

EXCLUSIONS

The Insurer shall not be liable to make any payment under any of the Covers in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

A. IN-PATIENT CARE & DAY CARE TREATMENTS

1. Conditions that do not require Hospitalization

- (a) Conditions that do not require Hospitalization and can be treated under Out Patient Care, i.e., Screening or OPD medical and surgical procedures, other than: (i) the Day Care Treatments identified in **Schedule 2**; and (ii) the OPD consultations and Screening covered under the OPD Benefits.
- (b) Expenses incurred at an Empanelled Health Care Provider primarily for Screening, i.e., evaluation or diagnostic purposes only during the Hospitalization and expenses on vitamins and tonics etc., other than such expenses that are required as a part of the expenses for: (i) Hospitalization expenses for a Medical Treatment or Surgical Procedure, as certified by the attending physician; (ii) Follow-up Care; or (iii) the OPD consultations and Screening covered under the OPD Benefits.
- (c) Any dental treatment or Surgical Procedure which is corrective, cosmetic or of aesthetic nature, filling of cavity, root canal including wear and tear etc., is excluded, unless arising from the disease, illness or injury and which requires Hospitalization for treatment, other than: the OPD consultations or dental treatment provided as part of the child care benefits under Clause 3.1(h).

2. Congenital Anomalies and Convalescence

- (a) Treatment or procedures for external Congenital Anomalies, other than the Congenital Anomalies listed in **Schedule 3**.
- (b) Convalescence or treatment for general debility, "run down" condition or rest cure.
- (c) Any treatment received in a convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments or as mutually agreed between the State Nodal Agency and the Insurer.

3. Sterilization, Fertility and Sex Change procedures

- (a) Sterilization

- (b) Any fertility, sub-fertility or assisted conception procedure
- (c) Hormone replacement therapies, sex change or treatments which result from or are in any way related to sex change.

4. Vaccinations and Cosmetic Treatments

- (a) Vaccination or inoculation, other than such expenses that are required as a part of the expenses for the OPD Benefits.
- (b) Change of life or cosmetic or aesthetic treatments of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- (c) Circumcision, unless necessary for treatment of a disease or illness not excluded hereunder or as may be necessitated by any accident.

5. War, Nuclear invasion

Disease, illness 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) or by nuclear weapons/materials.

6. Suicide

Intentional self-injury/suicide.

B. EXCLUSIONS: MATERNITY BENEFITS

1. Termination of Pregnancy

Voluntary medical termination of pregnancy is not covered, except in the case of a lawful termination or induced by accident or other medical emergency to save the life of mother.