

## **1.1 In-patient Hospitalization**

We will cover the Medical Expenses incurred towards one or more of the following arising out of an Insured Person's Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

(i) The Hospitalization is for Medically Necessary Treatment and follows written Medical Advice; (ii) The Medical Expenses incurred are Reasonable and Customary Charges for one or more of the following:

- (1) Room Rent and other boarding charges;
- (2) ICU Charges;
- (3) Operation Theatre expenses;
- (4) Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
- (5) Qualified Nurses' charges;
- (6) Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
- (7) Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
- (8) Anaesthesia, blood, oxygen and blood transfusion charges;
- (9) Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

(iii) If the Insured Person is admitted in the Hospital in a room category/Room Rent higher than the eligibility as specified in the Policy Schedule/Certificate of Insurance, then We shall be liable to pay only a pro-rated proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the entitled room category/eligible Room Rent to the Room Rent actually incurred.

- For the purpose of this Section "Associated Medical Expenses" shall include - Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner including surgeon/ anaesthetist/ specialist within the same Hospital where the Insured Person has been admitted. "Associated Medical Expenses" does not include cost of pharmacy and consumables, cost of implants and medical devices and cost of diagnostics;
- Proportionate deductions are not applicable for ICU charges; and
- Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

## **1.2 Day Care Treatment**

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

- (i) The Medical Expenses are incurred, including for any procedure which requires a period of specialized observation or care after completion of the procedure undertaken by an Insured Person as Day Care Treatment and such list of Day Care Treatment is listed in Annexure I;
- (ii) The Day Care Treatment is for Medically Necessary Treatment and follows the written Medical Advice;

(iii) We will not cover any OPD Treatment under this Benefit.

### **1.3 Domiciliary Hospitalization**

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

- (i) The Domiciliary Hospitalisation continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;
- (ii) The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically required and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital or the Insured Person satisfies Us that a Hospital bed was unavailable;
- (iii) If a claim is accepted under this Benefit then We shall not pay any Post-hospitalization Medical Expenses, but We will accept a claim for Pre-hospitalization Medical Expenses subject to the terms and conditions of Section <> below;
- (iv) We shall not be liable to pay for any claim in connection with:
  - (1) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
  - (2) Arthritis, gout and rheumatism;
  - (3) Chronic nephritis and nephritic syndrome;
  - (4) Diarrhea and all type of dysenteries, including gastroenteritis;
  - (5) Diabetes mellitus and insipidus;
  - (6) Epilepsy;
  - (7) Hypertension;
  - (8) Psychiatric or psychosomatic disorders of all kinds;
  - (9) Pyrexia of unknown origin.

### **1.4 Pre - hospitalization Medical Expenses**

We will cover, on a reimbursement basis, the Insured Person's Pre-hospitalization Medical Expenses incurred in respect of an Illness or Injury that occurs during the Policy Period upto the number of days as specified in the Policy Schedule or Certificate of Insurance, provided that:

- (i) We have accepted a claim for In-patient Hospitalization under Section 1.1 above;
- (ii) The Date of Admission to the Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Illness for which We have accepted an In-patient Hospitalization claim under Section 1.1 above.

### **1.5 Post - hospitalization Medical Expenses**

We will cover, on a reimbursement basis, the Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period upto the number of days as specified in the Policy Schedule or Certificate of Insurance, provided that:

- (i) We have accepted a claim for In-patient Hospitalization under Section 1.1 above;
- (ii) The Date of Discharge from the Hospital for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Illness for which We have accepted an In-patient Hospitalization claim under Section 1.1 above.

## Pre-Existing Disease Waiting Period

We will not make any payment for any claim in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any Pre-Existing Diseases or any complication arising from the same, until the time period of 3 years in this regard has elapsed since the Start Date of the first Policy with Us.

## Specified Disease / Procedure Waiting Period:

- a) Expenses related to the Treatment of the listed Conditions, Surgeries/Treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the Specified Disease/Procedure falls under the Waiting Period specified for Pre-Existing Diseases, then the longer of the two Waiting Periods shall apply.
- d) The Waiting Period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then Waiting Period for the same would be reduced to the extent of prior coverage.
- f) List of Specific Diseases/Procedures:

	Body System	Illness	Treatment/ Surgery
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy
		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
		Mastoiditis	Mastoidectomy
		Cholesteatoma	Resection of the Nasal Concha
3	Gynecology	All Cysts & Polyps of the female genito urinary system	Dilatation & Curettage
		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery
		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy
		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	

		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery Surgery for Prolapse of the intervertebral disc
		Rheumatism, Rheumatoid Arthritis	
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	
5	Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	Cholecystectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
6	Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery Surgery for Hydrocele, Rectocele and Hernia
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	
		Hernia, Hydrocele,	Surgery for Hydrocele, Rectocele and Hernia
		Varicocoele / Spermatocele	Surgery for Varicocoele / Spermatocele
7	Skin	Skin Tumour (Unless Malignant)	Removal of such tumour unless malignant
		All Skin Diseases	
8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	
		Congenital Internal Diseases or Anomalies	Surgery for Varicose veins and Varicose ulcers

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they will be covered only after the completion of the PreExisting Disease Waiting Period described under Section <41>.

### 30-day Waiting Period (Code- Excl03)

- i. 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.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The within referred Waiting Period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

### Deductible on Aggregate Claims

The Deductible specified in the Policy Schedule or Certificate of Insurance shall be applicable on the aggregate of all payable claims in a Policy Year.

**For details T&Cs and Exclusions, please refer Group Activ Health Policy wording**