



दि न्यू इंडिया एश्योरन्स कम्पनी लिमिटेड

(भारत सरकार का उपक्रम)

मण्डल कार्यालय : 340800
द्वितीय तल, जी.एच. टावर, ई.पी.एफ. कार्यालय
एवं व्योमप्रस्थ कालोनी के सामने,
जी.एम.एस. रोड, देहरादून (248001) उत्तराखण्ड
दूरध्वनि / Phone : 0135-2727669, 2721227, 2622501
ई-मेल / E-mail : nia.340800@newindia.co.in

THE NEW INDIA ASSURANCE COMPANY LIMITED

(GOVERNMENT OF INDIA UNDER TAKING)

Division Office : 340800
2nd Floor, G.H. Tower, Opp. E.P.F. Office
& Vyomprasth Colony, G.M.S. Road,
Dehradun (248001) Uttarakhand

TO,

Dy. General Manager (Admin)
BSNL Corporate office,
Gr Floor, Bharat Sanchar Bhawan,
Janpath, New Delhi – 110001

Dated 2nd Aug, 2021

Name of Work : Selection of Health Insurer For providing Health insurance Policy 2021 for BSNL Employees.

Regarding your letter (No. 25-1/2021 –BSNL (WL) /Admin) dated 30th July 2021 received from BSNL.

We thankfully accept your proposal for the Group Mediclaim proposal for BSNL employees submitted to us through Landmark Insurance Brokers Pvt. Ltd.

As part of this letter –MOU and Refer to details provided, all the terms and conditions of the proposed transaction submitted earlier remains the same and are agreed by both The New India Assurance Co Ltd and BSNL. Same has also been enclosed for your reference.

Bank details of The New India Assurance Company Ltd also enclosed for your reference.

Regards

Deepak Pandey

Sr. Divisional Manager

The New India Assurance Company Ltd

दि न्यू इंडिया एश्योरन्स कं. लि०.

Dehradun DO (340800)
मण्डल कार्यालय-340800

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FORMAT FOR E-PAYMENT DETAILS:

Beneficiary Name: The New India Assurance Co. Ltd.

Bank Name: UNION BANK OF INDIA

BRANCH: RAJPUR ROAD DEHRADUN-248001

Beneficiary Account No: 510101002410353

IFSC code (RTGS Code): UBIN0812099

MICR Code (9 Digits): 248026024

Email ID: deepak.pandey@newindia.co.in

For The New India Assurance Co.

Authorized Signatory

दि न्यू इंडिया एश्योरन्स कं. लि.

मण्डल कार्यालय-340800

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Dehradun (248001) Uttarakhand

Annexure " A "

For Rs 5.00 Lakh Health Insurance Cover

We, the undersigned, offer to provide the Budgetary quote in accordance with your terms of reference. Our Budgetary quote for the subject work would be as under :

GROUP MEDICLAIM POLICY QUOTESLIP

The New India Assurance Co Ltd

Particulars	Details		
Insured	Bharat Sanchar Nigam Limited (BSNL)		
Proposed Policy			
Policy Period	1 Year		
Per Family Sum Insured	Rs. 500000		
Policy coverage for family	Self, Spouse, Children and parents as details in three options given below		
Type of proposal	Fresh		
No. of Employees	Approx 63500 working Employees in BSNL		
Addition of Existing Employees	Addition allowed within 1month from the start of the policy		
Addition of New Employees	Addition allowed within 1month policy period on charge of pro rata premium		
Addition of New Born baby and Newly married spouse	Addition allowed within policy period		
Family Floater	Yes		
Family Description	As per below details - One parents means either "Father" or " Mother" or "Father in law" or "Mother in Law" and Two Parents means either "Father and Mother" or "Father in Law & Mother in Law" Cross selection of parents not allowed		
Benefits Covered			
	Option 1	Option 2	Option 3
	without Parents	With one Parents	With two Parents
Family Description	Self+ Spouse + 3 childrens upto age of 25 years (Born on or after September, 1996)	Self+ Spouse + 3 childrens upto age of 25 years (Born on or after 1st September, 1996)+ one parent upto age of 85 Years (Born on or after 1st September, 1936)	Self+ Spouse + 3 childrens upto age of 25 years (Born on or after 1st September, 1996)+ Two parent upto age of 85 Years (Born on or after 1st September, 1936)

(Handwritten Signature)



पंजीकृत एवं प्रधान कार्यालय : न्यू इंडिया एश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुम्बई-400 001
Regd. & Head Office : New India Assurance Building, 87, Mahatma Gandhi Road, Fort, Mumbai-400001



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Standard Hospitalisation - Minimum 24 Hours	Yes	Yes	Yes
TPA services	Yes	Yes	Yes
Co payment	No Co-pay except the co pay those mentioned hereinafter	No Co-pay except the co pay those mentioned hereinafter	No Co-pay except the co pay those mentioned hereinafter
INVESTIGATION & EVALUATION	Any diagnostic expenses which are related or incidental to the current diagnosis and treatment are covered	Any diagnostic expenses which are related or incidental to the current diagnosis and treatment are covered	Any diagnostic expenses which are related or incidental to the current diagnosis and treatment are covered
Pre-existing Disease Covered from day one	Yes - No Waiting Period for any disease	Yes - No Waiting Period for any disease	Yes - No Waiting Period for any disease
Waiver on 1st ,2nd & 4th year exclusion	Waived for All	Waived for All	Waived for All
Waiver on 1st 30 days and 90 Days exclusion	Waived for All	Waived for All	Waived for All
No Any waiting Period	Applicable	Applicable	Applicable
Pre Hospitalisation Cover	30 days	30 days	30 days
Post hospitalisation Cover	60 days	60 days	60 days
Corporate Buffer	Not Covered	Not Covered	Not Covered
9 Months waiting period waived	Not applicable	Not applicable	Not applicable
New Born Baby Cover (Day 1) with in family SI	Covered from Day one	Covered from Day one	Covered from Day one
Maternity benefits - for first two children	Not Covered	Not Covered	Not Covered
Pre Post natal Expenses	Not Covered	Not Covered	Not Covered
Room Rent Capping - proportionate capping applicable	Room Rent (Normal) -2% of SI	Room Rent (Normal) -2% of SI	Room Rent (Normal) -2% of SI
ICU	Actual	Actual	Actual
Disease wise Capping	Not applicable	Not applicable	Not applicable
Internal congenital Disease	Covered	Covered	Covered
Cataract Limit	Rs. 30000/eye	Rs. 30000/eye	Rs. 30000/eye
AYUSH - Expenses incurred for Ayurvedic / Homeopathic / Unani Treatment	Max Rs. 60000	Max Rs. 60000	Max Rs. 60000
Advance Medical Treatment covered along with their sub limits	AS per list	AS per list	AS per list
Ambulance Services	Rs. 2000 /- per incident	Rs. 2000 /- per incident	Rs. 2000 /- per incident

[Handwritten Signature]





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Disease wise Capping	No capping except the Sub limits those mentioned hereinafter	No capping except the Sub limits those mentioned hereinafter	No capping except the Sub limits those mentioned hereinafter
Domiciliary Hospitalization	Covered - Condition prevails that either hospital doesn't have beds or patient is not in conditon to be moved to hospital and as per other standard conditions.	Covered - Condition prevails that either hospital doesn't have beds or patient is not in conditon to be moved to hospital and as per other standard conditions.	Covered - Condition prevails that either hospital doesn't have beds or patient is not in conditon to be moved to hospital and as per other standard conditions.
Dental Treatment	Covered in case of injury due to accident	Covered in case of injury due to accident	Covered in case of injury due to accident
Covid -19 Hospitalisation	Covered if minimum 24 hours Hospitalisation and as per other standard policy terms	Covered if minimum 24 hours Hospitalisation and as per other standard policy terms	Covered if minimum 24 hours Hospitalisation and as per other standard policy terms
Shifting of hospital during treatmnt or better medical on the request of patient	Admissible	Admissible	Admissible
Reimbursement in case of treatment in Non network Hospital	Reimbursement allowed as per applicable rates only, if treatment is taken in minimum 15 bedded hospital	Reimbursement allowed as per applicable rates only, if treatment is taken in minimum 15 bedded hospital	Reimbursement allowed as per applicable rates only, if treatment is taken in minimum 15 bedded hospital
Mental Illness	Max Rs. 50000 on IPD basis	Max Rs. 50000 on IPD basis	Max Rs. 50000 on IPD basis
Domiciliary Hospitalisation	Covered	Covered	Covered
Advance medical tratment covered along with their sub limits	Covered	Covered	Covered

Premium Summary for SI Rs. 5.00 lacs

	without Parents	With one Parents	With two Parents
Premium excluding tax per family	6100	9000	9600
GST @ 18%	1098	1620	1728
Total Premium including tax per family	7198	10620	11328

Top up policy rates for SI of Rs. 5.00 Lacs - GST extra

20% of the employees opt this plan	35% of base rate.
30% of the employees opt this plan -	30% of base rate.
40% of the employees opt this plan -	25% of base rate.

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DISEASE-WISE SUBLIMITS LIST	METRO	NON-METRO
Appendix	No Limit	No Limit
Eye related	No Limit	No Limit
Gall Bladder	No Limit	No Limit
Hernia	No Limit	No Limit
Hydrocele	No Limit	No Limit
Hysterectomy	No Limit	No Limit
Piles	No Limit	No Limit
Urinary Stone (incl DJ stent removal for same stone)	No Limit	No Limit
Joint Replacement including Vertebral joints (Per knee)	No Limit	No Limit

G. K. K. K.



Authorized Signatory

The New India Assurance Co. Ltd.



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Annexure " B"

For Rs 10.00 Lakh Health Insurance Cover

We, the undersigned, offer to provide the Budgetary quote in accordance with your terms of reference. Our Budgetary quote for the subject work would be as under :

GROUP MEDICLAIM POLICY QUOTESLIP

The New India Assurance Co Ltd

Particulars	Details		
Insured	Bharat Sanchar Nigam Limited (BSNL)		
Proposed Policy			
Policy Period	1 Year		
Per Family Sum Insured	Rs. 1000000		
Policy coverage for family	Self, Spouse, Children and parents as details in three options given below		
Type of proposal	Fresh		
No. of Employees	Approx 3000 E5 and above scale working Employees in BSNL		
Addition of Existing Employees	Addition allowed within 1month from the start of the policy		
Addition of New Employees	Addition allowed within 1month policy period on charge of pro rata premium		
Addition of New Born baby and Newly married spouse	Addition allowed within policy period		
Family Floater	Yes		
Family Description	As per below details - One parents means either "Father" or " Mother" or "Father in law" or "Mother in Law" and Two Parents means either "Father and Mother" or "Father in Law & Mother in Law" Cross selection of parents not allowed		
Benefits Covered			
	Option 1	Option 2	Option 3
	without Parents	With one Parents	With two Parents
Family Description	Self+ Spouse + 3 childrens upto age of 25 years (Born on or after 1st September, 1996)	Self+ Spouse + 3 childrens upto age of 25 years (Born on or after 1st September, 1996)+ one parent upto age of 85 Years (Born on or after 1st September, 1936)	Self+ Spouse + 3 childrens upto age of 25 years (Born on or after 1st September, 1996)+ Two parent upto age of 85 Years (Born on or after 1st September, 1936)



पंजीकृत एवं प्रधान कार्यालय : न्यू इंडिया एश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुम्बई-400 001
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Standard Hospitalisation - Minimum 24 Hours	Yes	Yes	Yes
TPA services	Yes	Yes	Yes
Co payment	No Co-pay except the co pay those mentioned hereinafter	No Co-pay except the co pay those mentioned hereinafter	No Co-pay except the co pay those mentioned hereinafter
INVESTIGATION & EVALUATION	Any diagnostic expenses which are related or incidental to the current diagnosis and treatment are covered	Any diagnostic expenses which are related or incidental to the current diagnosis and treatment are covered	Any diagnostic expenses which are related or incidental to the current diagnosis and treatment are covered
Pre-existing Disease Covered from day one	Yes - No Waiting Period for any disease	Yes - No Waiting Period for any disease	Yes - No Waiting Period for any disease
Waiver on 1st, 2nd & 4th year exclusion	Waived for All	Waived for All	Waived for All
Waiver on 1st 30 days and 90 Days exclusion	Waived for All	Waived for All	Waived for All
No Any waiting Period	Applicable	Applicable	Applicable
Pre Hospitalisation Cover	30 days	30 days	30 days
Post hospitalisation Cover	60 days	60 days	60 days
Corporate Buffer	Not Covered	Not Covered	Not Covered
9 Months waiting period waived	Not applicable	Not applicable	Not applicable
New Born Baby Cover (Day 1) with in family SI	Covered from Day one	Covered from Day one	Covered from Day one
Maternity benefits - for first two children	Not Covered	Not Covered	Not Covered
Pre Post natal Expenses	Not Covered	Not Covered	Not Covered
Room Rent Capping - proportionate capping applicable	Room Rent (Normal) -2% of SI	Room Rent (Normal) -2% of SI	Room Rent (Normal) -2% of SI
ICU	Actual	Actual	Actual
Disease wise Capping	Not applicable	Not applicable	Not applicable
Internal congenital Disease	Covered	Covered	Covered
Cataract Limit	Rs. 60000/eye	Rs. 60000/eye	Rs. 60000/eye
AYUSH - Expenses incurred for Ayurvedic / Homeopathic / Unani Treatment	Max Rs. 60000	Max Rs. 60000	Max Rs. 60000
Advance Medical Treatment covered along with their sub limits	AS per list	AS per list	AS per list
Ambulane Services	Rs. 2000 /- per incident	Rs. 2000 /- per incident	Rs. 2000 /- per incident
Disease wise Capping	No capping except the Sub limits those mentioned	No capping except the Sub limits those mentioned	No capping except the Sub limits those mentioned hereinafter
Domiciliary Hospitalization	Covered - Condition prevails that either hospital doesn't	Covered - Condition prevails that either hospital doesn't	Covered - Condition prevails that either hospital doesn't have beds



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Dental Treatment	Covered in case of injury due to accident	Covered in case of injury due to accident	Covered in case of injury due to accident
Covid -19 Hospitalisation	Covered if minimum 24 hours Hospitalisation and as per other standard policy terms	Covered if minimum 24 hours Hospitalisation and as per other standard policy terms	Covered if minimum 24 hours Hospitalisation and as per other standard policy terms
Shifting of hospital during treatment or better medical on the request of patient	Admissible	Admissible	Admissible
Reimbursement in case of treatment in Non network Hospital	Reimbursement allowed as per applicable rates only, if treatment is taken in minimum 15 bedded hospital	Reimbursement allowed as per applicable rates only, if treatment is taken in minimum 15 bedded hospital	Reimbursement allowed as per applicable rates only, if treatment is taken in minimum 15 bedded hospital
Mental Illness	Max Rs. 50000 on IPD basis	Max Rs. 50000 on IPD basis	Max Rs. 50000 on IPD basis
Domiciliary Hospitalisation	Covered	Covered	Covered
Advance medical treatment covered along with their sub limits	Covered	Covered	Covered
Premium Summary for SI Rs. 10.00 lacs			
	without Parents	With one Parents	With two Parents
Premium excluding tax per family	8300	11900	13300
GST @ 18%	1494	2142	2394
Total Premium including tax per family	9794	14042	15694
Top up policy rates for SI Rs. 10.00 lacs - GST extra			
20% of the employees opt this plan	45% of base rate.		
30% of the employees opt this plan -	40% of base rate.		
40% of the employees opt this plan -	35% of base rate.		
Top up policy rates for SI Rs. 15.00 lacs - GST extra			
20% of the employees opt this plan	70% of base rate.		
30% of the employees opt this plan -	65% of base rate.		
40% of the employees opt this plan -	60% of base rate.		
DISEASE-WISE SUBLIMITS LIST	METRO	NON-METRO	
Appendix	No Limit	No Limit	
Eye related	No Limit	No Limit	
Gall Bladder	No Limit	No Limit	
Hernia	No Limit	No Limit	
Hydrocele	No Limit	No Limit	
Hysterectomy	No Limit	No Limit	
Piles	No Limit	No Limit	



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मण्डल कार्यालय : 340800

द्वितीय तल, जी.एच. टावर, ई.पी.एफ. कार्यालय

एवं व्योमप्रस्थ कालोनी के सामने,

जी.एम.एस. रोड, देहरादून (248001) उत्तराखण्ड

दूरध्वनि / Phone : 0135-2727669, 2721227, 2622501

ई-मेल / E-mail : nia.340800@newindia.co.in

THE NEW INDIA ASSURANCE COMPANY LIMITED

(GOVERNMENT OF INDIA UNDER TAKING)

Division Office : 340800

2nd Floor, G.H. Tower, Opp. E.P.F. Office

& Vyomprasth Colony, G.M.S. Road,

Dehradun (248001) Uttarakhand

Urinary Stone (incl DJ stent removal for same stone)	No Limit	No Limit
Joint Replacement including Vertebral joints (Per knee)	No Limit	No Limit

G. Kabra

Authorized Signatory
The New India Assurance Co. Ltd.



G. Kabra



दि न्यू इंडिया एश्योरन्स कम्पनी लिमिटेड

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Point No	Coverage :	
	Timelines for intimation of claims	Preliminary notice of claim should be given to the Company / TPA within 7 days from the date of hospitalization in respect of reimbursement claims. Final claim documents should be submitted not later than 30 days of discharge from the hospital.
	Any Additions/deltion during Policy Period	Premium to be charged on Prorata Scale for addition/deletion endorsement. Please note no deletion of premium in case of claimed lives
	Hospitalization expenses (excluding cost of organ) incurred on the donor during the course of organ transplant to the insured person. The Company's liability towards expenses incurred on the donor and the insured recipient shall not exceed the sum insured of the insured person receiving the organ.	
	Reasonable and Customary Charges	Waived off
	GIPSA rates	Applicable
2.1	Room, Boarding Expenses as provided by the hospital including Nursing charges	2% of SI
2.2	ICU	At Actual
2.3 and 2.4	Proportionate capping applicable - Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees .Anesthesia, 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 expenses.	In case of admission to a room/ICU/ICCU at rates exceeding the limits as mentioned under 2.1 and 2.2 the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be affected in the same proportion as the admissible rate per day bears to the actual rate per day of room rent/ICU/ICCU charges.
2.5	Pre Hospitalisation Cover	30 days
2.6	Post hospitalisation Cover	60 days
2.7	LIMIT ON PAYMENT FOR CATARACT	Rs. 30000/eye for SI of Rs. 5.00 Lacs and Rs. 60000/eye for SI of Rs. 10.00 Lacs
2.8	AYUSH TREATMENT	Upto Rs. 60000 per family The liability of the company in case of Ayurvedic/Homoeopathic/ Unani treatment will be Maximum Rs.60000 provided the treatment is taken in a government Hospital or in any institute recognized by government or accredited by Quality Council Of India or National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures..
2.9	Ambulane Services	Rs. 2000 /- per incident
2.11 (a)	Impairment of Persons' intellectual faculties	100% of SI
2.11 (b)	Artificial life maintenance	100% of SI
2.11 (c)	Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders:	Only in IPD cases upto Rs.50000
	Exclusion : Any kind of Psychological counselling, cognitive / family / group / behavior / palliative therapy or other kinds of psychotherapy for which Hospitalisation is not necessary shall not be covered.	
2.11 (d)	Puberty and Menopause related Disorders	30 % of SI
2.11 (e)	Age Related Macular Degeneration (ARMD)	30 % of SI
2.11 (f)	Behavioural and Neuro Developmental Disorders	30 % of SI
2.11 (g)	Genetic diseases or disorders	30 % of SI
2.12	COVERAGE FOR MODERN TREATMENTS OR PROCEDURES:	As per standard Policy terms
	Treatment or Procedure	Limit (Per Policy Period)
	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	50 % of SI
	Balloon Sinuplasty.	50 % of SI

पंजीकृत एवं प्रधान कार्यालय : न्यू इंडिया एश्योरन्स बिल्डिंग, 87, महात्मा गांधी मार्ग, फोर्ट, मुम्बई-400 001
Regd. & Head Office : New India Assurance Building, 87, Mahatma Gandhi Road, Fort. Mumbai-400001



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	Deep Brain stimulation.	50 % of SI
	Oral chemotherapy.	50 % of SI
	Immunotherapy- Monoclonal Antibody to be given as injection.	50 % of SI
	Intravitreal injections.	50 % of SI
	Robotic surgeries.	50 % of SI
	Stereotactic radio surgeries.	50 % of SI
	Bronchial Thermoplasty.	50 % of SI
	Vaporisation of the prostate (Green laser treatment or holmium laser treatment).	50 % of SI
	IONM - (Intra Operative Neuro Monitoring).	50 % of SI
	Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	50 % of SI
4.1	PRE-EXISTING DISEASES	Covered from day one
4.2	SPECIFIC WAITING PERIOD	90 days , 24 months and 48 Months - Waived off
4.2	FIRST THIRTY DAYS WAITING PERIOD	Waived Off
4.4.12	REFRACTIVE ERROR - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries	Covered - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
4.4.28	Domiciliary Hospitalization	Covered - Condition prevails that either hospital doesn't have beds or patient is not in condition to be moved to hospital and as per other standard conditions.
4.4.30	Change of treatment from one system to another unless recommended by the consultant / hospital under whom the treatment is taken.	Covered
4.4.31	Service charges or any other charges levied by hospital, except registration/admission charges.	Service charges covered
	LASIK SURGERY	LASIK SURGERY is covered if Correction index is +/- 6.5 D - upto Rs. 50% of SI only
	CYBER KNIFE SURGERY	50% co payment for CYBER KNIFE SURGERY
	TRAUMA CARE	50% co payment for TRAUMA CARE
	ANIMAL BITE	Covered only for IPD case
	Day Care Treatment	Covered - as per daycare treatment list
	Eye Care Treatments	Covered except exclusion list
	Exclusions summary:	
4.4.1	INVESTIGATION & EVALUATION	Excluded as per standard policy Terms
4.4.2	REST CURE, REHABILITATION AND RESPITE CARE	Excluded as per standard policy Terms
4.4.3	OBESITY/ WEIGHT CONTROL	Excluded as per standard policy Terms
4.4.4	CHANGE-OF-GENDER TREATMENTS	Excluded as per standard policy Terms
4.4.5	COSMETIC OR PLASTIC SURGERY	Excluded as per standard policy Terms
4.4.6	HAZARDOUS OR ADVENTURE SPORTS	Excluded as per standard policy Terms
4.4.7	BREACH OF LAW	Excluded as per standard policy Terms
4.4.8	EXCLUDED PROVIDERS	Excluded as per standard policy Terms
4.4.9	Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof	
4.4.10	Treatments received in health resorts, 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	
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	

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4.4.13	UNPROVEN TREATMENTS	Excluded as per standard policy Terms
4.4.14	STERILITY AND INFERTILITY	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
4.4.15	MATERNITY EXPENSES	Not Covered
	Pre and post Natal Expenses	Not Covered
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.	
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.	
4.4.24	Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.	
4.4.25	Naturopathy Treatment	
4.4.26	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.	
4.4.27	Stem cell implantation / surgery for other than those treatments mentioned in clause 2.12.12.	
4.4.29	Treatment taken outside India.	
4.4.31	Any other charges levied by hospital, except registration/admission charges/service Charges.	
4.4.32	Treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.	
	Treatment of any Injury due to Suicidality shall not be covered	
	Any kind of Psychological counselling, cognitive / family / group / behavior / palliative therapy or other kinds of psychotherapy for which Hospitalisation is not necessary shall not be covered.	
	OPD Treatment is not covered under the policy	
	HOSPITAL CASH is not Covered	


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