision or modification.

b. Renewal notice for policies issued on Auto Renewal Basis:

- The Insurance Company shall automatically renew the Policy annually for the period it has been issued for. However on expiry of the Policy after completing its entire auto renewal period the Insurance Company shall not deduct any renewal premium nor give notice that such renewal premium is due.
- Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to the Insured Person that may result to enhance the risk of the Insurance Company under the guarantee hereby given.
- No renewal receipt shall be valid unless it is on the printed form of the Insurance Company and signed by an authorised official of the Insurance Company. Any change in the risk will be intimated to the Insurance Company by the Insured Person. Nothing herein or otherwise shall affect the Company's right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.

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- The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Insurance Company on or before the date of expiry of the Policy and in no case later than Grace Period of at least 30 days or as informed by Insurer from time to time.

Auto Debit / ECS (Electronic Clearing System) Payment Facility:

You may opt for the Auto Debit/ECS payment facility for your premium payments under this Policy subject to such facility being specifically availed by the Master Policyholder for all its group members/beneficiaries under the Policy. This facility can be opted by you for automatic premium payment under this Policy by submitting a duly signed Auto Debit/ECS mandate form in physical or electronic form. It may be noted that:

a. The premium amount under the Policy may 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 Auto Debit/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 Auto Debit/ECS mandate by giving Us at least 15 days' notice before the due date of next premium due under the Policy

The Auto Debit/ECS payment facility shall be governed by the guidelines issued by the Reserve Bank of India (and as may be amended from time to time)

16. 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.

17. 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/ Certificate of Insurance.
No insurance agent, broker or any other person is authorised to receive any notice on Our behalf.

18. 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/ Certificate of Insurance, during normal business hours or contact Our call centre.

19. Instalment Facility:

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If You have opted for payment of premium on an instalment basis of monthly / quarterly / half yearly, as specified in the Policy Schedule/ Certificate of Insurance, the following conditions shall apply (notwithstanding any terms contained elsewhere in the Policy):

(a) Premiums on policies may be accepted in instalment provided that the instalments covering a particular period shall be received within the 15 days relaxation period from the due date of payment of instalment premium.
(b) The Policy will get cancelled in the event of non-receipt of premium within the relaxation period.
(c) Coverage will be available during the relaxation period of 15 days.
(d) In case of any admissible claim in a Policy year:
    - If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year would be recoverable from the admissible claim amount payable in respect of the Insured Person.
    - If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.

20. Electronic Transactions

You agree to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured.

21. Assignment Clause

An assignment of this policy of insurance, wholly or in part, whether with or without consideration, may be made only by an endorsement upon the policy itself or by a separate instrument, signed in either case by the assignor and attested by at least one witness, specifically setting forth the fact of transfer or assignment and the reasons thereof, the antecedents of the assignee and the terms on which the assignment is made. Such assignment shall be operative as against the Company effective from the date the Company receives a written notice of the assignment/request and endorses the same on the Policy.

The Company may, accept the assignment, or decline to act upon any endorsement, where it has sufficient reason to believe that such transfer or assignment is not bona fide or is not in the interest of the policyholder or in public interest or is for the purpose of trading of insurance policy. However, by recording the assignment the Company does not express any opinion upon the validity nor accepts any responsibility on the assignment.

22. Moratorium Period

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

23. Grievances

For resolution of any query or grievance, insured may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@kotak.com
For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@kotak.com
In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at grievanceofficer@kotak.com. In the event of unsatisfactory response from the Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman is available at website: www.kotakgeneralinsurance.com
The updated details of Insurance Ombudsman offices are also available on the website of Executive Council of Insurers: www.ecoi.co.in/ombudsman.html
The details of the Insurance Ombudsman is available at Annexure I

Annexure I

Details of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District
Ahmedabad: Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel.: 079 – 25501201/ 02/ 05/ 06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
Bhopal: Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 003. Tel.:- 0755-2769201 / 2769202, Fax : 0755-2769203 **Email: bimalokpal.bhopal@ecoi.co.in**	Madhya Pradesh and Chattisgarh
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429, Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
Chandigarh: Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453,Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664, Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
New Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in	Delhi
Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
Hyderabad: Office of the Insurance Ombudsman,	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry

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6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	
Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363, Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan
Ernakulam: Office of the Insurance Ombudsman,2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759 / 2359338, Fax:- 0484-2359336, Email: bimalokpal.ernakulum@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341, Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
Lucknow: Office of the Insurance Ombudsman,6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, 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: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052. Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
Noida: Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, Noida, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253. Email:- bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Patna: Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952. Email:- bimalokpal.patna@ecoi.co.in	Bihar and Jharkhand.

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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@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure II

Items for which optional cover may be offered

List I - Optional Items

Sr. No.	Items	Suggestions
1	Baby Food	Not Payable
2	Baby Utilities Charges	Not Payable
3	Beauty Services	Not Payable
4	Belts/ Braces	Essential and Should be Paid at least Specifically 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	Essential in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable.
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/ Payable by the Patient
17	Diaper Of Any Type	Not Payable
18	Eyelet Collar	Not Payable
19	Slings	Reasonable costs for one sling in case of Upper Arm Fractures may be considered
20	Blood Grouping and Cross Matching of Donors Samples	Part Of Cost Of Blood, Not Payable
21	Service Charges Where Nursing Charge Also Charged	Post Hospitalization Nursing Charges Not Payable
22	Television Charges	Payable Under Room Charges Not if separately levied
23	Surcharges	Part of Room Charge Not Payable Separately

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24	Attendant Charges	Not Payable - Part of Room Charges
25	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)	Not Payable. Patient Diet Provided by Hospital is 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 (paid By Patient)
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	Essential and should be paid at least specifically for cases who have undergone Surgery of Lumbar Spine
48	Nimbus Bed Or Water Or Air Bed Charges	Payable for any ICU Patient requiring more than 3 Days in ICU; All Patients with Paraplegia/Quadriplegia for any reason and at Reasonable Cost of approximately Rs 200/Day
49	Ambulance Collar	Not Payable
50	Ambulance Equipment	Not Payable
51	Abdominal Binder	Essential and should be Paid at least in post-surgery patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc
52	Private Nurses Charges- Special Nursing Charges	Post Hospitalization Nursing Charges Not Payable
53	Sugar Free Tablets	Payable -Sugar Free variants of admissible medicines are not Excluded

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54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Payable when Prescribed
55	ECG Electrodes	Up to 5 Electrodes are Required for every case visiting OT or ICU. For longer stay in ICU, may Require a Change and at least one set every second day must be Payable.
56	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
57	Nebulisation Kit	If used during Hospitalization is Payable Reasonably
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	Should be Payable in case of PIVD requiring traction as this is generally not reused
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	Payable - Maximum of 3 in 48 Hrs and then 1 in 24 Hrs

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

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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

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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

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