

# EDELWEISS GROUP HEALTH INSURANCE

## POLICY WORDINGS



**OK, now you've made it really difficult for employees to complain about their health!**

### 1. Preamble

Thanks for choosing Edelweiss General Insurance for your Group Health Policy! This policy is a contract between you and us, subject to all the terms, conditions, exclusions and full payment of the premium. We're sure that you've given us the correct details about the Insured Persons from your company, the address, etc., but it would be great if you can double-check and confirm that we've got it all right. Once again, we appreciate your trust!

### 2. Definitions

'Insurance' is a whole different language than 'English', and we're trying our best to bring the two closer. We can't avoid using technical terms, but what we can do is explain in simple words what they mean. Also, the words and phrases defined in the Insurance Act 1938 (as amended from time to time), IRDA Act 1999(as amended from time to time), the regulations notified by the Insurance Regulatory and Development Authority of India ("Authority") and circulars and guidelines issued by the Authority will keep their original meaning

The terms defined below have the meanings ascribed to them wherever they appear in this policy and, where appropriate:

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means the completed age of the Insured Person as on his last birthday.
3. **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
5. **Appendix** means a document attached and marked as Appendix to this Policy.
6. **Assistance Service Provider - (ASP)** means such person or persons as may be appointed by the Company from time to time to provide Worldwide assistance to the Insured in terms of this Policy
7. **Aggregate Deductible** – It is a cost-sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period by insured ( individual policy) or insured family ( in case of floater policy)
8. **Break in Policy** occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

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9. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
10. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.
11. **Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
12. **Company (also referred as We/Us/EGIC)** means Edelweiss General Insurance Company Limited.
13. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
14. **Congenital anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
  - i. Internal congenital anomaly - Congenital anomaly which is not in the visible and accessible parts of the body.
  - ii. External congenital anomaly - Congenital anomaly which is in the visible and accessible parts of the body.
15. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A Co-payment does not reduce the Sum Insured.
16. **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.
17. **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 hours 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.
18. **Deductible** is 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

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days/hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer. This is to clarify that a deductible does not reduce the sum insured. Deductible shall be applicable per year, per life or per event as stated in schedule.

19. **Dental Treatment** is treatment carried out by dental practitioner related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery
20. **Diagnostic Tests** means investigations, such as X-Ray or blood tests, etc. to determine the cause of symptoms and/or medical conditions.
21. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
  - i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
  - ii. the patient takes treatment at home on account of non-availability of room in a hospital.
22. **Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histopathological and laboratory evidence wherever applicable.
23. **Edelweiss Group** means any company or organization which is directly or indirectly a holding of Edelweiss Group.
24. **Emergency care (Emergency)** 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 person's health.
25. **Endorsement** means written evidence of change to the Policy including but not limited to increase or decrease in the period, extent and nature of the cover agreed by us in writing.
26. **Family** means the Primary Insured Person whose name forms the first Insured Person, his/her lawful spouse, child/children, dependent parents/ parent-in-laws and such other persons who are specifically mentioned in the Schedule to this Policy.
27. **Family Floater Policy** means a Policy described as such in the Policy Schedule where the family members (two or more) named in the Policy Schedule are insured under this Policy. Only the following family members can be covered under a Family Floater Policy:
  - i. Insured Person; and/or
  - ii. Insured Person's legally married spouse (for as long as they continue to be married); and/or
  - iii. Insured Person's children who are upto 25 years of Age on the commencement of the Policy Period (maximum 3 children can be covered).
  - iv. Insured person's dependent parents and/or dependent parents in law.
  - v. Insured person's 2 dependent siblings max up to 25 years
28. **Grace period** means the specified period of time immediately following the premium due date during which

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a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

29. **Group** means any association of persons who assemble together with a commonality of purpose or engaging in a common economic activity like employees of a company. Non employer employee groups , like employee welfare associations, holders of credit cards issued by specific company, customers of a particular business where insurance is offered as an add on benefit , borrowers of a bank, professional associations or societies may also be treated as group. However an association of persons coming together with a purpose of availing an insurance cover, will not be treated as a group for the purpose of this policy.
30. **Hazardous sports/ Hazardous Activities** means Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving , Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters and persons whilst engaged in occupation / activities of similar hazard like, Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Demolition contractor, Explosives users, Fisherman (seagoing , Jockey , Marine salvager ,Miner and other occupations underground , nuclear installations, Off-shore oil or gas rig worker , Policeman, Professional sports person ,Roofing contractors and all construction, maintenance and repair workers, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, Steeplejack ,Stevedore ,Structural steelworker, Tower crane operator ,Tree feller.
31. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
  - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - iii. has qualified medical practitioner(s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
32. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
33. **Health Service Provider** means any person or entity providing healthcare and medical services in individual capacity, or through aggregation under "Health Service Provider Agreement", and shall include but not be limited to any clinic, diagnostic centre, pharmacy, associated facility for diagnosis, treatment or wellness

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services, and health care providers empanelled with Us/our network TPA to provide services specified under the Benefits (including Extensions) to the Insured Person on cashless /reimbursement basis for OPD Treatment or otherwise. The list of the Health Service Providers is available at our website (<https://www.edelweissinsurance.com>) and is subject to amendment from time to time

34. **Healthcare Professional** means a qualified/certified individual/counsellor/medical practitioner who provides/creates awareness for preventive, curative, rehabilitative healthcare services
35. **Health Service Provider Agreement** means an agreement prescribing the terms and conditions of the services which may be rendered to the Insured Persons under this Policy, and may be entered into between  
a) Health Service Provider and Us; or b) Health Service Provider, a TPA and Us
36. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
  - i. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
  - ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    - b. it needs ongoing or long-term control or relief of symptoms
    - c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    - d. it continues indefinitely
    - e. it recurs or is likely to recur
37. **Indemnity/Indemnify** means compensating the Policy Holder/Insured Person up to the extent of expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the insurance cover.
38. **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.
39. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
40. **Insured Person** (also referred as Insured) means person named as insured in the Policy Schedule.
41. **Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

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42. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
43. **Maternity expenses** means:
- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
  - ii. Expenses towards lawful medical termination of pregnancy during the policy period.
44. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
45. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
46. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
47. **Medically necessary treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- i. is required for the medical management of the illness or injury suffered by the insured;
  - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - iii. must have been prescribed by a medical practitioner;
  - iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
48. **Network Provider** means hospitals or health care providers enlisted by an EGIC, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
49. **Newborn baby** means baby born during the Policy Period and is aged up to 90 days.
50. **Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.
51. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

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52. **Nominee** means the person named in the proposal or schedule or who is included as nominee through endorsement to whom the benefit under the policy is nominated by the insured person
53. **Out-patient** means the Insured Person who is not Hospitalized but who visits a clinic/ Hospital / or any associated facility like a consultation room for diagnosis or treatment (encompassing but not limited to consultation, diagnostic tests & services, medicines/drugs, vaccination, Medical Procedure, external medical aid). However, any Insured Person undergoing any specified Day Care Treatment will not be considered as an Out-patient.
54. **OPD treatment** means the one in which the Insured 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 is not admitted as a day care or in-patient.
55. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 36 months prior to the first policy issued by the insurer and renewed continuously thereafter.
56. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
  - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
57. **Policy** means these Policy terms and conditions and Appendices thereto, the Proposal Form, Policy Schedule, any applicable endorsements or extensions and Optional Cover (if applicable) attaching to or forming part thereof, which form part of the Policy and shall be read together. The policy contains details of the extent of cover available to the insured, what is excluded from the cover and the terms and conditions on which the policy is issued to the insured.
58. **Policyholder** (also referred as You) means the person named in the Policy Schedule as the Policyholder.
59. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.
60. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Schedule.
61. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Schedule.
62. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.
63. **Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.

64. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
  - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
65. **Proposal and Declaration Form** means any initial or subsequent declaration made by the Insured/ Insured Person/s and is deemed to be attached and forming part of this Policy.
66. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
67. **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.
68. **Reimbursement** means settlement of claims paid directly by the Company directly to the Policyholder/Insured Person.
69. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
70. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
71. **Standard Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a Single room in that Hospital.
72. **Sum Insured** means the amount stated in the Policy Schedule available to the insured during each Policy Year of the Policy Period. The Sum Insured shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.
73. **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.
74. **Third Party Administrator or TPA** means any person who is licensed under the IRDAI (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.



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75. **Total Sum Insured** is the sum total of Sum Insured and the Sum Insured accrued under optional cover chosen by the Policyholder. It represents the Company's maximum, total and cumulative liability for in respect of the Insured Person for any and all Claims incurred during the Policy Year. If the Policy Period is more than 12 months, then it is clarified that the Sum Insured shall be applied separately for each Policy Year in the Policy Period.
76. **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.

### 3. Benefits (your policy is full of them!)

**Of course, certain obvious conditions apply for all Benefits and Optional Covers:**

1. The Policy covers basic charges for the medical treatment taken by the Insured Person during the Policy Period. It is meant for any Illness, Injury or conditions written in the sections below, if it happens to the insured Person during the Policy Period.
2. In the floater system, the maximum we can pay to all Insured Person for any and all Claims under the Policy during the Policy Year will not cross the Total Sum Insured for that policy.
3. Insured /Policy holder has an option to select this base policy with deductible or without deductible sum insured option.
4. Policy with option of buying a base policy with deductible option will work along with insured's current health insurance policy. Current health insurance policy could have been bought by insured individually or provided by his organisation. Also customer has option of paying the opted deductible amount himself/herself to trigger coverage under base policy.
5. If Insured/Policy holder opted for policy with this deductible option, then the coverage/ under this base policy is triggered only when the aggregate deductible limit get exhausted for a policy year.
6. Deductible limit is applicable only for base policy inbuilt coverages, it is not applicable for extension / add on coverages.
7. We are not liable for claims/claim amount falling within Aggregate Deductible limit as opted. For determining the amount of admissible claim, applicable taxes prevailing at the time of claim will be considered as part of claim amount and our aggregate liability, including any payment towards such taxes shall in no case exceed the sum Insured. In case where initial claimed amount or covered medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other insurer.

#### 3.1. Benefit 1: Hospitalization Costs

**When your life and routine are turned upside-down.**

1. If an Insured Person falls ill or suffers an injury during the Policy Period which needs hospitalization, as suggested by a doctor, then we will pay all the medical costs as below
  - i. Room Rent cost for the amount given in the policy schedule.
  - ii. Nursing charges for Hospitalization of an Inpatient but not any private nursing cost
  - iii. Doctor's fees, but not any fees for standby services;
  - iv. Physiotherapy, tests and diagnostics treatments for admission;

- v. Medicines as given by the treating doctor;
  - vi. Intravenous fluids, blood transfusion, injection administration charges and / or consumables
  - vii. Operation theatre cost;
  - viii. The cost of prosthetics and other equipment, if implanted internally during Surgery;
  - ix. Intensive Care Unit charges.
2. If the actual room rate is more than the policy's per day limit, then all costs at the Hospital (including surcharges and taxes) except cost of medicines and consumables, will be paid in the same proportion of the difference between the approved room rate and the actual room rate.

### 3.2. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

#### Taking care of the before and after too!

**Pre-hospitalization Medical Expenses are covered:** - For 30 days (or as given in the policy) just before the insured person is Hospitalized, but only if: this is for the same illness/injury for which hospitalization has happened, and the claim is approved under Inpatient Hospitalization Treatment.

**Post-hospitalization Medical Expenses are covered:** - For 60 days (or as given in the policy) just after the insured person is Hospitalized, but only if: this is for the same illness/injury for which hospitalization has happened, and the claim is approved under Inpatient Hospitalization Treatment.

### 3.3. Day Care Treatment

#### Some places, you shouldn't do an overnight – like the hospital.

If the insured person can get treatment without staying the night, great! We will pay the medical cost of Day Care Treatment which needed Surgical help, through Cashless coverage or Reimbursement, up to the Sum Insured, only if the period of treatment of the Insured Person in the Hospital/Day Care Centre is not more than 24 hours which would otherwise require an In-patient admission but not in the outpatient department and a doctor should certify that Day Care Treatment was necessary and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary Please read Appendix II for the list of Day Care Treatments.

### 3.4. Domiciliary Hospitalization

#### There's no place like home, especially when you're ill.

We will pay the Insured Person, only through Reimbursement, up to the Sum Insured, for the Medical cost treatment at home, only in the situations given below:

1. The Domiciliary Hospitalization continues for more than 3 consecutive days.
2. It happens during the Policy Year.
3. The costs are absolutely necessary and within reasonable limits.
4. This benefit covers pre and post **home** hospitalization cost as written in Clause 3.2 Benefit 2: Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses.

### 3.5. Benefit 5: AYUSH

**Most people like exploring alternatives, and we respect that.**

We will pay the Insured Person, the basic charges written against this benefit, for necessary and medically advised Inpatient Hospitalization during the Policy Period, for any treatment taken under Ayurveda, Unani, Siddha and Homeopathy (AYUSH) in:

1. A government Hospital or in any place recognized by Government and/or approved by the Quality Council of India/National Accreditation Board on Health:
2. Teaching Hospitals of AYUSH colleges recognized by the Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH).
3. AYUSH Hospitals registered with a Government authority in the state/UT , following the minimum conditions:
  - a) Has at least 15 in-patient beds;
  - b) has minimum 5 qualified and registered AYUSH doctors;
  - c) Has qualified paramedical staff employed full time.

## 4. What isn't covered? And what's covered only after a while?

### 4.1. Waiting periods

#### 1 First 30-Day waiting period

- i. We can't cover any treatment during the first 30 days from the Policy Period Start Date, unless it's for an accident.
- ii. This waiting period will not apply from the second policy year onwards, provided there has been no break in coverage, and that the Policy has been renewed with the Company for that Insured Person within the Grace Period and for the same or lower Sum Insured.

#### 2 Specific waiting period:

The conditions mentioned below will not be covered for the first 24 months from the first Policy Period Start Date:

- i. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
- ii. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders

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- iii. Benign Prostatic Hypertrophy
- iv. Cataract
- v. Dilatation and Curettage
- vi. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
- vii. Surgery of Genito-urinary system unless necessitated by malignancy
- viii. All types of Hernia & Hydrocele
- ix. Hysterectomy, unless necessitated by malignancy
- x. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
- xi. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
- xii. Myomectomy for fibroids
- xiii. Varicose veins and varicose ulcers
- xiv. Diabetes & Related complications include: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot / Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper /Hypoglycaemic Shocks.
- xv. Hypertension & Related complications include: Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed / Haemorrhages.
- xvi. If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing then Exclusion 3 mentioned below will be applicable.

- 3 **Pre-existing Disease waiting period:** We won't be able to cover any pre-existing disease or condition for the first 48 months of the policy.
- 4 If the Sum Insured is increased on any renewal of the policy, the waiting periods given in Clauses 4.1(1) , 4.1(2) and 4.1(3) will apply only to the increased amount of the Sum Insured.
- 5 If the Sum Insured is lowered on any renewal of this Policy, the credit for waiting periods given in Clauses 4.1(1) , 4.1(2) and 4.1(3) will be only for the lowest Sum Insured under the previous Policy.
- 6 The waiting periods given in Clauses 4.1(1) , 4.1(2) and 4.1(3) will apply for each and every insured person, and claims will be settled accordingly.
- 7 If Benefits or Optional Covers or new members are added at the time of renewal, the waiting periods given in Clauses 4.1(1) , 4.1(2) and 4.1(3) will apply only to the new members, new Benefits or new Optional Covers, from the time of renewal.
- 8 No deductibles mentioned in the policy schedule will be paid for.

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### 4.2. Sorry! We can't cover...

Unless the policy schedule or the terms and conditions actually say so, we can't cover any of the below conditions:

1. Any item or condition or treatment specified in List of Non-Medical Items (Appendix – I to Policy Terms & Conditions).
2. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis. Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.
3. Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
4. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
5. Charges incurred in connection with routine ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
6. Unproven/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.
7. Expenses incurred on High Intensity Focused Ultra Sound, Balloon Sinuplasty, Enhanced External Counter Pulsation Therapy and related therapies. Deep Brain Simulation, Hyperbaric Oxygen Therapy, Robotic Surgery (whether invasive or non-invasive), Holmium Laser Enucleation of Prostate, KTP Laser surgeries, Gamma knife/ cyber knife treatment, Femto laser surgeries and such other similar therapies, bio absorbable stents.
8. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnoea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
9. Any treatment related to sleep disorder or sleep apnoea syndrome, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital (except for Benefit 4: Domiciliary Hospitalization).
10. Any treatment related to Acupressure, acupuncture, magnetic and such other therapies.
11. Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.
12. Cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns. Tooth scaling, polishing, cost of dental implants, adjustment in denture, unless necessary due to illness or injury
13. Alternative & unproven treatment except Ayush treatment, consultations, medicines, OTC, for change in any beauty description unless necessary due to illness or injury
14. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and

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- all other similar external appliances and /or devices whether for diagnosis or treatment
15. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.
  16. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
  17. All preventive care, Vaccination including Inoculation and Immunizations (except in case of post-bite treatment), vitamins and tonics.
  18. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
  19. All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
  20. Treatment related to any unrecognized systems of medicine.
  21. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
  22. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
  23. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.
  24. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
  25. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
  26. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head.
  27. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
    - i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
    - ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
    - iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
  28. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
  29. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.

30. Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by you with criminal intent.
31. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, , remodelling clinic or similar institutions.
32. Stem cell implantation/surgery and storage except for allogeneic bone marrow transplantation
33. All the Hazardous Activities
34. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
35. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalization or Day Care Hospitalization is excluded.
36. Oral Chemotherapy.
37. Any other exclusion as specified in the Policy Schedule.
38. Kindly refer Appendix I for detailed exclusions and non-payable expenses in policy.
39. General debility, run-down condition or rest cure, sterility, Obesity, venereal disease.
40. Vaccination and inoculation of any kind.
41. Birth control procedures and hormone replacement therapy
42. Routine medical, eye and ear examinations unless specifically covered and specified in the Policy Certificate.
43. Any medical examination or diagnostics or Hospitalization for the purpose of employment or travel.
44. Expenses related to donor screening related to donation of an organ(s).
45. Whilst mounting or dismounting into an aircraft or flying or taking part in aerial activities (including airline crew or cabin crew) except as a fare-paying passenger in a regular scheduled airline or air charter company.
46. Hospitalization primarily for evaluative and diagnostic purpose for which no active line of treatment/ treatment which is possible in outpatient department is given; Expenses not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization;
47. Any Injury or Illness contracted while working in underground mines or with explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel

#### **4.3 OPD EXCLUSIONS APPLICABLE**

We shall not be liable to make any payment for any Claim under OPD Section of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following. Other policy related exclusions mentioned in clause no 4.2 “permanent exclusion “will be applicable as per the base policy

1. Expenses incurred due to contraction of any Illness necessitating Hospitalization.
2. Personal comfort, cosmetics convenience and hygiene related items, services and treatments
3. Alternative treatment except AYUSH treatment.
4. Unproven/Experimental treatment, and treatment or device not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury.
5. Expenses relating to any Illness contracted by the Insured Person during the Waiting Period as per the policy documents. This exclusion shall not however, apply if in the opinion of a panel of Medical

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Practitioners constituted by Us for this purpose, the Insured Person could not have known of the existence of the Illness or any symptoms or complaints thereof at the time of making the proposal for insurance to Us.

6. Illness, Accident or Injury directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not).

7. Convalescence, defects or anomalies, sterility, venereal disease, intentional self-injury (whether arising from an attempt to suicide or otherwise) and use of intoxicating drugs and/or alcohol.

9. Illness, Accident or Injuries directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.

10. Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.

11. Sterility, venereal diseases.

12. Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness.

13. Any treatment/ Surgery for change of sex or treatment/ Surgery / complications/ Illness arising as a consequence thereof.

14. Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by you with criminal intent

#### **4.4 Exclusions applicable to Assistance Services In India:-**

We/ Service provider will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection Commission of an unlawful act(s)
- Injuries incurred while participating in criminal activity or as result of the unlawful consumption of drugs.
- Attempt at suicide.
- Incidents involving the use of drugs unless prescribed by a physician.
- Eligible insured person is transferred, or is to be transferred, from one medical facility to another of similar capabilities which provides a similar level of care.
- We/ Service provider will not evacuate or repatriate an Eligible insured person, if the Eligible insured person has:-
  - (i) no medical authorization; (ii) mild lesions, simple injuries such as sprains, simple fractures, or mild sicknesses which can be treated by local doctors and do not prevent the Eligible insured person from continuing the trip and returning home; (iii) if the Eligible insured person is pregnant and beyond the end of the 28th week and with respect to the child born from the pregnancy, We/ Service provider will not evacuate or repatriate a child born while the Eligible insured person was traveling beyond the 28th week; or (iv) a mental or nervous disorder, unless hospitalized.



- We/ Service provider will not provide services for trips exceeding 90 days from legal residence

**5. Claiming shouldn't make one feel ill again!**

We've kept claims as simple and quick as possible.

**5.1. A few terms and conditions for all claims:**

1. The Condition Precedent Clause has to be valid .
2. Only the insured person is covered, and only for the Benefits mentioned in the policy.
3. The policy should be valid, premiums paid on time, and all terms and conditions, waiting periods and exclusions fulfilled.
4. All the documents should be sent to us on time. We may call for more documents if required.

**5.2. Things to remember while claiming.**

1. The insured person should check our list of cashless hospitals before asking for a pre-authorization.
2. Fill and give us a Claim Form.
3. Assist and not hinder or prevent Us or any of Our representative from taking any reasonable steps in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy..
4. The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person and shall be provided with complete necessary documentation and information to establish company's/ its liability for the Claim, its circumstances and its quantum.
5. If any of the terms and conditions of the policy is not being followed, we will not be able to pay a claim.

**5.3. The Group Administrator is our contact point.**

The Group administrator will be a bridge between us and the insured person. He/she will have to:

- i. Give us the detailed list of Insured Persons for making ID cards.
- ii. Distribute the ID we send him/her.
- iii Guide the Insured Person to take the cashless facility.

**5.4. How to claim (so easy, you can do it when you're ill!)**

Let us know at least 48 hours before planned hospitalization. In case of an emergency, do let us know within 24 hours of the insured person being admitted, or before discharge, whichever is earlier. Of course, we realise that in medical emergencies, it's not always possible to stick to timelines, so don't stress too much about this point. But either way, do make sure the insured person lets us know at the soonest.

While intimating the claim following details to be furnished:

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- a) The Policy Number/TPA Health ID card number
- b) Name of the Policyholder/ employee
- c) Patient Name
- d) Nature of Illness or Injury and the treatment/Surgery taken place
- e) Hospital Name and Address in case of hospitalisation
- f) Date of admission and expected date of discharge.
- g) Other information/ claim related documents as specified that may be relevant to the Illness / Injury / Hospitalization.

### **I. Cashless Facility**

In order to use the Cashless Facility at one of our network hospitals, the insured person has to:

1. Deposit the Pre-authorization Form: The insured person can download it from our website or ask the Network Provider. This form has to be filled and signed by the insured person and the treating doctor, then uploaded by the Network Provider for our approval. Once we OK it, Cashless Facility can be used. The insured person will definitely need to show the Network Provider, the Health Card we've given him/her.
  - i. For Planned Treatment: Get in touch with us to begin Cashless Facility for planned treatment at least 48 hours before the treatment. Once the request has been agreed on, the treatment must take place within 10 days of the date of applying at a Network Provider.
  - ii. In Emergencies: If the Insured Person has been hospitalized in an emergency, please contact us within 24 hours of the hospitalization or before discharge, whichever is earlier.
  - iii. Identification documents needed: Our Health Card, and Valid Photo ID like a Voter ID, Driving License, Passport, PAN Card, Aadhaar Card or any other ID proof.
    - i. Our Approval: We will confirm in writing whether we agree to your request of Cashless Facility for the insured person's hospitalization.
    - ii. Please note that if the request is rejected, no cashless coverage is given. The insured person can go ahead with the treatment, pay the hospital bills and claim for reimbursement.
    - iii. We may change the list of Network Providers or change the amount of Cashless Facilities that can be given at any Network Provider.

### **II. Reimbursement Facility**

- i. 1 It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or the Company specifically states that a particular coverage is payable only under Reimbursement Facility.
2. In case of death of the Policyholder, we will pay the nominee and in case there is no nominee, to the legal heirs of the Policyholder. This will be considered the full and final payment under the policy.

### **III. Day care claim process:**

This shall be payable subject to the following:

1. We shall not be liable to make any payment under this, if the Day Care Treatment was taken prior

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to the commencement of the Period of Cover or within the Waiting Period specified in the Policy Document (unless due to an Accident).

2. If we have admitted a Claim under this, then on the Insured Person/Nominee's advance written request, We may pay the amount due under this Base Benefit directly to the Hospital where the Insured Person was treated, provided that We are able to offer Cashless Facility at that Hospital. If the payment due under this cover is more than the amount payable to the Hospital, then the balance amount shall be paid directly to the Insured Person/Nominee.

#### **IV. OPD claim Procedure, Documents, Administration applicable**

Upon the discovery or happening of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the Insured Person shall undertake the following:

##### **1. Claims Procedure**

###### **A. Cashless Settlement**

Cashless treatment is only available at specific Network Providers/ Health Service Providers on best efforts basis. The list of Network Providers/ Health Service Providers is available at [www.edelweissinsurance.com](http://www.edelweissinsurance.com). In order to avail of Cashless facility, the following procedure must be followed:

Authorization Prior to taking treatment and/or incurring Medical Expenses at a Network / Health Service Provider, the Insured person must contact the company or the TPA through online mode or otherwise, accompanied with full particulars namely,

1. Policy Number/ TPA health card number
2. Name of the Insured Patient
3. Relationship with the employee
4. Nature of Illness or Injury;
5. Name and Address of the Medical Practitioner/ medical facility / Health Service Provider and any other information that may be relevant to the Illness/ Injury.

To avail of Cashless facility, the Insured Person/claimant is required to produce the health card (physical or online), as provided with this Policy, subject to the terms and conditions for the usage of the said health card. The request shall be considered after having obtained accurate and complete information for the Illness or Injury, where applicable, for which Cashless facility is sought and We will confirm the request digitally or in writing.

In case the services availed exceed the eligibility, the difference will have to be paid directly to the Hospital/Network Provider/Health Service Provider by the Insured person/claimant.

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**B For Reimbursement Settlement**

(i) For Outpatient cover, Reimbursement of medically necessary expenses incurred on outpatient basis would be done in cases where the member visits a OPD provider. In case, Insured person visits a Healthcare Service provider, reimbursement of reasonable and necessary charges may be done on the basis of actual payment made or limited to the expenses consistent with the industry prevailing charges or as per agreed charges with network provider, whichever is lower.

(ii) The Insured Person shall give notice in writing at the Company's address with particulars as below:

- 1) Policy number / TPA health card number
- 2) Name of the Insured Patient;
- 3) Relationship with the Insured Person;
- 4) Nature of Illness or Injury;
- 5) Name and address of the attending Medical Practitioner and the medical facility; n) Any other information that may be relevant to the Illness/ Injury.

**The procedure for lodging the Claim shall be as under:**

Upon the happening of any event giving rise or likely to give rise to a Claim under this policy:

- a) The Insured Person shall give immediate notice thereof in writing to us.
- b) The Insured Person shall submit the claim documents to Us, within 30 days from the date of completion of treatment, a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such Claim.
- c) The Insured Person shall tender to Us all reasonable information, assistance and proofs in connection with any Claim hereunder
- d) Any other document as required by Us or the TPA to process the Claim or Our obligation to make any payment for it.

The Insured shall be required to furnish the all documents required for or in support of a Claim. The right to waive off as an exception or accept the document in any other format than specified below remains with Us.

**Basis of assessment of OPD claims:**

a) The benefit payable shall be such expenses reasonably and necessarily incurred by or on behalf of the Insured Person under the following categories but not exceeding the Sum Insured in respect of such Insured Person as specified in Part I of the Policy. Heads of compensation payable:

- (i) Consultation Expenses,
- (ii) Procedure Expenses,

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- (iii) Diagnostics Expenses,
- (iv) Pharmacy Expenses
- (v) Minor Procedure Expenses
- (vi) Others

### b) Claim documents:

The Insured shall be required to furnish the following for or in support of a Claim. The right to waive off as an exception or accept the document in any other format than specified below remains with Us.

- (i) Duly completed Outpatient claim form signed by the Insured person along with Aadhaar and PAN copy
- (ii) Original bills, receipts and copy of prescription, clinical notes from the Medical Practitioner / medical facility
- (iii) Original bills from pharmacy supported by proper prescription
- (iv) Copy of investigation test reports and original bills, payment receipts
- (v) Account details for Electronic Fund Transfer (EFT mandate form and cancelled cheque)
- (vi) Any other document as required by Us or the TPA to investigate the Claim or Our obligation to make any payment for it

## V. **Wellness and preventive care :-**

Claim Procedure applicable to Wellness and preventive care

Cashless Facility is available with specific Network Providers/ Service Providers only. The updated list of our Network Providers/ Service Providers and availability of cashless facility can be accessed on our website [www.edelweissinsurance.com](http://www.edelweissinsurance.com) . In order to avail cashless facility, the following procedure must be followed:

The Insured Person/ group administrator/claimant should notify Us before the usage of the any Benefits under this Section by writing a mail to [support@edelweissinsurance.com](mailto:support@edelweissinsurance.com). To avail Cashless facility, the Insured Person/claimant may be required to produce the health card (physical or online) or access through the web portal by creating self-login on our in-house/ service providers'/ network providers' digital platform, as provided with this Policy Schedule. The said access, however, shall be subject to the terms and conditions for the usage of the said health card/web access.

In case the services availed of exceed the eligibility under the policy, the corresponding difference amount will be payable to the Service Provider/ Network Provider by the Insured person/claimant directly.

## VI. Personal Accident Cover

### Claim Intimation

In the event of any claim, intimation to be sent to EGIC as soon as reasonably possible but not later than 15 days from the date of actual loss, in order for us to provide prompt and effective assistance.

The following information should be provided while intimating the claim:

- Contact numbers of caller intimating the claim,
- Policy Number,
- Name of Injured person,
- Date & Time of Loss,
- Location of accident,
- Nature of accident,
- Nature of injury,
- Place & contact details where insured person may be visited (home/ hospital)

Following documents required for claims processing

#### 1) Accidental Death

1. Duly filled and signed claim form
2. Original Death Certificate (issued by the office of Registrar of Births and Deaths)
3. Copy of First Information Report (FIR) / Panchnama / Inquest report duly attested by the concerned police station
4. Copy of Medico Legal Certificate duly attested by the concerned hospital.
5. Copy of Post Mortem report wherever applicable (provided Post Mortem was conducted)
6. Newspaper cuttings / news articles covering the accident (if available)
7. Any other document required for claim processing

#### 2&3) Permanent Total Disability and Permanent Partial Disability

1. Duly filled and signed claim form
2. Hospital Discharge Summary (in original) / self-attested copies if the originals are submitted with another insurer
3. Medical consultations and investigations done from outside the hospital.

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4. Original certificate of Disability issued by a Medical Board duly constituted by the Central and the State Government.

5. Copy of First Information Report (FIR) / Panchnama / Inquest report duly attested by the concerned police station

6. Copy of Medico Legal Certificate duly attested by the concerned hospital.

7. Newspaper cuttings / news articles covering the accident (if available)

8. Any other document required for claim processing

#### 4) Temporary Total Disability

1. Duly filled and signed claim form

2. Hospital Discharge Summary (in original) / self-attested copies if the originals are submitted with another insurer.

3. Copy of First Information Report (FIR) / Panchnama / Inquest report duly attested by the concerned police station

4. Copy of Medico Legal Certificate duly attested by the concerned hospital.

5. Attendance record of employer / Certificate of employer confirming period of absence

6. Latest salary certificate with grade and designation

7. Newspaper cuttings / news articles covering the accident (if available)

8. Any other document required for claim processing

#### **5.5. Documents to be submitted for filing a valid Claim!**

We'll need the following documents within 15 days of the insured person's discharge from hospital (in the case of pre-hospitalization and hospitalization costs) or within 15 days of finishing all treatment (in the case of post-hospitalization costs). For Cashless claims, we should get the following documents from the Network Provider immediately after the insured person's discharge from hospital.

#### **Suggested Check List for making a Claim**

Our TPA, whose name you will find in the Policy Schedule, handles the claim on our behalf. The insured person will have to give the TPA the following documents within 15 days either of discharge, or of finishing treatment (in case of post-hospitalization).

- Correctly filled in claim form( s) and photo ID proof
- Original bills, receipts, discharge /cards from the hospital/doctor
- Original bills from chemist shops along with the prescription
- Original test reports and payment receipts
- MLC/FIR report/Post mortem report if needed

- Doctor's referral letter asking for hospitalisation
- Original bills and receipts for the ambulance charges and doctor's fees
- Prescriptions for claiming benefits for external mobility help.
- Account details for Electronic Fund Transfer (EFT mandate form and cancelled cheque)
- Any other document that the TPA or we may request for.

**5.6. Breaking it down: what exactly does hospitalization cost cover?**

Within the sum insured, here's what's covered under 'hospitalization cost'.

- (i) Room and Boarding costs at the Hospital/ Nursing Home;
- (ii) Nursing costs;
- (iii) Fee paid to Doctor, Surgeon, Anaesthetics, Consultants and Specialist
- (iv) Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & drugs, Diagnostic Materials and X - Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar costs; and /or
- (v) Pre -Hospitalisation and Post -Hospitalisation costs, wherever needed.

**Settlement/Rejection of Claim** – We'll pay every approved claim within 30 days of getting the last documents we asked for. The payment will happen through Electronic Fund Transfer. In case we delay, make us pay for it! We'll have to pay interest from the date of receiving the last documents, to the actual date of payment, at a rate that's 2% above the bank rate.

Interest will be as per IRDAI (Protection of Policyholders' Interests) Regulations, 2017 or any changes done from time to time.

In India, the claims will be handled by us and or an approved Third Party Administrator (TPA) while

**5.7. Some really important things to note (they're like the ABC of this policy)**

1. This Policy only covers medical treatment taken fully in India, unless mentioned otherwise. All payments will be made in Indian Rupees.
2. Once the Total Sum Insured is used up, the insured person is no longer covered, even if the policy term is still on.
3. We'll pay every approved claim within 30 days of getting the last documents we asked for, according to Regulation 27 of IRDAI (Health Insurance) Regulations, 2016. The payment will happen through Electronic Fund Transfer. In case we delay, make us pay for it! We'll have to pay interest from the date of receiving the last documents, to the actual date of payment, at a rate that's 2% above the bank rate. However, where a claim needs investigation, we will begin and end the checking quickly, within 30 days from the date of getting the last necessary documents. In such cases, we will settle the claim within 45 days from the date of getting the last documents. In case of any delay beyond 45 days, we will pay interest at a rate that's 2% above the bank rate from the date of getting the last document to the actual date of payment of claim.
4. In case of reimbursement claims claim payable amount shall be paid directly to insured person/ nominee/ Group policy Holder/ Proposer



### Claim Submission

In event of any claim documents to be submitted at

- To Our Network TPA/ Assistance Service Provider  
Address and contact details will be available on [www.edelweissinsurance.com](http://www.edelweissinsurance.com)
- Our Communication address: :- Edelweiss General Insurance Company Limited,  
5th Floor, Tower 3 , B wing Kohinoor City Mall, Kohinoor City, Kiroil Road, Kurla west  
Mumbai -400 070.

## 6. Toll Free No.: 180012000 **Timing is everything!**

The insured person should make sure that the policy period is still on, and renew the policy on time to enjoy non-stop cover.

## 7. Standard Terms and Conditions

### 7.1. Changes in the Policy

1. This policy can only be changed if the change is given in writing, checked by a written endorsement signed and stamped by us.
2. When a new person is added to this policy either through endorsement or during renewal, the Pre-existing Disease clause, exclusions and waiting periods will apply as his/her first year with us.

### 7.2. Arbitration clause: the peacemakers

We hope we never disagree with you, but if that ever happens, arbitration steps in. Either we will have to agree on a common arbitrator within 30 days, or if we can't, each of us appoints one arbitrator. These two arbitrators will appoint a third, and together they will take a decision, working under the provisions of The Arbitration and Conciliation Act, 1996.

Of course, no arbitration will be needed if we haven't accepted the liability in the first place.

It is declared that it will be a condition before any right of action on this policy that award by such arbitrator/ arbitrators of the amount of the loss or damage will be first received. DIDN'T UNDERSTAND

### 7.3. Know the terms of Cancellation/Termination

1. In some cases, we'll have no choice but to cancel the policy, after giving you 15 days' advance warning by Registered Post or electronically through email. These rare cases are:
  - i. Any insured person or any person on his/her behalf has been dishonest or fraudulent
  - ii. Any insured person has not given us the real facts
  - iii. If any insured person has not supported us, the premium will be refunded on a pro-rata basis. provided that no claim has been made
  - iv. The insured person fails to or refuses to pay or refund any amount owed to us.
  - v. To avoid any doubt, no claims will be paid by us and no policy benefit is given during the notice period.

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2. The insured person can also cancel by giving us 15 days' notice in writing, in which case we will cancel from the date of the notice, and refund the premium for the unexpired period on the basis of the below grid unless anything else was mutually agreed between us., only if no claim has been made.

Length of time Policy in force	Refund of Premium ( % of Annual Premium)
Up to 1 Month	75%
Up to 3 Months	50%
Up to 6 Months	25%
Up to 9 Months	NIL

The table is applicable only when free look period is not applicable

### 3. What about the worst case: death of the Policyholder?

- i. Where the policy covers only the Policyholder, it will come to an end from the time of his/her passing away. The premium will be refunded for the unexpired period of this at pro-rata basis if there is no claim.
- ii. Where the policy covers other insured persons, it will continue till the end of the policy period for the other insured persons. If the other Insured Person wish to continue with us after the policy period, and we hope they do, we will renew the policy if a policyholder is added as below:
  - a) We get a written notice about this before the Policy Period End Date; and
  - b) The new Policyholder should be at least 18 years old, and should be eligible under the various clauses

#### 7.4. Complete discharge

A payment made by us to you, the Policyholder or to the Insured Person or the nominee/legal representative of the Policyholder, or to the Hospital, for any medical cost or compensation or benefit, will be considered a complete discharge by us.

#### 7.5. Disclaimer

If we don't pass a claim, and no legal action is taken against us within 12 months, the claim will be considered finished and cannot be recovered.

#### 7.6. Disclosure to Information Norm: no secrets, please!

If we are given any false information while issuing the policy, or if any relevant information is kept back from us, the policy will stand cancelled at once, and no premiums paid will be refunded.

#### 7.7. Electronic Transactions: you've got mail!

It's the digital age, so it's important to state here that all electronic exchanges and transactions will be considered valid and legally binding. These include: the Internet, World Wide Web, electronic

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data interchange, call centres, tele-service operations (whether voice, video, data or combinations) or by electronic, computer, automated machines or through other means of telecommunication.

### 7.8. **Entry Age: are you old enough (or young enough)?**

Minimum/Maximum Age of Entry for Adults – 18 years /no limit on maximum entry age  
Dependent children – from the date of birth to up to 256 years, as given in the schedule.  
Dependent siblings – up to 25 years as given in the schedule

### 7.9. **Fraudulent claims**

If any claim is fraudulent, or if any false statement/declaration is made or used or if any fraudulent means are used by the insured person or any one acting on his/her behalf to get any benefit under this Policy, or if a claim is made and rejected and no legal action is taken within 12 months of the rejection, all the benefits under the policy will stop.

### 7.10. **Free Look Period: second thoughts?**

1. The Policyholder can, within 15 days of getting the policy document, return it and let us know why he/she would like to part ways with us, if he/she disagrees with any Policy Terms and Conditions.
2. If no Claim has been made under the Policy, we will refund the premium received after deducting the needed risk premium for the period on cover, costs for medical examination and stamp duty charges. If only part of the risk has started, we will consider only this amount while deducting the premium. All rights under the policy will immediately end in case of free look cancellation.
3. Refunds will be carried out within 15 days from the date of receiving the request for free look cancellation.
4. The free look period is not available at the time of renewal of the policy.

### 7.11. **Group Discount: the more the merrier!**

A group discount will be given only on the Basic premium and not on the Add-on covers. The discount is not cumulative. The applicable scale of the discount is to be reckoned in accordance with the group size at the inception of the policy.

No of members	Group Discounts % up to
Up to 100 persons	0%
101 Persons – 1000 Persons	2.5%
1001 Persons - 2000 Persons	5%
2001 Persons - 5000 Persons	7.5%
5001 Persons – 10000 Persons	10%
10001 Persons - 15000 Persons	12.5%
15001 Persons - 25000 Persons	15%
25001 Persons - 50000 Persons	17.5%
Above 50001 Persons	20%

**7.12. Limit of the Liability: don't wait too long**

Any claim that is made 12 months after the event of the claim, will not be accepted, unless we get proof that the delay in reporting was for reasons beyond your control.

**7.13. Material Change**

If there is any change that affects the risk we're covering, at any time during the policy period, please let us know as soon as possible. We may change the scope of cover and / or the premium paid or payable accordingly.

**7.14. Multiple Policies: it all adds up.**

If two or more policies are taken by an insured person from one or more insurers, the Policyholder will have the right to ask for a settlement of his/her claim from any of his/her policies.

1. In all such cases, the insurer whose policy is chosen will have to settle the claim as long as the claim is within the limits of, and according to the terms of, the chosen policy.
2. Claims under the other policy/ies can be made only after the sum insured of the chosen policy is used up.
3. If the claim amount is more than the sum insured under a single policy, after taking into account the deductions or co-pay amount, the Policyholder will have the right to choose which insurer he/she wants to claim the rest of the amount from.
4. If an insured person has policies from more than one insurer to cover the same risk, the insured will only be covered for the hospitalization costs as per the terms and conditions of the chosen policy.

**7.15. Notices: how we should communicate, and how we shouldn't.**

Any notice, direction or instruction regarding the policy will only be in writing and delivered by hand, post, or fax to:

1. You/the insured person at the address given in the Policy Schedule or at the changed address (of which we must get a written notice).
2. Us, at our corporate office address:- Edelweiss General Insurance Company Limited, 5th Floor, Tower 3 , B wing Kohinoor City Mall, Kohinoor City, Kiro Road, Kurla west Mumbai -400 070. Toll Free No.: 180012000.
3. No insurance agents, brokers or others will receive any notice on our behalf.
4. We may send you/the insured person other information over email, or we may even call from time to time.

**7.16. No Constructive Notice**

Unless a detail or some information about the Policyholder/insured person is mentioned in the Proposal Form, or given to us in writing, we won't be able to accept it.

**7.17. Nomination: it makes a lot of sense**

1. It is compulsory, and highly recommended, for the Insured Person to name a nominee, who can claim payment in case the insured person passes away.
2. Any change of nomination has to be sent to us in writing, and this change will be effective only when

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we endorse it on the policy.

### 7.18. **Notice of charge etc.**

Unless required under any law of the land, the company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the company.

### 7.19. **A small matter: what if the insured person is a minor?**

If the insured person is less than 18 years old, the legal guardian will be totally responsible for checking all the terms and conditions of the policy on behalf of the minor. (In case it's a floater policy, and none of the insured adults are surviving.)

### 7.20. **Terms and Conditions are really important!**

Our liability under this policy depends on you/the insured person checking and following the terms and conditions (including the payment of premiums by due dates and following the rules on all claims).

### 7.21. **Overriding effect of Policy Schedule**

In case of any inconsistency in the terms and conditions of this policy, the information in the Policy Schedule will be considered.

### 7.22. **Proximate Clause**

This means that we cover the Policyholder/Insured Person only in case of an active and efficient cause that sets in motion a chain of events which brings about a result, without the intervention of any force started and working actively from a new and independent source.

### 7.23. **Premium Loading/Discounts: saving or spending extra?**

At the time of renewal, if claims in the past year have been lesser than expected, a Low Claim Ratio Discount will be given on the total premium, depending upon the incurred: claims ratio for the entire group insured under the policy.

The total premium to be paid at renewal of the group policy will be loaded (increased) depending on the incurred: claims ratio for the entire group insured under the policy.

### 7.24. **Policy Disputes: the long arm of the law**

If there ever is any dispute between us that needs to be settled in a court of law, it will be judged by Indian courts and in accordance with Indian law. All such matters will be under the jurisdiction of the High Court of Mumbai.

### 7.25. **Renewal Terms: let's stay together longer!**

1. This Policy will automatically end on the Policy Period End Date, so please send us your renewal application before this.

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2. The renewal premium should be paid to us on or before the Policy Period End Date and before the last date of the Grace Period.
3. The Grace Period means a period of 30 days immediately after the Policy Period End Date, during which you can pay to renew the policy, without losing the continuity benefits. However:
  - i. You/the insured person are not covered for the period during which we did not get the premium, and no claims can be made during this period. The Policy will lapse after the last date of the Grace Period.
4. We will be happy to renew the policy, except in cases of fraud, moral hazard, wrong information from or non-cooperation by the insured person.
5. We may carry out underwriting as per our Board-approved underwriting policy for any request for a change in the sum insured or deductible at the time of renewal.
6. We could, at any time, stop/change this product depending on approval from the Authority (IRDAI). In case this product is stopped/changed by us, you can renew with the closest option according to the Authority (IRDAI). We will let you know at least three months in advance, and make sure you are aware about the options available at the time of Renewal of this Policy.
7. We may change the renewal premium, but only according to the Authority's (IRDAI) rules and regulations as applicable from time to time. Change in rates will be effective from the date of approval by the Authority, and will be applied only for new policies and at the date of renewal.
8. You can renew all your life, although we are under no obligation to give notice in this regard. You/the insured person will be given an option to move from this policy to any of our other health insurance products, and credit will be given for the number of years of continuous coverage, for the standard waiting periods.
9. The policy could be subject to certain changes in terms and conditions including change in premium rate.
10. The policy can be renewed as a separate contract under the then prevailing Edelweiss Group Health Insurance Product or its nearest substitute ( in case the product Edelweiss Group Health Insurance is withdraw by the company) approved by IRDA.

### **7.26. Portability Clause: a 'moving' decision!**

Person/persons insured, and their family members who are covered by this policy, have the option of moving to any of our other personal health insurance policies or family floater policies, as per our guidelines and the terms and conditions of the new policy.

The Insured desirous of porting his/ her policy shall apply to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the premium renewal date of his/her existing policy.

- a) Portability benefit is available upto the existing SI under the current group policy
- b) Individual members shall be given waiting period credit based on the number of years of continuous insurance cover availed by them in accordance with the guidelines of IRDAI.
- c) Portability benefit is available subject to fulfilment of the pre-policy medical examination requirements and subsequent acceptance of the risk by the Company

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In the years ahead, insured persons can move to another insurer as per IRDAI Health Insurance Regulations, 2016 about portability, and other regulations/guidelines/circulars as applicable from time to time.

### **7.27. Maintaining Records: just in case you forget**

The insured person) are requested to keep an exact record of all documents and allow us to check them.

### **7.28. Special Provisions**

Any special provisions entered later and endorsed in the policy (or separately) will be considered to be a part of this policy and will come into effect accordingly.

### **7.29. Withdrawal of product**

This sounds painful to even think about, but it's always good to be prepared – even for us! In case this policy doesn't get the kind of response we expect, we may stop it, as per approval under the Insurance Regulatory & Development Authority (Health Insurance) Regulations 2016. Of course we will inform you well in advance, and give you the option of moving to one of our similar policies. We shall allow the benefit of Portability in all such cases

### **7.30. Increase of Sum insured: more is always better**

You can increase the sum insured at the time of renewal, or even during the policy period with our approval.

### **7.31 Unhappy with us? Give us a chance to make up!**

Here's a step-by-step guide on how to make your voice heard when you think we haven't done a good enough job, or should be doing it better.

#### **Step 1: When you just have a concern.**

Simply call us toll-free on 180012000 or mail us at: [support@edelweissinsurance.com](mailto:support@edelweissinsurance.com). We're here for you, and will get back with a reply or solution within 14 days.

#### **Step2: You're getting irritated.**

Although we always try our best, in a rare care, you may not get a response or solution from us within 14 days. If this happens, write to any of our Grievance Redressal Officers (GRO) at [grievanceofficer@edelweissinsurance.com](mailto:grievanceofficer@edelweissinsurance.com). One of these officers will make sure things get done.

#### **Step 3: Now you're angry!**

This hasn't happened so far, but if even the GROs don't solve your problem, mail their boss, the Chief Grievance Redressal Officer, at

- [chiefgrievanceofficer@edelweissinsurance.com](mailto:chiefgrievanceofficer@edelweissinsurance.com) OR write to him at

Edelweiss General Insurance Company Limited, Edelweiss House, Off CST Road, Kalina, Mumbai 400098

#### **Step 4: We deserve a spanking.**

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If none of this works, or if you don't get a reply from us within 14 days, you have every right to approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI), the regulator who controls all insurance companies in India.

Here are the IRDAI's contact details:

IRDAI Grievance Call Centre (IGCC) toll-free number: 155255

Email ID: [complaints@irda.gov.in](mailto:complaints@irda.gov.in)

You could register online to complain at: <http://www.igms.irda.gov.in/>

Or, you can mail IRDAI at:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Sy. No. 115/1, Financial District

Nanakramguda, Gachibowli

Hyderabad – 500032

### **Step 5: The last resort!**

In very, very few cases, even the IRDAI can't resolve a dispute, you have to approach the Office of the Insurance Ombudsman. This was set up by the Government of India under Rule 12 (1) and Rule 13 of the Redressal of Public Grievances Rules, 1998 ('RPG Rules').

Powers of the Insurance Ombudsman under Rule 12(1) of RPG Rules:

### **What complaints can the Ombudsman decide on?**

- If we've rejected your claim, either partly or fully;
- Any disagreement between us about the policy you've paid;
- Any legal dispute about your policy, related to claims:
- If we delay your claim;
- If we don't give you any of the policy documents, once you've paid the premium.

All complaints have to be made as per Rule 13 (we've explained this rule below);

### **Rule 13: how to complain to the Ombudsman**

- Your complaint should be in writing, to the Ombudsman in whose area of authority our branch/office is located.
- Your written complaint should mention your name and address, the location of our branch/office and what you want to complain about.



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- A complaint can be made to the Ombudsman only if:
- You have already come to us with your complaint, and we have either rejected it, or not replied to it within one month, or if you aren't happy with our reply;
- You approach the Ombudsman within one year of our final reply to you about the problem;
- The complaint isn't already being heard by a Court, Consumer Forum or Arbitrator.

**Find the Ombudsman closest to you.**

CONTACT DETAILS	JURISDICTION
<p><b>AHMEDABAD</b> Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a></p>	<p>State of Gujarat and Union Territories of Dadra &amp; Nagar Haveli and Daman and Diu.</p>
<p><b>BENGALURU</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@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></p>	<p>Karnataka.</p>
<p><b>BHOPAL</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769200/201/202 Fax:- 0755-2769203 Email:- <a href="mailto:bimalokpalbhopal@gbic.co.in">bimalokpalbhopal@gbic.co.in</a></p>	<p>States of Madhya Pradesh and Chattisgarh.</p>

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<p><b>BHUBANESHWAR</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@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a></p>	<p>State of Orissa.</p>
<p><b>CHANDIGARH</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.:- 0172-2706196/5861 / 2706468 Fax:- 0172-2708274 Email:- <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a></p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir and Union territory of Chandigarh.</p>
<p><b>CHENNAI</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a></p>	<p>State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<p><b>DELHI</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239611/7539/7532 Fax:- 011-23230858 Email:- <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></p>	<p>State of Delhi</p>
<p><b>ERNAKULAM</b> Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road,</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry</p>

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<p>Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- <a href="mailto:bimalokpal.ernakulum@gbic.co.in">bimalokpal.ernakulum@gbic.co.in</a></p>	
<p><b>GUWAHATI</b> Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></p>	<p>States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p><b>HYDERABAD</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.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></p>	<p>States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.</p>
<p><b>JAIPUR</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg.,  Ground Floor,  Bhawani Singh Marg,  Jaipur - 302005. Tel.:- 0141-2740363 Email:- <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a></p>	<p>State of Rajasthan.</p>
<p><b>KOLKATA</b> Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341</p>	<p>States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.</p>

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<p>Email:- <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></p>	
<p><b>LUCKNOW</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@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106928/360/889 Fax:- 022-26106052 Email:- <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane.</p>
<p><b>NOIDA</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Email:- <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a></p>	<p>States 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, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p><b>PATNA</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Email:- <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a></p>	<p>States of Bihar and Jharkhand.</p>

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<b>PUNE</b> Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -32341320 Email:- <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a>	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
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The updated details of Insurance Ombudsman are available on website of IRDAI: [www.irda.gov.in](http://www.irda.gov.in), on the website of General Insurance Council: [www.gicouncil.org.in](http://www.gicouncil.org.in), on the Company's website [www.edelweissinsurance.com](http://www.edelweissinsurance.com) or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council -

Office of the 'Governing Body of Insurance Council' Secretary General/Secretary,

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz (W), Mumbai - 400 054.

Tel: 022-26106245/889/671 Fax: 022-26106949

Email - [inscoun@gbic.co.in](mailto:inscoun@gbic.co.in)

**Statutory Warning: Prohibition of Rebates (Under Section 41 of Insurance Act,1938) as amended by the Insurance Laws (Amendment) Act, 2015.**

### **Addendum to the Policy Wording (to be attached as applicable)**

**1. Want to add/remove members? Keep these points in mind:**

We will be able to cover the insured persons only as long as they are employees of your company. To add new members to the policy or remove existing ones, please let us know within one month of their joining/leaving dates.

Any new member will be covered from his/her joining date, provided you maintain sufficient premium balance with us for such new members. If this balance is less, we will cover the insured persons in the order of the list you have given us. Where there is no premium balance maintained, the new member's cover will begin once we get the premium payment.

If a member is being removed from the policy, we can refund the premium only if he/she has not made any claims.

The names of all the dependents of insured persons have to be given to us at the time of taking the policy. New dependents will be allowed later only if an insured person gets married, or has a child and insured persons joining the group during the policy period.

In case you let us know about new members after the due date, these members will be covered from the day you tell us, depending on there being enough premium balance.

All other terms, conditions, warranties & exclusions of the Policy remain unchanged.

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The Company may issue multiple group insurance policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.

### 2. Payment of premium in instalments

- a. Pay as it suits you! We accept premiums on a monthly, quarterly, half-yearly and yearly basis.
  - b. If a premium instalment isn't paid by its due date, we will have no choice but to cancel the policy, and will not be able to approve any claims in the period when the premium is unpaid nor make any refund of premium.
  - c. The policy can be revived by paying the instalment during the relaxation period, which is 30 days for annual payments, and 15 days for all other kinds of payment. Of course, no claim that is made for the non-payment period will be approved.

- a. If a claim is made, all the premium instalments for that policy year will become due for payment immediately. Please note that it is not mandatory for us to send reminders for payments of instalments.

### Appendix I - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy.

S.No.	Item	S.No.	Item
<b>Toiletries/Cosmetics/Personal Comfort Or Convenience Items/Similar Expenses</b>		<b>Toiletries/Cosmetics/Personal Comfort Or Convenience Items/Similar Expenses</b>	
1	Hair removal cream	53	Gauze soft
2	Baby charges (unless specified/indicated)	54	Gauze
3	Baby food	55	Hand holder
4	Baby utilities charges	56	Hansaplast/ adhesive bandages
5	Baby set	57	Infant food
6	Baby bottles	58	Slings
7	Brush	59	Weight control programs/ supplies/ services
8	Cosy towel	60	Cost of spectacles/ contact lenses/ hearing aids etc.
9	Hand wash	61	Dental treatment expenses that do not require hospitalization
10	Moisturiser paste brush	62	Hormone replacement therapy
11	Powder	63	Home visit charges
12	Razor	64	Infertility/ subfertility/ assisted

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			conception procedure
13	Shoe cover	65	Obesity (including morbid obesity) treatment if excluded in Policy
14	Beauty services	66	Psychiatric and psychosomatic disorders
15	Belts/ braces	67	Corrective surgery for refractive error
16	Buds	68	Treatment of sexually transmitted diseases
17	Barber charges	69	Donor screening charges
18	Caps	70	Admission/registration charges
19	Cold pack/hot pack	71	Hospitalization for evaluation/ diagnostic purpose
20	Carry bags	72	Expenses for investigation/ treatment irrelevant to the disease for which admitted or diagnosed
21	Cradle charges	73	Any expenses when the patient is diagnosed with retro virus + or suffering from /hiv/ aids etc is detected/ directly or Indirectly
22	Comb	74	Stem cell implantation/ surgery and storage
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	75	Ward and theatre booking charges
24	Eau-de-cologne / room fresheners	76	Arthroscopy and endoscopy instruments
25	Eye pad	77	Microscope cover
26	Eye shield	78	Surgical blades, harmonic scalpel, shaver
27	Email / internet charges	79	Surgical drill
28	Food charges (other than patient's diet provided by hospital)	80	Eye kit
29	Foot cover	81	Eye drape
30	Gown	82	X-ray film
31	Leggings	83	Sputum cup
32	Laundry charges	84	Boyles apparatus charges
33	Mineral water	85	Blood grouping and cross matching of donors samples
34	Oil charges	86	Antiseptic or disinfectant lotions
35	Sanitary pad	87	Band aids, bandages, sterile injections, needles, syringes

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36	Slippers	88	Cotton
37	Telephone charges	89	Cotton bandage
38	Tissue paper	90	Micropore/ surgical tape
39	Tooth paste	91	Blade
40	Tooth brush	92	Apron
41	Guest services	93	Tourniquet
42	Bed pan	94	Orthobundle, gynaec bundle
43	Bed under pad charges	95	Urine container
44	Camera cover	<b>Elements of room charge</b>	
45	Cliniplast	96	Luxury tax
46	Crepe bandage	97	Hvac
47	Curapore	98	House keeping charges
48	Diaper of any type	99	Service charges where nursing charge also charged
49	Dvd, cd charges	100	Television and air conditioner charges
50	Eyelet collar	101	Surcharges
51	Face mask	102	Attendant charges
52	Flexi mask	103	Im iv injection charges

104	Clean sheet	<b>Items payable if supported by a prescription</b>	
105	Extra diet of patient(other than that which forms part of bed Charge)	156	Betadine \ hydrogen peroxide\spirit / disinfectants, etc
106	Blanket/warmer blanket	157	Private nurses charges- special nursing charges
<b>Administrative or non-medical charges</b>		158	Nutrition planning charges - dietician charges- diet charges
107	Admission kit	159	Sugar free tablets
108	Birth certificate	160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
109	Blood reservation charges and ante natal booking charges	161	Digestion gels
110	Certificate charges	162	Ecg electrodes
111	Courier charges	163	Gloves



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112	Conveyance charges	164	Hiv kit
113	Diabetic chart charges	165	Listerine/ antiseptic mouthwash
114	Documentation charges / administrative expenses	166	Lozenges
115	Discharge procedure charges	167	Mouth paint
116	Daily chart charges	168	Nebulisation kit
117	Entrance pass / visitors pass charges	169	Novorapid
118	Expenses related to prescription on discharge	170	Volini gel/ analgesic gel
119	File opening charges	171	Zytee gel
120	Incidental expenses / misc. Charges (not explained)	172	Vaccination charges
121	Medical certificate	<b>Part of hospital's own costs and not payable</b>	
122	Maintenance charges	173	Ahd
123	Medical records	174	Alcohol swabs
124	Preparation charges	175	Scrub solution/sterillium
125	Photocopies charges	<b>Others</b>	
126	Patient identification band / name tag	176	Vaccine charges for baby
127	Washing charges	177	Aesthetic treatment / surgery
128	Medicine box	178	Tpa charges
129	Mortuary charges	179	Visco belt charges
130	Medico legal case charges (mlc charges)	180	Any kit with no details mentioned [delivery kit, orthokit, Recovery kit, etc]
<b>External durable devices</b>		181	Examination gloves
131	Walking aids charges	182	Kidney tray
132	Bipap machine	183	Mask
133	Commode	184	Ounce glass

EDELWEISS GROUP HEALTH INSURANCE

POLICY WORDINGS



134	Cpap/ capd equipments	185	Outstation consultant's/ surgeon's fees
135	Infusion pump – cost	186	Oxygen mask
136	Oxygen cylinder (for usage outside the hospital)	187	Paper gloves
137	Pulse oxymeter charges	188	Pelvic traction belt
138	Spacer	189	Referral doctor's fees
139	Spirometer	190	Accu check (glucometry / strips)
140	Spo2 probe	191	Pan can
141	Nebulizer kit	192	Sofnet
142	Steam inhaler	193	Trolley cover
143	Armsling	194	Urometer, urine jug
144	Thermometer	195	Ambulance
145	Cervical collar	196	Tegaderm / vasofix safety
146	Splint	197	Urine bag
147	Diabetic foot wear	198	Softovac
148	Knee braces ( long/ short/ hinged)	199	Stockings
149	Knee immobilizer/shoulder immobilizer		
150	Lumbo sacral belt		
151	Nimbus bed or water or air bed charges		
152	Ambulance collar		
153	Ambulance equipment		
154	Microshield		
155	Abdominal binder		

# EDELWEISS GROUP HEALTH INSURANCE

## POLICY WORDINGS



### Appendix II – List of Day Care Treatments

Sr No.	Day Care Procedure Name
1	Stapedotomy
2	Myringoplasty(Type I Tympanoplasty)
3	Revision stapedectomy
4	Labyrinthectomy for severe Vertigo
5	Stapedectomy under GA
6	Ossiculoplasty
7	Myringotomy with Grommet Insertion
8	Tympanoplasty (Type III)
9	Stapedectomy under LA
10	Revision of the fenestration of the inner ear.
11	Tympanoplasty (Type IV)
12	Endolymphatic Sac Surgery for Meniere's Disease
13	Turbinectomy
14	Removal of Tympanic Drain under LA
15	Endoscopic Stapedectomy
16	Fenestration of the inner ear
17	Incision and drainage of perichondritis
18	Septoplasty
19	Vestibular Nerve section
20	Thyroplasty Type I
21	Incision and drainage - Haematoma Auricle
22	Tympanoplasty (Type II)
23	Keratosis removal under GA
24	Reduction of fracture of Nasal Bone
25	Excision and destruction of lingual tonsils
26	Conchoplasty
27	Thyroplasty Type II
28	Tracheostomy
29	Excision of Angioma Septum
30	Turbinoplasty
31	Incision & Drainage of Retro Pharyngeal Abscess
32	UvuloPalatoPharyngoPlasty
33	Palatoplasty
34	Tonsillectomy without adenoidectomy

# EDELWEISS GROUP HEALTH INSURANCE

## POLICY WORDINGS



35	Adenoidectomy with Grommet insertion
36	Adenoidectomy without Grommet insertion
37	Vocal Cord lateralisation Procedure
38	Incision & Drainage of Para Pharyngeal Abscess
39	Transoral incision and drainage of a pharyngeal abscess
40	Tonsillectomy with adenoidectomy
41	Tracheoplasty Ophthalmology
42	Incision of tear glands
43	Other operation on the tear ducts
44	Incision of diseased eyelids
45	Excision and destruction of the diseased tissue of the eyelid
46	Removal of foreign body from the lens of the eye.
47	Corrective surgery of the entropion and ectropion
48	Operations for pterygium Rigid Oesophagoscopy for dilation of benign Strictures
49	Corrective surgery of blepharoptosis
50	Removal of foreign body from conjunctiva
51	Biopsy of tear gland
52	Removal of Foreign body from cornea
53	Incision of the cornea
54	Other operations on the cornea
55	Operation on the canthus and epicanthus
56	Removal of foreign body from the orbit and the eye ball.
57	Surgery for cataract
58	Treatment of retinal lesion
59	Removal of foreign body from the posterior chamber of the eye
60	IV Push Chemotherapy
61	HBI-Hemibody Radiotherapy
62	Infusional Targeted therapy
63	SRT-Stereotactic Arc Therapy
64	SC administration of Growth Factors
65	Continuous Infusional Chemotherapy
66	Infusional Chemotherapy
67	CCRT-Concurrent Chemo + RT
68	D Radiotherapy
69	D Conformal Radiotherapy
70	IGRT- Image Guided Radiotherapy
71	IMRT- Step & Shoot
72	Infusional Bisphosphonates
73	IMRT- DMLC

# EDELWEISS GROUP HEALTH INSURANCE

## POLICY WORDINGS



74	Rotational Arc Therapy
75	Tele gamma therapy
76	FSRT-Fractionated SRT
77	VMAT-Volumetric Modulated Arc Therapy
78	SBRT-Stereotactic Body Radiotherapy
79	Helical Tomotherapy
80	SRS-Stereotactic Radiosurgery
81	X-Knife SRS
82	Gammaknife SRS
83	TBI- Total Body Radiotherapy
84	intraluminal Brachytherapy
85	Electron Therapy
86	TSET-Total Electron Skin Therapy
87	Extracorporeal Irradiation of Blood Products
88	Telecobalt Therapy
89	Telecesium Therapy
90	External mould Brachytherapy
91	Interstitial Brachytherapy
92	Intracavity Brachytherapy
93	D Brachytherapy ORIF with plating- Small long bones
94	Implant Brachytherapy
95	Intravesical Brachytherapy
96	Adjuvant Radiotherapy
97	Afterloading Catheter Brachytherapy
98	Conditioning Radiotherapy for BMT
99	Extracorporeal Irradiation to the Homologous Bone grafts
100	Radical chemotherapy
101	Neoadjuvant radiotherapy
102	LDR Brachytherapy
103	Palliative Radiotherapy
104	Radical Radiotherapy
105	Palliative chemotherapy
106	Template Brachytherapy
107	Neoadjuvant chemotherapy
108	Adjuvant chemotherapy
109	Induction chemotherapy
110	Consolidation chemotherapy
111	Maintenance chemotherapy
112	HDR Brachytherapy

# EDELWEISS GROUP HEALTH INSURANCE

## POLICY WORDINGS



113	Construction skin pedicle flap
114	Gluteal pressure ulcer-Excision
115	Muscle-skin graft, leg
116	Removal of bone for graft
117	Muscle-skin graft duct fistula
118	Removal cartilage graft
119	Myocutaneous flap
120	Fibro myocutaneous flap
121	Breast reconstruction surgery after mastectomy
122	Sling operation for facial palsy
123	Split Skin Grafting under RA
124	Wolfe skin graft
125	Plastic surgery to the floor of the mouth under GA
126	AV fistula – wrist
127	URSL with stenting
128	URSL with lithotripsy
129	CystoscopicLitholapaxy
130	ESWL
131	Haemodialysis
132	Bladder Neck Incision
133	Cystoscopy & Biopsy
134	Suprapubiccystostomy
135	percutaneous nephrostomy
136	Cystoscopy and "SLING" procedure.
137	TUNA- prostate
138	Excision of urethral diverticulum
139	Removal of urethral Stone
140	Excision of urethral prolapse
141	Mega-ureter reconstruction
142	Kidney renoscopy and biopsy
143	Ureter endoscopy and treatment
144	Vesico ureteric reflux correction
145	Surgery for pelvi ureteric junction obstruction
146	Anderson hynes operation
147	Kidney endoscopy and biopsy
148	Paraphimosis surgery
149	injury prepuce- circumcision
150	Frenular tear repair
151	Meatotomy for meatal stenosis

# EDELWEISS GROUP HEALTH INSURANCE

## POLICY WORDINGS



152	surgery for fournier's gangrene scrotum
153	surgery filarial scrotum
154	surgery for watering can perineum
155	Repair of penile torsion
156	Drainage of prostate abscess
157	Orchiectomy
158	Cystoscopy and removal of FB
159	Facial nerve physiotherapy
160	Nerve biopsy
161	Muscle biopsy
162	Epidural steroid injection
163	Glycerol rhizotomy
164	Spinal cord stimulation
165	Motor cortex stimulation
166	Stereotactic Radiosurgery
167	Percutaneous Cordotomy
168	Intrathecal Baclofen therapy
169	Entrapment neuropathy Release
170	Diagnostic cerebral angiography
171	VP shunt
172	Ventriculoatrial shunt
173	Thoracoscopy and Lung Biopsy
174	Excision of cervical sympathetic Chain
175	Thoracoscopic
176	Laser Ablation of Barrett's oesophagus
177	Pleurodesis
178	Thoracoscopy and pleural biopsy
179	EBUS + Biopsy
180	Thoracoscopy ligation thoracic duct
181	Thoracoscopy assisted empyema drainage
182	Pancreatic pseudocyst EUS & drainage
183	RF ablation for barrett'sOesophagus
184	ERCP and papillotomy
185	Esophagoscope and sclerosant injection
186	EUS + submucosal resection
187	Construction of gastrostomy tube
188	EUS + aspiration pancreatic cyst
189	Small bowel endoscopy (therapeutic)
190	Colonoscopy ,lesion removal

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POLICY WORDINGS



191	ERCP
192	Colonoscopy stenting of stricture
193	Percutaneous Endoscopic Gastrostomy
194	EUS and pancreatic pseudo cyst drainage
195	ERCP and choledochoscopy
196	Proctosigmoidoscopy volvulus detorsion
197	ERCP and sphincterotomy
198	Esophageal stent placement
199	ERCP + placement of biliary stents
200	Sigmoidoscopy w / stent
201	EUS + coeliac node biopsy
202	Infected Keloid Excision
203	Incision of a pilonidal sinus / abscess
204	Axillary lymphadenectomy
205	Abscess-Decompression
206	Cervical lymphadenectomy
207	Inguinal lymphadenectomy
208	Suturing of lacerations
209	Maximal anal dilatation
210	Piles
	A)Injection Sclerotherapy
	B)Piles banding
211	Liver Abscess- catheter drainage
212	Fissure in Ano- fissurectomy
213	Fibroadenoma breast excision
214	OesophagealvaricesSclerotherapy
215	ERCP - pancreatic duct stone removal
216	Perianal abscess I&D
217	Perianal hematoma Evacuation
218	Fissure in anosphincterotomy
219	UGI scopy and Polypectomyoesophagus
220	Breast abscess I& D
221	Feeding Gastrostomy
222	Oesophagoscopy and biopsy of growth oesophagus
223	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
224	ERCP - Bile duct stone removal
225	Ileostomy closure
226	Colonoscopy
227	Polypectomy colon



# EDELWEISS GROUP HEALTH INSURANCE

## POLICY WORDINGS

228	Splenic abscesses Laparoscopic Drainage
229	UGI SCOPY and Polypectomy stomach
230	Rigid Oesophagoscopy for FB removal
231	Feeding Jejunostomy
232	Colostomy
233	Ileostomy
234	colostomy closure
235	Submandibular salivary duct stone removal
236	Pneumatic reduction of intussusception
237	Varicose veins legs - Injection sclerotherapy
238	Rigid Oesophagoscopy for Plummer vinson syndrome
239	Pancreatic Pseudocysts Endoscopic Drainage
240	ZADEK's Nail bed excision
241	Subcutaneous mastectomy
242	Excision of Ranula under GA
243	Eversion of Sac
	a) Unilateral
	b) Bilateral
244	Lord's plication
245	Jaboulay's Procedure
246	Scrotoplasty
247	Surgical treatment of varicocele
248	Epididymectomy
249	Circumcision for Trauma
250	Meatoplasty
251	Intersphincteric abscess incision and drainage
252	Psoas Abscess Incision and Drainage
253	Thyroid abscess Incision and Drainage
254	TIPS procedure for portal hypertension
255	Esophageal Growth stent
256	PAIR Procedure of Hydatid Cyst liver
257	Tru cut liver biopsy
258	Photodynamic therapy or esophageal tumour and Lung tumour
259	Excision of Cervical RIB
260	laparoscopic reduction of intussusception
261	Microdochectomy breast
262	Surgery for fracture Penis
263	Sentinel node biopsy
264	Parastomal hernia

# EDELWEISS GROUP HEALTH INSURANCE

## POLICY WORDINGS



265	Revision colostomy
266	Prolapsed colostomy- Correction
267	Testicular biopsy
268	laparoscopic cardiomyotomy( Hellers)
269	Sentinel node biopsy malignant melanoma
270	laparoscopic pyloromyotomy( Ramstedt)
271	Arthroscopic Repair of ACL tear knee
272	Closed reduction of minor Fractures
273	Arthroscopic repair of PCL tear knee
274	Tendon shortening
275	Arthroscopic Meniscectomy – Knee
276	Treatment of clavicle dislocation
277	Arthroscopic meniscus repair
278	Haemarthrosis knee- lavage
279	Abscess knee joint drainage
280	Carpal tunnel release
281	Closed reduction of minor dislocation
282	Repair of knee cap tendon
283	ORIF with K wire fixation- small bones
284	Release of midfoot joint
285	Implant removal minor
286	K wire removal
287	POP application
288	Closed reduction and external fixation
289	Arthrotomy Hip joint
290	Syme's amputation
291	Arthroplasty
292	Partial removal of rib
293	Treatment of sesamoid bone fracture
294	Shoulder arthroscopy / surgery
295	Elbow arthroscopy
296	Amputation of metacarpal bone
297	Release of thumb contracture
298	Incision of foot fascia
299	calcaneum spur hydrocort injection
300	Ganglion wrist hyalase injection
301	Partial removal of metatarsal
302	Repair / graft of foot tendon
303	Revision/Removal of Knee cap

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POLICY WORDINGS



304	Amputation follow-up surgery
305	Exploration of ankle joint
306	Remove/graft leg bone lesion
307	Repair/graft achilles tendon
308	Remove of tissue expander
309	Biopsy elbow joint lining
310	Removal of wrist prosthesis
311	Biopsy finger joint lining
312	Tendon lengthening
313	Treatment of shoulder dislocation
314	Lengthening of hand tendon
315	Removal of elbow bursa
316	Fixation of knee joint
317	Treatment of foot dislocation
318	Surgery of bunion
319	intra articular steroid injection
320	Tendon transfer procedure
321	Removal of knee cap bursa
322	Treatment of fracture of ulna
323	Treatment of scapula fracture
324	Removal of tumor of arm/ elbow under RA/GA
325	Repair of ruptured tendon
326	Decompress forearm space Cystoscopy and removal of polyp Revision of neck muscle ( Torticollis release )
327	Lengthening of thigh tendons
328	Treatment fracture of radius & ulna
329	Repair of knee joint Paediatric surgery
330	Excision Juvenile polyps rectum
331	Vaginoplasty
332	Dilatation of accidental caustic stricture oesophageal
333	Presacral Teratomas Excision
334	Removal of vesical stone
335	Excision Sigmoid Polyp
336	Sternomastoid Tenotomy
337	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
338	Excision of soft tissue rhabdomyosarcoma
339	Mediastinal lymph node biopsy
340	High Orchidectomy for testis tumours
341	Excision of cervical teratoma

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342	Rectal-Myomectomy
343	Rectal prolapse (Delorme's procedure)
344	Orchidopexy for undescended testis
345	Detorsion of torsion Testis
346	lap.Abdominal exploration in cryptorchidism
347	EUA + biopsy multiple fistula in ano
348	Cystic hygroma - Injection treatment
349	Excision of fistula-in-ano
350	Hysteroscopic removal of myoma
351	D&C
352	Hysteroscopic resection of septum
353	thermal Cauterisation of Cervix
354	Hysteroscopicadhesiolysis
355	LEEP
356	Cryocauterisation of Cervix
357	Polypectomy Endometrium
358	Hysteroscopic resection of fibroid
359	LLETZ
360	Conization
361	polypectomy cervix
362	Hysteroscopic resection of endometrial polyp
363	Vulval wart excision
364	Laparoscopic paraovarian cyst excision
365	uterine artery embolization
366	Bartholin Cyst excision
367	Laparoscopic cystectomy
368	Hymenectomy( imperforate Hymen)
369	Endometrial ablation
370	vaginal wall cyst excision
371	Vulval cyst Excision
372	Laparoscopic paratubal cyst excision
373	Repair of vagina ( vaginal atresia )
374	Hysteroscopy, removal of myoma
375	TURBT
376	Ureterocoele repair - congenital internal
377	Vaginal mesh For POP
378	Laparoscopic Myomectomy
379	Surgery for SUI
380	Repair recto- vagina fistula

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## POLICY WORDINGS



381	Pelvic floor repair( excluding Fistula repair)
382	URS + LL
383	Laparoscopic oophorectomy
384	Insert non- tunnel CV cath
385	Insert PICC cath ( peripherally inserted central catheter)
386	Replace PICC cath ( peripherally inserted central catheter )
387	Insertion catheter, intra anterior
388	Insertion of Portacath
389	Splinting of avulsed teeth
390	Suturing lacerated lip
391	Suturing oral mucosa
392	Oral biopsy in case of abnormal tissue presentation
393	FNAC
394	Smear from oral cavity

**Note:**

1. Any surgery/procedure (not listed above) which due to advancement of medical science requires hospitalization for less than 24 hours will require prior approval from company/TPA.
2. The standard exclusions and waiting periods are applicable to all of the above day care procedures / surgeries depending on the medical condition / disease under treatment. Only 24 hours hospitalization is not mandatory.

Disclaimer: The Company's Claims Team may modify /edit above list, consider other treatments as day care treatments depending on the treatment.

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