

Liberty Group Health Policy Policy Wordings

Liberty General Insurance Limited (the Company, We, Our, or Us), having received a Proposal from the Proposer, along with declaration, reports and such other documents as may be required, upon receipt of such proposal and in consideration of the Insured named herein paying to the Company, the premium as stated in the Schedule and upon occurrence of the Insured event, the Company agrees to pay the compensation having become payable under Part 2 of this Policy, i.e. that the Sum Insured/ appropriate benefit, subject however to the terms, conditions, provisions, exclusions and limitations as contained herein or endorsed or otherwise expressed herein.

Part I: Definitions

The words or expressions defined below have specific meanings ascribed to them wherever they appear in this Policy. For purposes of this Policy, please note that references to the singular or masculine include references to the plural or to the female.

I. Standard Definitions (Definitions whose wordings are specified by IRDAI)

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Any One Illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/nursing home where treatment may have been taken.
3. **AYUSH Hospital** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - a. Having at least 5 in-patient beds;
 - b. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - d. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH Day Care Centre:** AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
 - a. Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **Break in policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.
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 approved.

7. **Condition Precedent** Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
8. **Day Care Centre** means any institution established for day care treatment of illness and /or injuries or a medical set up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under-
- has qualified nursing staff under its employment;
 - has qualified medical practitioner/s in charge;
 - has a fully equipped operation theater of its own where surgical procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
9. **Day care Procedure/ treatment** refers to medical treatment, and/or surgical procedure which is
- undertaken under General or Local Anesthesia in a hospital/day care centre for less than 24 hours because of technological advancement, and
 - which would have otherwise required hospitalization of more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope of this definition.
10. **Disclosure to information norm** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
11. **Domiciliary Hospitalisation** means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital or,
 - the patient takes treatment at home on account of non-availability of room in a hospital.
12. **Emergency Care** means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
13. **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 Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 inpatient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.
14. **Hospitalization** means admission in a Hospital for a minimum period of 24 In- patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
15. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- 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.
 - Chronic Condition-** is defined as a disease, illness or injury that has one or more of the following characteristics:
 - it needs ongoing or long term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs ongoing or long term control or relief of symptoms
 - it requires rehabilitations for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - It recurs or likely to recur.

16. **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 registered Medical Practitioner.
17. **Inpatient Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
18. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
19. **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.
20. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
 - a) **Maternity expenses** means Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections) incurred during Hospitalization;
 - b) Expenses towards lawful medical termination of pregnancy during the Policy Period.
21. **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.
22. **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 the scope and jurisdiction of his license provided that this person is not a member of the Insured Person's family.
23. **Medically Necessary Treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
24. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
25. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
26. **New Born Baby** means baby born during the Policy Period and is aged up to 90 days.
27. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the Network.
28. **Notification of Claim** is the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

29. **Outpatient treatment (OPD)** is 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.
30. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured person's hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
31. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
32. **Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the hospital provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
33. **Pre-existing Disease (PED)** means any condition, ailment, injury or disease:
- that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
34. **Qualified Nurse**
Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
35. **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.
36. **Room rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
37. **Surgery or Surgical Procedure** means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life performed in a hospital or day care centre by a medical practitioner.
38. **Unproven/Experimental treatment:** Treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

II. Specific Definitions (Definitions other than those mentioned under C(i) above)

- Age** means the completed age of the Insured Person as on his last birthday.
- Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- Associated Medical expenses** are
 - Doctor's fees
 - Nursing Expenses

- c) Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy
 - d) Dressing, Ordinary splints and plaster casts
4. **AYUSH Treatment** refers to the Inpatient hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
5. **AYUSH 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 or Ayurvedic and or such other authorities 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 and acceptable to Us.
6. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **Internal Congenital Anomaly** means which is not in the visible and accessible parts of the body
 - b) **External Congenital Anomaly** means which is in the visible and accessible parts of the body
7. **Capital Sum Insured** means the sum as specified in the Schedule to this Policy against the name of Insured / Insured Person, which sum represents the Company's maximum liability for any or all claims under the Accident benefit(s) during the Policy period against the respective benefit(s).
8. **Co-Payment** is a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/Insured Person will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
9. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash polices which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
10. **Dental Treatment** is treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
11. **Endorsement** means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by Us in writing.
12. **Family** means the Primary Insured Person whose name forms the first Insured Person, his/her lawful spouse, child/children, dependent parents/ parent-in-laws, siblings as mentioned in the Schedule to this Policy.
13. **Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
14. **Insured / You/ Your/ Yourself** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us
15. **Insured Person/s** means the person/s named in the Schedule to the Policy, who is/are Resident Indian/s and for whom the insurance is also proposed and appropriate premium paid.
16. **Nominee** means the person named in the proposal or schedule or who is included as nominee through an endorsement to whom the benefits under the Policy is nominated by the insured person.

17. **Policy** means this document of Policy describing the terms and conditions of this contract of **insurance** including the Company's covering letter to the Insured if any, the Schedule attached to and forming part of this Policy, the Insured's Proposal form and any applicable endorsement attaching to and forming part thereof either at inception or during the period of insurance.
18. **Policy period** means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.
19. **Proposal and Declaration Form** means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.
20. **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.
21. **Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.
22. **Sum Insured** means the amount stated in the Policy Schedule as such or limited to the specific insurance details in any Section of this Policy. The Sum Insured shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.
23. **Third Party Administrator or TPA** means any person who is licensed under the IRDA (Third Party Administrator- Health Services) Regulations, 2016 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purpose of providing health Services.

Part II : SCOPE OF COVER

The Company undertakes to indemnify the Insured Person against disease or any one illness or any injury due to accident during the Policy period and if such disease or injury shall require any such Insured Person, upon the advice of a duly qualified physician/Medical Practitioner to incur medical expenses for medical/surgical treatment at any Hospital / nursing home in India as an inpatient, subject to the terms, conditions, exclusions and definitions contained herein or endorsed. The Company will indemnify Reasonable and Customary charges incurred during the period of insurance and not exceeding the Sum Insured as mentioned in the schedule towards:

1. Hospitalisation Expenses:

a. In Patient Treatment (Including AYUSH)

- a) Room, Boarding expenses (On Actuals)
- b) ICU (Intensive Care Unit) charges (On Actuals)
- c) Doctor's fees
- d) Nursing Expenses
- e) Surgical Fees, Diagnostic tests, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy
- f) Drugs and medicines consumed on the premises
- g) Investigation Services such as Laboratory, X-Ray, Diagnostic tests
- h) Dressing, Ordinary splints and plaster casts
- i) Cost of Prosthetic and other devices or equipment if implanted during a surgical procedure

AYUSH Treatment#

The Company will indemnify Reasonable and Customary charges up to the Basic Sum Insured mentioned in the Policy Schedule, towards Medical Expenses incurred for the inpatient hospitalization treatment taken under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy provided that the hospitalization is for minimum 24 hours and is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:

1. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;
2. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);
3. AYUSH Hospitals as defined hereinabove.

Exclusions specific to AYUSH Treatment#

The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. OPD / Day care treatment
2. Wellness and non-therapeutic treatment
3. Any Pre-Hospitalization and Post-Hospitalization Expenses
4. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
5. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded.
6. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment.

The above exclusions are in additions to the General exclusions listed under the Policy.

#Added pursuant to “Guidelines on providing AYUSH Coverage in Health insurance policies” dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

- 2. Pre and Post Hospitalization** We will compensate you for the expenses incurred towards consultations, investigations and medicines for a period of 30 days immediately prior and 60 days immediately post hospitalization/day care procedure/domiciliary treatment. The claim is payable if we have admitted a claim under In-patient Treatment/Day Care Procedures/Domiciliary treatment. Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.
- 3. Day care Procedure:** The medical treatment costs necessary and reasonable in scope for a Day Care Procedure as mentioned in the list of Day Care Procedures in the Policy, where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital. Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.
- 4. Emergency Ambulance Charges:** Reimbursement of the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following Accidental Injury/ illness / disease occurring during the Policy period., provided that:
 - i) Our maximum liability shall be restricted per hospitalization as mentioned in the Policy Schedule and
 - ii) We have accepted an inpatient Hospitalisation claim
 - iii) The coverage includes the cost of the transportation of the Insured Person to a hospital in case of an emergency or from one Hospital to another nearest Hospital which is prepared to admit the Insured Person and provide necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person was first admitted, provided that the transportation has been prescribed by a Medical Practitioner and is medically necessary.
- 5. Domiciliary hospitalization Treatment :**The Medical Expenses incurred by an Insured Person for medical treatment taken at his home in India which would otherwise have required hospitalization because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that the condition for which the medical treatment is required continues for at least 3 days, in which case We will reimburse the reasonable charge of necessary medical treatment upto the limit as mentioned in the Policy Schedule.
Subject however that domiciliary hospitalization benefits shall not cover:-

a. Expenses incurred for treatment for any of the following diseases:

- i. Asthma
- ii. Bronchitis
- iii. Chronic Nephritis and Nephritic Syndrome
- iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
- v. Diabetes Mellitus and Insipidus
- vi. Epilepsy
- vii. Hypertension
- viii. Influenza, Cough and Cold
- ix. Pyrexia of unknown Origin for less than 10 days
- x. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
- xi. Arthritis, Gout and Rheumatism

6. Coverage for Modern Treatment / Technological Advancements & Treatments

The Company will indemnify Reasonable and Customary charges, up to the Basic Sum Insured mentioned in the Policy Schedule, towards Medical Expenses incurred during the entire policy period for treatment of the following diseases / conditions (either as a day care or as an in-patient exceeding 24 hrs of admission in the hospital):

Prevalent treatment / procedures are as listed below:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgery
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.
- M. Cyberknife treatment.
- N. Cochlear Implant treatment

7. Group Super Top up

The Policy would be limited to cover Hospitalization expenses incurred beyond a certain amount which is treated as a deductible by the Insured Person/s for whom the Insured has proposed coverage to the extent as stated in the Policy Schedule. The coverage is triggered only when the threshold limit of deductible is exhausted on aggregate basis for admissible claim/s during the policy period and will be paid up to the selected Sum Insured.

Insured can opt for Coverage under Hospitalisation Expenses or Group Super Top up or both.

Part III: Exclusions

The Company shall not be liable to make any payment directly or resultantly arising out of the following events unless expressly stated elsewhere in the policy:

1. Pre-Existing Diseases [Excl 01]

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

- d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period [Excl 02]

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of twelve (12) months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures/treatments is as under :
- Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); Congenital Internal Diseases, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from accident, Age related osteoarthritis and Osteoporosis, Surgery of varicose veins and varicose ulcers, Calculus diseases of Gall bladder and Urogenital system.

3. 30-day waiting period [Excl 03]

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

4. Investigation & Evaluation [Excl 04]

- 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.

5. Rest Cure, rehabilitation and respite care [Excl 05]

- 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.

6. Obesity/ Weight Control Code [Excl 06]

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a. Surgery to be conducted is upon the advice of the Doctor
- b. The surgery/Procedure conducted should be supported by clinical protocols
- c. The member has to be 18 years of age or older and
- d. Body Mass Index (BMI);
- i. greater than or equal to 40 or
- ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea
- iv. Uncontrolled Type2 Diabetes

7. Change-of-Gender treatments [Excl 07]

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

8. Cosmetic or plastic Surgery [Excl 08]

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.

9. Hazardous or Adventure sports [Excl 09]

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.

10. Breach of law [Excl 10]

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

11. Excluded Providers [Excl 11]

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.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof [Excl 12]

13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons [Excl 13]

14. 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. [Excl14]

15. Refractive Error [Excl 15]

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

16. Unproven Treatments [Excl 16]

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.

17. Sterility and Infertility [Excl 17]

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

18. Maternity [Excl 18]

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

19. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical/non-medical equipment including but not limited to Wheel chair, Walker, Crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stocking, Diabetic foot wear, Glucometer/Thermometer and the like, namely that equipment used externally from the human body which can withstand repeated usage eg: CPAP, CAPD, Infusion pump etc.; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in absence of an Illness or Injury and is usable outside of a Hospital

20. Any dental treatment Surgery which is corrective, cosmetic or of aesthetic procedure, unless it requires Hospitalization and is carried out under general anesthesia and is necessitated by Illness or Accidental Injury.
21. Personal comfort and convenience items or services including but not limited to television/ telephone (wherever specifically charged for), barber or beauty service guest service body care products and bath additive, internet, foodstuffs, hygiene articles and similar incidental services and supplies.
22. Suicide, attempted suicide or willfully self-inflicted injury or illness
23. Injury or disease directly or resultantly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not or caused during service in the armed forces of any country) including Chemical & Biological. civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind
 - a. Chemical shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property.
 - b. Biological shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. Injury or Disease directly or resultantly caused by or contributed to by nuclear weapons/materials
24. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.
25. Any treatment/loss required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports or any other potentially dangerous sport.
26. We (Liberty General Insurance) shall not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom, United States of America or other applicable jurisdiction.
27. Vaccination and inoculation except in case of post-bite treatment or when it is medically necessary and part of the treatment.
28. External Congenital anomaly.
29. Expenses related to donor screening, treatment, including Surgery to remove organs from the donor in case of a transplant Surgery
30. Any OPD treatment

Part IV : Terms & Conditions

i. Standard General Terms and Clauses (General terms and clauses whose wordings are specified by IRDAI)

1. Disclosure of information norm

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

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

2. Condition Precedent to Admission of Liability

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

3. Complete Discharge

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

4. Multiple Policies

- a) **Indemnity based Policies:** In case of multiple policies held by Insured person, insured person has a choice to file claim settlement under any policy. If insured person chooses to file such claim under policy held with the Company, then same shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, then we, Liberty General Insurance as primary Insurer shall seek the details of other available policies of the Insured and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the Insured.
- b) **Benefit based Policies:** On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

5. Fraud

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

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

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

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

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

6. Cancellation

- (i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Company shall
 - a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
 - b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
- (ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

7. Free Look period

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

8. Migration

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

9. Portability

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

10. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

- (i) The Company shall give notice for renewal atleast 30 days prior to expiry of the policy.
- (ii) Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.
- (iii) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- (iv) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

11. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

12. Moratorium Period

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

Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

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

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

14. Nomination

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

ii. Specific terms and clauses (terms and clauses other than those mentioned under F(i) above

15. Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by any one (including an insurance agent or broker) except the Company, and any change We make will be evidenced by a written endorsement signed and stamped by the Company.

16. Material Change / Change of Occupation

It is a Condition Precedent to the Company's liability under the Policy that, the Insured/ Insured Person shall immediately notify the Company in writing of any material change in the risk or change in business or occupation during the currency of the Policy and the Company may adjust the scope of the cover and/or the premium, if necessary, accordingly.

The above notification is not mandatory when only the employer changes but the nature of occupation does not change.

17. Records to be maintained

The Insured/Insured person (s) shall keep an accurate record containing all relevant particulars of medical and hospitalization treatment/s. Insured person shall furnish such information as we may require under this policy at any time during the policy period and upto 3 years after the policy period End date or until the final adjustments (if any) and resolution of claim under this policy.

18. Notice of charge

Unless required under any law of the land, the Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, or other dealing with or relating to this Policy, but the payment by the Company to the Insured /Insured Person, his/her nominees or legal representatives, as the case may be, of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

19. Currency for Payment

All claims shall be payable for treatment in India and in Indian Rupees only.

20. Co payment

Any co-payment agreed to and reflected in the Schedule to the Policy would be applicable in respect of each and every claim reported under the Policy.

21. Entry Age

Minimum / Maximum Age of Entry for Adults – 18 years / 100 years
Dependent Child/children-From 3 months to 30 years

22. Sum Insured Enhancement

The provision for increase in Capital Sum Insured is available at the time of renewal of the Policy and subject to specific approval & acceptance by the Company.

23. Disclaimer

It being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

24. Geographical Area

The cover granted under this insurance is valid only for treatments taken in India.

25. Policy Disputes

- i. This Policy/Certificate of Insurance shall be exclusively governed and construed as per laws of India and all disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Group Policy/Certificate of Insurance shall be, determined by the Indian court and in accordance to Indian laws.
- ii. Our liability to make any payment shall be to make payment within India and in Indian Rupees only.
- iii. The section headings of this Policy and Certificate of Insurance are included for descriptive purposes only and do not form part of this Policy and Certificate of Insurance for the purpose of its construction or interpretation.

26. Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. (This clause is not applicable to retail customers).

You are requested to go through the Arbitration Agreement proposed by the Company which is available on the Company website www.libertyinsurance.in. In case you do not agree with the proposed Arbitration Agreement you are requested to kindly inform the same to the Company by writing within 7 days from the date of issuance of policy to care@libertyinsurance.in for further discussion and agreement, if you fails to notify your concern to the Company, in such case the said agreement shall be deem to be accepted by you.

27. Notice

Every notice and communication to the Company required by this Policy shall be in writing and be addressed to the nearest office of the Company. In case the Policy is sold via voice log the notice to the Company may be placed via same mode.

28. Electronic Transaction

The Insured agrees to adhere to and comply with all such terms, conditions and exclusions as the Company may prescribe from time to time, and hereby agrees and validates 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, or the Company's other products and services, has his concurrence and full understanding of the terms and conditions affecting this Contract and 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 adherence to conditions of section 41 of the Insurance Act 1938 with full disclosures on terms, conditions and exclusions. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and sent to the Insured Person, duly validated/confirmed by the Insured Person.

29. Claim Procedure:

Notification of Claim-

- a. Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:
 - 1) If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation then We or Our TPA must be informed immediately and in any event at least 48 hours prior to the Insured Person's admission to the Hospital.
 - 2) If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency then We or Our TPA must be informed within 24 hours of the insured Person's admission to the Hospital.
- b. The Insured shall deliver to the Company, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim.
- c. The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s.
- d. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
- e. The Company shall settle claims, including its rejection, within 15 days of receipt of the last required documents.

• **For opting Cashless Facility:** (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.

• **Reimbursement Claims** - Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on Hospitalization /Injury/ death, failing which admission of claim would be based on the merits of the case at Our discretion.

Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from the Hospital. In event of any claim for Pre – Post Hospitalization expenses incurred, all claim related documents needs to be submitted within 7 days from the date of completion of treatment or eligible Post Hospitalization period as mentioned in the Policy Schedule whichever is earlier

The Claim Procedure would be in full compliance with relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time. In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

- We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.
- If required, the Insured Person/s must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person/s must agree to be examined by a medical practitioner of our choice at Our expenses.

No person other than the Insured /Insured Person(s) and/ or nominees named in the Proposal can claim or sue us under this Policy.

Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it 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, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

In-patient Treatment /Day Care Procedures

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year Policy.
- Original Detailed Discharge Summary / Day care summary from the hospital.
- Original consolidated hospital bill with bill no and break up of each Item, duly signed by the insured.
- Original payment Receipt of the hospital bill with receipt number.
- First Consultation letter and subsequent Prescriptions.
- Original bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
- Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts

- Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- Original medicine bills and receipts with corresponding Prescriptions.
- Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.

Road Traffic Accident

In addition to the In-patient Treatment documents:

- Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate.
In Non Medico legal cases
- Treating Doctor's Certificate giving details of Injuries (How, when and where injury sustained)
In Accidental Death cases
- Copy of Post Mortem Report (if conducted) & Death Certificate

For Death Cases

In addition to the In-patient Treatment documents:

- Original Death Summary from the hospital.
- Copy of the Death certificate from treating doctor or the hospital authority.
- Copy of the Legal heir certificate, if the claim is for the death of the principle insured.

Pre and Post-Hospitalization expenses

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year Policy.
- Original Medicine bills, original payment receipt with prescriptions.
- Original Investigations bills, original payment receipt with prescriptions and report.
- Original Consultation bills, original payment receipt with prescription.
- Copy of the Discharge Summary of the main claim.

Ambulance Benefit

- Duly filled and signed Claim Form.
- Photocopy of ID card / Photocopy of current year Policy.
- Original Bill with Original Payment Receipt.
- Treating Doctor's consultation prescription indicating Emergency Hospitalization.

Group Super Top Up

- Same as In-patient Hospitalization treatment

We may call for additional documents/ information as relevant to the claim.

In case you are covered under multiple policies which provide fixed benefits, on the occurrence of the insured event, we shall make the claim payments as per terms and conditions of this policy, independent of payments received by you under other similar policies.

Further, if you are covered under multiple policies to indemnify treatment costs, you shall have the right to get your claim in terms of any of your policies. In case you opt to file the claim with Us, We shall settle the claim as per terms and conditions of this policy. If the amount claimed exceeds the sum insured under the policy after considering the deductibles or co-pay, you shall have the right to claim the balance amount from other insurer/s.

Applicable to all claims under the Policy:

In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, the Company shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

The Insured Person must give Us at his expense, all the information We ask for about the claim.

We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim.

If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.

If required, the Insured person must agree to be examined by a Medical Practitioner of our choice at our expenses.

The Policy would generally exclude the non payable items as specified in the policy document unless otherwise agreed upon by the Company.

Part V : Discount Parameters

The following discount is applicable on the final pure premium to be charged applicable for fresh coverage sought:

1. Group Discount

The Group Discount is permissible as per the following scale depending upon the total number of Insured persons covered under the Group policy at the inception. Increase / Decrease in the sizes of the group during the currency of the policy is permissible only on monthly basis.

No. of Persons Insured under the Group Policy	Group Discounts %
Upto 100 persons	0%
101 Persons - 250 Persons	2.5%
251 Persons - 500 Persons	5%
501 Persons – 1000 Persons	7.5%
1001 Persons - 2000 Persons	10%
2001 Persons - 5000 Persons	12.5%
5001 Persons – 10000 Persons	15%
10001 Persons - 15000 Persons	20%
15001 Persons - 25000 Persons	22%
25001 Persons - 50000 Persons	25%
Above 50001 Persons	30%

Part VI – Grievance Redressal Procedure

We are concerned about you and are committed to extend the best possible services. In case you are not satisfied with our services or resolutions, please follow the below steps for redressal.

Step 1

Call us on Toll free number: **1800-266-5844**

(8:00 AM to 8:00 PM, 7 days of the week)

or

Email us at: care@libertyinsurance.in

Senior Citizens Email us at: seniorcitizen@libertyinsurance.in

or

Write to us at:

Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656
Website Link: www.libertyinsurance.in



Customer Service

Liberty General Insurance Limited

Unit 1501 & 1502, 15th Floor, Tower 2,
One International Center, Senapati Bapat Marg,
Prabhadevi, Mumbai - 400 013

Step 2

If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in

Step 3

If you are still not satisfied with the resolution provided, you can further escalate at Servicehead@libertyinsurance.in

An acknowledgement will be sent on receipt of your concern, we would then investigate the matter internally and respond with a suitable resolution. Please share your contact details to enable us to get in touch with you.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at gro@libertyinsurance.in

For grievance redressal mechanism and details of grievance office of the Company, kindly refer the link - <https://www.libertyinsurance.in/customer-support/grievance-redressal>

Grievance may also be lodged at IRDAI Bima Bharosa Grievance Redressal Portal - <https://bimabharosa.irdai.gov.in/>

Insurance Ombudsman –If the insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided below:

Liberty General Insurance Ltd.
 Unit 1501&1502, 15th Floor, Tower 2, One International Center,
 Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
 Phone: +91 226700 1313 Fax: +91 226700 1606
 IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656
 Website Link: www.libertyinsurance.in



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 General Insurance™

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, T. Lak Marg, Relief Road, Ahmedabad - 380 001, Tel: 079 - 25501201/02 Email: oio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078, Tel: 080 - 26652048 / 26652049 Email: oio.bengaluru@cioins.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Area Hills, Bhopal - 462 011. Tel: 07 55 - 2769201 / 2769202 / 2769203 Email: oio.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar - 751 009, Tel: 0674 - 2596461 / 2596455/2596429/2596003 Email: oio.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector - 17A, Chandigarh - 160 017. Tel: 0172-2706468 Email: oio.chandigarh@cioins.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 / 24333678 Email: oio.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel: 011 - 46013992/23213504/23232481 Email: oio.delhi@cioins.co.in	Delhi
KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel: 0484 - 2358759 Email: oio.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe - part of Pondicherry
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nc. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM), Tel: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

Office of the Ombudsman and Contact Details	Areas of Jurisdiction
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: oio.hyderabad@cioins.co.in"	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel: 0141 - 2740363 Email: oio.jaipur@cioins.co.in	Rajasthan
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MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S, V, Road, Santacruz (W), Mumbai - 400 054, Tel: 022 - 69038800/27/29/31/32/33 Email: oio.mumbai@cioins.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, U.P - 201301, Tel: 0120-2514252 / 2514253 Email: oio.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farakhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanishramnagar, Saharanpur.

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Office of the Ombudsman and Contact Details	Areas of Jurisdiction
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 061 2-2547 068 Email: oio.patna@cioins.co.in	Bihar, Jharkhand
PUNE Office of the Insurance Ombudsman, Jeevan Danshan Bldg., 3rd Floor, C.T.S. No.s, 195 to 198, N.C., Kulkar Road, Narayan Path, Pune - 411 030. Tel.: 020-2447 1175 Email: oio.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region
THANE Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/89 Email: oio.thane@cioins.co.in	Maharashtra

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Addendum to the Policy Wording (to be attached as applicable)

1. Additions/Deletion of Members

It is hereby declared and agreed that the Insured Person/s is/are covered under this Policy only till such time they are on rolls of the Insured (Policy Holder).

It is further agreed that any addition/deletion of members shall be communicated to the Insurer in writing within a reasonable time from the date of joining/ leaving but not later than the last day of the succeeding month of joining/ leaving the employment.

The cover will commence from the joining date for such Insured Person/s (as requested by the Insured and agreed to by the Insurance Company) subject to adequate premium balance maintained with the Insurer for such additions. In case of inadequate premium balance with the Insurer on the day of inclusion of the additional members, the balance premium available as on that date would be reckoned for such members as per the serial number of the list received from the Insured. Where no such premium balance is maintained, the cover for such additions will commence from the date of receipt of premium by the Insurer. Provided however that the Group Policyholder has intimated the joining of the said Insured person to the group.

Refund on deletion of members will be effected only for such members who have not preferred any claims under the Policy.

Dependents of Primary members shall be declared at the inception of the Policy. Any mid-term inclusion of dependents will not be allowed except for spouse by marriage, child by birth and for insured persons joining the group during the Policy Period.

In case of intimation received beyond the stipulated time period, the risk commencement date for additional members would be from the date of intimation to the Insurer or as otherwise specifically agreed to by the Insurer subject to adequate premium balance. All other terms, conditions, warranties & exclusions of the Policy remain unaltered.

2. Payment of premium on Installment basis (wherever applicable)

Notwithstanding any terms contrary elsewhere in the Policy, the Company as a matter of facility to the Insured, agrees to accept payment of premium by installments.

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly , Quarterly or Monthly or flexible frequencies of 3, 5 and 6 as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply :

- i. The grace period of fifteen days (where premium is paid in monthly installments) and thirty days (where premium is paid in quarterly/half-yearly/annual installments) is available on the premium due date, is available to the policyholder to pay the premium.
- ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
- iii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
- iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Given below are payment terms applicable in case of installment facility opted by Insured and agreed by Us before commencement of risk and which would form part of the Policy Schedule / Certificate of Insurance.

Flexible Instalment Frequency	Inception Premium (1st)	2nd	3rd	4th	5th	6th
6	20%	20%	20%	20%	10%	10%
5	30%	20%	20%	20%	10%	
3	40%	30%	30%			

NOTE : IT IS NOT OBLIGATORY ON THE PART OF THE INSURERS TO GIVE ANY NOTICE TO THE INSURED FOR PAYMENT OF PREMIUM INSTALMENT.

LIST OF DAY CARE PROCEDURES/TREATMENTS

Day Care Procedures/Treatments include the following Day Care Surgeries & Day Care Treatments and can include other Day Care procedures or surgery or treatment undertaken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not in the Outpatient department of a Hospital:

ENT

- 1 Stapedotomy
- 2 Myringoplasty(Type I Tympanoplasty)
- 3 Revision stapedectomy
- 4 Labyrinthectomy for severe Vertigo
- 5 Stapedectomy under GA
- 6 Ossiculoplasty
- 7 Myringotomy with Grommet Insertion
- 8 Tympanoplasty (Type III)
- 9 Stapedectomy under LA
- 10 Revision of the fenestration of the inner ear.
- 11 Tympanoplasty (Type IV)
- 12 Endolymphatic Sac Surgery for Meniere's Disease
- 13 Turbinectomy
- 14 Removal of Tympanic Drain under LA
- 15 Endoscopic Stapedectomy
- 16 Fenestration of the inner ear
- 17 Incision and drainage of perichondritis
- 18 Septoplasty
- 19 Vestibular Nerve section
- 20 Thyroplasty Type I
- 21 Pseudocyst of the Pinna - Excision
- 22 Incision and drainage - Haematoma Auricle
- 23 Tympanoplasty (Type II)
- 24 Keratosis removal under GA
- 25 Reduction of fracture of Nasal Bone
- 26 Excision and destruction of lingual tonsils
- 27 Conchoplasty
- 28 Thyroplasty Type II
- 29 Tracheostomy
- 30 Excision of Angioma Septum
- 31 Turbinoplasty
- 32 Incision & Drainage of Retro Pharyngeal Abscess
- 33 Uvulo Palato Pharyngo Plasty
- 34 Palatoplasty
- 35 Tonsillectomy without adenoidectomy
- 36 Adenoidectomy with Grommet insertion
- 37 Adenoidectomy without Grommet insertion
- 38 Vocal Cord lateralisation Procedure
- 39 Incision & Drainage of Para Pharyngeal Abscess
- 40 Transoral incision and drainage of a pharyngeal abscess
- 41 Tonsillectomy with adenoidectomy
- 42 Tracheoplasty

Ophthalmology

- 43 Incision of tear glands
- 44 Other operation on the tear ducts
- 45 Incision of diseased eyelids

- 46 Excision and destruction of the diseased tissue of the eyelid
- 47 Removal of foreign body from the lens of the eye.
- 48 Corrective surgery of the entropion and ectropion
- 49 Operations for pterygium
- 50 Corrective surgery of blepharoptosis
- 51 Removal of foreign body from conjunctiva
- 52 Biopsy of tear gland
- 53 Removal of Foreign body from cornea
- 54 Incision of the cornea
- 55 Other operations on the cornea
- 56 Operation on the canthus and epicanthus
- 57 Removal of foreign body from the orbit and the eye ball.
- 58 Surgery for cataract
- 59 Treatment of retinal lesion
- 60 Removal of foreign body from the posterior chamber of the eye

Oncology

- 61 IV Push Chemotherapy
- 62 HBI-Hemibody Radiotherapy
- 63 Infusional Targeted therapy
- 64 SRT-Stereotactic Arc Therapy
- 65 SC administration of Growth Factors
- 66 Continuous Infusional Chemotherapy
- 67 Infusional Chemotherapy
- 68 CCRT-Concurrent Chemo + RT
- 69 2D Radiotherapy
- 70 3D Conformal Radiotherapy
- 71 IGRT- Image Guided Radiotherapy
- 72 IMRT- Step & Shoot
- 73 Infusional Bisphosphonates
- 74 IMRT- DMLC
- 75 Rotational Arc Therapy
- 76 Tele gamma therapy
- 77 FSRT-Fractionated SRT
- 78 VMAT-Volumetric Modulated Arc Therapy
- 79 SBRT-Stereotactic Body Radiotherapy
- 80 Helical Tomotherapy
- 81 SRS-Stereotactic Radiosurgery
- 82 X-Knife SRS
- 83 Gammaknife SRS
- 84 TBI- Total Body Radiotherapy
- 85 intraluminal Brachytherapy
- 86 Electron Therapy
- 87 TSET-Total Electron Skin Therapy
- 88 Extracorporeal Irradiation of Blood Products
- 89 Telecobalt Therapy

- 90 Telecesium Therapy
- 91 External mould Brachytherapy
- 92 Interstitial Brachytherapy
- 93 Intracavity Brachytherapy
- 94 3D Brachytherapy
- 95 Implant Brachytherapy
- 96 Intravesical Brachytherapy
- 97 Adjuvant Radiotherapy
- 98 Afterloading Catheter Brachytherapy
- 99 Conditioning Radiotherapy for BMT
- 100 Extracorporeal Irradiation to the Homologous Bone grafts
- 101 Radical chemotherapy
- 102 Neoadjuvant radiotherapy
- 103 LDR Brachytherapy
- 104 Palliative Radiotherapy
- 105 Radical Radiotherapy
- 106 Palliative chemotherapy
- 107 Template Brachytherapy
- 108 Neoadjuvant chemotherapy
- 109 Adjuvant chemotherapy
- 110 Induction chemotherapy
- 111 Consolidation chemotherapy
- 112 Maintenance chemotherapy
- 113 HDR Brachytherapy

Plastic Surgery

- 114 Construction skin pedicle flap
- 115 Gluteal pressure ulcer-Excision
- 116 Muscle-skin graft, leg
- 117 Removal of bone for graft
- 118 Muscle-skin graft duct fistula
- 119 Removal cartilage graft
- 120 Myocutaneous flap
- 121 Fibro myocutaneous flap
- 122 Breast reconstruction surgery after mastectomy
- 123 Sling operation for facial palsy
- 124 Split Skin Grafting under RA
- 125 Wolfe skin graft
- 126 Plastic surgery to the floor of the mouth under GA

Urology

- 127 AV fistula - wrist
- 128 URSL with stenting
- 129 URSL with lithotripsy
- 130 Cystoscopic Litholapaxy
- 131 ESWL
- 132 Haemodialysis
- 133 Bladder Neck Incision
- 134 Cystoscopy & Biopsy
- 135 Cystoscopy and removal of polyp
- 136 Suprapubic cystostomy
- 137 percutaneous nephrostomy
- 139 Cystoscopy and SLING procedure.
- 140 TUNA- prostate
- 141 Excision of urethral diverticulum
- 142 Removal of urethral Stone

- 143 Excision of urethral prolapse
- 144 Mega-ureter reconstruction
- 145 Kidney renoscopy and biopsy
- 146 Ureter endoscopy and treatment
- 147 Vesico ureteric reflux correction
- 148 Surgery for pelvi ureteric junction obstruction
- 149 Anderson hynes operation
- 150 Kidney endoscopy and biopsy
- 151 Paraphimosis surgery
- 152 injury prepuce- circumcision
- 153 Frenular tear repair
- 154 Meatotomy for meatal stenosis
- 155 surgery for fournier's gangrene scrotum
- 156 surgery filarial scrotum
- 157 surgery for watering can perineum
- 158 Repair of penile torsion
- 159 Drainage of prostate abscess
- 160 Orchiectomy
- 161 Cystoscopy and removal of FB

Neurology

- 162 Facial nerve physiotherapy
- 163 Nerve biopsy
- 164 Muscle biopsy
- 165 Epidural steroid injection
- 166 Glycerol rhizotomy
- 167 Spinal cord stimulation
- 168 Motor cortex stimulation
- 169 Stereotactic Radiosurgery
- 170 Percutaneous Cordotomy
- 171 Intrathecal Baclofen therapy
- 172 Entrapment neuropathy Release
- 173 Diagnostic cerebral angiography
- 174 VP shunt
- 175 Ventriculoatrial shunt

Thoracic surgery

- 176 Thoracoscopy and Lung Biopsy
- 177 Excision of cervical sympathetic Chain Thoracoscopic
- 178 Laser Ablation of Barrett's oesophagus
- 179 Pleurodesis
- 180 Thoracoscopy and pleural biopsy
- 181 EBUS + Biopsy
- 182 Thoracoscopy ligation thoracic duct
- 183 Thoracoscopy assisted empyaema drainage

Gastroenterology

- 184 Pancreatic pseudocyst EUS & drainage
- 185 RF ablation for barrett's Oesophagus
- 186 ERCP and papillotomy
- 187 Esophagoscope and sclerosant injection
- 188 EUS + submucosal resection
- 189 Construction of gastrostomy tube
- 190 EUS + aspiration pancreatic cyst
- 191 Small bowel endoscopy (therapeutic)
- 192 Colonoscopy ,lesion removal
- 193 ERCP
- 194 Colonoscopy stenting of stricture

- 195 Percutaneous Endoscopic Gastrostomy
- 196 EUS and pancreatic pseudo cyst drainage
- 197 ERCP and choledochoscopy
- 198 Proctosigmoidoscopy volvulus detorsion
- 199 ERCP and sphincterotomy
- 200 Esophageal stent placement
- 201 ERCP + placement of biliary stents
- 202 Sigmoidoscopy w / stent
- 203 EUS + coeliac node biopsy
- General Surgery**
- 204 infected keloid excision
- 205 Incision of a pilonidal sinus / abscess
- 206 Axillary lymphadenectomy
- 207 Wound debridement and Cover
- 208 Abscess-Decompression
- 209 Cervical lymphadenectomy
- 210 infected sebaceous cyst
- 211 Inguinal lymphadenectomy
- 212 Incision and drainage of Abscess
- 213 Suturing of lacerations
- 214 Scalp Suturing
- 215 infected lipoma excision
- 216 Maximal anal dilatation
- 217 Piles
- A)Injection Sclerotherapy
- B)Piles banding
- 218 liver Abscess- catheter drainage
- 219 Fissure in Ano- fissurectomy
- 220 Fibroadenoma breast excision
- 221 Oesophageal varices Sclerotherapy
- 222 ERCP - pancreatic duct stone removal
- 223 Perianal abscess I&D
- 225 Fissure in ano sphincterotomy
- 226 UGI scopy and Polypectomy oesophagus
- 227 Breast abscess I& D
- 228 Feeding Gastrostomy
- 229 Oesophagoscopy and biopsy of growth oesophagus
- 230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
- 231 ERCP - Bile duct stone removal
- 232 Ileostomy closure
- 233 Colonoscopy
- 234 Polypectomy colon
- 235 Splenic abscesses Laparoscopic Drainage
- 236 UGI SCOPY and Polypectomy stomach
- 237 Rigid Oesophagoscopy for FB removal
- 238 Feeding Jejunostomy
- 239 Colostomy
- 240 Ileostomy
- 241 colostomy closure
- 242 Submandibular salivary duct stone removal
- 243 Pneumatic reduction of intussusception
- 244 Varicose veins legs - Injection sclerotherapy
- 245 Rigid Oesophagoscopy for Plummer vinson syndrome
- 246 Pancreatic Pseudocysts Endoscopic Drainage
- 247 ZADEK's Nail bed excision
- 248 Subcutaneous mastectomy
- 249 Excision of Ranula under GA
- 250 Rigid Oesophagoscopy for dilation of benign Strictures
- 251 Eversion of Sac
- a) Unilateral
- b)Bilateral
- 252 Lord's plication
- 253 Jaboulay's Procedure
- 254 Scrotoplasty
- 255 Surgical treatment of varicocele
- 256 Epididymectomy
- 257 Circumcision for Trauma
- 258 Meatoplasty
- 259 Intersphincteric abscess incision and drainage
- 260 Psoas Abscess Incision and Drainage
- 261 Thyroid abscess Incision and Drainage
- 262 TIPS procedure for portal hypertension
- 263 Esophageal Growth stent
- 264 PAIR Procedure of Hydatid Cyst liver
- 265 Tru cut liver biopsy
- 266 Photodynamic therapy or esophageal tumour and Lung tumour
- 267 Excision of Cervical RIB
- 268 laparoscopic reduction of intussusception
- 269 Microdocheotomy breast
- 270 Surgery for fracture Penis
- 271 Sentinel node biopsy
- 272 Parastomal hernia
- 273 Revision colostomy
- 274 Prolapsed colostomy- Correction
- 275 Testicular biopsy
- 276 laparoscopic cardiomyotomy(Hellers)
- 277 Sentinel node biopsy malignant melanoma
- 278 laparoscopic pyloromyotomy(Ramstedt)
- Orthopedics**
- 279 Arthroscopic Repair of ACL tear knee
- 280 Closed reduction of minor Fractures
- 281 Arthroscopic repair of PCL tear knee
- 282 Tendon shortening
- 283 Arthroscopic Meniscectomy - Knee
- 284 Treatment of clavicle dislocation
- 285 Arthroscopic meniscus repair
- 286 Haemarthrosis knee- lavage
- 287 Abscess knee joint drainage
- 288 Carpal tunnel release
- 289 Closed reduction of minor dislocation
- 290 Repair of knee cap tendon
- 291 ORIF with K wire fixation- small bones
- 292 Release of midfoot joint
- 293 ORIF with plating- Small long bones
- 294 Implant removal minor
- 295 K wire removal
- 296 POP application
- 297 Closed reduction and external fixation

- 298 Arthrotomy Hip joint
- 299 Syme's amputation
- 300 Arthroplasty
- 301 Partial removal of rib
- 302 Treatment of sesamoid bone fracture
- 303 Shoulder arthroscopy / surgery
- 304 Elbow arthroscopy
- 305 Amputation of metacarpal bone
- 306 Release of thumb contracture
- 307 Incision of foot fascia
- 308 calcaneum spur hydrocort injection
- 309 Ganglion wrist hyalase injection
- 310 Partial removal of metatarsal
- 311 Repair / graft of foot tendon
- 312 Revision/Removal of Knee cap
- 313 Amputation follow-up surgery
- 314 Exploration of ankle joint
- 315 Remove/graft leg bone lesion
- 316 Repair/graft achilles tendon
- 317 Remove of tissue expander
- 318 Biopsy elbow joint lining
- 319 Removal of wrist prosthesis
- 320 Biopsy finger joint lining
- 321 Tendon lengthening
- 322 Treatment of shoulder dislocation
- 323 Lengthening of hand tendon
- 324 Removal of elbow bursa
- 325 Fixation of knee joint
- 326 Treatment of foot dislocation
- 327 Surgery of bunion
- 328 intra articular steroid injection
- 329 Tendon transfer procedure
- 330 Removal of knee cap bursa
- 331 Treatment of fracture of ulna
- 332 Treatment of scapula fracture
- 333 Removal of tumor of arm/ elbow under RA/GA
- 334 Repair of ruptured tendon
- 335 Decompress forearm space
- 336 Revision of neck muscle (Torticollis release)
- 337 Lengthening of thigh tendons
- 338 Treatment fracture of radius & ulna
- 339 Repair of knee joint
- Paediatric surgery**
- 340 Excision Juvenile polyps rectum
- 341 Vaginoplasty
- 342 Dilatation of accidental caustic stricture oesophageal
- 343 Presacral Teratomas Excision
- 344 Removal of vesical stone
- 345 Excision Sigmoid Polyp
- 346 Sternomastoid Tenotomy
- 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
- 348 Excision of soft tissue rhabdomyosarcoma
- 349 Mediastinal lymph node biopsy
- 350 High Orchidectomy for testis tumours

- 351 Excision of cervical teratoma
- 352 Rectal-Myomectomy
- 353 Rectal prolapse (Delorme's procedure)
- 354 Orchidopexy for undescended testis
- 355 Detorsion of torsion Testis
- 356 lap.Abdominal exploration in cryptorchidism
- 357 EUA + biopsy multiple fistula in ano
- 358 Cystic hygroma - Injection treatment
- 359 Excision of fistula-in-ano
- Gynaecology**
- 360 Hysteroscopic removal of myoma
- 361 D&C
- 362 Hysteroscopic resection of septum
- 363 thermal Cauterisation of Cervix
- 364 MIRENA insertion
- 365 Hysteroscopic adhesiolysis
- 366 LEEP
- 367 Cryocauterisation of Cervix
- 368 Polypectomy Endometrium
- 369 Hysteroscopic resection of fibroid
- 370 LLETZ
- 371 Conization
- 372 polypectomy cervix
- 373 Hysteroscopic resection of endometrial polyp
- 374 Vulval wart excision
- 375 Laparoscopic paraovarian cyst excision
- 376 uterine artery embolization
- 377 Bartholin Cyst excision
- 378 Laparoscopic cystectomy
- 379 Hymenectomy(imperforate Hymen)
- 380 Endometrial ablation
- 381 vaginal wall cyst excision
- 382 Vulval cyst Excision
- 383 Laparoscopic paratubal cyst excision
- 384 Repair of vagina (vaginal atresia)
- 385 Hysteroscopy, removal of myoma
- 386 TURBT
- 387 Ureterocoele repair - congenital internal
- 388 Vaginal mesh For POP
- 389 Laparoscopic Myomectomy
- 390 Surgery for SUI
- 391 Repair recto- vagina fistula
- 392 Pelvic floor repair(excluding Fistula repair)
- 393 URS + LL
- 394 Laparoscopic oophorectomy
- Critical care**
- 395 Insert non- tunnel CV cath
- 396 Insert PICC cath (peripherally inserted central catheter)
- 397 Replace PICC cath (peripherally inserted central catheter)
- 398 Insertion catheter, intra anterior
- 399 Insertion of Portacath
- Dental**
- 400 Splinting of avulsed teeth
- 401 Suturing lacerated lip

402 Suturing oral mucosa

404 FNAC

403 Oral biopsy in case of abnormal tissue presentation

405 Smear from oral cavity

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition

List I – Items for which coverage is not available in the policy

SI. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER

42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX

21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

Sl 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

Sl 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

