

## Adobe – PY 2024-25 – GMC (Group Medical Cover) Policy Terms and Conditions

| Policy Details                         |                                       |
|--|---------------------------------------|
| <b>Policy Holder</b>                   | Adobe Systems India Pvt. Ltd.         |
| <b>Policy start and end date</b>       | <b>01 April 2024 to 31 March 2025</b> |
| <b>Insurance Company</b>               | United India Insurance Co. Ltd.       |
| <b>Third Party Administrator (TPA)</b> | Medi Assist Insurance TPA Pvt. Ltd.   |

### Policy Features

|                                   |   |
|-----------------------------------|---|
| Coverage Definition               | Employee only (dependents are not covered).   |
| Sum Insured                       | The GMC Sum Insured coverage is INR 7 lakhs per Employee.   |
| Maternity Benefit                 | <p>The Maternity benefit limit is for INR 1 Lakh each for maximum of 2 children. The benefit can be availed without waiting period. Pre / post-natal expense can be availed up to INR 5,000 within the maternity limit. Second Delivery for twins / triplets is covered.</p> <p>Procedure cost of harvesting egg including the hormonal stimulants used in the procedure with an upper cap of INR 1 LAKH irrespective of no. of cycles availed. The cost of egg freezing is excluded from cover. For all females without any medical prerequisite. Only Procedure cost to be covered. The capping should be including pre and post expenses. The cost of egg freezing storage is excluded from cover</p> <p>“Life threatening maternity complications to be covered up to full Sum Insured”</p> |
| Pre and Post Hospitalization      | Pre and Post Hospitalization are covered for 30 days prior to the date of admission of the hospitalization and 60 days post discharge respectively. Only in the case of critical illness, pre and post hospitalization expenses are enhanced to 60 and 90 days respectively.  |
| External Congenital diseases      | External Congenital diseases are covered up to Base Sum Insured   |
| Co-pay                            | Infertility related procedures have 20% of Co-pay, Stem Cell Implantation procedure has 30% co-pay and Cochlear implants has 50% Co-pay   |
| Ambulance Charges                 | Ambulance charges are INR 5,000 per hospitalization. (Home to hospital / Hospital to hospital). Air Ambulance cover for 1 lakh per claim  |
| Intra Biological Targeted Therapy | Biological Targeted Therapy is covered with a maximum limit of INR 5Lakhs per life (including top-up sum insured if opted)  |
| Intra-vitreol                     | Covered for Avastin, Lucentis injection etc. AOA: 15K   |
| Infertility                       | Infertility treatment is Covered up to a maximum limit of INR 1,50,000 with 20% co-pay  |
| Oral Chemotherapy                 | Up to 20% of Sum Insured subject to a maximum of INR 2 Lacs per policy period for claims involving Oral Chemotherapy, Crizotinib (targeted therapy) 2.50 lacs per family & INR 10 lacs policy limit & Rituximab Infusion as a stand-alone 2.50  |

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|   | lacs/ family   |
| Pre-Existing Disease  | Pre-existing disease is covered for all  |
| Death During hospitalization                                | No deduction in case of death during hospitalization   |
| Life Threatening situations                                 | In case of life-threatening situations, if there is no active line of Treatment: however, coverage is restricted to per incidence limit of INR 25,000  |
| Bariatric Surgery   | Bariatric Surgery is covered subject to policy terms and conditions  |
| Sickness Disability   | <p>If because of sickness, an employee is unable to perform the material and substantial duties of her/his employment and is not engaged in any other occupation for which employee is deemed reasonably qualified by education, training or experience during this period. 10 cases weekly compensation of INR 10,000 for a maximum 52 weeks. The disability arising due to any of the following health conditions are covered: - 1) Neurological Disorders, Cerebro-Vascular Accidents, Polio/Post-polio syndrome, Myasthenia Gravis, Multiple Sclerosis, Parkinson's, Epilepsy, Alzheimer's 2) Certain infections like meningitis or any form of encephalitis 3) Potts, TB, paraplegia 4) Diabetes Mellitus and its complications. 5) Rheumatoid arthritis, Osteoarthritis (Rare), 6) Coma.</p> <p>Sickness should result in total disability to trigger its benefit and is available only when employee has completely utilized the sick/Casual/Privileged/Paid Leave.</p> |
| Hormonal/ Adjuvant / Immune modulators in Cancer Treatments | Covered up to INR 5 lakhs  |
| Autism  | Covered up to limit of INR 1,00,000 (sub limit of INR 5,000 per therapy/consultation)  |
| Psychiatric Treatment                                       | Psychiatric Treatment is covered and can be claimed through Cashless for IPD treatment (in network hospital of TPA) or through Reimbursement post treatment. Consultations (detailed report to be submitted) and therapies are covered. Employee can claim up to INR 50,000 annually which is a floater limit for the complete family.   |
| Treatment for genetic conditions                            | Treatment for genetic conditions covered under IPD only  |
| Advanced Treatment  | <p>Coverage of Medically advanced treatments restricted up to 50% of the sum insured (base cover)</p> <p>Robotic surgeries:</p> <ul style="list-style-type: none"> <li>• Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of etiology; (ii) Malignancies</li> <li>• Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases</li> </ul>  |
| Cataract Surgery  | Cataract Surgery covered with Conventional Method. Lens cost is covered up to Basic Multifocal Lens  |
| Pandemic/Epidemic Readiness                                 | Covered up to full sum insured of any disease which is Pandemic/ Endemic declared by GOI and global emergency declared by WHO  |
| Disability Benefits   | Cost of Medical Equipment/ mobility aids/ prosthetics are covered up to a sublimit of INR 100,000 (Covered only for prospective accidental and surgical cases)   |

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| Hospitalization Benefit     | Biodegradable stent covered  |
| Ayurvedic & Ayush Treatment | <p>For Ayurvedic Treatment, hospitalization expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health. Only followed by an active line of treatment warranting inpatient hospitalizations are admissible.</p> <p>Company's Liability for all claims admitted in respect of any/all insured Person(s) during the period of insurance shall not exceed the Sum Insured stated in the schedule.</p> <p>Ayush treatment is covered under IPD only up to 25% of Sum Insured in government registered hospitals only</p> |
| Gender Reassignment Surgery | Gender Reassignment Surgery is covered up to a sub limit of INR 5 Lakh per employee. This cover is not available for partners  |
| HIV / AIDS                  | HIV / AIDS treatment is covered as inpatient Hospitalization   |

### Procedures as per the conventional method

| S No. | Procedure res  | Remarks   |
|-------|--|---|
| 1     | Femto-Second Laser Cataract Surgery                      | Liability to be restricted for MICS Procedure   |
| 2     | Cataract Lens  | Liability to be restricted for both Monofocal / Multifocal Lens   |
| 3     | Lasik Surgery  | Liability to be restricted for Conventional Laser Procedure & as per the other policy terms and conditions          |
| 4     | Coblation Related Tonsillectomy                          | Liability to be restricted for Conventional Tonsillectomy   |
| 5     | Bariatric Surgery  | Covered subjected to other policy terms and conditions. Kindly reach out to Marsh SPOC for details.                 |
| 6     | Cyber Knife Gamma Knife Procedures                       | Liability to be restricted for Conventional Radiotherapy  |
| 7     | Ozone/ Hyperbaric Oxygen Therapy                         | Not admissible because it is not proven procedure   |
| 8     | Oral Chemotherapy  | Up to 20% of Sum Insured subject to a maximum of INR2 Lacs per policy period for claims involving Oral Chemotherapy |
| 9     | Hormonal/ Adjuvant / Immune modulators in Cancer Treatme | Liability to be restricted for 5lac   |

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| 10    | Avastin/ Lucentis Inj.     | Liability to be restricted to 15k per incident   |
| 11    | Pre and Post Natal Expense | Liability to be restricted for 5k within the maternity sub limit (from conceive date to 60 days after DOD)   |
| 12    | Cochlear implants          | Covered with 50% co-pay  |
| Note: | All advance procedure      | <p>Coverage of Medically advanced treatments restricted up to 50% of the sum insured (basecover)</p> <p>Robotic surgeries:</p> <ul style="list-style-type: none"> <li>• Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of etiology; (ii) Malignancies</li> <li>• Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases</li> </ul> |

In case of an admissible claim, expenses incurred on the following procedures (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to additional sub-limits indicated against them in the table below:

| S.No. | Modern Treatment Methods & Advancement in Technology                   | Limits Per Surgery  |
|-------|--|---|
| 1     | Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU) | Up to 20% of Sum Insured subject to a maximum of INR2 Lacs per policy period for claims involving Uterine Artery Embolization & HIFU  |
| 2     | Balloon Sinuplasty   | Up to 10% of Sum Insured subject to a maximum of INR1 Lac per policy period for claims involving Balloon Sinuplasty   |
| 3     | Deep Brain Stimulation   | Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation  |
| 4     | Oral Chemotherapy  | Up to 20% of Sum Insured subject to a maximum of INR2 Lacs per policy period for claims involving Oral Chemotherapy   |
| 5     | Immunotherapy-Monoclonal Antibody to be given as injection             | Up to 20% of Sum Insured subject to a maximum of INR2 Lacs per policy period  |
| 6     | Intra vitreal Injections   | Up to 10% of Sum Insured subject to a maximum of INR 1 Lac per policy period  |
| 7     | Robotic Surgeries (Including Robotic Assisted Surgeries)               | Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of etiology; (ii) Malignancies |
|       |  | Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases  |
| 8     | Stereotactic Radio Surgeries   | Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries  |
| 9     | Bronchial Thermoplasty   | Up to 30% of Sum insured subject to a maximum of INR3 Lacs per policy period for claims involving Bronchial Thermoplasty  |

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|----|--|--|
| 10 | Vaporization of the Prostate (Green laser treatment for holmium laser treatment)                                       | Up to 30% of Sum Insured subject to a maximum of INR2 Lacs per policy period.  |
| 11 | Intra Operative Neuro Monitoring (IONM)  | Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of INR 1 Lac per policy period |
| 12 | Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions to be covered only | No additional sub-limit however co pay as per policy terms is applicable   |

**Note:** If, for a given admissible claim, limits as listed in the Table above AND Ailment Capping Limits as in policy are applicable simultaneously, then the lower of the two limits shall apply.

PS: For detailed terms and conditions, expiring policy should be referred and shall hold good for detailed interpretation.

**Note: Annual sub limits for all the coverages have not been mentioned. For further details please reach to the below**

Call Center: 1800-210-0404

Email ID: [adobe.nda@marsh.com](mailto:adobe.nda@marsh.com) / [adobe.blr@marsh.com](mailto:adobe.blr@marsh.com)

### Day Care Procedure

Expenses on hospitalization for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments as per list for Day care procedure. You can find the list at Medi Assist portal. This condition will also not apply in case of stay in hospital of less than 24 hours provided -

- a. The treatment is undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement and
- b. Which would have otherwise required a hospitalization of more than 24 hours

### **Day care pre approval:**

- a. Day care can be opted through **cashless facility** in the network hospital by obtaining prior approval.
- b. If in case the day care is under the non-network hospital, **pre-approval from TPA is required.**

Procedures/treatments usually done in outpatient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours or carried out in Day Care Center.

### **Reimbursement Claims in PPN Network Hospitals**

Any Reimbursement claim for a Listed GIPSA Package procedure in a PPN (Preferred Provider Network) Hospital would be restricted to the PPN applicable rates irrespective of the billed amount

### **Information on GIPSA**

#### **What does GIPSA stand for?**

General Insurers' Public Sector Association. It is an association of 4 PSU's general insurance companies namely National Insurance Co Ltd., New India Assurance Company Ltd, Oriental Insurance Co Ltd & United India Insurance

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Co Ltd.

## What is GIPSA PPN?

Preferred provider network (PPN) of hospitals empaneled by GIPSA companies for their insured member. Hospitals enter into an agreement with GIPSA companies for extending cashless hospitalization benefit for GIPSA member companies' health insurance beneficiaries. Currently approximately 2200 hospitals have empaneled across 12 Major cities. Bangalore, Chennai, Coimbatore, Hyderabad, in south. Pune, Mumbai, Ahmadabad and Jaipur in West. Delhi, Chandigarh, Kolkata and Indore.

## What is GIPSA package?

In PPN Hospitals, GIPSA companies have negotiated special package rates for a good number of procedures commonly undergone.

## Medical Insurance Scheme for employees-

Benefits of using GIPSA Hospital Packages vs. Network Hospital vs. Non-Network Hospital and also availing reimbursement route:

\*GIPSA Network hospitals provide treatment based on rate schedule separately contracted with all the PSU insurance companies in 12 major cities.

## Process to find GIPSA network hospitals.

- 1 – Employee has to login through OKTA and once they login; they need to click on Medi Assist SSO link shared in the communication.
- 2 – Once the employee gets the next page, employee can click on Network hospitalization, located on top right-hand corner of the screen.
- 3 – Post that the employee would have option to view the Network as well as GIPSA Network hospitals.

**Refer the terms and conditions for Non-Medical Expenditure related to 'Covid-19' and 'Non Covid-19' Treatments, Diagnostic Tests incidental to these treatments and Home Care Treatment.**

**These guidelines given below are liable to be reviewed periodically:**

### 1. Non-Medical Expenditure (NME):

#### A. For Covid-19 Patients:

i. The major component of NMEs is the Personal Protective Equipment (PPE). PPEs may be allowed up to the following limits for treatment of Covid-19 Patients:

- a. Treatment in 'Isolation Room / Single Room': INR 1,000 per day
- b. Treatment in 'ICU': INR 1500 per day

#### B. For Non-Covid-19 Patients:

- a. Expenditure towards PPEs if used may be subsumed under the room rent / ICU charges limit.

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2. RT-PCR or any other approved test for 'Covid-19' may also be allowed to Non-Covid-19 admissions as per the rates approved by the State / UT Administration / Appropriate Government Authority up to a maximum of INR 1,000 provided the test is done as per medical protocol while availing hospitalization treatment for a Non-Covid-19 ailment / disease / injury. The expenses shall become admissible only if the primary claim is admissible under the policy. The above expenses as mentioned in this clause shall be admissible only once for chronic/ repetitive treatments like dialysis and chemotherapy.

3. Where, the policy already has 'Non-medical Expenses' as an Add-on cover, the Insured may be given a choice to prefer a claim under the said Add-on cover of the policy or as per the above provision.

4. **Hospitalization:** Treatment for COVID-19 is regulated by various government agencies / authorities. The policy shall cover treatments availed by insured members from hospitals / Isolation centres / community halls / schools / colleges / stadiums / railway coaches/ any other facility / make-shift or temporary hospital notified by the competent government authority to treat COVID-19. Treatments availed at these places shall be considered as hospitalization treatments.

### GENERAL EXCLUSIONS & WAITING PERIODS

All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

#### A. Permanent Exclusions

We shall not be liable to make any payment under this Policy caused by, based on, arising out of, relating to or howsoever Attributable to any of the following:

1. All expenses, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
2. All illness/expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel nuclear, chemical or biological attack.
3. a) Stem cell implantation/Surgery, harvesting, storage or any kind of Treatment using stem cells except as provided for in clause II.8 (12) above; b) growth hormone therapy.
4. External Congenital Anomaly or defects.
5. Sterility and Infertility (Code-Excl17): Expenses related to Sterility and Infertility. This includes:
  - i. Any type of contraception, sterilization
  - ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - iii. Gestational Surrogacy
  - iv. Reversal of sterilization
6. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.

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7. Conditions for which treatment could have been done on an out-patient basis without any Hospitalization.
8. Investigation & Evaluation (Code-Excl04):
  - i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;
  - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
9. Any treatment or part of a treatment that is not of a reasonable charge, is not a Medically Necessary Treatment; drugs or treatments which are not supported by a prescription.
10. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
11. 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.
12. Any form of Alternative Treatment:
  - ii. Hydrotherapy, Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine.
13. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours Hospitalization. Treatment related to gum disease or tooth disease or damage unless related to irreversible bone disease involving the jaw which cannot be treated in any other way.
14. Routine eye examinations, cost of spectacles, multifocal lens, contact lenses.
15. Refractive Error (Code-Excl15): Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.
16. a) Cost of hearing aids; including optometric therapy; b) cochlear implants unless necessitated by an Accident or required intra-operatively.
17. Vaccinations including inoculation and immunizations except in case of post-bite treatment.
18. Any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products,
19. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose.
20. Any stay in Hospital without undertaking any Treatment or any other purpose other than for receiving eligible Treatment of a type that normally requires a stay in the Hospital.
21. 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 hospitalisation claim or day care procedure. (Code-Excl14)
22. Artificial life maintenance including life support machine use, from the date of confirmation by the treating doctor that the patient is in a vegetative state.
23. 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:
  - i. 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.
  - ii. Any services for people who are terminally ill to address physical, social, emotional, and spiritual needs.
24. 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)
25. 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.
26. Certification / diagnosis / Treatment by a family member, or a person who stays with the Insured Person, save for the proven material costs which are eligible for reimbursement as per the applicable cover, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for.
27. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)
28. Prostheses, corrective devices and and/or Medical Appliances, which are not required intra-operatively for the Illness/ Injury for which the Insured Person was Hospitalized.
29. 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.
30. 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.
31. Obesity/ Weight Control (Code-Excl06): Expenses related to the surgical treatment of obesity that does not fulfil all the below



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- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The surgery/Procedure conducted should be supported by clinical protocols
- iii. The member has to be 18 years of age or older and
- iv. Body Mass Index (BMI)
  - A. greater than or equal to 40 or
  - B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - a. Obesity-related cardiomyopathy
    - b. Coronary heart disease
    - c. Severe Sleep Apnoea
    - d. Uncontrolled Type2 Diabetes
- 32. Treatment received outside India.
- 33. a) Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.); b) Oxygen Concentrator for Bronchial Asthmatic condition; c) Infusion pump or any other external devices used during or after Treatment.
- 34. 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.
- 35. Injury caused whilst flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.
- 36. Maternity (Code-Excl18):
  - i. Medical treatment expenses traceable to child birth (Including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- 37. All non-medical expenses including but not limited to convenience items for personal comfort not consistent with or incidental to the diagnosis and Treatment of the Illness/Injury for which the Insured Person was Hospitalized, such as, ambulatory devices, walker, crutches, belts, collars, splints, slings, braces, stockings of any kind, diabetic footwear, glucometer/thermometer and any medical equipment that is subsequently used at home except when they form part of room expenses. For complete list of non-medical expenses, please refer to the Annexure I 'Non-Medical Expenses' and also on Our website.
- 38. Any opted Deductible (Per claim/ Aggregate/ Corporate) amount or percentage of admissible claim under Co-Payment, Sub Limit if applicable and as specified in the Policy Schedule/ Certificate of Insurance to this Policy.
- 39. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing, including MRD charges (medical records department charges).
- 40. Any physical, medical or mental condition or Treatment or service that is specifically excluded in the Policy Schedule/ Certificate of Insurance under Special Conditions.

**EXCLUSIONS WHEREVER WAIVED OFF SPECIFICALLY WILL NOT BE APPLICABLE.**