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Issuing Office:

CORONA PROTECTION POLICY [GROUP]

Policy Wordings

SECTION A) PREAMBLE

Whereas the Insured/Policy Holder described in the Group Policy Schedule hereto (hereinafter called the 'Insured' or "Policy holder/Policy Holder" or "Proposer") has made to Bajaj Allianz General Insurance Company Limited (hereinafter called the "Company" or "Insurer" or "Insurance Company") a proposal or Proposal as mentioned in the transcript of the Proposal of Insured for Group Policy and proposal of/transcript of the Proposal of Insured on behalf of respective Insured Beneficiary/ies and or proposal of/transcript of the Proposal of Insured Beneficiary, for issuance of Certificate of Insurance [COI], which shall be the basis of this Contract and Certificate of Insurance and is deemed to be incorporated herein, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this Group Policy issued in the name of Policy Holder and Certificate of Insurance to be issued thereunder in the name of Insured Beneficiary, and the Insured Beneficiary and or Policy Holder on behalf of Insured Beneficiary has paid the premium specified in the Certificate of Insurance read with Group Policy as consideration for such insurance Contract, now the Company agrees, subject always to the Sum Insured as specified in the respective Certificate of Insurance, and the terms, conditions, exclusions, and limitations of the Group Policy and Certificate of Insurance, and in excess of the amount of the Deductible, to indemnify the Insured Beneficiary/
Insured Beneficiary's covered Family in floater policy against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period, in the manner and to the extent hereinafter stated:
The term Insured Beneficiary in this document refers to the individual persons who are members of Group and are covered for risk coverage under Certificate of Insurance (Group Members) who will be treated as Insured Beneficiary and the term Proposer/Policy Holder/ Group Manager / Group Organizer in this document refers to Person/ Organization who has signed the proposal form/MOU for Group Policy and in whose name the Group Policy is issued. Also, the term Insurer/ Us/ Our/ Company in this document refers to Bajaj Allianz General Insurance Company Ltd.

SECTION B) DEFINITIONS- STANDARD DEFINITIONS

The terms defined below in bold and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Group Policy and Certificate of Insurance and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

1. **Accident, Accidental**
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means

2. **Any one illness**
Any one illness means continuous Period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. **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:
    i. Having at least 5 in-patient beds;
    ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
    iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
    iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

4. **Bodily Injury/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

5. **Congenital Anomaly**
Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body
b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

6. **Cumulative Bonus**
Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

7. **Condition Precedent**
Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

8. **Cashless Facility** means a facility extended by the Insurer to the Insured Beneficiary where the payments, of the costs of treatment undergone by the Insured Beneficiary in accordance with the Certificate of Insurance read with Group Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.

9. **Co-Payment:**
A co-payment means a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

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10. Day care centre:
A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up with 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:-

i. has qualified nursing staff under its employment,
ii. has qualified medical practitioner(s) in charge,
iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

11. Dental Treatment
Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

12. Disclosure to information norm:
The Certificate of Insurance shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

13. Emergency Care:
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 Beneficiary's health.

14. 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

15. Hospital:
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:

i. has qualified nursing staff under its employment round the clock;
ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
iii. has qualified medical practitioner(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.
vi. For the purpose of this Certificate of Insurance any other make-shift or temporary Hospital permitted by the Central or State Government for the treatment of Covid shall also be considered as Hospital.

16. Hospitalization means admission in a Hospital for a minimum period of twenty-four (24) hours consecutive 'In-patient care' provided it will not include procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

17. Inpatient care means treatment for which the Insured 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. Illness
Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a. Acute condition - 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 for relief of symptoms
    iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    iv. it continues indefinitely
    v. it recurs or is likely to recur.

21. Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow up prescription.

22. Medical Expenses means those expenses that an Insured Beneficiary has necessarily and actually incurred for Medically Necessary 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 Beneficiary had not been insured and no more than other Hospitals or Medical Practitioner(s) in the same locality would have charged for the same Medicallly Necessary Treatment.

23. Medical Practitioner(s) or Doctor(s) 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 license.

24. Medically Necessary Treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
i. is required for the medical management of the illness or injury suffered by the Insured;
ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii. must have been prescribed by a medical practitioner,
iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

25. Migration
Migration means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

26. 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.

27. Non-Network provider means any hospital, day care centre or other provider that is not part of the Network Provider

28. Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

29. Out-Patient (OPD) Treatment means the one in which the Insured Beneficiary visits a clinic or Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured Beneficiary is not admitted as a day care or in-patient

30. Portability
Portability means the right accorded to an individual health insurance policyholder (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions from one insurer to another.

31. Pre-Existing Disease
Pre- existing disease means any condition, ailment or injury or disease
a. That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement **Or**
b. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement.

32. Pre-Hospitalization Medical Expenses means Medical Expenses incurred during the period of 30 days preceding the Hospitalization treatment of the Insured Beneficiary, provided that:
i. Such Medical Expenses are incurred for the same condition for which the Insured Beneficiary's Hospitalization was required, and
ii. The In-patient Hospitalization claim/claim for such Hospitalization is admissible by the Insurance Company.

33. Post Hospitalization Medical Expenses means Medical Expenses incurred during the period of 30 days immediately after the Insured Beneficiary is discharged from the Hospital/ completion of provided that:
i. Such Medical Expenses are for the same condition for which the Insured Beneficiary person's Hospitalization treatment was required, and
ii. The inpatient Hospitalization treatment claim for such Hospitalization treatment is admissible by the Insurance Company.

34. Qualified nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

35. Reasonable and Customary charges
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. Renewal
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.

37. Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

38. Surgery or Surgical Procedure
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.

39. Unproven/Experimental treatment
Unproven/Experimental treatment means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

SECTION B) DEFINITIONS- SPECIFIC DEFINITIONS

1. Age means age of the Insured Beneficiary or covered Family of Insured Beneficiary in case of floater on last birthday as on date of commencement of the Cover Period under Certificate of Insurance.

2. AYUSH Treatment refers to the medical and / or Hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

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3. **Break in Certificate of Insurance** means the period of gap that occurs at the end of the existing Cover Period under Certificate of Insurance, when the premium due for renewal on a given Certificate of Insurance is not paid on or before the premium renewal date or within 30 days thereof subject to Group Policy is renewed.

4. **Certificate of Insurance ["COI"]** means the document issued by the Company to the Insured Beneficiary under the Terms and Conditions of Master Policy/Group Policy detailing the Group Policy Number, Certificate of Insurance number, the **Cover Period** with the commencement date and end/expiry date of the cover, **Insured**

   Beneficiary's name, address, coverage, benefits, **Sum Insured, Deductible,** condition(s), exclusions and or endorsement(s), and the terms and conditions of the coverage. Provided however if there is any contradiction between what is stated in the wordings attached to Certificate of Insurance and these Group Policy Wordings, then these Group Policy Wordings shall prevail.

5. **Condition Precedent** means Group Policy and Certificate of Insurance Term or Condition upon which the Company's liability under the Certificate of Insurance read with Group Policy is conditional upon.

6. **COVID:** For the purpose of this Policy, Coronavirus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2.

7. **Cover Period:** means period as specified in the respective Certificate of Insurance issued to the Insured Beneficiary during which he/she is insured as per Terms and Conditions of Certificate of Insurance read with the Master Policy.

8. **Corona Top-up** –
   Aggregate deductible- Aggregate deductible is a cost sharing requirement under this Certificate of Insurance that provides the Company will not be liable for a specified rupee amount of the covered expenses for Covid claims for members covered under the policy, which will apply before any benefits are payable by the Company. A deductible does not reduce the sum Insured Beneficiary.

9. **Corona Booster**
   Aggregate deductible- Aggregate deductible is a cost sharing requirement under this Certificate of Insurance that provides the Company will not be liable for a specified rupee amount of the covered expenses for claim for the members covered under this plan, which will apply before any benefits are payable by the Company. A deductible does not reduce the sum Insured as mentioned in the Certificate of Insurance.

10. **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:

i. Legally wedded spouse.
ii. Parents and Parents-in-law.
iii. Dependent Children (i .e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage.
iv. For the purpose of Floater Sum Insured, under Cetificate of Insurance, -includes the Insured Beneficiary, His/ Her lawfully Family.

11. **Group-** The definition of a group as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular No. 015/IRDA/Life/Circular/GI Guidelines/ 2005 dated 14th July 2005, as amended/modified/further guidelines issued, from time to time.

12. **Group Policy or Master Policy** the Proposal//transcript of proposal for Certificate of Insurance, the Group Policy Schedule/ Bajaj Allianz CORONA PROTECT Group Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof either on the effective date or during the Policy Period along with these Terms and Conditions, and the Proposal, declaration, of the insurance coverage and exclusions and copay and deductible and under which Certificates of Insurance will be issued to the Insured Beneficiary/ies, either on the Risk Inception Date of Group Policy Schedule or during the Group Policy Period. The validity of the **Master Policy** shall be for a period of twelve months as mentioned in the **Group Policy Schedule.**

13. **"Insured Member/s" or "Insured Beneficiary"/ "Insured Beneficiaries"** means individual persons for whom the Group Policy Holder has taken the Group Insurance Group Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary/Insured Member.

14. **Group Policy Holder/Group Manager/Proposer/Group Administered or "Insured"** is the Organization or Legal Entity which has taken the Group Policy on behalf of all Insured Beneficiaries whose name is mentioned in Group Policy Schedule.

15. **Master Policy or Group Policy Period** means period of Insurance for which the Group Policy/Master Policy is valid in the name of Group Manager/Group Policy Holder.

16. **Group Policy Schedule** means the Group Policy Schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the Group Policy.

17. **Group Policy** means these Group Policy wordings, the Group Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Group Policy contains details of the extent of cover available to the Insured Beneficiary, what is excluded from the cover and the Terms & Conditions on which the Group Policy is issued to the Insured Beneficiary.

18. **Group Policy period** means the date between the commencement date specified in the Master Policy or Group Policy Schedule with Risk Inception Date to Risk Expiry Date.

19. **Group Policy Schedule or Schedule** means the Group Policy schedule and any annexure to it read with respective Certificate of Insurance which are forming part of the Group Policy.

20. **Sub-limit** means a cost sharing requirement under a health insurance Certificate of Insurance in which an Insurer would not be liable to pay any amount in excess of the pre-defined limit

21. **Sum Insured** means the amount stated in the Certificate of Insurance, which is the maximum amount (regardless of the number of claims made) for any one claim and/or in the aggregate for all claims by the Insured Beneficiary under Certificate of Insurance during the Cover Period.

22. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an Insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

23. **Waiting Period** means a period from the inception of this Group Policy or the Certificate of Insurance, as the case may be, during which Covid is not covered.

24. **You, Your, Yourself, His/Her, He/ She** named in the **Certificate of Insurance** means the **Insured Beneficiary** that We insure.

25. **We/Us/Our/Company/Insurer** means Bajaj Allianz General Insurance Company Limited

SECTION C) BENEFITS COVERED UNDER THE POLICY

Cover Period Under Certificate Of Insurance:
Cover Period will be 12 Months (Annual)

Eligibility
1. All Group Members forming part of the Group can be covered with Individual Sum Insured for each Insured Beneficiary.
2. All Families of Insured Beneficiaries forming part of the Group can be covered with Floater Sum Insured for each of Insured Beneficiary and His/Her Family.

Operative Clause
This Group Policy read with respective Certificate of Insurance exclusively provides indemnity for risk covers against Novel Coronavirus Disease 2019 officially named as COVID-19 ("Covid") which is caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2).

The Insured Beneficiary will be covered towards Hospitalization expenses (as an in-patient) incurred due to Coronavirus Disease subject to terms, conditions and exclusions of the Group Policy read with Certificate of Insurance.
Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions of this Group Policy and the limit up to Sum Insured opted under Certificate of Insurance [COI]. Maximum liability of the Company under all such Claims during the Cover Period shall be the Sum Insured opted and specified in the Schedule.

BASE COVER:
The cover listed below is inbuilt Group Policy benefit and shall be available to all Insured Beneficiaries to whom Certificate of Insurance is issued in accordance with the procedures set out in this Group Policy.
Insured Beneficiary has to Opt one of the cover under Base Plan viz either Section 1, or Section 2 or Section 3.

SECTION 1 – HOSPITALIZATION

1.1. Covid Hospitalization Cover
The Company shall indemnify Medical Expenses incurred for Hospitalization of the Insured Beneficiary during the Cover Period for the treatment of Covid on Positive diagnosis of Covid in a government laboratories or ICMR approved private laboratories including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the Certificate of Insurance, for,

I. Room Rent, Boarding, Nursing Expenses as provided by the Hospital/ Nursing Home.
II. Intensive Care Unit (ICU) I Intensive Cardiac Care Unit (ICCU) expenses.
III. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner surgeon or to the Hospital
IV. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses
V. Road Ambulance subject to a maximum of Rs.2000/- per Hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Beneficiary from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Note:
I. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

1.2. AYUSH Treatment
The Company shall indemnify Medical Expenses incurred for inpatient care treatment for Covid on Positive diagnosis of Covid test in a government laboratories or ICMR approved private laboratories including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Cover Period up to the limit of Sum Insured as specified in the Certificate of Insurance in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses (Section 1.1)

1.3. Pre Hospitalization
The Company shall indemnify pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization for a fixed period of 30 days prior to the date of admissible Hospitalization/ covered under the Certificate of Insurance

1.4. Post Hospitalization
The Company shall indemnify post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization for a fixed period of 30 days from the date of discharge from the Hospital, following an admissible Hospitalization covered under the Certificate of Insurance.

1.5. The expenses that are not covered in this Certificate of Insurance are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-Ill and List-IV of Annexure-A respectively.

SECTION 2- CORONA TOP-UP

2. Corona Top-up

The Company hereby agrees to pay in respect of an admissible claim amount in excess of Aggregate deductible, any or all of the covers mentioned under 1.1, 1.2,1.3, 1.4 & 1.5 subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in the Certificate of Insurance read with this Group Policy
Definition applicable to Corona Top-up -
Aggregate deductible- Aggregate deductible is a cost sharing requirement under this Certificate of Insurance that provides the Company will not be liable for a specified rupee amount of the covered expenses for Covid claims for members covered under the policy, which will apply before any benefits are payable by the Company. A deductible does not reduce the sum Insured Beneficiary.

SECTION 3- CORONA BOOSTER

3. Corona Booster:

The Company hereby agrees to pay in respect of an admissible claim amount in excess of Aggregate deductible, any or all of the covers mentioned under 1.1, 1.2,1.3, 1.4 & 1.5 subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in the Certificate of Insurance read with this Group Policy

Definition applicable to Corona Booster

Aggregate deductible- Aggregate deductible is a cost sharing requirement under this Certificate of Insurance that provides the Company will not be liable for a specified rupee amount of the covered expenses for claim for the members covered under this plan, which will apply before any benefits are payable by the Company. A deductible does not reduce the sum Insured as mentioned in the Certificate of Insurance.

Conditions applicable to Corona Booster

1. For this coverage deductible shall be Maximum Hospitalization Sum Insured amount of the existing other group mediclaim policy [other than Certificate of Insurance under this Group Policy] of the Insured Beneficiary.
2. Any claim under this Certificate of Insurance shall be triggered by the Company only if deductible as mentioned in existing other group mediclaim policy [other than Certificate of Insurance under this Group Policy] in favour of the Insured Beneficiary has been exhausted.
3. If You opt for this optional cover, Certificate of Insurance shall cover all coverage mentioned in Section 1 and other Optional Covers (if opted) within Sum Insured, limits, terms, conditions and definitions, exclusions in excess of deductible as mentioned in Certificate of Insurance.
4. While the claims under the existing group mediclaim policy is to be adjudicated as per the prevailing terms and conditions of the existing group mediclaim policy, and the claims that are utilized from the Corona Booster (Certificate of Insurance) will be administered as per the terms and conditions of the Corona Protection Policy (Group).
5. The scope of this optional cover is restricted to Covid related Hospitalization expenses during the Cover Period.
6. The deductible is applicable in aggregate towards Hospitalization expenses incurred during the Cover Period.

4. OPTIONAL COVERS:

The covers listed below are Optional benefits under Certificate of Insurance and shall be available by Insured Beneficiary on payment of additional premium and in accordance with the terms set out in the Group Policy, if the listed cover is opted.
Optional cover/s can be opted along with section 1, Section2 or section 3 specified under Base plan.

4.1.Hospital Daily Cash:

The Company shall pay the Insured Beneficiary as per the “Per Day” plan opted for each 24 hours of continuous Hospitalization for which the Company has accepted a claim for COVID 19 positive.
The benefit shall be payable maximum up to 15 days during a Cover Period in respect of every Insured Beneficiary.
Note: Payment under this benefit will not reduce the base sum insured mentioned in Certificate of Insurance.

4.2.Waiver of Waiting Period:

If You opt for this optional cover, this Certificate of Insurance shall be extended to Waive of 15 days waiting Period i.e. waiver for Clause in Section D.I.1 as mentioned in Waiting Period.

SECTION D) EXCLUSIONS - STANDARD EXCLUSIONS

The Company shall not be liable to make any payment under the Certificate of Insurance, in respect of any expenses incurred in connection with or in respect of:

1. Investigation & Evaluation (Code- Excl 04)
Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the Covid 19 diagnosis and treatment.

2. Rest Cure, rehabilitation and respite care (Code- Exc105)
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.

SECTION D) EXCLUSIONS - SPECIFIC EXCLUSIONS

I. WAITING PERIOD

The Company shall not be liable to make any payment under the Certificate of Insurance in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1. First Fifteen Days Waiting Period
Expenses related to the treatment of Covid 19 within 15 days from the Certificate of Insurance commencement date shall be excluded.

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II. EXCLUSIONS

1. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances u n less prescribed by a Network Provider as part of Hospitalization claim.
2. Unproven Treatments:
   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. However, treatment authorized by the government for the treatment of Covid 19 shall be covered.
3. Any claim in relation to Covid 19 where it has been diagnosed prior to Group Policy Start Date.
4. Any expenses incurred on Day Care treatment and OPD treatment
5. Diagnosis /Treatment outside the geographical limits of India
6. Testing done at a Diagnostic centre which is not authorized by the Government/ICMR shall not be recognized under this Group Policy
7. All covers under this Group Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

SECTION E) GENERAL TERMS AND CLAUSES - STANDARD GENERAL TERMS AND CLAUSES

1. Disclosure of information

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

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. Claim Settlement. (provision for Penal interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 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.

4. 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

5. Fraud

i. If any claim made by the Insured beneficiary, 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 beneficiary 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.
ii. 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.
iii. For the purpose of this clause, the expression “fraud” means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, 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 beneficiary does not believe to be true;
b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such actor 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 beneficiary / 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. Nomination

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

7. Withdrawal of Group Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Beneficiary about the same 90 days prior to expiry of the Certificate of Insurance.
ii. Insured Beneficiary 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 waiver of waiting period. as per IRDAI guidelines, provided the Certificate of Insurance has been maintained without a break.

8. Redressal Of Grievance

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say Say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail

a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in
c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back

5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman.html

The contact details of the Insurance Ombudsman offices have been provided in **Annexure II**

SECTION E) GENERAL TERMS AND CLAUSES – SPECIFIC TERMS AND CLAUSES

9. Services Offered by TPA (To be stated where TPA is involved)

Servicing of claims, i.e., claim ad missions and assessments, under this Group Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the Certificate of Insurance.

The services offered by a TPA shall not include

I. Claim settlement and claim rejection;
II. Any services directly to any Insured Beneficiary or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

10. Payment of Claim

All claims under the Certificate of Insurance shall be payable in Indian currency only.

11. Eligible Entry Age Limit :

Insured Beneficiary and His/ Her Family	Eligible age
Self, Spouse, Parents, Parents-in-law	18 years to 75 years
Dependent Children	45 days to 30 years

12. Non-Disclosure of any Material Information

The Certificate of Insurance shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or on non-disclosure in any material particular in the proposal, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Beneficiary or any one acting on His/Her behalf to obtain any benefit under this Certificate of Insurance.

13. Records to be maintained

The Insured Beneficiary shall keep an accurate record containing all relevant medical records and shall al low the Company or its representatives to inspect such records. The Group Policyholder or Insured Beneficiary shall furnish such information as the Company may require for settlement of any claim under the Group Policy, within reasonable time limit and within the time limit specified in the Group Policy.

14. Notice & Communication

I. Any notice, direction, instruction or any other communication related to the Group Policy should be made in writing.
II. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Certificate of Insurance.
III. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

15. Multiple Certificate of Insurances

1. In case of multiple Certificate of Insurances taken by an Insured Beneficiary during a period from the same or one or more Insurers to indemnify treatment costs, the Insured Beneficiary shall have the right to require a settlement of His/ Her claim in terms of any of His/ Her policies. In all such cases the Insurer if chosen by the Insured Beneficiary shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Insured Beneficiary.
2. Insured Beneficiary having multiple Certificate of Insurances shall also have the right to prefer claims under this Certificate of Insurance for the amounts disallowed under any other Certificate of Insurance I/retain individual policies, even if the sum Insured is not exhausted. Then the insurers shall independently settle the claim subject to the terms and conditions of this Certificate of Insurance.
3. If the amount to be claimed exceeds the Sum Insured under a single Certificate of Insurance, the Insured Beneficiary shall have the right to choose insurers from whom He/She wants to claim the balance amount.
4. Where an Insured Beneficiary has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Beneficiary shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

CORONA PROTECTION POLICY [GROUP]

16. Cancellation

The Company may cancel the Group Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

17. Cancellation of Master Policy:

The Company may cancel the Master Policy by giving 15 days' notice to Master Policy Holder and or due to Master Policy Holders misrepresentation, fraud, non-disclosure of material facts, if any false statement or declaration is made or used and or if the Cancellation of Master Policy is required due to regulatory requirements.

The Master Policy may be cancelled by the Policy Holder at any time before the expiry of the Master Policy Period by giving at least 15 days written notice to the Company.

18. Cancellation of Certificate of Insurance:

i. The Certificate of Insurance may be cancelled by or on behalf of the Company by giving the Insured Beneficiary at least 15 days of written notice. This policy is non-refundable and no premium shall be refunded.

ii. Under normal circumstances, Certificate of Insurance will not be cancelled except for reasons of mis-representation, fraud, nondisclosure of material facts, if any false statement or declaration is made or used or non-cooperation. In cases of cancellation of Certificate of Insurance on grounds of misrepresentation, fraud, non-disclosure of material facts, or if any false statement or declaration is made or used premium shall be forfeited and no refund of premium shall be made by the Company. In other cases of cancellation of Certificate of Insurance by the Company, premium will be refunded on pro-rata basis.

19. Dispute Resolution (Applicable only in cases where this Policy is issued under Commercial Lines of Business)

"The Insurer and Insured 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."

Note : 1. Wherever this Policy is issued under retail lines of business, Arbitration clause shall not be applicable.
2. Arbitration clause shall not be applicable in case of Policies issued under commercial lines of business where Insured has specifically consented for no arbitration clause and no arbitration terms have been annexed to the Policy Schedule/Policy.

20. Governing law and Jurisdiction

a. All admissible claims will be settled and paid to the Insured Beneficiary only in Indian Rupees.

b. The Certificate of Insurance read with Master Policy constitutes the complete contract of insurance between the Company and Insured Beneficiary. So also the Master Policy shall constitute the complete contract of insurance between the Master Policy Holder and the Company. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

c. The construction, interpretation and meaning of the provisions of this Master Policy and Certificate of Insurance shall be determined in accordance with Indian law. The section headings of this Master Policy are included for descriptive purposes only and do not form part of this Master Policy for the purpose of its construction or interpretation, unless the Headings are supported with more inputs as to intent of the respective clauses/terms and conditions.

d. This Group Policy and Certificate of Insurance is subject to the exclusive jurisdiction of the Courts in India.

21. Endorsements (Changes in Group Policy)

I. This Certificate of Insurance constitutes the complete contract of insurance. This Group Policy and Certificate of Insurance cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written endorsement signed and stamped.

II. The Insured Beneficiary may be changed during the Cover Period only in case of His/ Her demise or him/her moving out of India.
The new Insured Beneficiary must be the legal heir/immediate family member. Such change would be subject to acceptance by the Company and payment of premium (if any).

22. Terms and conditions of the Group Policy

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

CORONA PROTECTION POLICY [GROUP]

23. Renewal of Certificate of Insurance

Subject to renewal of Master Policy, the Certificate of Insurance shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured/ Insured Beneficiary.

i. The Company shall endeavor to give notice for renewal. However, the Company is not under binding mandatory obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the Insured Beneficiary had made a claim or claims in the preceding Cover Period.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the Cover Period and before assuming any risk under renewal Certificate of Insurance.
iv. At the end of the Cover Period, the Certificate of Insurance shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in Certificate of Insurance. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience.

24. Entire Contract

This Certificate of Insurance issued to the Insured Beneficiary read with this Group Policy constitutes the complete contract of insurance for the Insured Beneficiary. No change or alteration in this Group Policy or Certificate of Insurance shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement to the Policy/Certificate of Insurance.

25. Discounts:

i. Group Size Discount:
Discount will be given based on number of lives being covered under a group and will be as below:

Group Size	Discount
7 to 500	0%
501 to 2500	5%
2501 to 7500	10%
7501 to 50,000	15%
50,001 to 100,000	20%
100,001 and above	25%

ii. Floater Discount-
5% discount will be given if policy is opted on floater basis for 2 or more members. This is based on discussion with Underwriters and claims team.
Note: It is not applicable in case of Corona Top Up and Corona Booster.

iii. Co-payment Discount:
Same as Co-Pay Percentage opted i.e 5%, 10% or 15%.

iv. Discount for reduced commission:
a. If commission is 0% - 20% discount
b. If commission is 7.5% - 11% discount
(This is for employer employee groups or groups which opt for lower commission)

v. Domestic locations and/or International locations travel Restriction
if Insured beneficiary have restricted his travel to any international locations and/or domestic location having outbreak of Coronavirus Disease in last 30 days before the date of diagnosis of Covid-19 (date of report of confirmation test), he/she shall be eligible for 25% discount.

SECTION E) GENERAL TERMS AND CLAUSES – OTHER TERMS AND CONDITIONS

26. CLAIM PROCEDURE

Procedure for Cashless claims:

i. Treatment may be taken in a Network Provider and is subject to pre authorization by the Company or its authorized TPA.
ii. Cashless request form available with the Network Provider and TPA shall be completed and sent to the Company/TPA for authorization.
iii. The Company/ TPA upon getting cashless request form and related medical information from the Insured Beneficiary/Network Provider will issue pre-authorization letter to the Hospital after verification.
iv. At the time of discharge, the Insured Beneficiary has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
v. The Company/ TPA reserves the right to deny pre-authorization in case the Insured Beneficiary is unable to provide the relevant medical details.
vi. In case of denial of cashless access, the Insured Beneficiary may obtain the treatment as per treating Medical Practitioner's advice and submit the claim documents to the Company/TPA for reimbursement.

Procedure for reimbursement of claims:

For reimbursement of claims the Insured Beneficiary may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

S No	Type of Claim	Prescribed Time limit
1	Reimbursement of Hospitalization and pre Hospitalization expenses	Within thirty days of date of discharge from Hospital

2	Reimbursement of post Hospitalization expenses	Within fifteen days from completion of post Hospitalization treatment

Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

i. Within 24 hours from the date of emergency Hospitalization.
ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Documents to be submitted:

The claim is to be supplied with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid 19 Hospitalization Cover	1. Duly filled and signed Claim Form 2. Copy of Insured Beneficiary's passport, if available (All pages) 3. Photo Identity proof of the patient (if Insured Beneficiary does not own a passport) 4. Medical Practitioner's prescription advising admission 5. Original bills with itemized break-up 6. Payment receipts 7. Discharge summary including complete medical history of the patient along with other details. 8. Investigation reports including Insured Beneficiary's test reports from government laboratories or ICMR approved private laboratories for Covid 19 9. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable 10. Sticker/Invoice of the Implants, wherever applicable. 11. NEFT Details (to enable direct credit of claim amount into bank account) and cancelled cheque. 12. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines 13. Legal heir/succession certificate, wherever applicable 14. Any other relevant document required by Company/TPA for assessment of the claim.
2. Hospital Daily Cash	1. Hospital Cash Claim Form duly signed by the Insured Beneficiary / Nominee (in case of death of Insured Beneficiary) 2. Photo Copy of Discharge Summary / Discharge Certificate. 3. Photo Copy of Final Hospital Bill 4. NEFT Details 5. In cases where a fraud is suspected, We may call for any additional document(s) in addition to the documents listed above 6. Aadhaar card & PAN card Copies is as per the IRDAI guidelines read with

Note:

1. The Company shall only accept bills/invoices/medical treatment related documents only in the Insured Beneficiary's name for whom the claim is submitted
2. In the event of a claim lodged under the some other insurer's insurance policy of Insured Beneficiary and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Beneficiary

Annexure I:

List I-Items for which coverage is not available in the Certificate of Insurance

Sl 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

CORONA PROTECTION POLICY [GROUP]

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	SPIROMETRE
36	STEAM INHALER
37	ARMS LING
38	THERMOMETER
39	CERVICAL COLLAR
40	SPLINT
41	DIABETIC FOOT WEAR
42	KNEE BRACES (LONG/ SHORT/ HINGED)
43	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
44	LUMBO SACRAL BELT
45	NIMBUS BED OR WATER OR AIR BED CHARGES
46	AMBULANCE COLLAR
47	AMBULANCE EQUIPMENT
48	ABDOMINAL BINDER
49	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
50	SUGAR FREE TABLETS
51	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
52	ECG ELECTRODES
53	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
54	KIDNEY TRAY
55	OUNCE GLASS
56	PELVIC TRACTION BELT
57	PAN CAN
58	TROLLY COVER
59	UROMETER, URINE JUG

CORONA PROTECTION POLICY [GROUP]

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

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	CRADLE CHARGES
4	COMB
5	EAU-DE-COLOGNE / ROOM FRESHNERS
6	GOWN…..
7	SLIPPERS
8	TISSUE PAPER
9	TOOTH PASTE
10	TOOTH BRUSH
11	BED PAN
12	FLEXI MASK
13	HAND HOLDER
14	SPUTUM CUP
15	DISINFECTANT LOTIONS
16	LUXURY TAX
17	HVAC
18	HOUSE KEEPING CHARGES
19	AIR CONDITIONER CHARGES
20	IM IV INJECTION CHARGES
21	CLEAN SHEET
22	BLANKET/WARMER BLANKET
23	ADMISSION KIT
24	DIABETIC CHART CHARGES
25	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
26	DISCHARGE PROCEDURE CHARGES
27	DAILY CHART CHARGES
28	ENTRANCE PASS / VISITORS PASS CHARGES
29	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
30	FILE OPENING CHARGES
31	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
32	PATIENT IDENTIFICATION BAND / NAME TAG
33	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/ CAPO 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

Annexure II
Contact details of the Ombudsman offices

If you are still not satisfied, you can approach the Insurance Ombudsman in the respective area for resolving the issue. The contact details of the Ombudsman offices are mentioned below:

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 – 25501201 /02 /05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL - Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, “Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR – Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 – 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 – 4646394 / 2706468	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.

CORONA PROTECTION POLICY [GROUP]

Office Details	Jurisdiction of Office Union Territory, District)
Email: bimalokpal.chandigarh@cioins.co.in	
CHENNAI - Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI – Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.	Rajasthan.

CORONA PROTECTION POLICY [GROUP]

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0141 –2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	
KOCHI– Insurance Ombudsman 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: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA – Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW – Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar..
MUMBAI - Insurance Ombudsman 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: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
NOIDA - Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj,

CORONA PROTECTION POLICY [GROUP]

Office Details	Jurisdiction of Office Union Territory, District)
Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA – Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE - Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020- 24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).

"List of Ombudsman offices established by the Central Government for redressal of grievance are also available at https://www.cioins.co.in/Ombudsman"

Note: Address and contact number of Governing Body of Insurance Council:

Council for Insurance Ombudsmen, 3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W), Mumbai - 400 054.
E-mail: inscoun@cioins.co.in, **Tel:** 022 -69038800/69038812, **Website:** https://www.cioins.co.in