COCO SEASONAL BYTE
POLICY WORDINGS

This is Your **COCO Seasonal Byte Policy**, which has been issued by **Us** relying on the Information disclosed by You in Your Proposal for this **Policy** or its preceding Policy/Policies of which this is a **Renewal.** The insurance cover is provided under this Policy to the **Insured Person**/s up to the **Sum Insured** and shall be subject to (a) the terms, conditions and exclusions to this **Policy** (b) the receipt of premium, and (c) **Disclosure to Information Norm** for Yourself and on behalf of each of the Insured Persons.

1. INTERPRETATIONS & DEFINITIONS

For easy understanding of this **Policy**, the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy. For this purpose and where the context permits the singular shall include the plural, the male gender shall include the female, and references to any statutory enactment shall include subsequent changes to the same.

	Term	Definition
1.	**Age or Aged**	means completed Age in years as at the **Commencement Date**.
2.	**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.
3.	**Authority**	means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).
4.	**AYUSH**	means the forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy in the Indian context.
5.	**Bank Rate**	means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
6.	**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.
7.	**Cancellation (of policy)**	means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
8.	**Complaint or Grievance**	means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.

9.	**Complainant**	means a **Policyholder** or prospect or any beneficiary of an insurance Policy who has filed a **Complaint or Grievance** against an Insurer or a distribution channel.
10.	**Commencement Date**	means the start date of this Policy as specified in the Policy Schedule.
11.	**Comorbid condition**	means an **illness** or **injury** happening at the same time but not related to **Specified Illness**.
12.	**Condition precedent**	means a Policy term or condition upon which the insurer's liability under the **Policy** is conditional upon.
13.	**Congenital Anomaly**	means a condition which is present since birth, and which is abnormal with reference to form, structure or position. a. **Internal Congenital Anomaly -** congenital anomaly which is not in the visible and accessible parts of the body. b. **External Congenital Anomaly** - congenital anomaly which is in the visible and accessible parts of the body.
14.	**Diagnosis**	means conclusion drawn by a registered **Medical Practitioner**, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
15.	**Date of Diagnosis**	means the day when the **diagnosis** of **Specified Illness** is established by a **Specialist** / **Medical Practitioner** through the use of the clinical and/or laboratory findings as supported by the Insured medical records.
16.	**Disclosure to information norm**	means the **Policy** shall be void and all premiums paid thereon shall be forfeited to the Company in the Event of misrepresentation, mis-description or non-disclosure of any **material fact.**
17.	**Emergency**	means severe **specified Illness** resulting 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.
18.	**Family**	means the persons named in the **Policy Schedule** who are the Insured Person's: i. Spouse – The Insured's legally married spouse as long as she continues to be married to the Primary Insured. ii. Children – The Insured's children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households. iii. Parents – The Insured's natural parents or parents that have legally adopted him iv. Parents in Law – The Insured's Parents in Law.
19.	**Family Floater**	means a **Policy** described as such in the **Policy Schedule** where You and Your **Family** named in the Policy Schedule are covered under this Policy as at the **Commencement Date**. The **Sum Insured** for a **Family Floater** is the amount shown in the Policy Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your **Family** during each Policy Year.

20.	**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.
21.	**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 Clinical Establishment (Registration and Regulation) 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 at least 15 **inpatient** 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 makes these accessible to the insurance company's authorized personnel.
22.	**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.
23.	**Illness**	means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment. **a)** **Acute Condition** is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/**Illness**/**Injury** which leads to full recovery. **b)** **Chronic Condition** is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics: i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests; ii. it needs ongoing or long-term control or relief of symptoms; iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it; iv. it continues indefinitely; v. it recurs or is likely to recur.

24.	**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.**
25.	**Inpatient / Inpatient Care**	means treatment for which the **Insured Person** has to stay in a **Hospital** for more than 24 hours for a covered event.
26.	**Insured Person (Insured)**	means a person whose name specifically appears in the **Policy Schedule** and with respect to whom the premium has been received by **Us.**
27.	**Intensive Care Unit (ICU)**	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.
28.	**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.
29.	**IRDAI**	means Insurance Regulatory and Development Authority of India.
30.	**Material Fact**	means a fact deemed so important that it would change the decision made by an Insurer if it were kept hidden.
31.	**Medical Advice**	means any consultation or advice from a **Medical Practitioner** including the issuance of any prescription or follow-up prescription.
32.	**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.
33.	**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. Medical Practitioner should not be the **Insured Person** or his/her immediate Family member or anyone who is living in the same household as the **Insured Person**.

34.	**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.
35.	**Network Provider**	means the **Hospital** enlisted by an Insurer, **TPA** or jointly by an Insurer and **TPA** to provide medical services to an insured by a **cashless facility**.
36.	**Non-Network Provider**	means any **hospital,** day care centre or other provider that is not part of the network.
37.	**Nominee**	means the person named in the **Policy Schedule** who is nominated by the **Policyholder/Insured Person**, to receive the benefits under this **Policy** in accordance with the terms of the Policy, if the **Policyholder/Insured Person** is deceased.
38.	**Notification of Claim**	means the process of intimating a claim to the insurer or **TPA** through any of the recognized modes of communication.
39.	**Outpatient (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.
40.	**Policy**	means this Policy document read together with the attached **Policy Schedule**, **Your Proposal Form** including any attachment like endorsement, rider, condition, warranty, declaration etc.
41.	**Policyholder**	means the person named in the **Policy Schedule** as the Policyholder.
42.	**Policy Period**	means the period commencing from Policy start date and time as specified in the **Policy Schedule** and terminating at midnight on the Policy end date as specified in the **Policy Schedule** of this **Policy**.
43.	**Policy Schedule**	means schedule attached to and forming part of this **Policy** mentioning the details of the **Insured Persons**, the **Sum Insured,** the **Policy Period** and the limits and conditions, to which the benefits under the Policy are subject to, including any annexures and/or endorsements.
44.	**Policy Year**	means a period of 12 consecutive months commencing from the **Policy Period** Start Date and such 12 consecutive months thereafter but not beyond the **Policy Period**.
45.	**Portability**	means the right accorded to an individual health insurance **policyholder** (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions from one insurer to another or from one plan to another plan of the same insurer.

46.	**Pre-existing Disease**	means any condition, ailment or **Injury** or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which **Medical Advice**/ treatment was received within 48 months prior to the first Policy issued by the Insurer and renewed continuously thereafter.
47.	**Pre-Hospitalisation Medical Expenses**	means **Medical Expenses** incurred during pre-defined number of days preceding the **Hospitalisation** of the **Insured Person**, provided that: i. Such **Medical Expenses** are incurred for the same condition for which the **Insured Person's Hospitalisation** was required, and ii. The In-patient **Hospitalisation** claim for such Hospitalisation is admissible by the Insurance Company.
48.	**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 Hospitalisation** was required, and ii. The **Inpatient Hospitalisation** claim for such Hospitalisation is admissible by the insurance company.
49.	**Proposal Form**	means a form to be filled in by the prospect in written or electronic or any other format as approved by the **Authority**, for furnishing all material information as required by the Insurer in respect of a risk, in order to enable the Insurer to take informed decision in the context of underwriting the risk, and in the Event of acceptance of the risk, to determine the rates, benefits, terms and conditions of the cover to be granted.
50.	**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.
51.	**Reasonable and 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.
52.	**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**.
53.	**Road Ambulance**	means a motor vehicle operated by a licenced/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from **Hospital** in emergencies.
54.	**Specialist**	means a person who holds a master's degree in the field of medicine or **Surgery** and valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

<table>
<tr><td>55.</td><td>Specified Illness</td><td>means Diagnosis of below listed illness(es) confirmed by the Medical Practitioner on the basis of defined laboratory investigations or any other laboratory diagnosis as per the guidelines laid by Ministry of Health & Family Welfare, Govt of India.

<table>
<tr><th></th><th>Illness</th><th>Defined Laboratory Investigation</th></tr>
<tr><td>1</td><td>Dengue Fever</td><td>Non-Structural Protein-1 Antigen Positive/ IgM Antibody Capture ELISA (MAC- ELISA)</td></tr>
<tr><td>2</td><td>Zika Fever</td><td>Viral Nucleic Acid detection/Real Time-Polymerase Chain Reaction</td></tr>
<tr><td>3</td><td>Chikungunya</td><td>IgM Antibody Capture ELISA (MAC-ELISA)/Real Time-Polymerase Chain Reaction</td></tr>
<tr><td>4</td><td>Malaria</td><td>Microscopic laboratory testing or by a rapid diagnostic test</td></tr>
<tr><td>5</td><td>Leptospirosis</td><td>Microscopic agglutination test (MAT) or IgM-ELISA/ Polymerase Chain Reaction</td></tr>
<tr><td>6</td><td>Swine Flu</td><td>Real-time reverse transcriptase-polymerase chain reaction (rRT-PCR)</td></tr>
<tr><td>7</td><td>Vector Borne Encephalitis</td><td>Antibody Detection/Antigen Detection/Isolation/IgM-Enzyme Linked Immuno-Sorbent Assay/RT-PCR</td></tr>
</table>
</td></tr>
<tr><td>56.</td><td>Sum Insured</td><td>means the specified amount mentioned in the Policy Schedule which represents Our maximum liability for each Insured Person or Family in case of Family Floater for any and all benefits claimed for during the Policy Year.</td></tr>
<tr><td>57.</td><td>Surgery or Surgical Procedure</td><td>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.</td></tr>
<tr><td>58.</td><td>TPA</td><td>means any person who is registered under the IRDAI (Third Party Administrators - Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.</td></tr>
<tr><td>59.</td><td>Unproven/Experimental treatment</td><td>means the treatment, including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.</td></tr>
<tr><td>60.</td><td>Waiting Period</td><td>means the period during which we shall not be liable to make payment for any claim within specified number of days from the commencement date of the policy.</td></tr>
<tr><td>61.</td><td>We/Our/Us/Insurer</td><td>means DHFL General Insurance Limited</td></tr>
<tr><td>62.</td><td>You/Your</td><td>means the Policyholder or Primary Insured named in the Policy Schedule.</td></tr>
</table>

2. SCOPE OF COVER

A. INDEMNITY PLAN

We will cover **Reasonable and Customary charges** for **Medically Necessary Treatment** taken by the **Insured Person** for the **Specified Illness**(es) during the Policy Year under any of the benefits specified in the **Policy schedule** subject to the terms, conditions and exclusions of this Policy up to the **Sum Insured** specified in the **Policy Schedule** provided that:

a. The **Insured Person** is diagnosed with the **Specified Illness** specifically listed and defined in this **Policy**; and

b. Such **Specified Illness** is diagnosed after 15 days from the date of commencement of first Policy and being renewed thereafter within the **Grace Period**.

2A.1 INPATIENT TREATMENT

I. INPATIENT HOSPITALISATION

We will cover the following **Medical Expenses** incurred as In-Patient in a **Hospital** for more than 24 consecutive hours.

Expenses shall include:

a. Room Rent and Nursing charges;
b. **Intensive Care Unit (ICU) charges**;
c. Operation Theatre charges;
d. Fees of **Medical Practitioner/Specialists**;
e. Investigation & Diagnostic procedures;
f. Medicines, Drugs and Consumables;
g. Anaesthesia, Blood, Oxygen

II. PRE – HOSPITALISATION

We will cover the **Pre-hospitalisation Medical Expenses** incurred upto 15 days before the date of admission to the Hospital.

Note:

The date of admission to the **Hospital** for this coverage shall be the date of the **Insured Person's** first admission to the Hospital in relation to **Any One Illness**.

III. POST- HOSPITALISATION

We will cover the **Post-Hospitalisation Medical Expenses** incurred upto 15 days after the **Insured Person's** date of discharge from the **Hospital**.

Note:

In case of **Any one illness** where **insured person** undergoes more than one **Hospitalisation** within 45 days, the cover for post hospitalisation expenses cumulatively shall not exceed 15 days.

IV. AYUSH

We will cover the **Medical Expenses** incurred on **In-patient Hospitalisation** up to the **Sum Insured** for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatment undergone in:

a. A government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.

b. Teaching Hospitals of **AYUSH** colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH).

c. **AYUSH** Hospitals having a registration with a Government authority under the appropriate Act in the State/UT and complies with the following as minimum criteria:

i. Has at least 15 in-patient beds;
ii. Has minimum five qualified and registered **AYUSH** doctors;
iii. Has qualified paramedical staff under its employment round the clock;
iv. Has dedicated **AYUSH** therapy sections;
v. Maintains daily records of patients and makes these accessible to the insurance company's authorised personnel.

V. EMERGENCY ROAD AMBULANCE / REPATRIATION OF MORTAL REMAINS (RMR) / FUNERAL EXPENSES

We will cover the expenses up to the sub-limit stated in the **Policy Schedule** incurred towards transportation of an **Insured Person** by a registered healthcare or ambulance service provider in case of an **Emergency**.

Expenses shall include:

a. Transportation Costs towards transferring the **Insured Person** to **Hospital** or from one Hospital to another Hospital or to a Diagnostic Centre for advanced diagnostic treatment where such facility is not available at the existing Hospital and advised by the treating **Medical Practitioner**.

b. When the **Insured Person** requires to be moved to a better **Hospital** facility due to lack of super speciality treatment in the existing Hospital.

When the **Insured Person** requires to be moved to home after discharge from the **Hospital**. The medical condition of **Insured Person** is such that it requires services of Ambulance and is certified by treating **Medical Practitioner**.

c. **We** will also cover the following expenses if the **Insured Person** dies in the **Hospital** during the course of **Hospitalisation**.

i. Transportation of Mortal remains from **Hospital** to home and/or to cremation ground for funeral purpose;
ii. Cremation Expenses;
iii. Coffin Charges.

Coverage shall be applicable only if **We** have accepted claim under In-patient Hospitalisation – 2A.1) I)

2A.2 HOME CARE TREATMENT

TREATMENT AT HOME: We will reimburse the **Reasonable and Customary charges** related to the **medical expenses** incurred towards the **medically necessary treatment** taken at home if:

a. The severity of **Specified Illness** of **Insured Person** is such that it requires continuous care and observation and can be managed at home and the treating **Medical Practitioner** has recommended for such treatment at home; and

b. Such treatment is certified by treating **Medical Practitioner** as non-Emergency.

c. For this coverage, **medically necessary treatment** includes:
   i. Fees of **Medical Practitioner**/ **Specialists**;
   ii. Private **Qualified Nurse** charges
   iii. Investigation & Diagnostic procedures;
   iv. Medicines, Drugs and Consumables;
   v. Blood, Oxygen;
   vi. Non- Medical Expenses (Refer Annexure - 1 for complete list)

d. Such treatment shall be applicable for the period of 30 days from the **date of diagnosis** of **specified illness**.

Our maximum liability under this section will be limited to the sub-limit specified in the **Policy Schedule**.

2A.3 OPD TREATMENT

OPD CONSULTATIONS INCLUDING AYUSH - We will reimburse the **Reasonable and Customary charges** related to the **medical expenses** incurred towards the **medically necessary treatment** taken on Outpatient basis:

i. **MEDICAL PRACTIONER EXPENSES**
We will reimburse the **Medical expenses** incurred for the consultation service of **Medical Practitioner** for **Outpatient Treatment**.

ii. **DIAGNOSTIC TESTS**
We will reimburse the **Medical expenses** incurred for laboratory investigations and /or Diagnostic examinations, if recommended by the treating **Medical Practitioner.**

iii. **PHARMACY**
We will reimburse the **Medical expenses** incurred for purchase of medicines from a pharmacy, if prescribed by the treating **Medical Practitioner**/ **Specialist**.

Our maximum liability under this section will be limited to the sub-limit specified in the **Policy Schedule**.

B. BENEFIT PLAN

2B.1 FIXED CASH BENEFIT

We will Pay lumpsum amount as specified in the Policy Schedule, if the insured Person is diagnosed with Dengue / Malaria during the Policy Year subject to the terms, conditions and exclusions of this Policy provided that:

a. The **Insured Person** is diagnosed with the Dengue / Malaria as per **Specified Illness** & defined laboratory investigations under this **Policy**; and

b. Such said **Illness** is diagnosed after 15 days from the date of commencement of first Policy and being renewed thereafter within the **Grace Period**.

3. WAITING PERIODS

We will not be liable for any claim for **specified illness** within 15 days from the **commencement date** of the **Policy**.

4. GENERAL EXCLUSIONS

We will not make payment for a claim resulting directly or indirectly from or attributable to any of the following:

EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

1. Any **Illness**(es) which is not specified under **Specified Illness**.

2. Any **specified illness** that is not diagnosed by the **Medical Practitioner**.

3. Comorbid Conditions
   Any medical expenses or non-medical expenses related to **Comorbid Conditions**.

4. Geography
   Diagnosis and treatment outside India.

5. Ancillary Charges
   Any charges related to admission, discharge, administration, registration, documentation & filing, service charge, surcharges and Luxury tax levied by the **Hospital** or by home healthcare service provider.

6. Dietary supplements
   Any substances that can be purchased without prescription, vitamins, minerals, nutritional / electrolyte supplements and tonics unless certified to be required by the attending **Medical Practitioner** as a direct consequence of an otherwise covered claim.

7. Incidental Services & Supplies
Items of personal comfort and convenience – charges for television, telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products, toiletry items, barber or beauty service and guest service.

8. Medically Necessary Expenses
Any treatment or part of a treatment that is not reasonable and medically necessary and drugs or treatments which are not supported by a prescription.

9. Preventive Vaccinations
Expenses towards any treatment related to preventive care, vaccination, inoculation and immunizations (except in case of post-bite vaccination treatment) unless certified and recommended by the attending **Medical Practitioner** as part of in-patient treatment as a direct consequence of an otherwise covered claim.

10. Unrelated diagnostic procedures
Diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the **Diagnosis** and treatment of the positive existence or presence of any **Illness** for which confinement is required at a **Hospital**.

11. Sexually Transmitted Disease
Any sexually transmitted disease , Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

12. **Congenital anomalies**
Screening, counselling and treatment related to External **congenital anomalies.**

13. Unrecognized Physician
Certification/**diagnosis**/treatment from persons not registered as **Medical Practitioners**, or from a **Medical Practitioner** who is practicing outside the discipline that he/she is licensed for.

14. Maternity and Pregnancy
Pregnancy, voluntary termination, miscarriage (unless due to an Accident), childbirth, maternity (including Caesarean section), abortion or complications of any of these.

15. Experimental or Unrecognized Treatment
Treatments which are **experimental**, investigational or **unproven**, which are not consistent with or incidental to the **Diagnosis** and treatment of the positive existence, pharmacological regimens, stem cell implantation/ therapy or **Surgery**.

5. GENERAL TERMS & CONDITIONS

5.1 CONDITION PRECEDENT TO THE CONTRACT

1. **AGE**
A person shall be eligible to become an **Insured Person** if he is of an **age** group of ninety-one (91) days to seventy-five (75) years.

2. CONDITION PRECEDENT

This **Policy** requires fulfilment of the terms and conditions of this Policy at all times by You or any of the **Insured Persons,** payment of premium (including payment of instalment premium by the due dates as mentioned in the **Policy Schedule**) and **Disclosure to Information Norm**. This is a precondition to any liability under the **Policy**.

3. DISCLOSURE TO INFORMATION NORM

The **Policy** shall be void and all premium paid shall be forfeited to **Us,** in the event of misrepresentation, mis-description or non-disclosure of any **Material Fact.** In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of 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 device being used by the **Policyholder**/ **Insured Person** or any one acting on his/ their behalf to obtain a benefit under this **Policy**, **We** may cancel this Policy at **Our** sole discretion. In such a case, the premium paid shall be forfeited and any benefit paid under the Policy shall also be forfeited and (if appropriate) shall be recoverable.

4. ELECTRONIC TRANSACTIONS

The Policyholder/ **Insured Person** agrees to adhere to and comply with all such terms and conditions as may be imposed for electronic transactions that **We** may prescribe from time to time which shall be within the terms and conditions of the contract, 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 centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of **Us,** for and in respect of the **Policy** or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with **Our** terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and conditions of the contract. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of **IRDAI** regulations for protection of Policyholder's interests.

5. NO CONSTRUCTIVE NOTICE

Any knowledge or information of any circumstance or condition in relation to the **Policyholder**/ **Insured Person** which is in **Our** possession and not specifically informed by the **Policyholder**/ **Insured Person** shall not be held to bind or prejudicially affect **Us** notwithstanding subsequent acceptance of any premium.

5.2 CONDITIONS APPLICABLE DURING CONTRACT

1. ALTERATIONS TO THE POLICY

The **proposal form**, declaration, **Policy Schedule** and **Policy** constitutes the complete contract of insurance. This **Policy** cannot be changed by any one (including an insurance agent or broker) except **Us**. Any change that **We** make will be communicated to You by a written endorsement signed and stamped by **Us**.

2. CANCELLATION OF POLICY

a. **We** may cancel this **Policy** on grounds of misrepresentation, fraud, non-disclosure of **Material Facts**, non-cooperation by You or anyone acting on **Your** behalf. When such **cancellation** of the Policy will be on the grounds of misrepresentation, fraud, non-disclosure of **Material Facts**, it will be from inception date or the **Renewal** date (as the case may be) upon 15 days' notice, delivered to or mailed to **Your** last address as shown in the records followed by an endorsement without refund of any premium.

In case of **cancellation** of the **Policy** by **Us** on account of non-cooperation, You shall be entitled to refund of pro-rata premium for the unexpired portion of the **Policy** on the date of cancellation except for those **Insured Person**(s) for whom a claim has been paid or is payable under the Policy.

b. You may cancel this Policy at any time by sending fifteen (15) days' notice in writing to **Us** stating when **cancellation** is to take effect. In the event of such **cancellation, We** shall refund premium for the unexpired period of the Policy in accordance with the short period rate table given below.

However, there will be no refund of premium in respect of the **Insured Person** for whom a claim has been paid or is payable under the **Policy**.

Months	1 year	2 years	3 years
< 6	30%	59%	68%
6 -11	0%	37%	54%
12 – 17	0%	15%	39%
18 – 23	0%	0%	25%
24 – 29	0%	0%	10%
30 – 36	0%	0%	0%

3. COMMUNICATIONS & NOTICES

a. Any notice, direction or instruction under this **Policy** shall be in writing and if it is:

- To any **Insured Person,** then it shall be sent to You at Your last updated address as shown in **Our** records and You shall act for all **Insured Persons** for these purposes.
- To **Us,** it shall be delivered to **Our** address specified in the Schedule.

b. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on **Our** behalf unless **We** have expressly stated to the contrary in writing.

c. Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.

d. You must immediately bring to **Our** notice any change in the address or contact details. If You fail to inform **Us, We** shall send notice to the last known address and it would be considered that the notice has been sent to You.

e. You must include **Your** Policy number for any communication with **Us.**

4. FREE LOOK

You have a period of 15 days from the date of receipt of the Policy Documents to review the terms and conditions of the **Policy**. If You have any objections to any of the terms and conditions, You have the option of cancelling the **Policy** stating the reasons for **cancellation** and You will be refunded the premium paid by **You** after adjusting the stamp duty charges and proportionate risk premium. You can cancel **Your** Policy only if You have not made any claims under the Policy. All **Your** rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable for **Portability** and at the time of **Renewal** of the **Policy**.

5. GEOGRAPHY

This **Policy** applies to events or occurrences taking place only in Republic of India. All payments under this Policy will only be made in Indian Rupees.

6. POLICY DISPUTES

Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this **Policy** shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

7. PROTECTION OF POLICY HOLDERS INTEREST

This **Policy** is subject to **IRDAI** (Protection of Policyholders' Interest) Regulation, 2017 or any amendment thereof from time to time.

8. RECORDS TO BE MAINTAINED

You or the **Insured Person**, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the **Policy** and shall allow **Us** or **Our** representative(s) to inspect such records. You or the **Insured Person** as the case may be, shall furnish such information as may be required by **Us** under this Policy at any time during the **Policy Period** and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this **Policy**.

9. REVISION & MODIFICATION OF PRODUCT

Any revision or modification will be done with the approval of the **Authority**.

We shall notify You about revision / modification in the product including premium. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

10. TERMINATION OF POLICY

This **Policy** terminates on earliest of the following events:

a. **Cancellation** of Policy as per the cancellation provision.
b. On the Policy expiry date.
c. On death of the **Insured Person.**

11. WITHDRAWAL OF THE PRODUCT

The product may be withdrawn after due approval from the **Authority**. In such case, **We** will provide one-time option to all the Policyholders whose Policy is falling due for **Renewal** within 90 days of withdrawal of the product to renew the existing Policy or migrate to modified or other

suitable Individual Health Policy with **Us** subject to **Portability** norms in vogue. All those **Policyholders** who choose to renew the existing Policy will be migrated to modified or other suitable Individual Health Insurance Policy at the time of next **Renewal**. However, if the **Policyholder** do not respond to **Our** intimation in case of such withdrawal, the Policy will be withdrawn on the **Renewal** date. All those **Policyholders** whose **Renewal** fall after 90 days of withdrawal of product will require to migrate to modified or other suitable Individual Health Insurance Policy.

5.3 CONDITIONS FOR RENEWAL OF CONTRACT

1. **CONTINUITY**

Insured Person would have an option to migrate to **Our** other Health insurance product(s), if available, subject to **Our** underwriting guidelines. Likewise, children when exiting on account of being not dependent on parents will also be given an option to migrate to **Our** Individual health insurance plans subject to **Our** underwriting guidelines. **Insured Person** will be entitled for accrued continuity benefits as per prevailing **Portability** guidelines issued by the regulator.

2. **PORTABILITY**

Insured Persons covered under this **Policy** or any other Retail Health Insurance Policy from a Non-Life Insurance Company/Health Insurance Company registered with the **Authority** shall have the right to migrate from such Policy to a suitable Health insurance Policy offered by **Us** provided that:

a. You should submit application for **portability** with complete documentation at least 45 days prior to expiry of **your** existing health insurance Policy
b. **Portability** benefit will be credited up to the extent of the sum of previous **Sum Insured**
c. All **waiting periods**, if any shall be applicable individually for each **Insured Person.**
d. Acceptance of the **Portability** application will be based on the underwriting guidelines of the Company. **We** may at **Our** sole discretion restrict the terms on which **We** may offer the cover.
e. There is no obligation on **Us** to insure all Insured Persons on the proposed terms, even if **We** have received all the documentation from You.
f. In case You opt to port to any other Insurance Company for **Renewal,** under the **Portability** provision and the outcome of such **Portability** request is awaited from the new insurer on the date of **Renewal**:
    i. On **Your** request, **We** may extend this **Policy** for a period of not less than one month at an additional premium to be paid on a prorate basis.
    ii. If a claim is reported during this extension period, You shall be required to first pay the full annual Policy premium. **Our** liability for the payment of such claim shall commence only once such premium is received.

3. **RENEWAL TERMS**

The **Policy** can be renewed on or before the end of the **Policy Period** subject to realization of **Renewal** premium. However, **We** shall not be bound to give notice that such **Renewal** premium is due. **We** may exercise option of not renewing the **Policy** on grounds of fraud, misrepresentation, non-cooperation, moral hazard or suppression of any **Material Fact** either at the time of taking the Policy or any time during the currency of the **Policy.**

A **Grace Period** of 30 days from the premium due date is allowed where you can still pay **your** premium and continue **your Policy**. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the **Policy** will lapse i.e. be terminated.

Your Renewal premium for this Policy will not change unless **We** have revised the premium and obtained due approval from **Authority.** Premium otherwise will only change on account of change in the **Sum Insured** or tenure of the **Policy**.

We will not apply any additional loading on **Your** Policy premium at **Renewal** based on **Your** claim experience.

You may increase / decrease the **sum insured** or add /delete Insured Persons (except due to child birth/ marriage or death) only at the time of **Renewal** of the **Policy**. However, such changes shall be subject to underwriting guidelines of the company.

4. CHANGE OF POLICYHOLDER

The **Policyholder** may be changed only at the time of **Renewal**. The new **Policyholder** must be a member of insured person's **Family**.

The **Policyholder** may be changed during the Policy Period upon request in case of death of the **Policyholder**, emigration of Policyholder from India or in case of divorce of the Policyholder.

5.4 CONDITIONS WHEN A CLAIM ARISES

1. ARBITRATION

If **We** admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereto. No reference to Arbitration shall be made unless **We** have admitted **Our** liability for a claim in writing.

2. DISCLAIMER OF CLAIM

If **We** shall disclaim liability to the Insured for any claim and if the Insured shall not, within twelve (12) calendar months from the date or receipt of the notice of such disclaimer notify **Us** in writing that he does not accept such disclaimer and intends to recover his claim from **Us**, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the **Policy**.

3. PHYSICAL EXAMINATION

Any **Medical Practitioner** authorized by **Us** shall be allowed to examine the **Insured Person** in case of any alleged **Specified Illness**. Non-co-operation by the **Insured Person** will result into rejection of his/her claim. **We** will bear the cost towards performing such medical examination (at the specified location) of the **Insured Person.**

4. COMPLETE DISCHARGE

Payment made by **Us** to **You** /Assignee/**Nominee**/legal representative, as the case may be, in respect of any coverage under the **Policy** shall in all cases be complete and construe as an effectual discharge in favour of **Us.**

5. CLAIM PROCESS & MANAGEMENT

Completed claim forms and documents for processing must be furnished to **Us** / **TPA** within the stipulated timelines for reimbursement of all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.

a. POLICYHOLDER'S / INSURED PERSON'S DUTIES AT THE TIME OF CLAIM

On occurrence of an event which will eventually lead to a Claim under this Policy, the Insured Person shall:

a. Forthwith intimate the Claim in accordance with claim intimation section # 5.4.5) b) of this Policy.
b. If so, requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Diagnostic examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
c. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
d. Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

b. CLAIM INTIMATION

If You suffer from any of the **specified Illness** that may result in a claim, then as a **Condition Precedent** to Our liability, **You** must comply with the following claims procedures:

You must notify **Your** claim to **Us** / **Our TPA** in writing or at call centre.

Plan	Type of Event	Notify Us or Our TPA
Indemnity	Planned Hospitalisation for Specified Illness	Immediately and in any event at least 48 hours prior to **Your** admission.
	Emergency Hospitalisation for Specified Illness	Within 24 hours of **Your** admission to **Hospital** or before discharge whichever is earlier
Benefit	Diagnosis of Dengue / Malaria	Immediately and in any event at least 48 hours from the date of diagnosis.

The following details are to be provided to **Us** at the time of intimation of Claim:

a. Policy Number
b. Name of the Policyholder
c. Health card id number
d. Name of the Insured Person in whose relation the Claim is being lodged
e. Name of **Specified Illness**

f. Name and Address of the attending **Medical Practitioner** and **Hospital** (if admission has taken place)
g. **Date of Diagnosis** of **Specified Illness**
h. Date of Admission
i. Any other information, documentation as requested by **Us**

c. CASHLESS FACILITY (Applicable only for Indemnity Plan)

Cashless Facility is available for **Hospitalisation** only at **Our Network Provider**. The **Insured Person** can avail **Cashless Facility** at **Network Provider**, by presenting the health card as provided by **Us** with this **Policy**, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by **Us.**

A. For Planned Hospitalization

i. The **Insured Person** should at least 48 hrs prior to admission to the **Hospital** approach the Network Provider for **Hospitalisation** for medical treatment.
ii. The Network Provider will issue the request for authorization letter for **Hospitalisation** in the pre-authorization form prescribed by the **Authority**.
iii. The Network Provider shall electronically send the pre-authorization form along with all the relevant details to the 24 (twenty-four) hour authorization/cashless department of the **TPA** along with contact details of the treating **Medical Practitioner** and the **Insured Person.**
iv. Upon receiving the pre-authorization form and all related medical information from the Network Provider, the eligibility of cover under the **Policy** will be verified.
v. Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued. All authorisations will be issued within a period of 3 hours from the receipt of last complete documents.
vi. The Authorisation letter will include details of sanctioned amount and any non-payable items if applicable.
vii. The authorisation letter shall be valid only for a period of 15 days from the date of issuance of authorization.

In the event that the cost of **Hospitalisation** exceeds the authorized limit as mentioned in the authorization letter:

a. The Network Provider shall request for an enhancement of authorisation limit. Eligibility will be verified, and the enhancement will be evaluated on the availability of further limits.
b. **We** shall accept or decline such additional expenses within 3 hours of receiving the request for enhancement.

At the time of discharge:

a. The Network Provider may forward a final request for authorization for any residual amount along with the discharge summary and the billing format in accordance with the process.

b. Upon receipt of the final authorisation letter, Insured may be discharged by the Network Provider.
c. Network provider to ensure that the final authorization letter is signed by Insured.
d. Insured must ensure to take photocopies of relevant medical records for future reference.

B. In case of Emergency Hospitalization

i. The **Insured Person** may approach the Network Provider for **Hospitalisation**.
ii. **Insured Person** will need to provide health Card / Health insurance Policy details at **Hospital** admission counter.
iii. The Network Provider shall forward the request for authorization within 24 hours of admission to the **Hospital** or before discharge whichever is earlier.
iv. In the interim, the Network Provider may either consider treating the **Insured Person** by taking a token deposit or treating as per their norms.
v. The Network Provider shall refund the deposit amount to you barring a token amount to take care of non-covered expenses once the authorization is issued.
vi. The Network Provider will send the claim documents to **TPA** within 15 days from the date of discharge from **Hospital**
vii. Any additional documents may be called as required based on the circumstances of the claim.
viii. There can be instances where **Cashless Facility** may be denied for **Hospitalisation** due to insufficient **Sum Insured** or insufficient information to determine admissibility in which case You/**Insured Person** may be required to pay for the treatment and submit the claim for reimbursement to **TPA** which will be considered subject to the **Policy** Terms &Conditions.
ix. **We** in **Our** sole discretion, reserves the right to modify, add or restrict any Network Provider for Cashless services under the **Policy.** Before availing the Cashless service, the **Policyholder** / **Insured Person** is required to check the applicable/latest list of Network Provider on TPA's website or by calling call centre

d. CLAIM REIMBURSEMENT PROCESS

Wherever You have opted for a reimbursement of expenses, You may submit the documents for reimbursement of the claim to **Our** / **TPA** office not later than 15 days from the date of discharge from the **Hospital**. You can obtain a Claim Form from any of **Our / TPA** Offices or download a copy from **Our** website at www.dhflinsurance.com.

e. CLAIM DOCUMENTS

In case of any Claim for the covered Benefit, the list of necessary documents as mentioned below shall be provided by the **Policyholder/Insured Person**, immediately but not later than 15 days from the date of discharge from the **Hospital**, to avail the Claim.

Completed claim forms and processing documents must be furnished to **Us** within the stipulated timelines for all claims. **We** may consider the delay in extreme cases of hardship where it is proved to **Our** satisfaction that under the circumstances in which the **Insured Person** was placed, it was not possible for him or any other person to give documents.

S. No	Section	Necessary Documents
	For Section 2A.1 – Inpatient Treatment	a. Claim Form Duly Filled and Signed b. Original signed pre-authorisation request, if applicable c. Copy of authorisation approval letter (s) d. Copy of Photo ID of Patient Verified by the Hospital e. Original Discharge/Death Summary f. Operation Theatre Notes (if any) g. Original Hospital Main Bill along with break up Bill and original receipts h. Original Investigation Reports, X Ray, MRI, CT Films, HPE i. Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant j. Doctors Reference Slips for Investigations/ Pharmacy k. Original Pharmacy Bills l. MLC/FIR Report/Post Mortem Report (if applicable and conducted). m. KYC documents (Photo ID proof, Pan Card, Aadhar Card) n. Cancelled cheque for NEFT payment
	For Section 2A.2 – Home Care Treatment / 2A.3 – OPD Treatment	a. Claim Form Duly Filled and Signed b. Copy of Photo ID of Patient c. Original Outpatient Prescriptions or Treatment notes. d. Original Outpatient Invoices e. Original Discharge/Death Summary (if any) f. Original Investigation and Diagnostic Reports g. Doctors Reference Slips for Investigations/ Pharmacy h. Original Pharmacy Bills i. Original Invoices for Medical Services j. KYC documents (Photo ID proof, Pan Card, Aadhar Card) k. Cancelled cheque for NEFT payment Please be informed that all handwritten invoices to be stamped, signed and certified by treating medical practitioner and should include registration number on each invoice.
	For Section 2B.1 – Fixed Cash Benefit	a. Claim Form Duly Filled and Signed b. Copy of Photo ID of Patient c. Outpatient / Inpatient Prescriptions or Treatment notes.

		d. Copy Discharge (if any) e. Copy of Investigation and Diagnostic Reports f. Doctors Reference Slips for Investigations/ Pharmacy g. KYC documents (Photo ID proof, Pan Card, Aadhar Card) h. Cancelled cheque for NEFT payment

f. SCRUTINY OF CLAIM DOCUMENTS

We shall scrutinize the Claim and accompanying documents. Any deficiency of documents shall be intimated to You and / the **Network Provider**, as the case may be and subsequent reminders will follow.

a. During claim processing if the claims are found deficient in documents, **TPA** shall intimate the same to the **Policyholder** / **Insured Person** within three (3) working days of receiving claim documents.

b. First reminder for deficient documents will be sent within seven (7) days of first deficiency letter and Second reminder – within ten (10) days of first reminder deficiency letter. Final reminder letter will be sent from ten (10) days from second reminder.

We will send a maximum of three (3) reminders following which, **We** will send a rejection letter after fifteen (15) days from the final reminder if the deficient documents are not received.

g. CLAIM INVESTIGATION

We may investigate claims if reasonably required to determine the validity of claim. Verification carried out, if any, will be done by Individuals or **Medical Practitioners** or entities authorized by **Us** to carry out such verification / investigation(s) and the costs for such verification / investigation shall be borne by **Us.**

You additionally hereby consent to disclose **Us** of documentation and information that may be held with **Your** medical professionals and other insurers.

h. PRE-& POST HOSPITALISATION CLAIMS

Claim documents for **Pre-& Post hospitalisation** should be sent to **TPA** within 15 days of completion of treatment.

i. SETTLEMENT AND REPUDIATION OF A CLAIM

We shall be under no obligation to make any payment under this **Policy** unless **We** have been provided with the documentation and information to establish the validity of the claim.

i. **We** shall ordinarily settle a Claim including its rejection within thirty (30) days of the receipt of the last "necessary" documents as listed in the section 5) e) - Claim Documents.

ii. Where the circumstances of a claim warrant an investigation, **We** shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

In such cases, **We** shall settle the claim within 45 days from the date of receipt of last necessary document.

iii. Repudiated' claims will be informed to You in writing with appropriate reasons of repudiation.

iv. **We** will only make payment to **Policyholder** under this **Policy**. Policy holder's receipt shall be considered as a complete discharge of **Our** liability against any claim under this Policy. In the event of Policyholder's death, **We** will make payment to the **Nominee**/Assignee (as named in the Schedule).

v. The payments under this **Policy** shall only be made in Indian Rupees within India.

vi. Once the claim has been paid under Benefit Plan, the sum insured will be exhausted for the respective policy Year for that respective insured person and the policy shall be allowed for renewal.

vii. Multiple Policies

Indemnity Plan: In case of multiple COCO Seasonal Byte policies from Us by the policyholder, *We* will deduct the amount paid under such policy from the amount payable under this policy and balance amount will be payable upto the sum insured.

Benefit Plan: In case of multiple COCO Seasonal Byte policies from Us by the policyholder, *We* will accept claim under the respective policies independently.

viii. **Payment of Interest**: In case of delay in the payment beyond the stipulated timelines, **We** shall be liable to pay interest at a rate of two percent (2%) above the **Bank Rate** or as per the applicable / extant **IRDAI** regulation. Such interest shall be paid from the date of receipt of the last relevant and necessary document from the Insured /claimant by insurer till the date of actual payment.

j. TPA Related Information – (Applicable for Indemnity Plan)

For intimation of claim, submission of claim related documents and any claim related query, You can contact **TPA** through:

Region	TPA Details	TPA Contact Details
WEST DADRA & NAGAR HAVELI DAMAN & DIU GOA GUJARAT MADHYA PRADESH MAHARASHTRA	**PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED** Plot No. A-442, Road No. 28, MIDC Industrial Area, Wagle Estate, Ram Nagar, Near Vitthal Rukhmani Mandir, Thane (W), Maharashtra 400604 www.paramounttpa.com	**Email** : dhfl.insurance@paramounttpa.com **Toll Free** : 1800 2256 01
SOUTH ANDAMAN & NICOBAR ISLANDS ANDHRA PRADESH KARNATAKA KERALA LAKSHADWEEP TAMIL NADU TELANGANA PUDUCHERRY	**FAMILY HEALTH PLAN INSURANCE TPA LIMITED** No:8-2-269/A/2-1 To 6, 2nd Floor, Srinilaya Cyber Spazio, Road No.2, Banjara Hills, Hyderabad, Telangana – 500034 www.fhpl.net	**Email** : dhfl.insurance@fhpl.net **Toll Free** : 1800 599 2488

EAST & NORTH ARUNACHAL PRADESH ASSAM BIHAR CHHATTISGARH JHARKHAND MANIPUR MEGHALAYA MIZORAM NAGALAND ODISHA SIKKIM TRIPURA WEST BENGAL CHANDIGARH DELHI HARYANA HIMACHAL PRADESH JAMMU & KASHMIR PUNJAB RAJASTHAN UTTAR PRADESH UTTARAKHAND	**RAKSHA HEALTH INSURANCE TPA PRIVATE LIMITED** C/O Escorts Corporate Centre, 15/5, Mathura Road, Faridabad - 121003 Haryana www.rakshatpa.com	**Email** :dhfl.insurance@rakshatpa.com **Toll Free** : 1800 180 1555

6. GRIEVANCE REDRESSAL PROCEDURE

At DHFL General Insurance, We want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if You aren't satisfied—please feel free to connect with Us on the following channels.

a. Call *Us* on *Our* Toll Free 1800-123-0004 (From 8 am to 8 pm) for any queries that You may have!
b. Email *Your Policy* related queries to mycare@dhflinsurance.com
c. For Senior Citizens, *We* have a special cell and *Our* Senior Citizen customers can email *Us* at seniorcare@dhflinsurance.com for priority resolution
d. Visit *Our* website www.dhflinsurance.com to register & track *Your* queries
e. Please walk in to any of *Our* branches or partner locations
f. *You* can also dispatch *Your* letters to *Us* at:

DHFL General Insurance Limited
402, 403 & 404, A & B Wing, 4th Floor, Fulcrum,
Sahar Road, Next to Hyatt Regency,
Andheri (East),
Mumbai, Maharashtra – 400 099

We request *You* to please mention *Your* complete details: Full Name, *Policy* Number and Contact Details in all *Your* communications, to enable *Our* customer experience expert to connect with *You* and provide *You* with the quickest possible solution.

We'll make sure to acknowledge *Your* service request within 3 working days—and try and resolve it to *Your* satisfaction within 15 working days. That's a promise!

Escalation

Level 1 :

While *We* attempt to give *You* best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If *You* felt that *You* weren't offered a perfect resolution, please feel free to share *Your* feedback to *Our* Customer Experience team at Manager.CustomeExperience@dhflinsurance.com

Level 2 :

If *You* still are not happy about the resolution provided, then *You* may write to *Our* Head Customer Experience and Grievance Redressal Officer at Head.CustomerExperience@dhflinsurance.com or contact GRO at 022 – 40018100.

Level - 3:

If you are not happy with the resolution, you may approach IRDAI by calling on the Toll Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website http://igms.irda.gov.in.

If *Your* concern remains unresolved after having followed the above escalation procedure then *You* may please approach the Insurance Ombudsman for Redressal. To know who *Your* Insurance Ombudsman is – simply refer to the list below/overleaf.

Ombudsman & Addresses: Refer the link - http://ecoi.co.in/ombudsman.html

S. No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	**AHMEDABAD** Office of the Insurance Ombudsman. Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201 / 02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	**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
3	**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 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	States of Madhya Pradesh and Chattisgarh.

4	**BHUBANESHWAR** Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	State of Orissa
5	**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	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
6	**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	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
7	**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	State of Delhi
8	**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	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	**HYDERABAD** Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry

10	**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	State of Rajasthan
11	**ERNAKULAM** Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
12	**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	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands
13	**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	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
14	**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	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

15	**NOIDA** Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@ecoi.co.in	States 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, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
16	**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	States of Bihar and Jharkhand
17	**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 - 32341320 Email: bimalokpal.pune@ecoi.co.in	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

IRDAI Regulation No 17: This **Policy** is subject to regulation 17 of **IRDAI** (Protection of Policyholder's Interests) Regulation 2017or any amendment thereof from time to time.

Annexure 1 – Non-Medical Expenses

SR NO	ITEMS	Payable /Non-Payable
I	**TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES**	
1	HAIR REMOVAL CREAM	Payable - for site preparation
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable

14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for 1 (Qty) only in surgical cases of Thoracic or Lumbar Spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Payable
26	EYE SHEILD	Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Only sterile gown is payable in surgical cases, otherwise not payable
31	LEGGINGS	Payable in cases of Varicose Veins and DVT if the claim is payable as per the Policy
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable

55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Payable for 1 (Qty) only for Fracture of upper arm cases
59	WEIGHT CONTROL PROGRAMS / SUPPLIES / SERVICES	Not payable, unless specified in policy
60	COST OF SPECTACLES / CONTACT LENSES / HEARING AIDS ETC	Not payable, unless specified in policy
61	HOME VISIT CHARGES	Not payable, unless specified in policy
62	DONOR SCREENING CHARGES	Not Payable
63	ADMISSION / REGISTRATION CHARGES	Not Payable
64	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE	Not Payable
65	EXPENSES FOR INVESTIGATION / TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
66	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges
67	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	Payable under OT Charges
68	MICROSCOPE COVER	Payable under OT Charges
69	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges
70	SURGICAL DRILL	Payable under OT Charges
71	EYE KIT	Payable under OT Charges
72	EYE DRAPE	Payable
73	X-RAY FILM	Payable under Radiology Charges
74	SPUTUM CUP	Payable under Investigation Charges, not as consumable
75	BOYLES APPARATUS CHARGES	Payable under OT Charges
76	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
77	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable - Part of Dressing charges
78	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
79	COTTON	Not Payable - Part of Dressing charges
80	COTTON BANDAGE	Not Payable - Part of Dressing charges
81	MICROPORE / SURGICAL TAPE	Not Payable - Part of Dressing charges
82	BLADE	Not Payable
83	APRON	Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
84	TORNIQUET	Not Payable (service Is Charged by Hospitals Consumables Cannot Be Separately Charged)
85	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable - Part of Dressing charges
86	URINE CONTAINER	Not Payable
II	**ELEMENTS OF ROOM CHARGE**	
87	LUXURY TAX	Part of Room charge not payable separately

88	HVAC	Part of Room charge not payable separately
89	HOUSE KEEPING CHARGES	Part of Room charge not payable separately
90	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of Room charge not payable separately
91	TELEVISION AND AIR CONDITIONER CHARGES	Payable under Room charges
92	SURCHARGES	Part of Room charge not payable separately
93	ATTENDANT CHARGES	Not Payable - Part of Room charges
94	IM IV INJECTION CHARGES	Part of Nursing charges, not payable separately
95	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
96	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
97	BLANKET / WARMER BLANKET	Not Payable - Part of Room charges
III	**ADMINISTRATIVE OR NON-MEDICAL CHARGES**	
98	ADMISSION KIT	Not Payable
99	BIRTH CERTIFICATE	Not Payable
100	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
101	CERTIFICATE CHARGES	Not Payable
102	COURIER CHARGES	Not Payable
103	CONVENYANCE CHARGES	Not Payable
104	DIABETIC CHART CHARGES	Not Payable
105	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
106	DISCHARGE PROCEDURE CHARGES	Not Payable
107	DAILY CHART CHARGES	Not Payable
108	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
109	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
110	FILE OPENING CHARGES	Not Payable
111	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
112	MEDICAL CERTIFICATE	Not Payable
113	MAINTAINANCE CHARGES	Not Payable
114	MEDICAL RECORDS	Not Payable
115	PREPARATION CHARGES	Not Payable
116	PHOTOCOPIES CHARGES	Not Payable
117	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
118	WASHING CHARGES	Not Payable
119	MEDICINE BOX	Not Payable
120	MORTUARY CHARGES	Not payable, unless specified in policy
121	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
IV	**EXTERNAL DURABLE DEVICES**	
122	WALKING AIDS CHARGES	Not Payable

123	BIPAP MACHINE	Device Not Payable. Rental charges for use during hospital are payable
124	COMMODE	Not Payable
125	CPAP / CAPD EQUIPMENTS	Device Not Payable. Rental charges for use during hospital are payable
126	INFUSION PUMP – COST	Device Not Payable. Rental charges for use during hospital are payable
127	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
128	PULSEOXYMETER CHARGES	Device Not Payable. Rental charges for use during hospital are payable
129	SPACER	Not Payable
130	SPIROMETRE	Payable
131	SPO2 PROBE	Not Payable
132	NEBULIZER KIT	Device Not Payable. Rental charges for use during hospital are payable
133	STEAM INHALER	Not Payable
134	ARMSLING	Payable for 1 (Qty) only for Fracture of upper arm cases
135	THERMOMETER	Not Payable
136	CERVICAL COLLAR	Not Payable
137	SPLINT	Not Payable
138	DIABETIC FOOT WEAR	Not Payable
139	KNEE BRACES (LONG / SHORT / HINGED)	Not Payable
140	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER	Not Payable
141	LUMBO SACRAL BELT	Payable for 1 (Qty) only for Fracture/Surgery Of Lumbar Spine.
142	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 is payable within Room Limit.
143	AMBULANCE COLLAR	Not Payable
144	AMBULANCE EQUIPMENT	Not Payable
145	MICROSHEILD	Not Payable
146	ABDOMINAL BINDER	Payable for 1 (Qty) only for Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for intestinal Obstruction, Liver Transplant Etc.
V	**ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION**	
147	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	Payable under Hospital services
148	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
149	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES	Patient Diet provided by hospital is payable
150	SUGAR FREE TABLETS	Payable - Sugar free variants of admissable medicines are not excluded

151	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
152	DIGESTION GELS	Payable when prescribed
153	ECG ELECTRODES	Payable
154	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
155	HIV KIT	Payable - payable Pre operative screening
156	LISTERINE / ANTISEPTIC MOUTHWASH	Payable when prescribed
157	LOZENGES	Payable when prescribed
158	MOUTH PAINT	Payable when prescribed
159	NEBULISATION KIT	Payable for IPD patients
160	NOVARAPID	Payable when prescribed
161	VOLINI GEL / ANALGESIC GEL	Payable when prescribed
162	ZYTEE GEL	Payable when prescribed
163	VACCINATION CHARGES	Not payable, unless specified in policy
VI	**PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE**	
164	AHD	Not Payable - Part of Hospital's internal Cost
165	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
166	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
VII	**OTHERS**	
167	VACCINE CHARGES FOR BABY	Not payable, unless specified in policy
168	TPA CHARGES	Not Payable
169	VISCO BELT CHARGES	Payable for surgical cases like thoracic and lumbar spine
170	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
171	EXAMINATION GLOVES	Not Payable
172	KIDNEY TRAY	Not Payable
173	MASK	Not Payable
174	OUNCE GLASS	Not Payable
175	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
176	OXYGEN MASK	Not Payable
177	PAPER GLOVES	Not Payable
178	PELVIC TRACTION BELT	Payable for 1 (Qty) only for Of PIVD Requiring Traction.
179	REFERAL DOCTOR'S FEES	Not Payable
180	ACCU CHECK (Glucometery / Strips)	Not Payable
181	PAN CAN	Not Payable
182	SOFNET	Not Payable
183	TROLLY COVER	Not Payable
184	UROMETER, URINE JUG	Not Payable
185	AMBULANCE	Not payable, unless specified in policy
186	TEGADERM / VASOFIX SAFETY	Payable

187	URINE BAG	Payable
188	SOFTOVAC	Not Payable
189	STOCKINGS	Payable in cases of Varicose Veins and DVT if the claim is payable as per the Policy