



भारतीय प्रौद्योगिकी संस्थान कानपुर  
INDIAN INSTITUTE OF TECHNOLOGY KANPUR

कुलसचिव कार्यालय  
Registrar Office



Tel. : +91- 512-259 7808/6434 (O)

Fax : +91- 512-259 0465

Email: registrar@iitk.ac.in

पत्रालय - आई.आई.टी., कानपुर-208 016 (भारत)

Post Office - I.I.T., KANPUR-208 016 (India)

संदर्भ/Ref. : IITK/RO/2023/Med.-Insur./87

दिनांक/Date: May 16, 2023

**OFFICE ORDER**

**Subject :- “PAN INDIA CASHLESS MEDICAL INSURANCE SCHEME” FOR THE  
SERVING AND RETIRED EMPLOYEES OF IIT KANPUR.**

A new PAN INDIA CASHLESS MEDICAL INSURANCE SCHEME for the serving and retired employees of IIT Kanpur has come into force for a period of one year from 16.05.2023 to 15.05.24. The policy had been availed from M/S New India Assurance Company and the policy will be administered by M/S Raksha TPA. This policy covers all the regular employees drawing salary from Account I and their dependents, quasi permanent employees, COW workers, and REO's. The scheme is applicable to all the registered hospitals of India, Government hospitals, Institutes etc.

The following changes had been made to the scheme:

Group	Room Rent (per day)	ICU (per day)	Sum Assured Rs.	Buffer Rs. (Max.)	Critical illness
A	9,000	11,000	2,00,000	4,00,000	1,00,000
B	5,000	11,000	2,00,000	4,00,000	1,00,000
C	3,500	11,000	2,00,000	4,00,000	1,00,000
Retired employees are entitled to Rs.1.0 lac buffer only in case of critical illness. (Annexure A)					

1. Retired employees need not seek any referral from the Health Centre, IIT Kanpur. However, they are required to intimate Raksha TPA of their hospitalization on their toll free no. 1800 180 1444 or by email to [crcm@rakshatpa.com](mailto:crcm@rakshatpa.com) or [jyothiawasthi@rakshatpa.com](mailto:jyothiawasthi@rakshatpa.com) or [lucknowraksha@rakshatpa.com](mailto:lucknowraksha@rakshatpa.com). Copy of email need to be attached along with the reimbursement form and bills for settlement. The same condition is not applicable in case of cashless hospitals.
2. Reimbursement claims should be submitted within 30 days from the date of discharge along with bills, receipts and relevant papers. Details regarding cashless hospitals are available on the Raksha TPA website. The bills can be submitted at Health Centre on every Tuesdays and Fridays between 03.00 P.M to 5.00 P.M. on all working days. The bills can also be submitted to any office of Raksha all over India. List of Raksha offices can be accessed on their website [www.rakshatpa.com](http://www.rakshatpa.com).

3. This is an IPD cover and hence a minimum 24 hours hospitalization is required to avail the facility. This clause is not applicable for Day Care Procedures. (**Annexure B**)
4. A list of non-reimbursable items is attached as **Annexure C**. The same will not be reimbursed-neither by TPA nor by the institute.
5. Treatments in the exclusion list are attached as **Annexure D**.
6. Raksha TPA app is available on the Google play store. Beneficiaries are requested to download the same to have a better experience of the Medical Insurance Scheme.
7. There are no change in Normal Delivery (Rs.50,000), Caesarian (Rs.100,000) and Cataract (Rs.24,000 per eye) limits. Coverage of newborn from day one will be provided.



(Dr. Braj Bhushan)  
Officiating Registrar

Encl. as above.

Copy to:-

1. Director/Dy. Director/All Deans
2. All Heads of Departments/IDPs/Centres/Sections/Unit-in-charges
3. Website through webmaster/Hindi cell for translation in Hindi
4. Health Centre Web page

**2.11 CRITICAL ILLNESSES** means the following Illnesses:

**2.11.1 CANCER** means

- I. A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.
- II. The following are excluded -
  - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond.
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis.
  - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than Rai stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
  - ix. All tumors in the presence of HIV infection.

**2.11.2 MYOCARDIAL INFARCTION (FIRST HEART ATTACK OF SPECIFIED SEVERITY)**

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
  - i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
  - ii. New characteristic electrocardiogram changes
  - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

**II. The following are excluded:**

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris.
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

**2.11.3 OPEN CHEST CABG**

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

**II. The following are excluded:**

- i. Angioplasty and/or any other intra-arterial procedures

#### **2.11.4 OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES**

I. The actual undergoing of open-heart valve Surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of Surgery has to be confirmed by a specialist Medical Practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

#### **2.11.5 COMA OF SPECIFIED SEVERITY**

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. No response to external stimuli continuously for at least 96 hours;
- ii. Life support measures are necessary to sustain life; and
- iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

#### **2.11.6 KIDNEY FAILURE REQUIRING REGULAR DIALYSIS**

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

#### **2.11.7 STROKE RESULTING IN PERMANENT SYMPTOMS**

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced

II. The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

#### **2.11.8 MAJOR ORGAN /BONE MARROW TRANSPLANT**

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

II. The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of Langerhans are transplanted

#### **2.11.9 PERMANENT PARALYSIS OF LIMBS**

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A **specialist** Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

**2.11.10 MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS**

- I. Motor neurone disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of cortico spinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

**2.11.11 MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**

- I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
- i. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis and
  - ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.



**ANNEXURE I: LIST OF DAY CARE PROCEDURES:**

1	Stapedotomy	2	Reconstruction Of The Middle Ear
3	Mastoidectomy	4	Labyrinthectomy for severe Vertigo
5	Stapedectomy	6	Ossiculoplasty
7	Myringotomy with Grommet Insertion	8	Tympanoplasty
9	Incision (Opening) And Destruction (Elimination) Of The Inner Ear	10	Incision Of The Mastoid Process And Middle Ear
11	Other Microsurgical Operations On The Middle Ear	12	Endolymphatic Sac Surgery for Meniere's Disease
13	Turbinectomy	14	Removal of Tympanic Drain under LA
15	Fenestration of the inner ear	16	Incision and drainage of perichondritis
17	Septoplasty	18	Vestibular Nerve section
19	Thyroplasty	20	Reduction of fracture of Nasal Bone
21	Excision and destruction of lingual tonsils	22	Conchoplasty
23	Excision And Destruction Of Diseased Tissue Of The Nose	24	Tracheostomy
25	Excision of Angioma Septum	26	Turbinoectomy
27	Incision & Drainage of Pharyngeal Abscess	28	Uvulo Palato Pharyngo Plasty
29	Palatoplasty	30	Nasal Sinus Aspiration
31	Adenoidectomy with Grommet insertion	32	Adenoidectomy without Grommet insertion
33	Vocal Cord lateralisation Procedure	34	Tonsillectomy without adenoidectomy
35	Tonsillectomy with adenoidectomy	36	Tracheoplasty
37	Other Operations On The Auditory Ossicles	38	Plastic Surgery To The Floor Of The Mouth
39	Incision Of The Hard And Soft Palate	40	External Incision And Drainage In The Region Of The Mouth, Jaw And Face
41	Other Operations On The Salivary Glands And Salivary Ducts	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 eye
47	Corrective surgery of the entropion and ectropion	48	Operations for pterygium
49	Corrective surgery of blepharoptosis	50	Glaucoma
51	Retinal Detachment	52	Operations on the cornea
53	Operation on the canthus and epicanthus	54	YAG Laser in Ophthalmology
55	Surgery for cataract	56	Treatment of retinal lesion
57	Parenteral Chemotherapy	58	CCRT-Concurrent Chemo + RT
59	SRS- Stereotactic radiosurgery	60	Radiotherapy
61	Radical chemotherapy	62	Chemotherapy
63	AV fistula	64	URSL with stenting
65	URSL	66	DJ Stent removal
67	ESWL	68	Haemodialysis
69	CAPD (Excluding the cost of machine)	70	Cystoscopy (Therapeutic)
71	Follow-up cystoscopy in case of bladder cancer	72	Excision of urethral diverticulum
73	Ureter endoscopy and treatment	74	Surgery for pelvi ureteric junction obstruction

## Annexure B

### Page 2/3

75	Frenular tear repair	76	Meatotomy for meatal stenosis
77	Surgery for fourrier's gangrene scrotum	78	Surgery filarial scrotum
79	Surgery for watering can perineum	80	Repair of penile torsion
81	Drainage of prostate abscess	82	TURBT
83	Radical Prostatovesiculectomy	84	Operations On The Prostate
85	D&C	86	Hysteroscopic adhesiolysis
87	Removal of Abnormal Tissue from Cervix	88	Vulval wart excision
89	Cyst Excision / Cystectomy	90	Uterine artery embolization
91	Endometrial ablation	92	Myomectomy
93	Surgery for SUI	94	Pelvic floor repair( excluding Fistula repair)
95	Laparoscopic oophorectomy	96	Incision Of The Ovary
97	Insufflation Of The Fallopian Tubes	98	Dilatation Of The Cervical Canal
99	Hysterotomy	100	Therapeutic Curettage
101	Culdotomy	102	Incision Of The Vagina
103	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	104	Incision Of The Vulva
105	Infected keloïd excision	106	Incision of a pilonidal sinus / abscess
107	Infected sebaceous cyst	108	Infected lipoma excision
109	Maximal anal dilatation	110	Surgical Treatment Of Haemorrhoids
111	Liver Abscess- catheter drainage	112	Fissure in Ano- fissurectomy
113	Surgical Treatment Of Anal Fistulas	114	Fibroadenoma breast excision
115	Oesophageal varices Sclerotherapy	116	ERCP – pancreatic duct stone removal
117	Perianal abscess I&D	118	Excisional Biopsy
119	Perianal hematoma Evacuation	120	Fissure in ano sphincterotomy
121	Therapeutic Endoscopy	122	Breast abscess I& D
123	Feeding Gastrostomy	124	Feeding Jejunostomy
125	ERCP – Bile duct stone removal	126	Ileostomy closure
127	Polypectomy	128	Splenic abscesses Laparoscopic Drainage
129	Sclerotherapy	130	Colostomy
131	Ileostomy	132	Colostomy closure
133	Pancreatic Pseudocysts Endoscopic Drainage	134	Subcutaneous mastectomy
135	Excision of Ranula under GA	136	Hydrocele Repair
137	Scrotoplasty	138	Surgical treatment of varicocele
139	Epididymectomy	140	Circumcision for Trauma
141	Meatoplasty	142	Abscess incision and drainage
143	TIPS procedure for portal hypertension	144	PAIR Procedure of Hydatid Cyst liver
145	Excision of Cervical RIB	146	Surgery for fracture Penis
147	Laparoscopic cardiomyotomy( Hellers)	148	Laparoscopic pyloromyotomy( Ramstedt)
149	Orchidectomy	150	Operations On The Nipple
151	Incision And Excision Of Tissue In The Perianal Region	152	Division Of The Anal Sphincter (Sphincterotomy)
153	Glossectomy	154	Reconstruction Of The Tongue
155	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue	156	Operations On The Seminal Vesicles

157	Other Operations On The Spermatic Cord, Epididymis And Ductus Deferens	158	Operations On The Penis
159	Other Excisions Of The Skin And Subcutaneous Tissues	160	Other Incisions Of The Skin And Subcutaneous Tissues
161	Free Skin Transplantation, Donor Site	162	Free Skin Transplantation, Recipient Site
163	Reconstruction Of The Testis	164	Incision Of The Scrotum And Tunica Vaginalis Testis
165	Revision Of Skin Plasty	166	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
167	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues	168	Arthroscopic Repair of ACL tear knee
169	Arthroscopic repair of PCL tear knee	170	Tendon shortening
171	Tendon lengthening	172	Arthroscopic Meniscectomy – Knee
173	Treatment of clavicle dislocation	174	Arthroscopic meniscus repair
175	Haemarthrosis knee- lavage	176	Abscess knee joint drainage
177	Repair of knee cap tendon	178	ORIF with K wire fixation- small bones
179	ORIF with plating- Small long bones	180	Arthrotomy Hip joint
181	Syme's amputation	182	Arthroplasty
183	Partial removal of rib	184	Treatment of sesamoid bone fracture
185	Amputation of metacarpal bone	186	Repair / graft of foot tendon
187	Revision/Removal of Knee cap	188	Remove/graft leg bone lesion
189	Repair/graft achilles tendon	190	Biopsy elbow joint lining
191	Biopsy finger joint lining	192	Surgery of bunion
193	Tendon transfer procedure	194	Removal of knee cap bursa
195	Treatment of fracture of ulna	196	Treatment of scapula fracture
197	Removal of tumor of arm/ elbow under RA/GA	198	Repair of ruptured tendon
199	Revision of neck muscle ( Torticollis release )	200	Treatment fracture of radius & ulna
201	Incision On Bone, Septic And Aseptic	202	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
203	Reduction Of Dislocation Under Ga	204	Vaginoplasty
205	Dilatation of accidental caustic stricture oesophageal	206	Presacral Teratomas Excision
207	Removal of vesical stone	208	Excision Sigmoid Polyp
209	Sternomastoid Tenotomy	210	High Orchidectomy for testis tumours
211	Excision of cervical teratoma	212	Rectal-Myomectomy
213	Rectal prolapse (Delorme's procedure)	214	Orchidopexy for undescended testis
215	Detorsion of torsion Testis	216	Lap.Abdominal exploration in cryptorchidism
217	Coronary Angiography	218	Ultrasound Guided Aspirations
219	Digital subtraction Angiography (DSA)	220	Anti Rabies Vaccination
221	Pace maker- Battery replacement	222	Plasmapheresis
223	Radio Iodine therapy post thyroidectomy	224	Barrage laser/ Pan retinal photocoagulation
225	Keratoconus	226	BCG Intravesicular injection for carcinoma bladder



## List of excluded items

S No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT

51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

4.4 Permanent Exclusions: Any medical expenses incurred for or arising out of:

4.4.1 INVESTIGATION & EVALUATION (Code- Excl04) a. Expenses related to any admission primarily for diagnostics and evaluation purposes. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment However, Treatment for any symptoms, Illness, complications arising due to physiological conditions for which aetiology is unknown is not excluded. It is covered with a Sub-Limit of upto 10% of Sum Insured per policy period.

4.4.2 REST CURE, REHABILITATION AND RESPITE CARE (Code- Excl05) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. However, Expenses related to any admission primarily for enteral feedings is not excluded, if the Oral intake is absent for a period of at-least 5 days. It will be covered for a Maximum period of 14 days in a Policy Period.

4.4.3 OBESITY/ WEIGHT CONTROL (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor

b. The surgery/Procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI); 1. greater than or equal to 40 or 2. greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

4.4.4 CHANGE-OF-GENDER TREATMENTS (Code- Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

4.4.5 COSMETIC OR PLASTIC SURGERY (Code- Excl08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

4.4.6 HAZARDOUS OR ADVENTURE SPORTS (Code- Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. However, Treatment related to Injury or Illness associated with Hazardous activities related to particular line of employment or occupation (not for recreational purpose) is not excluded.

4.4.7 BREACH OF LAW (Code- Excl10) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

4.4.8 EXCLUDED PROVIDERS (Code-Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

4.4.9 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

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

4.4.11 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code- Excl14)

4.4.12 REFRACTIVE ERROR (Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

4.4.13 UNPROVEN TREATMENTS (Code- Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

4.4.14 STERILITY AND INFERTILITY (Code- Excl17) Expenses related to sterility and infertility. This includes: a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization

#### SPECIFIC EXCLUSIONS

4.4.16 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.

4.4.17 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: a. 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. b. 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. c. 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.

4.4.18 Circumcision unless required to treat Injury or Illness.

4.4.19 Vaccination & Inoculation.

4.4.20 Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.

4.4.21 All types of Dental treatments except arising out of an accident.

4.4.22 Convalescence, general debility.

4.4.23 Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide. However, Failure to seek or follow medical advice or failure to follow treatment is not excluded. It is covered with a sub-limit of 10% of Sum Insured per policy period.

4.4.24 Naturopathy Treatment.

4.4.25 Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.

4.4.26 Stem cell implantation / surgery for other than those treatments mentioned in clause 3.12.12.

4.4.27 Domiciliary Hospitalization.

4.4.28 Treatment taken outside India.

4.4.29 Change of treatment from one system to another unless recommended by the consultant / hospital under whom the treatment is taken.

4.4.30 Service charges or any other charges levied by hospital, except registration/admission charges.

4.4.31 Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

Use of tobacco leading to cancer - newer policies where the exclusion for use of tobacco is deleted.