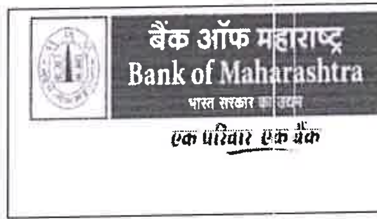

मानव संसाधन विकास विभाग
HUMAN RESOURCES MGT DEPTT.
प्रधान कार्यालय: लोकमंगल, 1501, शिवाजीनगर, पुणे5-
Head Office: LOKMANGAL,1501,SHIVAJINAGAR,PUNE-5
टेलीफोन/TELE: 020-25514501-12, 25532752
ई-मेलE-mail: bomcoper@mahabank.co.in

No. AX1/ST/IR/Cir./137/2019-20

Date: 11.03.2020

ALL BRANCHES / OFFICES OF THE BANK

Dear Sir,

Reg :-Group Mediclaim Policy for the year 2020-21

The Group Mediclaim Insurance Policy for Executives, Officers, Award Staff and retired staff with United India Insurance Co. Ltd. is due for renewal. W.e.f. 1st April 2020.

PREMIUM

The United India Insurance Company Ltd., has quoted the following premium for renewal of the policy;

SUM INSURED [Rs. Lakh]	Premium with GST [Rs. in Actual]			
	Self	Self + Spouse	Self+spouse+2child (1+3)	Self+Spouse+2child+ 2Parents (1+5)
1.00	4633	5333	8104	13143
2.00	8536	9514	13874	21793
3.00	12004	13607	17713	27833
4.00	14670	16690	21925	34459
5.00	17341	22302	26282	41294
6.00	21291	29700	33642	47903
7.00	24487	36533	41381	54129
8.00	26250	43107	48829	59544
9.00	30165	48710	55176	63712
10.00	32579	52607	59370	66260

The salient features and other detailed terms & conditions of the policy as received from United India Insurance Company Ltd. Is enclosed as Annexure.

BENEFIT UNDER INCOME TAX ACT

The premium paid under the scheme is eligible for IT deduction under Section 80[D]. Income Tax certificate for the purpose of claiming the IT deduction under 80[D] shall be issued by the insurance company directly.

Please note that the eligible amount of premium will be updated in income tax module at Head Office level for existing employees. Branches are requested not to punch the same in the Income tax portal to avoid duplication of entry.

HOW TO APPLY - ONLINE APPLICATION

Application form for group mediclaim policy has been made available in intranet. The link is -

BOMNET — Utility — Useful Links— HR Related Software— Group Mediclaim

All members of the scheme, existing and retired employees who wish to continue / Existing employees who wish to enter newly into the scheme, may apply online through the above link. The premium will be debited only after punching by the applicants. The retired employees for renewal of policy may approach the nearest branch for getting their application punched. **Retired employees are not eligible to enter into the scheme as new members**. However, retired employees who are already members in this Group Policy for 2019-20 shall continue to be members of the group policy on payment of the relevant premium.

The actual coverage will start immediately i.e. from 01-04-2020 for the existing members of Group Mediclaim Policy and w.e.f. 01-05-2020 for the members who newly join the scheme in current year.

Application in hard copy will not be accepted.

LAST DATE OF PAYMENT OF PREMIUM

The online application utility will be available from **13.03.2020 to 24.03.2020** only. No applications will be accepted after the due date. Individual account mentioned in the application will be debited with the amount of premium after **24.03.2020.** All are requested to maintain sufficient balance in their accounts, till their account is debited. In case sufficient balance is not maintained, the policy in respect of the concerned shall not be renewed. No follow up will be made with employees who do not maintain sufficient balance.

The policy has cashless facility in select hospitals. The employees who are members of the scheme are already provided with cash less cards. The same shall be valid and no new card will be required.

CLAIM SETTLEMENT THROUGH NEFT

For all the claims settled by the insurance company payment will be done through NEFT / RTGS. The details required for payment through NEFT are to be filled in the application form.

All are advised to ensure correct punching of data in the application form. The Bank shall not be responsible for any wrong data punched.

The contents of this circular be brought to the notice of all employees / Retired employees.

Yours faithfully

(K.Arvind Shenoy)
Deputy General Manager
HRM

ANNEXURE

GROUP MEDICLAIM INSURANCE POLICY FOR EMPLOYEES OF BANK OF MAHARASHTRA FOR THE FINANCIAL YEAR 2020-21 FORMING PART OF POLICY NO.

Salient features :

1. Policy covers hospitalization expenses for medical/surgical treatment arising out of any disease/ailment/illness/accident.
2. Pre and Post hospitalization expenses up-to 30 days prior to hospitalization and up-to 60 days after discharge from the hospital.
3. No restrictions on expenses towards pre and post hospitalization and major illness i.e. covered up to overall sum insured.
4. No capping under any head including Room rent/ICU rent.
5. No Co-Pay clause.
6. Sum Insured is on family floater basis i.e. anyone member or all the members put together can avail hospitalization benefit during the policy period up to the available sum insured.
7. All the pre-existing diseases are covered.
8. Diseases that are normally not covered during the first year and first two years under the standard Mediclaim Insurance Policy shall be covered.
9. Maternity benefit provided – Normal delivery upto Rs.35000/- and Cesarean section up to Rs.50000/-.
10. Spouse of deceased employee shall be continued to be covered up to the age of 80 years provided the deceased employee and spouse were insured under the existing policy for 2019-20.
11. Cover dependent children up to 25 years of age or marriage or getting employed whichever is earlier, crippled and/or physically challenged children without age restrictions.
12. Coverage for dependent parents up to 80 years
13. Provision to claim excess amount after exhausting sum insured and or Corporate Buffer under the IBA Policy if the employee is a member of such policy and has preferred to claim thereunder subject to terms and conditions of this Group Policy. In this event, communication of hospitalization of insured must be made to the TPA within 48 hours of such hospitalization. To avail this, employee need to submit Declaration in Annexure 1 and other documents as per Clause 21A of the attached terms, conditions. The Declaration is to be duly certified/countersigned by Zonal Head/Executive of HR Dept of the Bank's Head Office in case of serving employee and Branch Manager or any other Officer of the Bank in case of retired employee.
14. Option open for employee to claim under this Group Policy up to the sum insured so selected subject to its terms and conditions and provided no claim has been or would be preferred to under the IBA Policy. In this event, communication of hospitalization of insured must be made to TPA within 48 hours of such hospitalization and claim documents in original to be submitted to the TPA within 30 days from discharge.
15. Cashless facility through TPA.
16. Submission of completed Annexure 1 is mandatory irrespective of whether or not claim is preferred to under the Group Policy of after exhausting claim under the IBA Policy. Refer Clause 20.3 of the terms and conditions.
17. For the purpose of brevity, this Group Mediclaim policy is hereinafter referred to as "Group Policy" while the Group Mediclaim Policy taken by Indian Banks Association for its member banks as a result of the Bipartite Agreement is hereinafter referred to as IBA Policy.
18. Broad terms and conditions forming part of this policy are given herewith separately.

GROUP MEDICLAIM POLICY FOR EMPLOYEES OF
BANK OF MAHARASHTRA FOR 2020-21
FORMING PART OF POLICY NO.

For the purpose of brevity, this Group Mediclaim policy is hereinafter referred to as "Group Policy" while the Group Mediclaim Policy taken by Indian Banks Association for its member banks as a result of the Bipartite Agreement is hereinafter referred to as IBA Policy.

Broad terms and conditions of Group Policy:

1. The Policy covers hospitalization expenses for medical/surgical treatment arising out of any disease/ailment/illness/accident.
2. There shall be no restriction on the amount of expenses for pre and post hospitalization expenses as well as expenses on major illness expenses subject, however to the overall available sum insured so selected /applicable.
3. There shall be no restriction on room rent/ICU rent subject to overall hospitalization claim restricted to available sum insured under the Policy.
4. There shall be no co-pay clause.
5. Sum Insured is on family floater basis i.e. any one member or all members covered under the policy put together can avail hospitalization benefits during the policy period up to sum insured so selected or available under the policy.
6. Hospitalization should be for a minimum period of 24 hours save and except in respect of specific treatments as provided for hereinafter.
7. The Policy covers Employee and Family
    a. 1 or 1+1 or 1+3 or 1+5 basis i.e. Employee (1) or Employee + Spouse (1+1) or Employee + Spouse + 2 dependent children (1+3) or Employee + Spouse + 2 dependent children + Parents (1+5)
    b. Spouse of deceased employee up to the age of 80 years subject to such spouse is/was covered under the Policy for 2019-20.
    c. Retired employee (1) or Retired employee + Spouse (1+1) or Spouse of deceased employee up to the age of 80 years who had got covered in this Group Policy for 2019-20 shall continue to get covered up to the age of 80 years during policy for 2020-21.

8. **Policy Mid term Addition/ inclusion :**

Mid term addition of new employee is permissible on payment of full annual premium. Mid term addition of members of family of employee on account of marriage and new born baby is permissible subject to other terms and conditions as laid down herein under the Group Policy. However, in the event such addition alters the family structure, full differential annual premium shall be chargeable. Example 1, Employee "A" on Self basis with a sum insured of Rs. 5 lacs at the commencement date of the policy, marries during the policy period can include his/her spouse immediately upon such marriage thus altering the family structure from Self Basis (1) to Self + Spouse (1+1) basis, the differential full annual premium chargeable for 1+1 and premium so charged on self basis against the sum insured of Rs. 5 lacs shall become payable. Example 2, Employee "A" covered on Self + Spouse (1+1) basis at the commencement date of the policy for a sum insured of Rs. 5 lacs, includes a new born baby during the period of the policy, the differential full annual premium chargeable for 1+3 and premium so charged on 1+1 basis against the sum insured of Rs. 5 lacs shall become payable. New born child shall be included after 90 days from the date of birth.

In the event an employee has opted for coverage under 1+5 so as to include his parents with his family structure actually being Self + Parents and desires to include his/her spouse during the policy period on account of marriage, such inclusion of spouse shall be permissible without charging any premium. Similarly, new born baby to such category of employee shall be included mid-term without charging any premium. However no mid-term alteration in sum insured shall be permissible during the policy period for any category.

9. In the event of any claim becoming admissible under the Group Policy, the Company will pay through Third Party Administrator to the Hospital/Nursing Home or Insured the amount of such expenses as would fall under different heads mentioned below and as are reasonably and medically necessary incurred thereof by or on behalf of such insured but not exceeding the available sum insured in aggregate mentioned in the schedule hereto.
   A. Room and Boarding expenses as provided by the Hospital/ Nursing Home.
   B. Intensive Care Unit (ICU) expenses.
   C. Surgeon, team of surgeons, assistant surgeon, Anesthetist, Medical Practioner, Consultants, Specialist's fees.
   D. Nursing charges, service charges, IV administration charges, Nebulization charges, RMO charges, Anaesthetic, Blood, Oxygen, Operation theatre charges, surgical appliances, OT consumables, Medicines and drugs, dialysis, Chemotherapy, Radiotherapy, Cost of artificial limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, defibrillator, ventilator, orthopaedic implants, chochlear implant, any other implant, intra ocular lenses, infra cardiac valve replacements, vascular stents, any other valve replacement, laboratory/diagnostic tests, x-ray, CT scan, MRI, any other scan, scopies and such similar expense that are medically necessary, or incurred during hospitalization as per the advice of the attending doctor.
   E. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the Insured.

10. Pre and Post Hospitalization expenses payable in respect of each hospitalization shall be the actual expenses incurred subject to 30 days prior to hospitalization and

60 days after the date of discharge and subject to overall limit of available sum insured under the Policy.

11. Expenses on Hospitalization for minimum period of a day are amissible. However this time limit is not applied to specific treatments, such as

1	Adenoidectomy	20	Haemo dialysis
2	Appendectomy	21	Fissurectomy/Fistulectomy
3	Ascitic/Plueral tapping	22	Mastoidectomy
4	Auroplasty not Cosmetic in nature	23	Hydrocele
5	Coronary angiography/Renal	24	Hysterectomy
6	Coronary angioplasty	25	Inguinal/ventral/umbilica/femoral hernia
7	Dental surgery	26	Parental chemotherapy
8	D&C	27	Polypectomy
9	Excision of Cyst/granuloma/lump/tumor	28	Septoplasty
10	Eye surgery	29	Piles/fistula
11	Fracture including hairline fracture Or dislocation	30	Prostate surgeries
12	Radiotherapy	31	Sinusitis surgeries
13	Chemotherapy including parental chemotherapy	32	Tonsillectomy
14	Lothotripsy	33	Liver aspiration
15	Incision and drainage of abscess	34	Sclerotherapy
16	Varicocelectomy	35	Varicose Vein Ligation
17	Wound suturing	36	All scopies along with biopsies
18	FESS	37	Lumbar puncture
19	Operations/Micro surgical operations on the nose, middle ear/internal ear, tongue, mouth, face, tonsils and adenoids, salivary glands and salivary ducts, breast, skin and subcutaneous tissues, digestive tract, female/male sexual organs.		

This condition will also not apply in case of stay in hospital of less than a day provided –

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

12. **Alternative Therapy :** Reimbursement of expenses for hospitalization treatment under the recognized system of medicines, viz. Aurvedic (AYUSH) if such treatment is taken in a clinic/ hospital registered, by the central and state government, accredited by Quality Council of India, National Accreditation Board on Health.

13. Pre-existing diseases/ Ailments : Pre-existing diseases are covered under the Group Policy.
14. Expenses towards medical treatment in relation to certain specific illness which in normal course are not covered unless the Insured has 24 months of continuous coverage shall be covered under the Group Policy. The specific illnesses are Cataract, Benign Prostatic Hyperthrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenial Internal Disease, Fistula in anus, piles, sinusitis and related disorders, gall bladder stone removal, gout and rheumatism, calculus.
15. Maternity Expenses/ treatment shall include medical treatment expenses traceable to childbirth and the maximum benefit allowable will be up to Rs.35000/- for Normal delivery and Rs.50000/- for Caesarean Section subject, however to nine months waiting period from the date of inception of the policy or date of inclusion under the policy whichever is later. Waiting period shall not apply to insured person who had been previously continuously covered under the Group Policy.
16. Advanced Medical Treatment covered : All new kinds of approved advanced medical procedures e.g. Laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization/ day care surgery.
17. All claims admitted in respect of any/ all insured person(s) during the period of insurance shall not exceed the sum insured stated/ available sum insured against the respective employee under the Group Policy.

18. **EXCLUSIONS :**

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured person in connection with or in respect of :

18.1 Any disease contracted by the Insured person during the first 30 days from the commencement date of the policy. This shall not apply to insured person who had been previously continuously covered under the Group Policy for 2019-20.

18.2 Injury/ disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of foreign enemy, War like operations (whether war be declared or not).

18.3 A. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

B. Vaccination or inoculation

C. Change of life or cosmetic or aesthetic treatment of any description is not covered.

D. Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

18.4 Cost of spectacles and contact lenses, hearing aids. Other than intra ocular Lenses and Cochlear Implant.

18.5 Dental treatment or surgery of any kind which are done in a dental clinic and Those that are cosmetic in nature.

18.6 Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment related disorders, Venereal disease, Intentional self-injury and use of intoxication drugs/alcohol.

18.7 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-cell Lymphotropic virus Type III (HTLB – III) or Lymphadinopathy associated virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

18.8 Charges incurred at Hospital or Nursing Home primarily for diagnosis, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/ Nursing home, unless recommended by the attending Doctor.

18.9 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.

18.10 Injury or disease directly or indirectly caused by or contributed to by Nuclear weapon/materials.

18.11 All non medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment.

19 **CONDITIONS :**

Contract : the proposal form, declaration and the policy issued shall constitute the complete contract of insurance. Other terms and conditions are as per Tailormade GMC policy to which these salient features and Broad terms and conditions are attached.

20 **CLAIMS :**

20.1 Every notice or communication regarding hospitalization or claim to be given or made under this Group Policy shall be communicated to the **THIRD PARTY ADMINISTRATOR office – M/s Health India TPA Services Pvt.Ltd., Office No. 32 and 33, 1st floor, Sangam Commercial Complex Phase II 46, Dr.Ambedkar Road, Sangam Bridge, Pune 411 001 – Telephone Nos. 020-26057542, 26057541 . Mail ID bom@healthindiatpa.com, punetpa@healthindiatpa.com**. Other matters relating to the policy may be communicated to the policy issuing office.

20.2 Notice of Communication : Upon the happening of any event which may give rise to a claim under this policy notice with full particulars shall be sent to THIRD PARTY ADMINISTRATOR immediate however maximum within 48 hours from the time of hospitalization. This is irrespective of whether the claim is preferred to with the TPA under the IBA Policy and/or under the Group Policy. This is not applicable in the event no claim is desired to be preferred to under this Group Policy.

20.3 Annexure 1 is to be submitted mandatorily for all claims.

All supporting documents in original relating to the claim under the Group Policy must be filed with the office of THIRD PARTY ADMINISTRATOR within 15 days from the date of discharge from the hospital. In case of pre and post hospitalization, treatment (limited to 30 days and 60 days respectively from the date of hospitalization), all claim documents should be submitted within 30 days after completion of such treatment.

21 **SPECIAL CONDITIONS IN RELATION TO CLAIMS :**

Additional facility provided under the Group Policy in respect of Employee/Retired Employee with dependant children/ parents covered under the IBA Policy :

Under the IBA Policy, Officers are covered for a family floater sum insured of Rs.4 lacs;

1. Under the IBA Policy, Clerical staff and sub staff are covered for a family floater sum insured of Rs. 3 lacs.
2. Corporate Buffer under IBA Policy provides;
   a. Rs. 100 Crores to be apportioned as per the premium of the Bank
   b. If Corporate Buffer of one Bank is exhausted, the remaining amount can be claimed from the unutilized corporate buffer of the other Banks.
   c. Corporate Buffer can be authorized by the Management through an authorized person/committee as decided by IBA/ Bank and information thereof is to be provided to the TPA keeping the Insurance Company in the loop.

Employee/ Retired Employee with dependant childrent/parents under the Group Policy would have the following option to prefer to claim subject to admissibility, terms and conditions of the Group Policy.

A. Officer/ Clerical staff/ sub staff covered under the IBA Policy and preferring to claim under the said IBA Policy at the first instance :
   i. In case the sum insured under the IBA policy is exhausted with or without reimbursement made under the Corporate Buffer Clause thereof, the Officer/ Clerical staff/ sub staff may prefer to claim such excess claim amount incurred viz. towards hospitalization, pre and post hospitalization under the Group Policy subject to the sum insured so selected under the Group Policy, in which case, the following procedure shall be applicable :
   ii. Provide a declaration as per Annexure 1 attached hereto to be duly certified/ countersigned by Zonal Head/ Executive of HR Dept of the Bank's Head Office in case of serving employee and Branch Manager or any Officer of the Bank in case of retired employee.
   iii. Provide self attested photocopy of each and every claim document so submitted to the TPA under the IBA Policy for reimbursement of claim lodged with them
   iv. Provide certificate from the TPA under the IBA Policy on the quantum of claim settled (cashless plus reimbursement) with detail computation thereof including expenses that have been disallowed

   The above shall not be applicable in ase of maternity benefit claims.

B. Officer/ Clerical staff/ sub staff who has not preferred to any claim under the IBA Policy (both cashless as well as reimbursement) such employee may prefer to lodge claim under the Group Policy in which event, he/she would be required to submit all supporting claim documents in original to the TPA under the Group Policy

Detailed terms & conditions for renewal of GMP for BoM staff for 2020-21 further to enclosures.

POLICY NO.:1630002819P102019104
UIN NO. IRDA/NL-HLT/UII/P-H/V.1/236/13-14

UNITED INDIA INSURANCE COMPANY LIMITED
REGD.& HEAD OFFICE : No.24, WHITES ROAD, CHENNAI-600014

GROUP HEALTH POLICY

1 WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to UNITED INDIA INSURANCE COMPANY LTD. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation/domiciliary hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the Company will pay through TPA to the Hospital / Nursing Home or Insured the amount of such expenses incurred as are Medically Necessary and reasonable and customary in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1.2 In the event of any claim becoming admissible under this scheme, the company will pay through TPA to the Hospital / Nursing Home or insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

- **A.** Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home not exceeding 1% of the sum insured per day or the actual amount whichever is less. This also includes nursing care, RMO charges, IV Fluids/Blood transfusion/injection administration charges and similar expenses.
- **B.** Intensive Care Unit (ICU) expenses not exceeding 2% of the sum insured per day or actual amount whichever is less.
- **C.** Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
- **D.** Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, orthopaedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory/diagnostic tests, X-ray and such similar expenses that are medically necessary.
- **E.** Hospitalisation expenses (excluding cost of organ) incurred for/by donor in respect of organ transplant to the insured.

Note:

1. The amount payable under 1.2 C & D above shall be at the rate applicable to the entitled room category. In case the Insured person opts for a room with rent higher than the entitled category as in 1.2 A above, the charges payable under 1.2 C & D shall be limited to the charges applicable to the entitled category. This will not be applicable in respect of medicines & drugs and implants.
2. No payment shall be made under 1.2 C other than as part of the hospitalisation bill.

1.2.1 Expenses in respect of the following specified illnesses/surgeries will be restricted as detailed below:

Hospitalisation Benefits	***LIMITS per surgery RESTRICTED TO***
a.Cataract, Hernia,Hysterectomy	a.Actual expenses incurred or 25% of the sum insured whichever is less
b.Major surgeries*	b.Actual expenses incurred or 70% of the Sum Insured whichever is less

* Major surgeries include Cardiac surgeries, Brain Tumor surgeries, Pacemaker implantation for sick sinus syndrome, Cancer surgeries, Hip, Knee, joint replacement surgery, Organ Transplant.
* The above limits specified are applicable per hospitalization/surgery.

1.3 Pre and Post Hospitalisation expenses payable in respect of each hospitalisation shall be the actual expenses incurred subject to a maximum of 10% of the Sum Insured.

1.4 In addition to the above, the following would apply to claims arising out of persons aged more than 60 years

EXPENSES ON MAJOR ILLNESSES CHARGED AS A TOTAL PACKAGE	TO BE SETTLED WITH A CO-PAY ON 80:20 BASIS. The co-pay of 20% will be applicable on the admissible claim amount.

2. DEFINITIONS:

2.1 ACCIDENT:
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.2 A. "Acute condition"-Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

B. "Chronic condition"-A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics-

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests-
ii. it needs ongoing or long-term control or relief of symptoms
iii. it requires your rehabilitation or for you to be specially trained to cope with it
iv. it continues indefinitely
v. it comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENT:
Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.

2.4 ANY ONE ILLNESS:
Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken.

2.5 CASHLESS FACILITY:
Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorisation approved.

2.6 CONGENITAL ANOMALY:
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 Which is not in the visible and accessible parts of the body.
b.External Congenital Anomaly Which is in the visible and accessible parts of the body.

2.7 CONDITION PRECEDENT:
Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.8 CONTRIBUTION:
Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion.

2.9 DAY CARE CENTRE:
A day care centre means any institution established for day care treatment of illness and/ or injuries or a medical setup 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 theatre 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.

2.10 DAY CARE TREATMENT:
Day care Treatment refers to medical treatment and or surgical procedure which is

i. undertaken under general or local anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
ii. which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

POLICY NO.:1630002819P102019104
UIN NO. IRDA/NL-HLT/UII/P-H/V.1/236/13-14

2.11 DOMICILIARY HOSPITALISATION:
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 :
a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
b) The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 GRACE PERIOD:
Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

2.13 HOSPITAL/NURSING HOME:
A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and 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 In-patient beds in towns having a population of less than 10 lacs 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.

2.14 HOSPITALIZATION:
Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours

2.15 ID CARD:
ID card means the identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

2.16 ILLNESS:
Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and required medical treatment.

2.17 INJURY :
Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.18 IN-PATIENT CARE:
In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

2.19 INTENSIVE CARE UNIT:
Intensive Care Unit means an identifies 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.

2.20 MATERNITY EXPENSES:
Maternity expenses/treatment shall include:
a) 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.

2.21 MEDICAL ADVICE:
Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

2.22 MEDICAL EXPENSES:
Medical expenses-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.

2.23 MEDICALLY NECESARY:
Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

23