

DIGIT HEALTH CARE PLUS POLICY

UIN: GODHLIP19045V011920

List of Non-Medical Items

SNO	Item
I	TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES
1	HAIR REMOVAL CREAM (Not Payable)
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED) (Not Payable)
3	BABY FOOD (Not Payable)
4	BABY UTILITES CHARGES (Not Payable)
5	BABY SET (Not Payable)
6	BABY BOTTLES (Not Payable)
7	BRUSH (Not Payable)
8	COSY TOWEL (Not Payable)
9	HAND WASH (Not Payable)
10	MOISTURISER PASTE BRUSH (Not Payable)
11	POWDER (Not Payable)
12	RAZOR (Payable)
13	SHOE COVER (Not Payable)
14	BEAUTY SERVICES (Not Payable)
15	BELTS/ BRACES (PAYABLE INCASES WHERE INSURED HAS UNDERGONE SURGERY OF THORACIC OR LUMBAR SPINE)
16	BUDS (Not Payable)
17	BARBER CHARGES (Not Payable)
18	CAPS (Not Payable)
19	COLD PACK/HOT PACK (Not Payable)
20	CARRY BAGS (Not Payable)

21	CRADLE CHARGES (Not Payable)
22	COMB (Not Payable)
23	DISPOSABLES RAZORS CHARGES (Payable for site preparations)
24	EAU-DE-COLOGNE / ROOM FRESHNERS (Not Payable)
25	EYE PAD (Not Payable)
26	EYE SHEILD (Not Payable)
27	EMAIL / INTERNET CHARGES (Not Payable)
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) (Not Payable)
29	FOOT COVER (Not Payable)
30	GOWN (Not Payable)
31	LEGGINGS (Payable in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable)
32	LAUNDRY CHARGES (Not Payable)
33	MINERAL WATER (Not Payable)
34	OIL CHARGES (Not Payable)
35	SANITARY PAD (Not Payable)
36	SLIPPERS (Not Payable)
37	TELEPHONE CHARGES (Not Payable)
38	TISSUE PAPER (Not Payable)
39	TOOTH PASTE (Not Payable)
40	TOOTH BRUSH (Not Payable)
41	GUEST SERVICES (Not Payable)
42	BED PAN (Not Payable)
43	BED UNDER PAD CHARGES (Not Payable)
44	CAMERA COVER (Not Payable)
45	CLINIPLAST (Not Payable)
46	CREPE BANDAGE (Not Payable)

47	CURAPORE (Not Payable)
48	DIAPER OF ANY TYPE (Not Payable)
49	DVD, CD CHARGES (Payable only if CD is specifically sought by Insurer/TPA)
50	EYELET COLLAR (Not Payable)
51	FACE MASK (Not Payable)
52	FLEXI MASK (Not Payable)
53	GAUSE SOFT (Not Payable)
54	GAUZE (Not Payable)
55	HAND HOLDER (Not Payable)
56	HANSAPLAST/ ADHESIVE BANDAGES (Not Payable)
57	INFANT FOOD (Not Payable)
58	SLINGS (Reasonable costs for one sling in case of upper arm fractures should be considered)
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES (Not Payable)
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC., (Not Payable)
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION UNLESS SECTION 8. OUT-PATIENT (OPD)COVER IS OPTED
62	HORMONE REPLACEMENT THERAPY IN EXCESS OF 5% of SUM INSURED OPTED UNDER SECTION 1.A. ACCIDENTAL HOSPITALIZATION COVER AND/OR SECTION 1.B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER
63	HOME VISIT CHARGES UNLESS <u>SECTION 9. HOME (DOMICILIARY) HOSPITALIZATION IS OPTED.</u>
64	<u>INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE UNLESS SECTION 2. INFERTILITY TREATMENT COVER IS OPTED</u>
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY (Payable as per policy terms and conditions)
66	PSYCHIATRIC AND PSYCHOSOMATIC DISORDERS (Payable as per policy terms and conditions)
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR (Not Payable)
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES (Not Payable)
69	DONOR SCREENING CHARGES UNLESS <u>SECTION 3. ORGAN DONOR IS OPTED</u>
70	ADMISSION/REGISTRATION CHARGES (Not Payable)
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE UNLESS A CLAIM IS ACCEPTED UNDER SECTION1 - A. ACCIDENTAL HOSPITALIZATION COVER AND/OR

	B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER.
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72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED (Not Payable)
74	STEM CELL IMPLANTATION/ SURGERY and storage (Not Payable except Bone Marrow Transplantation where covered by policy)
75	WARD AND THEATRE BOOKING CHARGES (Payable Under OT Charges, Not Payable Separately)
76	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS (Rental Charged By The Hospital Payable. Purchase of Instruments Not Payable.)
77	MICROSCOPE COVER (Payable Under OT Charges, Not Payable Separately)
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER (Payable Under OT Charges, Not Payable Separately)
79	SURGICAL DRILL (Payable Under OT Charges, Not Payable Separately)
80	EYE KIT (Payable Under OT Charges, Not Payable Separately)
81	EYE DRAPE (Payable Under OT Charges, Not Payable Separately)
82	X-RAY FILM (Payable Under Radiology Charges, Not as Consumable)
83	SPUTUM CUP (Payable Under Investigation Charges, Not as Consumable)
84	BOYLES APPARATUS CHARGES (Part Of OT Charges, Not Separately)
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES (Part Of Cost Of Blood, Not Payable)
86	ANTISEPTIC OR DISINFECTANT LOTIONS (Not Payable-Part of Dressing Charges)
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES (Not Payable-Part of Dressing Charges)
88	COTTON (Not Payable-Part of Dressing Charges)
89	COTTON BANDAGE (Not Payable-Part of Dressing Charges)
90	MICROPORE/ SURGICAL TAPE (Not Payable-payable by the Patient when Prescribed, otherwise included as Dressing Charges)
91	BLADE (Not Payable)
92	APRON (Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ ICU Charges)
93	TORNIQUET Not payable (service is charged by hospital, consumables cannot be separately charged.
94	ORTHOBUNDLE, GYNAEC BUNDLE (Part of Dressing Charges)
95	URINE CONTAINER (Not Payable)

II	ELEMENTS OF ROOM CHARGE
96	LUXURY TAX (Only Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits)
97	HVAC (Part of Room Charge Not Payable Separately)
98	HOUSE KEEPING CHARGES (Part of Room Charge Not Payable Separately)
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED (Part of Room Charge Not Payable Separately)
100	TELEVISION AND AIR CONDITIONER CHARGES (Payable Under Room Charges Not if separately levied)
101	SURCHARGES (Part of Room Charge Not Payable Separately)
102	ATTENDANT CHARGES (Part of Room Charge Not Payable Separately)
103	IM IV INJECTION CHARGES (Part of Nursing Charges, Not Payable)
104	CLEAN SHEET (Part of Laundry/housekeeping Not Payable Separately)
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) (Patient Diet provided by hospital is Payable)
106	BLANKET/WARMER BLANKET (Not Payable- Part of Room Charges)
III	ADMINISTRATIVE OR NON-MEDICAL CHARGES
107	ADMISSION KIT (Not Payable)
108	BIRTH CERTIFICATE (Not Payable)
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES (Not Payable)
110	CERTIFICATE CHARGES (Not Payable)
111	COURIER CHARGES (Not Payable)
112	CONVENYANCE CHARGES (Not Payable)
113	DIABETIC CHART CHARGES (Not Payable)
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES (Not Payable)
115	DISCHARGE PROCEDURE CHARGES (Not Payable)
116	DAILY CHART CHARGES (Not Payable)
117	ENTRANCE PASS / VISITORS PASS CHARGES (Not Payable)
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE (To be Claimed by Patient under Post -Hospitalization where admissible)
119	FILE OPENING CHARGES (Not Payable)

120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) (Not Payable)
121	MEDICAL CERTIFICATE (Not Payable)
122	MAINTAINANCE CHARGES (Not Payable)
123	MEDICAL RECORDS (Not Payable)
124	PREPARATION CHARGES (Not Payable)
125	PHOTOCOPIES CHARGES (Not Payable)
126	PATIENT IDENTIFICATION BAND / NAME TAG (Not Payable)
127	WASHING CHARGES (Not Payable)
128	MEDICINE BOX (Not Payable)
129	MORTUARY CHARGES (Payable upto 24 Hours. Shifting charges not Payable)
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES) (Not Payable)
IV	EXTERNAL DURABLE DEVICES
131	WALKING AIDS CHARGES (Not Payable)
132	BIPAP MACHINE (Not Payable)
133	COMMODE (Not Payable)
134	CPAP/ CAPD EQUIPMENTS (Device Not Payable)
135	INFUSION PUMP – COST (Device Not Payable)
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) (Not Payable)
137	PULSEOXYMETER CHARGES (Not Payable)
138	SPACER (Not Payable)
139	SPIROMETRE (Device Not Payable)
140	SPO2 PROBE (Not Payable)
141	NEBULIZER KIT (Not Payable)
142	STEAM INHALER (Not Payable)
143	ARMSLING (Not Payable)
144	THERMOMETER (Not Payable)

145	CERVICAL COLLAR (Not Payable)
146	SPLINT (Not Payable)
147	DIABETIC FOOT WEAR (Not Payable)
148	KNEE BRACES (LONG/ SHORT/ HINGED) (Not Payable)
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER (Not Payable)
150	LUMBO SACRAL BELT (Payable only where Insured has undergone Surgery of Lumbar Spine)
151	NIMBUS BED OR WATER OR AIR BED CHARGES (Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200 / day)
152	AMBULANCE COLLAR (Not Payable)
153	AMBULANCE EQUIPMENT (Not Payable)
154	MICROSHEILD (Not Payable)
155	ABDOMINAL BINDER (Payable only in case of Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc)
V	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ \ DISINFECTANTS ETC (May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital)
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES (Post hospitalization nursing charges not Payable)
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES (Patient diet provided by hospital is payable)
159	SUGAR FREE Tablets (Payable. Sugar free variants of admissible medicines are Not excluded)
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable) (Payable when Prescribed)
161	Digestion gels (Payable when prescribed)
162	ECG ELECTRODES (Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be Payable)
163	GLOVES (Sterilized Gloves Payable / Unsterilized Gloves not payable)
164	HIV KIT (Payable Only as Pre-Operative Screening)
165	LISTERINE/ ANTISEPTIC MOUTHWASH (Payable when prescribed)
166	LOZENGES (Payable when prescribed)
167	MOUTH PAINT (Payable when prescribed)
168	NEBULISATION KIT (Payable Reasonably only if used during Hospitalization)

169	NOVARAPID (Payable when prescribed)
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170	VOLINI GEL/ ANALGESIC GEL (Payable when prescribed)
171	ZYTEE GEL (Payable when prescribed)
172	VACCINATION CHARGES (Except to the extent covered under SECTION 7. MATERNITY BENEFIT & NEW BORN BABY COVER if opted & For dog or animal bite)
VI	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE
173	AHD (Not Payable. Part of hospital's own internal cost)
174	ALCOHOL SWABES (Not Payable. Part of hospital's own internal cost)
175	SCRUB SOLUTION/STERILLIUM (Not Payable. Part of hospital's own internal cost)
VII	OTHERS
176	VACCINE CHARGES FOR BABY (Non-Payable Except to the extent covered under SECTION 7. MATERNITY BENEFIT & NEW BORN BABY COVER if opted)
177	AESTHETIC TREATMENT / SURGERY
178	TPA CHARGES
179	VISCO BELT CHARGES
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
181	EXAMINATION GLOVES
182	KIDNEY TRAY
183	MASK
184	OUNCE GLASS
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES (Not Payable, except for telemedicine consultations where covered by policy)
186	OXYGEN MASK
187	PAPER GLOVES
188	PELVIC TRACTION BELT (Should be Payable in case of PIVD requiring traction as this is generally not reused)
189	REFERAL DOCTOR'S FEES
190	ACCU CHECK (Glucometry/ Strips) (Not Payable pre hospitalization or post hospitalization / Reports and Charts required/ Device not payable)
191	PAN CAN
192	SOFNET
193	TROLLY COVER

194	UROMETER, URINE JUG
195	AMBULANCE (Payable as per Policy Terms and Conditions)
196	TEGADERM / VASOFIX SAFETY (Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs)
197	URINE BAG (Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs)
198	SOFTOVAC (Not Payable)
199	STOCKINGS (Essential for case like CABG etc. where it should be paid)