

Bajaj Allianz General Insurance Company Limited  
 Corporate Identity Number: U66010PN2000PLC015329. IRDAI Registration No.113  
 Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

## TRAVEL CORONA PROTECT - INTERNATIONAL (GROUP)

### Policy Wordings UIN- BAJTGOP22172V012122

#### SECTION A) PREAMBLE

Whereas the insured 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" or "insurance company") a proposal which is hereby agreed to be the basis of this Group Policy/Master Policy titled "Travel Corona Protect - International (Group)", and the and the Insured /Insured Beneficiary has made proposal or Proposal as mentioned in the transcript of the Proposal of Insured Beneficiary/Insured on behalf of respective Insured Beneficiary/ies, containing certain undertakings, declarations, information/particulars and statements, which is hereby agreed to be the basis of this, for Certificate of Insurance [COI], to be issued in the name of Insured Beneficiary under Group Policy/Master Policy titled "Travel Corona Protect - International (Group)", Insured Beneficiary and or Insured/Policy Holder on behalf of Insured Beneficiary has paid the premium specified in the COI read with Group Policy/Master Policy as consideration for the Certificate of Insurance [COI] under Group Policy/Master Policy title "Travel Corona Protect - International (Group)", now the Company agrees, subject always to the Sum Insured as specified in the respective COI issued/to be issued to the Insured Beneficiary, and the terms, conditions, exclusions, and limitations of the COI and Policy Terms and Conditions under Group Policy/Master Policy title "Travel Corona Protect - International (Group)", and in excess of the amount of the Deductible/co-payment, to indemnify the Insured Beneficiary as under the COI against such loss/expenses, as is herein provided and such loss/expenses is actually incurred by Insured Beneficiary within the Cover Period under COI, in the manner and to the extent hereinafter stated:

#### SECTION B) DEFINITIONS- STANDARD DEFINITIONS

Words or terms mentioned below have the meaning ascribed to them wherever they appear in this Group Policy, and references to the singular or to the masculine, include references to the plural or to the feminine wherever the context permits:

1. **Accident-** An accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Condition Precedent**  
 Condition Precedent means a Certificate of Insurance terms or conditions upon which the Insurer's liability under the Certificate of Insurance read with Group Policy is conditional upon.
3. **Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure, or position. **a) Internal Congenital Anomaly** Congenital Anomaly which is not in the visible and accessible parts of the body. **b) External Congenital Anomaly** Congenital Anomaly which is in the visible and accessible parts of the body
4. **Co-Payment:** Co-payment means a cost sharing requirement under a health insurance policy that provides that the Insured Beneficiary will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
5. **Cumulative Bonus:** Cumulative Bonus means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.
6. **Day Care Centre:**  
 A Day Care Centre means any institution established for Day Care Treatment of Illness and/or injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under
  - i. has qualified nursing staff under its employment;
  - ii. has qualified medical practitioner/s in charge;
  - iii. has 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.
7. **Day Care Treatment:**  
 Day care treatment means medical treatment, and/or *surgical procedure* which is:

- i. undertaken under General or Local Anesthesia in a *Hospital/Day Care Centre* in less than 24 hrs because of technological advancement, and
  - ii. which would have otherwise required Hospitalization of more than 24 hours.
- Treatment normally taken on an out-patient basis is not included in the scope of this definition.
8. **Deductible:**  
Deductible means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.
  9. **Dental Treatment:**  
Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
  10. **Disclosure to Information norm-** The Group Policy or COI 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.
  11. **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.
  12. **Hospitalization-** Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'Inpatient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours as mentioned in Annexure I.
  13. **Illness,** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  14. **Injury:** Injury means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
  15. **Maternity expenses**  
Maternity expenses means;
    - 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 Cover Period.
  16. **Medical Advise – means** any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
  17. **Medical Expenses**  
Medical Expenses means those expenses that an Insured Beneficiary 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 Beneficiary had not been Insured Beneficiary and no more than other Hospitals or Medical practitioners in the same locality would have charged for the same medical treatment
  18. **Medically Necessary Treatment:**  
Medically necessary treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
    - a. is required for the medical management of the Illness or Injury suffered by the Insured Beneficiary;
    - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
    - c. must have been prescribed by a medical practitioner
    - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India
  19. **Notification of Claim** Notification of claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
  20. **OPD treatment:**  
OPD treatment means the one in which the Insured Beneficiary visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured Beneficiary is not admitted as a Day Care or Inpatient.
  21. **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.
  22. **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.
  23. **Unproven/Experimental treatment:** Unproven/Experimental treatment means the 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

24. **Accidental** shall be construed as per the Standard Definition of **Accident**.

25. **Age** means completed years as at the commencement date/RID of the Certificate of Insurance.
26. **Aircraft** means any machine which can derive support in the atmosphere from reactions of the air, [other than reactions of the air against the earth's surface] but excluding balloons, whether fixed or free, airships, kites, gliders and flying machines.
27. **Airline** means a public airline that holds a proper license for the jurisdiction in which it operates and that operates scheduled flights, through Aircraft, for passengers.
28. **Certificate of Insurance/COI** means the document issued by the Company to the Insured Beneficiary as per Group Policy Standard Terms and Conditions detailing the Risk Inception Date and Risk Expiry Date as in Cover Period, Insured Beneficiary name, address, age, coverage, sums insured, Deductible, conditions, exclusions and or endorsement(s) and the Standard Terms and Conditions of the coverage as fully mentioned in the respective Certificate of Insurance read with Group Policy.. 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.
29. **Condition Precedent:** shall also include the pre-receipt of premium.
30. **Covid** :- For the purpose of this Group Policy and COI, Coronavirus Disease means COVID-19 as defined by the World Health Organization (WHO) and caused by the virus SARS-CoV2.
31. **Claims Administrator/Assistance Provider/ Assistance administrator** means the person, entity or organization named in the Schedule and appointed authorized by Bajaj Allianz General Insurance Company Limited to manage the assistance on a cashless basis claims to the Insured Beneficiary(ies).
32. **Doctor/Registered medical Practitioner:** - A legally qualified doctor holding the necessary certification in the country in which they are currently practicing, other than the Insured Beneficiary or a relative of theirs.
33. **Emergency and Emergency Treatment** shall be accordingly taken/interpreted as per definition of Emergency Care.
34. **Group Policy or Master Policy** means this Group Policy Document, the Master Policy Schedule/Group **Policy Schedule** and the Proposal/transcript of proposal, declaration and applicable Endorsements under the Group Policy containing the Standard Terms and Conditions of the insurance coverage under which Certificates of Insurance shall be issued to the Insured Beneficiary(ies) with the details of the Cover Period, extent of risk cover available to the Insured Beneficiary, the Exclusions under the risk cover and the Standard Terms and Conditions, warranties and limitations.
35. **Group Policy Schedule/Policy Schedule** Means the Group Policy Schedule attached to and forming part of the Group Policy.
36. **Hospitalisation** where such admission could be for a period of less than 24 consecutive hours, same are mentioned in Annexure I.
37. **Illness:** in addition to Standard Definition of Illness, the Illness has to manifests itself during the Cover Period.
38. **Inpatient:** Inpatient means the Insured Beneficiary has to stay in a Hospital for more than 24 hours for a covered event.
39. **Inpatient Care:** Inpatient Care means treatment for which the Insured Beneficiary has to stay in a Hospital for more than 24 hours for a covered event.
40. **Insurance Company / Claims Administrator** means the person or organization named in the Master Policy Schedule.
41. **Insured Beneficiary:-** Insured Beneficiary means persons/passengers who have booked His/Her air travel tickets through Service Provider for air travel in Aircraft for International flight travel for whom the Group Policy Holder has taken the Group Insurance through this Group Policy basis which Certificate of Insurance is issued by the Company to the Insured Beneficiary/Insured Member.
42. **Insured Journey/Trip** - Trip shall mean and include a Trip undertaken by the Insured Beneficiary from the Place of Residence or Place of Origin on or after the Policy start date & time and return to the City of Residence or Place of Residence on or before the Policy end date & time mentioned in Certificate of Insurance.
43. **Place of Destination** of the Insured Beneficiary means the international destination place where the journey of the Insured is scheduled to be concluded.
44. **Place of Origin** of the Insured Beneficiary means the starting point or place or location from where the Insured's journey is scheduled to be undertaken.
45. **Place of Residence** of the Insured means any city, town or village in which the Insured Beneficiary is currently residing in India and as specified in the Insured Beneficiary's corresponding address in the Certificate of Insurance.
46. **Portability** means the right accorded to individual Insured Beneficiary to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another.
47. **Sum Insured** means the amount stated in the Certificate of Insurance against each relevant Section, which shall be the Company's maximum liability under this COI (regardless of the number of the amount of Claims made) for any one Claim and in the aggregate for all Claims under such Section.
48. **Surgical** shall be deduced from the Standard Definition of Surgery or Surgical Procedure.
49. **Epidemic:-** A contagious disease recognised or referred to as an epidemic by a representative of the World Health Organization (WHO) or an official government authority.
50. **Group** - The definition of a group as per the provisions of group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 read with Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016 as amended/modified, from time to time.
51. **Home:-** The usual place of residence of the Insured Beneficiary.
52. **Pandemic:** - An epidemic that is recognized or referred to as a pandemic by a representative of the World Health

Organization (WHO) or an official government authority.

53. **Limit of Indemnity**-Limit of Indemnity represents Our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Certificate of Insurance during the Cover Period and in the aggregate for the person(s) named in the Certificate of Insurance during the Cover Period, and means the amount stated in the Certificate of Insurance against each Cover and subject to the limits specified.
54. **Policy** means the proposal, the Certificate of Insurance, Terms and Conditions and any endorsements attaching to or forming part hereof either on the commencement date or during the Cover Period.
55. **Cover Period**- The period between and including (i) the Risk Inception Date [RID]/start date and time of risk cover and Risk End Date [RIED]/end date and time of risk cover shown in the Certificate of Insurance or (ii) period from commencement of the Insured trip to the end of the Insured trip, whichever is earlier.
56. **Pre- Existing Illness and Injury**-  
Means
- i. any Injury, ailment, condition or related condition/symptom for which treatment, or medication, or advise, or diagnosis, has been sought or received by You prior to the commencement of the Certificate of Insurance, or
  - ii. Any ailment or Injury and related conditions for which You were diagnosed and/or received/ sought medical advice / treatment and / or had first signs or symptoms and / or had known existence thereof prior to the issuance of Cover Period by Us, whether declared by You or not.
57. **Quarantine**:- Mandatory individual, involuntary confinement by order or other official directive of a government, public or regulatory authority, which is intended to stop the spread of a contagious disease to which the Eligible Passenger or a traveling companion have been exposed.
58. **Notification of Claim**- Notification of claim is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
59. **You, Your, Yourself, His/Her, He/She** means the **Insured Beneficiary** named in the Certificate of Insurance, that We insure.
60. **We, Us, Our, Ours, Company, Insurer** means the Bajaj Allianz General Insurance Company Limited.

## SECTION C) COVERAGE

### Cover Period:

1 day to 30 days

### Scope of cover:

The Company hereby agrees to pay in respect of an admissible claim, any or all of the following covers subject to the Sum Insured, limits, Deductible, terms, conditions and definitions, Co-payment, exclusions contained or otherwise expressed in this Group Policy and COI.

### Prerequisites before Commencement of Trip

The Company will organize/reimburse for any admissible claim under the COI subject to the terms and conditions and maximum up to limit of Indemnity as mentioned in COI provided the Insured Beneficiary must have fulfilled any of the below prerequisites before commencing the Trip:-

- a) The Insured Beneficiary must have completed His/Her RT – PCR test not more than 5 days before the start date of Trip.
- b) The RT- PCR must have been conducted as per the medical protocol set by ICMR and/or Government of India and observations & readings of this test should be negative for COVID 19 Virus.  
Or
- c) Before the travel the Insured Beneficiary must have been fully vaccinated (all doses as mandated) against COVID 19 with the vaccinations approved by and as per regulations of visiting country.

The travel insurance COI issued by Us will become null & void and no claim will be entertained by the Company if the above stated prerequisite is not met before commencement of the Trip.

The proof of RT-PCR tests or vaccinations needs to be provided at the time of claim.

### Important Condition related to COVID - 19:

The intent of the COI is to provide the services related to treatment of COVID 19 on cashless basis. The Insured Beneficiary therefore must contact the Assistance Services Administrator as soon as possible if they test positive for COVID-19, to confirm their eligibility to the service and receive approval for expenses. Expenses will only be settled directly with the medical facility, Quarantine or transportation providers. The Insured Beneficiary shall claim reimbursement only in exceptional circumstances such as a medical Emergency.

## SECTION 1: MEDICAL EXIGENCIES COVER

We will indemnify You, for Usual, Reasonable and Customary expenses up to Sum Insured shown in the Certificate of Insurance in the event of medically admissible sickness / Illness /disease or Accidental Injury first sustained or contracted while on Insured Trip within the Cover Period.

### What it covers-

- 1. Medical Expenses:** We will pay You for Medical expenses incurred by You for treatment outside India for following services but not limited to:
  - Hospital Room, boarding and nursing
  - Use of Operation Theatre, Emergency room and Ambulatory Medical Facility
  - Doctors' Fees, physicians' services including chiropractitioner, psychiatrist
  - Medical expenses including but not limited to laboratory tests, therapeutics, anesthetics (Including procedure administration), transfusion,
  - X-rays, CT/ MRI Scans etc.
  - Day Care expenses
  - OutPatient Department expenses (OPD)
  - Local Emergency medical transportation including ambulance services
  - Pharmacy bills for prescribed medicines and drugs.
  - One time reimbursement of hearing aids, crutches, and external appliances and/or devices necessitated as part of treatment and prescribed by Doctor/Physician.
- 2. Emergency Medical Evacuation:** We will indemnify You for medically eligible and necessary expenses incurred
  - to evacuate You from overseas medical facility to a medical facility in India, and
  - to continue medical treatment commenced by You outside of India up to a period of 90 days from Date of Incident.
- 3. Repatriation of Mortal Remains-** In any unfortunate event leading to death, eligible expenses shall be paid for:
  - Transportation of a deceased body/mortal remains and personal belongings back to India,
  - Reasonable preparation of the body for transportation with minimally necessary container appropriate for transportation or cremation or embalming,
  - Other permissions and paperwork associated with it.

### II B. Conditions applicable to Medical Exigencies Cover

1. We shall arrange the evacuation within the Cover Period when in the opinion of Our medical panel, it is judged medically appropriate to evacuate You to a medical facility in India. The means of transportation to final destination will be decided by Us.
2. Emergency Medical evacuation must be ordered by overseas treating physician with severity and nature of Your Sickness/ Injury and approved by Us
3. We shall after judging the medical conditions on the basis of severity and nature of Your Sickness/ Injury detailed by Physician, intimate about acceptance of Emergency Medical Evacuation within 48 hour after Your written intimation to Us via email or call at the call Centre mentioned on the Certificate of Insurance.  
Expenses related to Treatment of Mental Illness will be covered up to 25% of "Medical Exigencies Sum Insured.

### ICD specific for Mental Illness

ICD Codes	ICD Description
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders

4. If You are Hospitalized continuously beyond Expiration Date of the Cover Period then the expenses incurred under this Sections will be paid up to a maximum of 75 days overseas from date of expiry of the COI or utilization of Sum Insured specified in the Certificate of Insurance whichever is earlier. Insurer shall have no further liability beyond the specified period of 75 days.

## **SECTION 2: TRIP EXIGENCIES**

In case of necessary and unavoidable change of plans after commencement of the journey, We will indemnify You for the financial losses incurred within the Cover Period arisen due to any one of the below reasons up to Sum Insured as mentioned against the coverage-

### **A. Trip Interruption**

In case of necessary and unavoidable change of plans after commencement of the journey, We will indemnify You for the financial losses incurred within the Cover Period arisen due to Your early return towards following expenses

- cancellation of accommodation,
- cancellation of events, tours, excursions and activities,
- Travel charges including early flight for difference in air fare.
- En-route Emergency accommodation extension

which are paid or payable by You and are not recoverable from any source, subject to limits shown in the Certificate of Insurance.

We shall indemnify You only if Your Trip is interrupted due to the following conditions:

1. Death or Serious Injury or sudden sickness of You or Your family member or Travel Companion requiring minimum two days of Hospitalization or quarantine condition detected or Day Care Treatment listed in Annexure I.
2. Inclement Weather conditions like Storm, Flood, Hurricanes, or Natural Disaster which is not publicly known before COI issuance date.
3. You are called as a witness at a Court of Law or for jury service attendance.
4. Involuntary loss of Job and or retrenchment occurring after commencement of outbound journey.
5. Political disturbance, Travel prohibition declared by Government and or Airline Authorities which is not publicly known before COI issuance date.
6. Loss of passport/Visa

### **B) Accommodation Costs Related to COVID-19 Quarantine**

If an Insured Beneficiary is infected with COVID-19 while on their trip outside of India, and they are required to individually Quarantine during the Trip, the Assistance Services Administrator will coordinate the payments due to the Quarantine facilities for the Accommodation of the Insured Beneficiary and that of one Travel Companion, up to the amount limits stated in the Benefits and Limits Table, and as long as the services have been organized by the Assistance Services Administrator.

The Quarantine must be by order or other requirement of a government, public authority to impose such quarantine restrictions.

Where the Insured Beneficiary contracts COVID 19 while on His/Her trip abroad & did not contact Assistance Services Administrator for a cashless settlement of claim & settles the bill directly, the Insured Beneficiary may file a reimbursement claim for trip interruption due to contraction of COVID 19. In such case the claim will be settled on indemnity basis subject to a maximum per day and overall Sum Insured limit mentioned for the benefit.

The COI does not cover any Quarantine that applies generally or broadly to some or all of a population, vessel, or geographical area, or that applies based on where the person is traveling to, from, or through.

## **SECTION 3: LOSS OF CHECKED-IN BAGGAGE**

We will pay You Sum Insured specified in the Certificate of Insurance in respect of the complete and permanent loss of Your Checked-In Baggage including contents therein during Your onward or return or both journeys, subject to below conditions.

### **Conditions**

1. On discovering the loss of Checked-in Baggage, You must obtain a relevant property irregularity report (PIR) from the Airline and submit the same to Us / Claims Administrator in the event of a Claim.
2. Our liability shall not arise until liability is admitted by the Airline and supported by documentary proof issued by Airline.

## **SECTION D) EXCLUSIONS UNDER THE GROUP POLICY AND CERTIFICATE OF INSURANCE- STANDARD EXCLUSIONS**

## General Exclusions

### 1. Investigation & Evaluation (Code: Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

### 2. Rest Cure, rehabilitation and respite care- (Code: Excl05)

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 medical, physical, social, emotional and spiritual needs.

### 3. Obesity/Weight Control (Code:Excl06)

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

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

### 4. Cosmetic or plastic Surgery (Code:Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the Insured Beneficiary. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

### 5. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

### 6. Breach of law (Code:Excl10)

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

### 7. Excluded Providers (Code:Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the Insured Beneficiary are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.

### 8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code: Excl12)

### 9. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code: Excl13)

### 10. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of Hospitalization claim or Day Care Treatment. (Code:Excl14)

### 11. Refractive Error (Code:Excl15)

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

### 12. Unproven Treatments (Code:Excl16)

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.

### 13. Sterility and Infertility (Code:Excl17)

Expenses related to sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

- c) Gestational Surrogacy
  - d) Reversal of sterilization
14. **Maternity (Code:Excl 18) :**  
 Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy.  
 Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Cover Period.

#### **SECTION D) EXCLUSIONS UNDER THE GROUP POLICY AND CERTIFICATE OF INSURANCE - SPECIFIC EXCLUSIONS**

15. The Company shall be under no liability to make payment of any Medical Expenses incurred before the COI inception/RID and beyond the expiry of Policy Period/RED, same as provided for under Section Medical Expenses & Medical Evacuation.
16. Any Dental Treatment including routine dental examination, corrective treatment to previously fitted dental implants, bridge, caps prior to COI inception date, dental pain relief or treatment unless rendered necessary due to Accidental Injury requiring Hospitalization.
17. The Company shall be under no liability to make payment hereunder in respect of any Claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:
  - a. Where the Insured Beneficiary is:
    - i. Travelling against the advice of a Physician; or
    - ii. Receiving or on a waiting list for specified medical treatment declared in the Physician's report or certificate provided by the Insured Beneficiary in His/Her proposal; or
    - iii. Travelling for the purpose of obtaining treatment; or
    - iv. In receipt of a terminal prognosis for a medical condition
18. Any Pre-existing ailment or disease or any medical condition or complication arising from it which existed before the commencement of the Cover Period, or for which care, treatment or advice was sought, recommended by or received from a Physician.
19. Your participation in any sport activity in a professional capacity
20. The participation of the Insured Beneficiary in riding or driving in races or rallies.
21. Congenital Anomalies or any complications or conditions arising there from
22. Losses arising from Accidents as a driver on motorized vehicles unless at the time of the Accident the Insured Beneficiary is in possession of a current full international driving license and while riding a two wheeler is wearing a safety crash helmet.
23. Losses arising directly or indirectly from manual work or hazardous occupation, self-exposure to needless peril (except in an attempt to save human life), or if engaging in any criminal or illegal act.
24. Any medical treatment obtained in India except that is covered under sub-section Emergency Medical Evacuation.
25. Any medical Evacuation undertaken without the consent of the Insurer.
26. The cost of spectacles, contact lenses
27. Vaccination expenses
28. Treatment by any other system other than modern medicine (also known as Allopathy).
29. Civil or foreign wars, riots, popular movements, strikes, hostage taking, handling of weapon, terrorism.
30. Any effects of a nuclear origin or nuclear reaction or caused by any source of ionizing radiation
31. In respect of travel by the Insured Beneficiary to any country against whom the Republic of India has imposed general or special travel restrictions, or against whom it may impose such restrictions, or any country which has imposed or may impose subsequently, such restrictions against travel by a citizen of the Republic of India to such country.
32. The Insured Beneficiary's deliberate acts (including but not limited to suicide and attempted suicide) and fraudulent acts.
33. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol).
34. The Insured Beneficiary's participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic.
35. The Insured Beneficiary engaging in air travel unless He/She flies as a passenger on an Airline. For the purpose of this exclusion, air travel means being in or on, or boarding an Aircraft for the purpose of flying therein or alighting there from following a flight.
36. Non-Medical Items as mentioned in Annexure II

#### **Exclusions Applicable to Claim(s) for Treatment of Covid 19**

37. Any expenses not directly caused by COVID-19.
38. COVID-19 PCR testing (or other COVID-19 test) expenses, unless medically necessary to treat as a result of previous COVID-19 positive diagnosis. For clarity, costs of COVID-19 testing which is taken as a pre-requisite to travel to other countries / to return to India, as required by the respective countries' authorities, are not covered.
39. Any Quarantine that applies generally or broadly to some or all of a population, vessel, or geographical area, or that applies based on where the person is traveling to, from, or through.

40. The Insured Beneficiary's travelling against Government of India's advice or against local authority advice at the Trip destination
41. The Insured Beneficiary not following any advice or recommendations made by the Foreign and Commonwealth Office, World Health Organization or any government or other official authority. This includes where certain vaccinations or other preventative measures are recommended.
42. Any claims made by the Insured Beneficiary in India.
43. Costs of changing transportation/hotel arrangements or unused Trip expenses due the extension or interruption of the Trip (even when these changes were a consequence of treatment or Quarantine due to COVID-19 infection).
44. Vaccination expenses.
45. The costs of implants, prostheses, artificial aids and optical costs.
46. The cost of treatment or care, the therapeutic nature of which is not recognized by legislation.
47. Any epidemic or pandemic, except COVID-19 as expressly covered
48. Any part of a Trip booked to take place after the Cover Period.

**Exclusions Applicable to Loss of Checked-In Baggage**

1. Loss of Accompanied or cabin luggage
2. Partial destruction of baggage or contents missing from the baggage.

**SECTION E) GENERAL TERMS AND CONDITIONS - STANDARD GENERAL TERMS AND CONDITIONS**

**1. Disclosure of Information**

The Certificate of Insurance 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.

**2. Condition Precedent to Admission of Liability**

The due observance and fulfilment of the terms and conditions of the Group Policy and Certificate of Insurance, by the Insured Beneficiary, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Certificate of Insurance.

**3. Records to be Maintained**

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

**4. Complete Discharge**

Any payment to the Insured Beneficiary or His/Her nominees or His/Her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Certificate of Insurance shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**5. Multiple Policies/Certificate of Insurance**

- a. In case of multiple policies/certificate of insurance 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/certificate of insurance. In all such cases the Insurer 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 policy/Certificate of Insurance.
- b. Insured Beneficiary having multiple policies/certificate of insurance shall also have the right to prefer claims under the Certificate of Insurance for the amounts disallowed under any other policy / policies/certificate of insurance even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of the Certificate of Insurance.
- c. If the amount to be claimed exceeds the Sum Insured under a single policy/certificate of insurance, the Insured Beneficiary shall have the right to choose Insurer from whom He/She wants to claim the balance amount.
- d. Where an Insured Beneficiary has policies/certificate of insurance from more than one Insurer to cover the same risk on indemnity basis, the Insured Beneficiary shall only be indemnified the Hospitalisation costs in accordance with the terms and conditions of the chosen policy/certificate of insurance.

**6. Notice & Communication**

- i. Any notice, direction, instruction or any other communication related to the Certificate of Insurance and 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 and Group Policy.
- iii. The Company shall communicate to the Insured Beneficiary at the address or through any other electronic mode mentioned in the Certificate of Insurance.

**7. 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 the Certificate of Insurance, all benefits under the Certificate of Insurance shall be forfeited.
- ii. Any amount already paid against claims which are found fraudulent later under the Certificate of Insurance shall be repaid by all person(s) named in Certificate of Insurance, who shall be jointly and severally liable for such repayment.
- 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, with intent to deceive the Insurer or to induce the Insurer to issue Certificate of Insurance:
  - 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 act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim under Certificate of Insurance 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. Onus of disproving is upon the Insured Beneficiary, if alive, or beneficiaries.

#### 8. Cancellation

a) The Insured Beneficiary may cancel the Certificate of Insurance\* by giving 15days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Cover Period as per the rates detailed below. (\*After the commencement of Insured Journey and early return)

Period in Risk	Refund Rounded
Within 20% of the policy period	65.0%
Exceeding 20% but less than 30% of the policy period	55.0%
Exceeding 30% but less than 40% of the policy period	50.0%
Exceeding 40% but less than 50% of the policy period	40.0%
Exceeding 50% of the policy period	0.0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Beneficiary under the Certificate of Insurance.

b) The Company may cancel the Certificate of Insurance at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Beneficiary, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

#### 9. Possibility of Revision of Terms of the Group Policy and Certificate of Insurance Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the Group Policy and or Certificate of Insurance including the premium rates. The Insured Beneficiary shall be notified three months before the changes are affected.

#### 10. Grievance Redressal Procedure

Welcome to Bajaj Allianz and Thank You for choosing Us as Your Insurer.

Please read Your Certificate of Insurance and Group Policy.

The Group Policy and Certificate of Insurance set out the terms of Your contract with Us. Please read Your Certificate of Insurance carefully to ensure that the cover meets Your needs.

We do Our best to ensure that Our customers are delighted with the service they receive from Bajaj Allianz. If You are dissatisfied We would like to inform You that We have a procedure for resolving issues. Please include Your COI number in any communication. This will help Us deal with the issue more efficiently. If You don't have it, please call Our Branch office.

Initially, We suggest You contact the Branch Manager/ Regional Manager of the local office which has issued the COI. The address and telephone number will be available in the COI. Naturally, We hope the issue can be resolved to Your satisfaction at the earlier stage itself. But if You feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Bajaj Allianz General Insurance Co. Ltd  
Bajaj Allianz House, Airport Road  
Yerawada, Pune 411006

E-mail: bagichelp@bajajallianz.co.in

Call : 1800-225858 (free calls from BSNL/MTNL lines only)

1800-1025858 ( free calls from Bharti users – mobile /landline ) or020-30305858

COVID-19 Helpline Number- Our policy holders can call Us at 1800-210-1030

## Level 2

### Grievance Officer-

It is Our constant endeavor to resolve customer's concerns promptly. In case You are not satisfied with the response given to You by Our team, You may write to Our Grievance Redressal Officer at [ggro@bajajallianz.co.in](mailto:ggro@bajajallianz.co.in)

## Level 3

If in case, Your grievance is not resolved and You wish to talk to Our care specialist, please Give a missed on +91 80809 45060 OR SMS <WORRY> To 575758 and Our care specialist will call You back

Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Beneficiary who are Senior Citizens

'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any health insurance related query.

Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly

Health toll free number: 1800-103-2529

Exclusive Email address: [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)

Please allow Our service network sufficient time to work on Your concern. We believe in 'Caringly Yours' and I assure You that every employee of this Company stands firmly with this promise.

If after having followed level 1, 2, 3 and 4 Your issue remains unresolved, You may approach the Insurance Ombudsman for Redressal.

Kindly find Your nearest Ombudsman office list in Annexure A or You can search updated list at <http://www.cioins.co.in/ombudsman.html>

## 11. Withdrawal of Policy

- i. In the likelihood of this Group Policy/product being withdrawn in future, the Company will intimate the Group Manager about the same 90 days prior to expiry of the Group Policy.
- ii. Insured Beneficiary will have the option to Migrate to similar international travel policy available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of Waiting Period as per IRDAI guidelines, provided the Certificate of Insurance has been maintained without a break.

## 12. 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. For Claim settlement under reimbursement, the Company will pay the Insured Beneficiary. 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.

## 13. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the **Certificate of Insurance** shall be determined by the Indian court and according to Indian law.

## 11. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid under the Certificate of Insurance, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the Insured Beneficiary and the Company or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the Insured Beneficiary and the Company to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Certificate of Insurance.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Certificate of Insurance that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

## **SECTION E) GENERAL TERMS AND CONDITIONS – SPECIFIC TERMS AND CONDITIONS**

### **14. Claim Settlement. (provision for Penal interest)**

- a. 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/information.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Beneficiary from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- c. 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.
- d. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Beneficiary at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

### **15. Cancellation OF Group Policy:**

- i. The Group Policy may be cancelled by or on behalf of the Company by giving the Insured at least 15 days of written notice.
- ii. The Group Policy may be cancelled by the Policy Holder at any time before the expiry of the Policy Period by giving at least 15 days written notice to the Company.
- iii. Once Group Policy is cancelled as above, then onwards no further Certificate of Insurance will be issued but COI already issued will be valid till completion of Cover Period of respective COI

### **16. Conditions Precedent**

Where this Group Policy and or COI requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on *Your* behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on *Your* behalf fails to completely satisfy that requirement, then We may refuse to consider *Your* claim.

### **17. Insured Beneficiary**

Only those persons named as the Insured Beneficiary in the Certificate of Insurance shall be covered under the Certificate of Insurance. Cover under the Certificate of Insurance shall be withdrawn from any Insured Beneficiary upon such Insured Beneficiary giving 15 days written notice to be received by Us or before start of the schedule Travel, whichever is earlier.

### **18. Additional Conditions for Fraud:** in case of Fraud, the premium paid shall be forfeited

### **19. Communications**

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to *Your* address shown in the Schedule.

### **20. Claim Assistance-**

In event of a claim during the Insured Beneficiary's overseas trip, He/ She shall contact on Our toll free numbers or email ids available on Policy Wording or Certificate of Insurance. We provide assistance through Our In house Team or may seek assistance from overseas assistance partners.

### **21. Claims Procedure**

All Claims will be settled by In house claims settlement team of the Company. However the Company reserves to engage overseas Assistance Services Administrator at any time, at the sole discretion of the Company.

1. No sum payable under the Certificate of Insurance shall carry interest.
2. The Company shall be under no liability to make payment in respect of any Claim until such time as the Insured Beneficiary has provided it and/or the Insurance Company / Claims Administrator with whatever documentation and/or information may be requested and established the quantum of any amount claimed to the Company's satisfaction.

3. The obligation of the Company to make payments to the Insured Beneficiary in respect of Claims made after the Insured Beneficiary return to India shall be to make payment in Indian Rupees only.
4. Specifically in respect of a Claim under Sections 1 and/or 2 and/ or 3-
  - a. The Company's liability to make payment is in respect of those charges approved by the Insurance Company / Claims Administrator prior to being incurred.
  - b. If requested by the Insurer / Claims Administrator, the Insured Beneficiary shall (at His/Her own expense) furnish all certificates, information, proofs or other evidence in support of the Claim, present himself for medical examination by a Medical Advisor as considered necessary by the Insurance Company / Claims Administrator, and the Group Policy agrees that the Insurance Company / Claims Administrator may approach anyone who may have treated the Group Policy for information and/or documentation in respect of the Claim.
  - c. In the event of the Insured Beneficiary's death, the Company shall have the right to carry out a post mortem at its own expense.
  - d. Where the Insured Beneficiary is incapacitated or otherwise unable to give a valid release for the Claim; the Company may make arrangements to pay the Claim to the Insured Beneficiary's legal guardian or legal representative. Any payment made by the Company thereby in good faith shall operate as a complete and effective discharge of the Company's liability in respect of the Claim.
  - e. The Company shall not pay Medical Expenses except at the Usual and Customary Level.
  - f. Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.

**List of Claim documents: -**

RT – PCR test not more than 5 days before the start date of Trip conducted as per the medical protocol set by ICMR and/or Government of India and observations & readings of this test should be negative for COVID 19 Virus Before the travel the Insured Beneficiary must have been fully vaccinated (all doses as mandated) against COVID 19 with the vaccinations approved by and as per regulations of visiting country shall be mandatory for any eligible covers under the Certificate of Insurance which is apart from other list of Claim Documents given below:

**Section 1) Medical Exigencies Cover**

1. Claim Form (to be filled and signed by Insured Beneficiary)
2. Attending Physician Statement (to be filled and signed by overseas treating doctor)
3. Release of Medical Information Form (ROMIF) (to be filled and signed by Insured Beneficiary) to obtain the medical records from facility
4. Medical records/Consultation Papers/Investigation Reports
5. Invoices / Bills towards medical expenses.
6. Original Paid receipts (hardcopy) in case of reimbursement claim.
7. NEFT Form and Cancelled cheque stating Insured Beneficiary's / Claimant Indian Bank
8. Account details (for reimbursement claim).
9. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.

**Repatriation**

1. Claim Form (to be filled and signed by nominee)
2. Invoices / Bills towards medical expenses.
3. Original Paid receipts (hardcopy) in case of reimbursement claim
4. Death certificate/Post Mortem report/ Certificate of emblem in case its conducted
5. NEFT Form and Cancelled cheque stating nominee's Indian Bank account details (for reimbursement claim.)
6. Cancelled passport and Visa copy.

**Trip Exigencies**

1. Hospitalization discharge summary/consultation papers of Insured Beneficiary if applicable.
2. NEFT form and Cancelled cheque stating Insured Beneficiary's / Claimant Indian Bank account details.
3. All bills and payment receipts towards transportation and lodging (incurred overseas) if applicable.
4. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India.
5. Certificate from overseas biller regarding cancellation charges.

**Option 1- Trip Interruption**

6. Both ticket itineraries- Old and new
7. Medical document and discharge summary stating Hospitalization details and need for pre or postponement of Trip.
8. Death certificate in case of death

**Option 2- Accommodation Costs Related to COVID-19 Quarantine**

9. Investigation reports including Insured Beneficiary's test reports from government laboratories or ICMR approved private laboratories for Covid 19

### Loss of Checked-In Baggage

1. Claim Form (to be filled and signed by Insured Beneficiary)
2. PIR report (Property Irregularity Report) (to be obtained from the airline authorities)
3. Letter from the Airlines accepting the liability for loss
4. Proof of compensation received from Insured Beneficiary
5. Proof of items valued more than INR 6000
6. NEFT form and Cancelled cheque stating Insured Beneficiary's / Claimant Indian Bank account details
7. Passport and Visa copy with Entry Stamp Overseas and exit Stamp from India

Note- The given above list for all base cover(s) is an indicative and Insurer reserve rights for asking additional documents related to claim(s) in case required.

Please send the documents on below address  
Bajaj Allianz General Insurance Company Ltd  
2nd Floor, Bajaj Finserv Building,  
Behind Weikfield IT park,  
Off Nagar Road, Viman Nagar  
Pune 411014| Toll free: 1800-103-2529, 1800-22-5858

### 22. Additional Terms on Cancellation by Insured Beneficiary-

- a. Before the commencement of Insured Journey, Insured Beneficiary may terminate this Certificate of Insurance at any time by giving Us written notice/ Intimation. If no claim has been made under the Certificate of Insurance, We will deduct 20% of the premium or INR 250 whichever is lower towards cancellation charges as cancellation charges and will refund the balance premium paid.
- b. No claim will be considered under the Certificate of Insurance once cancelled on the request of Insured Beneficiary.

Notwithstanding what is stated in the "Section E) General Terms and Conditions - Standard General Terms and Condition" after start of journey the Certificate of Insurance cannot be cancelled by the Insured Beneficiary.

### 23. Nationality:

Indian nationals residing in India would be considered for this Policy.

### 24. Endorsements

This Policy/ Certificate of Insurance constitutes the complete contract of insurance. This Policy// Certificate of Insurance cannot be changed by anyone (including an insurance agent or broker) except by the Insurer. Any change that the Insurer make will be evidenced by a written Endorsement signed and stamped by the Insurer.

### 25. Basis of Claims Payment-

- a. Reimbursement of all claims will be made on the basis of date of service, mentioned on the bill as per foreign exchange rate specified by Reserve Bank of India.
- b. Cashless will paid to overseas facility in their respective currency of the country.
- c. For the purpose of reimbursement claim payments all currencies shall be converted in to USD (as policy Sum Insured are in USD) and later to INR (as reimbursement payment will be in INR only)

### 26. Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the Certificate of Insurance including the premium rates. The Insured Beneficiary shall be notified three months before the changes are affected.

### 27. Territorial Limits & Governing Law

- i. The Policy constitutes the complete contract of insurance. 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.
- ii. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

### 24. Additional conditions for Arbitration:

- a) In Arbitration clause in "Section E) General Terms and Conditions - Standard General Terms And Conditions," the word parties/Parties mean the respective Insured Beneficiary and the Insurer.
- b) It is also hereby further expressly agreed and declared that if the Insurer shall disclaim/repudiate the claim and the liability to the respective Insured Beneficiary/Insured Beneficiary's Legal Heirs for any claim under the Certificate of Insurance issued to the Insured Beneficiary, and such claim shall not, within 12 calendar months from the date of such disclaimer/repudiation have been made the subject matter of a suit or proceeding before a Court of law or any other competent statutory forum/tribunal, then all benefits/indemnities under the Certificate of Insurance shall be forfeited and the rights of Insured Beneficiary shall stand extinguished and the liability of the Insurer shall also stand discharged.
- c) The seat and venue of the arbitration shall be Pune. This condition remains valid, should the Certificate of Insurance become void.
- d) In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts subject to other Terms and Conditions of this Group Policy read with Certificate of Insurance.

## 25. Additional Grievance Redressal Procedure

### Welcome to Bajaj Allianz and Thank You for choosing Us as *Your* Insurer.

This Group Policy wordings, and Group Policy Schedule/ Certificate of Insurance set out the terms of *Your* contract with Us. Please read *Your* Group Policy wordings, and Group Policy Schedule/Certificate of Insurance carefully to ensure that the cover meets *Your* needs.

We do Our best to ensure that Our customers are delighted with the service they receive from Bajaj Allianz. If *You* are dissatisfied We would like to inform *You* that We have a procedure for resolving issues. Please include *Your* Policy number in any communication. This will help Us deal with the issue more efficiently. If *You* don't have it, please call Our Branch office.

Initially, We suggest *You* contact the Branch Manager/ Regional Manager of the local office which has issued the Certificate of Insurance. The address and telephone number will be available in the Certificate of Insurance. Naturally, We hope the issue can be resolved to *Your* satisfaction at the earlier stage itself. But if *You* feel dissatisfied with the suggested resolution of the issue after contacting the local office, please e-mail or write to:

Toll free: 1800-225858 (free calls from BSNL/MTNL lines only)  
1800-1025858 ( free calls from Bharti users – mobile /landline ) or 020-30305858  
E-mail: [bagichelp@bajajallianz.co.in](mailto:bagichelp@bajajallianz.co.in)  
Fax : 020-66026667  
Courier: Bajaj Allianz General Insurance Co. Ltd  
Bajaj Allianz House, Airport Road  
Yerawada, Pune 411006

Insured Beneficiary may also approach the grievance cell at any of the Company's branches with the details of grievance

If Insured Beneficiary is not satisfied with the redressal of grievance through one of the above methods, Insured Beneficiary may contact the grievance officer at [ggro@bajajallianz.co.in](mailto:ggro@bajajallianz.co.in)

For updated details of grievance officer, <https://www.bajajallianz.com/about-us/customer-service.html>

### Grievance Redressal Cell for Senior Citizens

Senior Citizen Cell for Insured Beneficiary who are Senior Citizens

'Good things come with time' and so for Our customers who are above 60 years of age We have created special cell to address any health insurance related query. Our senior citizen customers can reach Us through the below dedicated channels to enable Us to service them promptly

**Health toll free number:** 1800-103-2529

**Exclusive Email address:** [seniorcitizen@bajajallianz.co.in](mailto:seniorcitizen@bajajallianz.co.in)

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

If *You* are still not satisfied, *You* can approach the Insurance Ombudsman as mentioned in standard General Terms and Conditions:

## Annexure A

The contact details of the ombudsman offices are mentioned below. However, We request *You* to visit <http://www.cioins.co.in> for updated details.

Office Details	Jurisdiction of Office Union Territory, District)
<p><b>AHMEDABAD - Shri Kuldip Singh</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a></p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</p>
<p><b>BENGALURU - Smt. Neerja Shah</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL - Shri Guru Saran Shrivastava</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a></p>	<p>Madhya Pradesh Chattisgarh.</p>
<p><b>BHUBANESHWAR - Shri Suresh Chandra Panda</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a></p>	<p>Orissa.</p>
<p><b>CHANDIGARH - Dr. Dinesh Kumar Verma</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 &amp; 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a></p>	<p>Punjab, Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu &amp; Kashmir, Ladakh &amp; Chandigarh.</p>
<p><b>CHENNAI - Shri M. Vasantha Krishna</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a></p>	<p>Tamil Nadu, Tamil Nadu PuducherryTown and Karaikal (which are part of Puducherry).</p>
<p><b>DELHI - Shri Sudhir Krishna</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.</p>	<p>Delhi &amp; Following Districts of Haryana - Gurugram, Faridabad, Sonapat &amp; Bahadurgarh.</p>

Office Details	Jurisdiction of Office Union Territory, District)
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<b>GUWAHATI - Shri Kiriti .B. Saha</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD - Shri I. Suresh Babu</b> 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 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
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<b>ERNAKULAM - Ms. Poonam Bodra</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
<b>KOLKATA - Shri P. K. Rath</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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,

Office Details	Jurisdiction of Office Union Territory, District)
	Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI - Shri Milind A. Kharat</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA - Shri Chandra Shekhar Prasad</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA - Shri N. K. Singh</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	Bihar, Jharkhand.
<b>PUNE - Shri Vinay Sah</b> 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.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

**Note:** Address and contact number of Governing Body of Insurance Council  
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Email: [inscoun@cioins.co.in](mailto:inscoun@cioins.co.in)

### Annexure I: Day Care Treatment

ENT	General Surgery
1 Stapedotomy	204 Infected Keloid Excision
2 Myringoplasty(Type I Tympanoplasty)	205 Incision of a pilonidal sinus / abscess
3 Revision stapedectomy	206 Axillary lymphadenectomy
4 Labyrinthectomy for severe Vertigo	207 Wound debridement and Cover
5 Stapedectomy under GA	208 Abscess-Decompression
6 Ossiculoplasty	209 Cervical lymphadenectomy

7 Myringotomy with Grommet Insertion	210 infected sebaceous cyst
8 Tympanoplasty (Type III)	211 Inguinal lymphadenectomy
9 Stapedectomy under LA	212 Incision and drainage of Abscess
10 Revision of the fenestration of the inner ear.	213 Suturing of lacerations
11 Tympanoplasty (Type IV)	214 Scalp Suturing
12 Endolymphatic Sac Surgery for Meniere's Disease	215 Infected lipoma excision
13 Turbinectomy	216 Maximal anal dilatation
14 Removal of Tympanic Drain under LA	217 Piles
15 Endoscopic Stapedectomy	A)Injection Sclerotherapy
16 Fenestration of the inner ear	B)Piles banding
17 Incision and drainage of perichondritis	218 Liver Abscess- catheter drainage
18 Septoplasty	219 Fissure in Ano- fissurectomy
19 Vestibular Nerve section	220 Fibroadenoma breast excision
20 Thyroplasty Type I	221 OesophagealvaricesSclerotherapy
21 Pseudocyst of the Pinna - Excision	222 ERCP - pancreatic duct stone removal
22 Incision and drainage - Haematoma Auricle	223 Perianal abscess I&D
23 Tympanoplasty (Type II)	224 Perianal hematoma Evacuation
24 Keratosis removal under GA	225 Fissure in anosphincterotomy
25 Reduction of fracture of Nasal Bone	226 UGI scopy and Polypectomyoesophagus
26 Excision and destruction of lingual tonsils	227 Breast abscess I& D
27 Conchoplasty	228 Feeding Gastrostomy
28 Thyroplasty Type II	229 Oesophagoscopy and biopsy of growth oesophagus
29 Tracheostomy	230 UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
30 Excision of Angioma Septum	231 ERCP - Bile duct stone removal
31 Turbinoplasty	232 Ileostomy closure
32 Incision & Drainage of Retro Pharyngeal Abscess	233 Colonoscopy
33 UvuloPalatoPharyngoPlasty	234 Polypectomy colon
34 Palatoplasty	235 Splenic abscesses Laparoscopic Drainage
35 Tonsillectomy without adenoidectomy	236 UGI SCOPY and Polypectomy stomach
36 Adenoidectomy with Grommet insertion	237 Rigid Oesophagoscopy for FB removal
37 Adenoidectomy without Grommet insertion	238 Feeding Jejunostomy
38 Vocal Cord lateralisation Procedure	239 Colostomy
39 Incision & Drainage of Para Pharyngeal Abscess	240 Ileostomy
40 Transoral incision and drainage of a pharyngeal abscess	241 colostomy closure
41 Tonsillectomy with adenoidectomy	242 Submandibular salivary duct stone removal
42 Tracheoplasty Ophthalmology	243 Pneumatic reduction of intussusception
43 Incision of tear glands	244 Varicose veins legs - Injection sclerotherapy
44 Other operation on the tear ducts	245 Rigid Oesophagoscopy for Plummer vinson syndrome
45 Incision of diseased eyelids	246 Pancreatic Pseudocysts Endoscopic Drainage
46 Excision and destruction of the diseased tissue of the eyelid	247 ZADEK's Nail bed excision
47 Removal of foreign body from the lens of the eye.	248 Subcutaneous mastectomy
48 Corrective surgery of the entropion and ectropion	249 Excision of Ranula under GA
49 Operations for pterygium	250 Rigid Oesophagoscopy for dilation of benign Strictures
50 Corrective surgery of blepharoptosis	251 Eversion of Sac
51 Removal of foreign body from conjunctiva	a) Unilateral
52 Biopsy of tear gland	b)Bilateral

53 Removal of Foreign body from cornea	252 Lord's plication
54 Incision of the cornea	253 Jaboulay's Procedure
55 Other operations on the cornea	254 Scrotoplasty
56 Operation on the canthus and epicanthus	255 Surgical treatment of varicocele
57 Removal of foreign body from the orbit and the eye ball.	256 Epididymectomy
58 Surgery for cataract	257 Circumcision for Trauma
59 Treatment of retinal lesion	258 Meatoplasty
60 Removal of foreign body from the posterior chamber of the eye	259 Intersphincteric abscess incision and drainage
<b>Oncology</b>	260 Psoas Abscess Incision and Drainage
61 IV Push Chemotherapy	261 Thyroid abscess Incision and Drainage
62 HBI-Hemibody Radiotherapy	262 TIPS procedure for portal hypertension
63 Infusional Targeted therapy	263 Esophageal Growth stent
64 SRT-Stereotactic Arc Therapy	264 PAIR Procedure of Hydatid Cyst liver
65 SC administration of Growth Factors	265 Tru cut liver biopsy
66 Continuous Infusional Chemotherapy	266 Photodynamic therapy or esophageal tumour and Lung tumour
67 Infusional Chemotherapy	267 Excision of Cervical RIB
68 CCRT-Concurrent Chemo + RT	268 laparoscopic reduction of intussusception
69 2D Radiotherapy	269 Microdochectomy breast
70 3D Conformal Radiotherapy	270 Surgery for fracture Penis
71 IGRT- Image Guided Radiotherapy	271 Sentinel node biopsy
72 IMRT- Step & Shoot	272 Parastomal hernia
73 Infusional Bisphosphonates	273 Revision colostomy
74 IMRT- DMLC	274 Prolapsed colostomy- Correction
75 Rotational Arc Therapy	275 Testicular biopsy
76 Tele gamma therapy	276 laparoscopic cardiomyotomy( Hellers)
77 FSRT-Fractionated SRT	277 Sentinel node biopsy malignant melanoma
78 VMAT-Volumetric Modulated Arc Therapy	278 laparoscopic pyloromyotomy( Ramstedt)
79 SBRT-Stereotactic Body Radiotherapy	<b>Orthopedics</b>
80 Helical Tomotherapy	279 Arthroscopic Repair of ACL tear knee
81 SRS-Stereotactic Radiosurgery	280 Closed reduction of minor Fractures
82 X-Knife SRS	281 Arthroscopic repair of PCL tear knee
83 Gammaknife SRS	282 Tendon shortening
84 TBI- Total Body Radiotherapy	283 Arthroscopic Meniscectomy - Knee
85 intraluminal Brachytherapy	284 Treatment of clavicle dislocation
86 Electron Therapy	285 Arthroscopic meniscus repair
87 TSET-Total Electron Skin Therapy	286 Haemarthrosis knee- lavage
88 Extracorporeal Irradiation of Blood Products	287 Abscess knee joint drainage
89 Telecobalt Therapy	288 Carpal tunnel release
90 Telecesium Therapy	289 Closed reduction of minor dislocation
91 External mould Brachytherapy	290 Repair of knee cap tendon
92 Interstitial Brachytherapy	291 ORIF with K wire fixation- small bones
93 Intracavity Brachytherapy	292 Release of midfoot joint
94 3D Brachytherapy	293 ORIF with plating- Small long bones
95 Implant Brachytherapy	294 Implant removal minor
96 Intravesical Brachytherapy	295 K wire removal
97 Adjuvant Radiotherapy	296 POP application
98 Afterloading Catheter Brachytherapy	297 Closed reduction and external fixation

99 Conditioning Radiotherapy for BMT	298 Arthroscopy Hip joint
100 Extracorporeal Irradiation to the Homologous Bone grafts	299 Syme's amputation
101 Radical chemotherapy	300 Arthroplasty
102 Neoadjuvant radiotherapy	301 Partial removal of rib
103 LDR Brachytherapy	302 Treatment of sesamoid bone fracture
104 Palliative Radiotherapy	303 Shoulder arthroscopy / surgery
105 Radical Radiotherapy	304 Elbow arthroscopy
106 Palliative chemotherapy	305 Amputation of metacarpal bone
107 Template Brachytherapy	306 Release of thumb contracture
108 Neoadjuvant chemotherapy	307 Incision of foot fascia
109 Adjuvant chemotherapy	308 calcaneum spur hydrocort injection
110 Induction chemotherapy	309 Ganglion wrist hyalase injection
111 Consolidation chemotherapy	310 Partial removal of metatarsal
112 Maintenance chemotherapy	311 Repair / graft of foot tendon
113 HDR Brachytherapy	312 Revision/Removal of Knee cap
<b>Plastic Surgery</b>	313 Amputation follow-up surgery
114 Construction skin pedicle flap	314 Exploration of ankle joint
115 Gluteal pressure ulcer-Excision	315 Remove/graft leg bone lesion
116 Muscle-skin graft, leg	316 Repair/graft achilles tendon
117 Removal of bone for graft	317 Remove of tissue expander
118 Muscle-skin graft duct fistula	318 Biopsy elbow joint lining
119 Removal cartilage graft	319 Removal of wrist prosthesis
120 Myocutaneous flap	320 Biopsy finger joint lining
121 Fibro myocutaneous flap	321 Tendon lengthening
122 Breast reconstruction surgery after mastectomy	322 Treatment of shoulder dislocation
123 Sling operation for facial palsy	323 Lengthening of hand tendon
124 Split Skin Grafting under RA	324 Removal of elbow bursa
125 Wolfe skin graft	325 Fixation of knee joint
126 Plastic surgery to the floor of the mouth under GA	326 Treatment of foot dislocation
<b>Urology</b>	327 Surgery of bunion
127 AV fistula - wrist	328 intra articular steroid injection
128 URSL with stenting	329 Tendon transfer procedure
129 URSL with lithotripsy	330 Removal of knee cap bursa
130 CystoscopicLitholapaxy	331 Treatment of fracture of ulna
131 ESWL	332 Treatment of scapula fracture
132 Haemodialysis	333 Removal of tumor of arm/ elbow under RA/GA
133 Bladder Neck Incision	334 Repair of ruptured tendon
134 Cystoscopy & Biopsy	335 Decompress forearm space
135 Cystoscopy and removal of polyp	336 Revision of neck muscle ( Torticollis release )
136 Suprapubiccystostomy	337 Lengthening of thigh tendons
137 percutaneous nephrostomy	338 Treatment fracture of radius & ulna
139 Cystoscopy and "SLING" procedure.	339 Repair of knee joint Paediatric surgery
140 TUNA- prostate	340 Excision Juvenile polyps rectum
141 Excision of urethral diverticulum	341 Vaginoplasty
142 Removal of urethral Stone	342 Dilatation of Accidental caustic stricture oesophageal
143 Excision of urethral prolapse	343 PresacralTeratomas Excision
144 Mega-ureter reconstruction	344 Removal of vesical stone
145 Kidney renoscopy and biopsy	345 Excision Sigmoid Polyp

146 Ureter endoscopy and treatment	346 SternomastoidTenotomy
147 Vesico ureteric reflux correction	347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
148 Surgery for pelvi ureteric junction obstruction	348 Excision of soft tissue rhabdomyosarcoma
149 Anderson hynes operation	349 Mediastinal lymph node biopsy
150 Kidney endoscopy and biopsy	350 High Orchidectomy for testis tumours
151 Paraphimosis surgery	351 Excision of cervical teratoma
152 injury prepuce- circumcision	352 Rectal-Myomectomy
153 Frenular tear repair	353 Rectal prolapse (Delorme's procedure)
154 Meatotomy for meatal stenosis	354 Orchidopexy for undescended testis
155 surgery for fournier's gangrene scrotum	355 Detorsion of torsion Testis
156 surgery filarial scrotum	356 lap.Abdominal exploration in cryptorchidism
157 surgery for watering can perineum	357 EUA + biopsy multiple fistula in ano
158 Repair of penile torsion	358 Cystic hygroma - Injection treatment
159 Drainage of prostate abscess	359 Excision of fistula-in-ano
160 Orchiectomy	<b>Gynaecology</b>
161 Cystoscopy and removal of FB	360 Hysteroscopic removal of myoma
<b>Neurology</b>	361 D&C
162 Facial nerve physiotherapy	362 Hysteroscopic resection of septum
163 Nerve biopsy	363 thermal Cauterisation of Cervix
164 Muscle biopsy	364 MIRENA insertion
165 Epidural steroid injection	365 Hysteroscopicadhesiolysis
166 Glycerol rhizotomy	366 LEEP
167 Spinal cord stimulation	367 Cryocauterisation of Cervix
168 Motor cortex stimulation	368 Polypectomy Endometrium
169 Stereotactic Radiosurgery	369 Hysteroscopic resection of fibroid
170 Percutaneous Cordotomy	370 LLETZ
171 Intrathecal Baclofen therapy	371 Conization
172 Entrapment neuropathy Release	372 polypectomy cervix
173 Diagnostic cerebral angiography	373 Hysteroscopic resection of endometrial polyp
174 VP shunt	374 Vulval wart excision
175 Ventriculoatrial shunt	375 Laparoscopic paraovarian cyst excision
<b>Thoracic surgery</b>	376 uterine artery embolization
176 Thoracoscopy and Lung Biopsy	377 Bartholin Cyst excision
177 Excision of cervical sympathetic Chain Thoracoscopic	378 Laparoscopic cystectomy
178 Laser Ablation of Barrett's oesophagus	379 Hymenectomy( imperforate Hymen)
179 Pleurodesis	380 Endometrial ablation
180 Thoracoscopy and pleural biopsy	381 vaginal wall cyst excision
181 EBUS + Biopsy	382 Vulval cyst Excision
182 Thoracoscopy ligation thoracic duct	383 Laparoscopic paratubal cyst excision
183 Thoracoscopy assisted empyaema drainage	384 Repair of vagina ( vaginal atresia )
<b>Gastroenterology</b>	385 Hysteroscopy, removal of myoma
184 Pancreatic pseudocyst EUS & drainage	386 TURBT
185 RF ablation for barrett'sOesophagus	387 Ureterocoele repair - congenital internal
186 ERCP and papillotomy	388 Vaginal mesh For POP
187 Esophagoscope and sclerosant injection	389 Laparoscopic Myomectomy
188 EUS + submucosal resection	390 Surgery for SUI
189 Construction of gastrostomy tube	391 Repair recto- vagina fistula
190 EUS + aspiration pancreatic cyst	392 Pelvic floor repair( excluding Fistula repair)

191 Small bowel endoscopy (therapeutic)	393 URS + LL
192 Colonoscopy ,lesion removal	394 Laparoscopic oophorectomy
193 ERCP	<b>Critical care</b>
194 Colonoscopy stenting of stricture	395 Insert non- tunnel CV cath
195 Percutaneous Endoscopic Gastrostomy	396 Insert PICC cath ( peripherally inserted central catheter )
196 EUS and pancreatic pseudo cyst drainage	397 Replace PICC cath ( peripherally inserted central catheter )
197 ERCP and choledochoscopy	398 Insertion catheter, intra anterior
198 Proctosigmoidoscopy volvulus detorsion	399 Insertion of Portacath
199 ERCP and sphincterotomy	
200 Esophageal stent placement	
201 ERCP + placement of biliary stents	
202 Sigmoidoscopy w / stent	
203 EUS + coeliac node biopsy	

### **Annexure II:- List of Non-Medical Items**

Sr No	Item	
1	Baby Food	Not Payable
2	Baby Utilities Charges	Not Payable
3	Beauty Serv Ices	Not Payable
4	Belts/ Braces	Not Payable
5	Buds	Not Payable
6	Cold Pack/Hot Pack	Not Payable
7	Carry Bags	Not Payable
8	Email I Internet Charges	Not Payable
9	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable
10	Leggings	Essential In Bariatric And Varicose Vein Surgery And Should Be Considered For These Conditions Where Surgery Itself Is Payable.
11	Laundry Charges	Not Payable
12	Mineral Water	Not Payable
13	Sanitary Pad	Not Payable
14	Telephone Charges	Not Payable
15	Guest Services	Not Payable
16	Crepe Bandage	Not Payable
17	Diaper Of Any Type	Not Payable
18	Eyelet Collar	Not Payable
19	Slings	Not Payable
20	Blood Grouping And Cross Matching Of Donors	Not Payable
21	Service Charges Where Nursing Charges Also Charged	Not Payable
22	Television Charges	Not Payable
23	Surcha Rges	Not Payable
24	Attendant Charges	Not Payable
25	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)	Not Payable
26	Birth Certificate	Not Payable
27	Certificate Charges	Not Payable
28	Courier Charges	Not Payable

29	Conveyance Charges	Not Payable
30	Medical Certificate	Not Payable
31	Medical Records	Not Payable
32	Photocopies Charges	Not Payable
33	Mortuary Charges	Not Payable
34	Walking Aids Charges	Not Payable
35	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
36	Spacer	Not Payable
37	Spirometre	Not Payable
38	Nebulizer Kit	Not Payable
39	Steam Inhaler	Not Payable
40	Armsling	Not Payable
41	Thermometer	Not Payable
42	Cervical Collar	Not Payable
43	Splint	Not Payable
44	Diabetic Foot Wear	Not Payable
45	Knee Braces (Long/ Short/ Hinged)	Not Payable
46	Knee Immobilizer/S Houlder Immobilizer	Not Payable
47	Lumbosacral Belt	Not Payable
48	Nimbus Bed Or Water Or Air Bed Charges	Not Payable
49	Ambulance Collar	Not Payable
50	Ambulance Equipment	Not Payable
51	Abdominal Binder	Not Payable
52	Private Nurses Charges - Special Nursing Charges	Not Payable
53	Sugar Free Tablets	Not Payable
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Not Payable
55	Ecg Electrodes	Not Payable
56	Gloves	Not Payable
57	Nebulisation Kit	Not Payable
58	Any Kit With No Details Mentioned [Delivery Kit,	Not Payable
59	Kidney Tray	Not Payable
60	Mask	Not Payable
61	Ounce Glass	Not Payable
62	Oxygen Mask	Not Payable
63	Pelvic Traction Belt	Not Payable
64	Pan Can	Not Payable
65	Trolley Cover	Not Payable
66	Urometer , Urine Jug	Not Payable
68	Vasofix Safety	Not Payable

### **Annexure III: Modern Treatment Methods and Advancement in Technologies**

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty

- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM -(Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

**Annexure IV: ICD specific for Mental Illness**

<b>ICD Codes</b>	<b>ICD Description</b>
F00	Dementia in Alzheimer disease
F02	Dementia in other diseases classified elsewhere
F03	Unspecified dementia
F05	Delirium, not induced by alcohol and other psychoactive substances
F07	Personality and behavioural disorders due to brain disease, damage and dysfunction
F09	Unspecified organic or symptomatic mental disorder
F20	Schizophrenia
F21	Schizotypal disorder
F22	Persistent delusional disorders
F23	Acute and transient psychotic disorders
F24	Induced delusional disorder
F25	Schizoaffective disorders
F31	Bipolar affective disorder
F32	Depressive episode
F33	Recurrent depressive disorder
F40	Phobic anxiety disorders