

## **Exclusions (Indicative List)**

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

### **HIV, AIDS, STD**

Any condition directly or indirectly caused to or associated with Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), complications of AIDS and other Sexually Transmitted Diseases (STD).

### **General debility, congenital external anomaly**

General debility, run down condition or rest cure, congenital external disease or defects or anomaly.

### **Sterility, infertility, assisted conception**

Sterility, infertility/sub fertility, assisted conception procedures.

### **Refractive Error**

Surgery for correction of eye sight due to refractive error.

### **Obesity**

Treatment for obesity or condition arising there from (including morbid obesity) and any other weight control and management program/services/supplies or treatment.

### **Psychiatric disorder, intentional self-inflicted injury**

Treatment for all psychiatric and psychosomatic disorders/diseases, intentional self-inflicted injury, attempted suicide.

### **Genetic disorders, stem cell surgery.**

### **Circumcision unless necessary for treatment of a disease (if not excluded otherwise) or necessitated due to an accident.**

### **Vaccination or inoculation.**

### **Cosmetic, plastic surgery, sex change, hormone replacement**

Cosmetic or aesthetic treatment of any description, change of life or sex change operation, hormone replacement therapy. Expenses for plastic surgery other than as may be necessitated due to disease/ injury.

### **Massages, spa, steam bath, naturopathy, experimental treatment**

Massages, spa, steam bath, shirodhara, and similar treatment.

Expenses for naturopathy, unproven/ experimental treatment, alternative treatments, acupuncture, acupressure, magneto-therapy and similar treatment.

### **Dental treatment**

Dental treatment unless arising due to an accident.

### **Vitamins, tonics**

Vitamins and tonics unless forming part of treatment for disease/injury as certified by the attending medical practitioner.

### **Outpatient treatment (OPD)**

### **Hospitalisation for the purpose of diagnosis and evaluation**

Diagnostic and evaluation purpose where such diagnosis and evaluation can be carried out as outpatient procedure and the condition of the patient does not require hospitalisation.

### **Treatment in convalescent home, nature clinic**

Treatment in convalescent home/hospital, health hydro/nature care clinic and similar establishments.

**Drug/alcohol abuse**

Treatment arising out of disease/injury due to misuse or abuse of drugs/alcohol or use of intoxicating substances.

**Hospitalisation which is not medically necessary.****Spectacles, contact lens, hearing aid.****Equipments**

External/durable medical/non-medical equipments/instruments of any kind used for diagnosis/ treatment including CPAP, CAPD, infusion pump, ambulatory devices like walker, crutches, belts, collars, caps, splints, slings, braces, stockings, diabetic foot-wear, glucometer, thermometer, similar related items (as listed in Appendix II) and any medical equipment which could be used at home subsequently.

**Irrelevant investigations/treatment**

Irrelevant investigations/treatment, drugs/treatment not supported by a prescription, private nursing charges, referral fee to family physician, outstation doctor/surgeon/consultants' fees and similar expenses.

**Items of personal comfort**

Items of personal comfort and convenience including telephone, television, aya, barber, beauty services, baby food, cosmetics, napkins, toiletries, guest services.

**Service charge, registration fee**

Any kind of service charges including surcharges, admission fees, registration charges and similar charges (as listed in Appendix II) levied by the hospital.

**Home visit charges**

Home visit charges during pre and post hospitalisation period of doctor, attendant and nurse.

**Treatment not related to disease/ injury**

Treatment which the insured person was undergoing before or after hospitalisation for the disease/injury, if different from the one for which claim has been made.

**Risky avocations**

Treatment for any disease/injury arising from scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing and similar activities.

**War group perils**

Injury or disease directly or indirectly caused by or arising from or attributable to war invasion act of foreign enemy, warlike operations (whether war be declared or not) and injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.

## List of Expenses Generally Excluded

<b>List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -</b>	
<b>TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>	
HAIR REMOVAL CREAM	Not Payable
BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
BABY FOOD	Not Payable
BABY UTILITES CHARGES	Not Payable
BABY SET	Not Payable
BABY BOTTLES	Not Payable
BRUSH	Not Payable
COSY TOWEL	Not Payable
HAND WASH	Not Payable
MOISTURISER PASTE BRUSH	Not Payable
POWDER	Not Payable
RAZOR	Payable
SHOE COVER	Not Payable
BEAUTY SERVICES	Not Payable
BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
BUDS	Not Payable
BARBER CHARGES	Not Payable
CAPS	Not Payable
COLD PACK/HOT PACK	Not Payable
CARRY BAGS	Not Payable
CRADLE CHARGES	Not Payable
COMB	Not Payable
DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
EYE PAD	Not Payable
EYE SHEILD	Not Payable
EMAIL / INTERNET CHARGES	Not Payable
FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
FOOT COVER	Not Payable
GOWN	Not Payable
LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
LAUNDRY CHARGES	Not Payable
MINERAL WATER	Not Payable
OIL CHARGES	Not Payable
SANITARY PAD	Not Payable
SLIPPERS	Not Payable
TELEPHONE CHARGES	Not Payable
TISSUE PAPER	Not Payable
TOOTH PASTE	Not Payable
TOOTH BRUSH	Not Payable
GUEST SERVICES	Not Payable
BED PAN	Not Payable
BED UNDER PAD CHARGES	Not Payable
CAMERA COVER	Not Payable
CLINIPLAST	Not Payable
CREPE BANDAGE	Not Payable/ Payable by the patient
CURAPORE	Not Payable
DIAPER OF ANY TYPE	Not Payable
DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)
EYELET COLLAR	Not Payable

FACE MASK	Not Payable
FLEXI MASK	Not Payable
GAUSE SOFT	Not Payable
GAUZE	Not Payable
HAND HOLDER	Not Payable
HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
INFANT FOOD	Not Payable
SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>	
WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>	
WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
MICROSCOPE COVER	Payable under OT Charges, not payable separately
SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
SURGICAL DRILL	Payable under OT Charges, not payable separately
EYE KIT	Payable under OT Charges, not payable separately
EYE DRAPE	Payable under OT Charges, not payable separately
X-RAY FILM	Payable under Radiology Charges, not as consumable
SPUTUM CUP	Payable under Investigation Charges, not as consumable

BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
COTTON	Not Payable-Part of Dressing Charges
COTTON BANDAGE	Not Payable- Part of Dressing Charges
MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
BLADE	Not Payable
APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>	
LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
HVAC	Part of room charge not payable separately
HOUSE KEEPING CHARGES	Part of room charge not payable separately
SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
SURCHARGES	Part of Room Charge, Not payable separately
ATTENDANT CHARGES	Not Payable - Part of Room Charges
IM IV INJECTION CHARGES	Part of nursing charges, not payable
CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
BLANKET/WARMER BLANKET	Not Payable- part of room charges
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>	
ADMISSION KIT	Not Payable
BIRTH CERTIFICATE	Not Payable
BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
CERTIFICATE CHARGES	Not Payable
COURIER CHARGES	Not Payable
CONVENYANCE CHARGES	Not Payable
DIABETIC CHART CHARGES	Not Payable
DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
DISCHARGE PROCEDURE CHARGES	Not Payable
DAILY CHART CHARGES	Not Payable
ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible

FILE OPENING CHARGES	Not Payable
INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
MEDICAL CERTIFICATE	Not Payable
MAINTAINANCE CHARGES	Not Payable
MEDICAL RECORDS	Not Payable
PREPARATION CHARGES	Not Payable
PHOTOCOPIES CHARGES	Not Payable
PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
WASHING CHARGES	Not Payable
MEDICINE BOX	Not Payable
MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>	
WALKING AIDS CHARGES	Not Payable
BIPAP MACHINE	Not Payable
COMMODE	Not Payable
CPAP/ CAPD EQUIPMENTS	Device not payable
INFUSION PUMP - COST	Device not payable
OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
PULSEOXYMER CHARGES	Device not payable
SPACER	Not Payable
SPIROMETRE	Device not payable
SPO2 PROBE	Not Payable
NEBULIZER KIT	Not Payable
STEAM INHALER	Not Payable
ARMSLING	Not Payable
THERMOMETER	Not Payable (paid by patient)
CERVICAL COLLAR	Not Payable
SPLINT	Not Payable
DIABETIC FOOT WEAR	Not Payable
KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
AMBULANCE COLLAR	Not Payable
AMBULANCE EQUIPMENT	Not Payable
MICROSHEILD	Not Payable
ABDOMINAL BINDER	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>	
BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL\SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical	Payable when prescribed

pharmaceuticals payable)	
DIGESTION GELS	Payable when prescribed
ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
HIV KIT	Payable - payable Pre operative screening
LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
LOZENGES	Payable when prescribed
MOUTH PAINT	Payable when prescribed
NEBULISATION KIT	If used during hospitalization is payable reasonably
NOVARAPID	Payable when prescribed
VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
ZYTEE GEL	Payable when prescribed
VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>	
AHD	Not Payable - Part of Hospital's internal Cost
ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>	
VACCINE CHARGES FOR BABY	Not Payable
AESTHETIC TREATMENT / SURGERY	Not Payable
TPA CHARGES	Not Payable
VISCO BELT CHARGES	Not Payable
ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
EXAMINATION GLOVES	Not payable
KIDNEY TRAY	Not Payable
MASK	Not Payable
OUNCE GLASS	Not Payable
OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
OXYGEN MASK	Not Payable
PAPER GLOVES	Not Payable
PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
REFERAL DOCTOR'S FEES	Not Payable
ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitalisation or post hospitalisation / Reports and Charts required/ Device not payable
PAN CAN	Not Payable
SOFNET	Not Payable
TROLLY COVER	Not Payable
UROMETER, URINE JUG	Not Payable
AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in

	48 hrs and then 1 in 24 hrs
URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
SOFTOVAC	Not Payable
STOCKINGS	Essential for case like CABG etc. where it should be paid.

The list is dynamic and as per the standard list of excluded expenses stipulated by IRDA

