

Adobe Group Medical Cover Terms & Conditions 2026-2027

Policy Details	
Policy Holder	Adobe Systems India Pvt. Ltd.
Policy starts and end date	01 April 2026 to 31 March 2027
Insurance Company	United India Insurance Co. Ltd.
Third Party Administrator (TPA)	Medi Assist Insurance TPA Pvt. Ltd.

Policy Features

Family Definition	1+ 6 members can be covered in a family i.e. (Employee, Spouse / Same sex partner, 3 Children (Dependent children up to 25 Yrs.), Parents / Parents in Law / Parents of same sex partner). Child with disability can be covered without age limit (with proof of disability)
Sum Insured	The GMC Family Sum Insured coverage is INR 7 lakhs per family. However, the parental sum insured is limited to INR 5 lakhs. With 20% co-pay.
Room Rent limit	There is no room rent limit however it should be as per GIPSA agreed packages.
Maternity Benefit	<p>The Maternity benefit limit is for INR 1 Lakh each for maximum of first 2 children. The benefit can be availed without waiting period.</p> <p>Pre Post Natal Covered up to INR 5,000 within overall maternity limit from date of conception and 60 days after Date of Discharge within the maternity limit.</p> <p>Well-baby care expense can be availed up to INR 5,000 within the maternity limit.</p> <p style="text-align: center;">New-born baby covered from day 1. Second Delivery for twins / triplets is covered.</p> <p>Parental Stay in hospital is cover in case of Hospitalization of Newborn for treatment</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 style="text-align: center;">“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.
GIPSA PPN Network	If hospital is covered under GIPSA network of Insurance Co., then all the claims (Cashless or Reimbursement) will be processed as per GIPSA package rates. If hospital is not under GIPSA network, then claims will be paid as per Reasonable and customary clause.
OPD Cover	OPD coverage of INR 15,000 per family. This would include Doctor Consultations, Prescribed Diagnostics, Medicines and Vaccinations (Doctors' prescription is mandatory) Dental practitioner fee and associated costs for carrying out routine dental procedures like clinical oral examinations, tooth scaling, normal fillings, minor procedures and non-surgical extractions. Root canal treatment and surgical extraction of tooth. Vision examination by an optometrist or ophthalmologist. Cost of lenses and frames to correct refractory errors. Cost of contact lenses (only with power). Contact lenses (with power) and multi focal lenses on reimbursement basis. Consultations and medication for dermatological and hair related treatments which are not purely cosmetic in nature will get covered Reimbursement for disability aids e.g. hearing aids, spectacle frames, crutches, chairs-where hospitalization is not involved.
Claim Submission	Hospitalization: In case of claim reimbursement (non-network hospitals) pre-hospitalization and main hospitalization expenses should be submitted within 30 days from the date of discharge as 1 st claim and the related post hospitalization claims should be submitted within 7 days from the completion of the treatment or 60 days from the date of discharge whichever is earlier. In case of cashless (network hospitals) pre- and post-hospitalization, claims should be submitted as one claim within 7 days from the completion of the treatment or 60 days from the date of discharge whichever is earlier. OPD: Should be submitted within 30 days from treatment. In case of recurring treatment claim needs to be submitted with 90 days of first consultation
External Congenital diseases	External Congenital diseases are covered up to Base Sum Insured
Co-pay	On all parental claims, there is a Co-pay of 20% on admissible claim Amount, 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)
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 INR2 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 lacs/ family
Stem Cell	Stem Cell Extraction Preservation is covered up to a sublimit of INR 100,000 (Only Procedure cost is covered)
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
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 per family
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
Cataract Surgery	Cataract Surgery covered with Conventional Method. Lens cost is covered up to Mono-focal, Basic Multifocal Lens (Claim will be processed as per GIPSA package signed with GIPSA paneled hospital)
Pandemic/Epidemic Readiness	Covered up to full sum insured of any disease which is Pandemic/ Endemic declared by GOI and global emergency declare 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)
Hospitalization Benefit	Biodegradable stent covered

<p>AYUSH Treatment</p>	<p>For AYUSH 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 family Sum Insured in government registered hospitals only</p>
<p>Same Sex Partner</p>	<p>1. Coverage for the SAME SEX PARTNER self is as "self".</p> <p>2. Cover for same sex partner subject to the following conditions: (a) Such relationship not being in any contravention to any law of the land. (b) The Insured confirms such relationship through the data provided for cover. (c) The partner shall be covered prior to commencement of the policy. No mid-term inclusion or change of partner is permitted. Change of partner can be considered once in a block of 2 years with valid reasons and clear recommendations from the Insured.</p> <p>(d) The employee can cover either spouse or the partner and not both.</p> <p>3. Adoption: Cover available only for legally adopted children within the family definition of the policy. 4. Surrogacy: Cover available only for maternity and pre-post-natal and up to the maternity sublimit. Surrogate claim to be informed to the insurer immediately after conception. Post event inclusions will not be permitted.</p>
<p>Gender Reassignment Surgery</p>	<p>Gender Reassignment Surgery is covered up to a sub limit of INR 5 Lakh per employee. This cover is not available for partners</p>
<p>HIV / AIDS</p>	<p>HIV / AIDS treatment is covered as inpatient Hospitalization</p>
<p>Day Care Inclusions</p>	<p>It covers Chemo Port Insertion, Blood Transfusion for Hemophilia, IV Iron Therapy for Anemia, Pacemaker battery replacement</p>
<p>Breast Reconstruction Surgery</p>	<p>Covered after cancer treatment, once per lifetime. Including complications of reconstructive surgery.</p>
<p>Modern Treatments Coverage</p>	<p>Below modern treatments are covered up to full Sum Insured under Base GMC policy (IPD claims)</p> <ol style="list-style-type: none"> 1) Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU) 2) Balloon Sinuplasty 3) Deep Brain Stimulation 4) Immunotherapy-Monoclonal Antibody to be given as injection 5) Intra vitreal Injections 6) Robotic surgeries, including robotic-assisted surgeries, excluding procedures listed in the conventional method list 7) Stereotactic Radio Surgeries 8) Bronchial Thermoplasty 9) Vaporization of the Prostate (Green laser treatment for holmium laser treatment) 10) Intra Operative Neuro Monitoring (IONM) 11) Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions will be covered

Coverage of neurodegenerative disorders	Below Neurodegenerative disorders are covered upto Sum Insured in case of hospitalization 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 7) Cerebral palsy All relevant OPD consultations / therapies, across the spectrum of above neurodevelopmental disorders are covered up to INR 100,000 per family with a sub limit of INR 5,000 per therapy/consultation under Base GMC policy (IPD claims)
Coverage of PCOS and Menopause treatments	Covered upto INR 50,000 on IPD and Daycare basis under Base GMC policy (IPD claims)
Cancer Diagnosis and Treatment	Includes PET, CT scans, and cancer care treatments (Covered only if the results are positive) under Base GMC policy (IPD claims)

Procedures as per the conventional method

S No.	Procedures	Remarks
1	Femto-Second Laser Cataract Surgery	Liability to be restricted for MICS Procedure
2	Cataract Lens	Liability to be restricted for both basic Monofocal / Multifocal Lens
3	Lasik Surgery	Liability to be restricted for Conventional Laser Procedure & as per the other policy terms and conditions (If power is more than +/- 5)
4	Coblation Related Tonsillectomy	Liability to be restricted for Conventional Tonsillectomy
5	Bariatric Surgery	Liability to be restricted up to conventional method
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 INR 2 Lacs per policy period for claims involving Oral Chemotherapy
9	Hormonal/ Adjuvant / Immune modulators in Cancer Treatments	Liability to be restricted for 5lac

11	Newborn Well baby care expense	Liability to be restricted to 5k within maternity sub limit (If well baby care expense included in GIPSA Package then the same not admissible)
12	Pre and Post Natal Expense	Liability to be restricted for 5k within the maternity sub limit (from conceive date to 60 days after DOD)
13	Cochlear implants	Covered with 50% co-pay

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.

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 / 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

1. 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 Co Ltd.

2. 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.

3. What is GIPSA package?

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

4. 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:

1. Treatment in 'Isolation Room / Single Room': INR 1,000 per day

2. Treatment in 'ICU': INR 1500 per day

b. For non-Covid-19 Patients:

- i. Expenditure towards PPEs if used may be subsumed under the room rent / ICU charges limit.
2. RT-PCR or any other approved test for 'Covid-19' may also be allowed to non-Covid-19 admissions 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 centers / 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.

Exclusions

The company shall not be liable to make any payment under the GMC policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

OPD Exclusions

1. Any instructions for plaque control, oral hygiene and diet
2. Any treatment which is cosmetic in nature.
3. Sunglasses, unless medically prescribed by a Medical Practitioner.
4. Medical or surgical Treatment of the eye.
5. Lenses which are not medically necessary and are not prescribed by an Optometrist or Ophthalmologist.

If this Option is in force in respect of the Insured Person, then the relevant part of Exclusion IV.A.14 will be deemed to be inoperative for the purpose of this Option in respect of that Insured Person up to the Sum Insured specified for this Benefit.

All claims under this Benefit can be made as per the process defined under Section V 5 under the Base Cover Terms and Conditions and Section III under the Optional Cover Terms and Conditions, as applicable.

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. 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:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT,
6. GIFT, ICSI
 - a. Gestational Surrogacy
 - b. Reversal of sterilization
7. Circumcision unless necessary for Treatment of an Illness or Injury not excluded hereunder or due to an Accident.
8. Conditions for which treatment could have been done on an out-patient basis without any Hospitalization.
9. Investigation & Evaluation (Code-Excl04):
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
10. 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.
11. Costs of donor screening or costs incurred in an organ transplant Surgery involving organs not harvested from a human body.
12. 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.
13. Any form of Alternative Treatment:
 - a. Hydrotherapy, Acupuncture, Reflexology, Chiropractic Treatment or any other form of indigenous system of medicine.
14. Dental Treatment, dentures or Surgery of any kind unless necessitated due to an Accident and requiring minimum 24 hours
15. 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.
16. Routine eye examinations, cost of spectacles, multifocal lens, contact lenses.
17. Refractive Error (Code-Excl15): Expenses related to the treatment for correction of eyesight due to refractive error less than 5 dioptries.
 - a. Cost of hearing aids; including optometric therapy.
 - b. Cochlear implants unless necessitated by an Accident or required intra-operatively.
18. Vaccinations including inoculation and immunizations except in case of post-bite treatment.

19. Any Treatment and associated expenses for alopecia, baldness, wigs, or toupees and hair fall Treatment and products,
20. 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.
21. 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.
22. 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)
23. 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.
24. 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.
25. Treatments received in health hydro's, 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)
26. 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.
27. 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.
28. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)
29. 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.
30. 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.
31. 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.
32. Obesity/ Weight Control (Code-Excl06): Expenses related to the surgical treatment of obesity that does not fulfil all the below
 - 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 must be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - i. greater than or equal to 40 or
 - ii. 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:
 1. Obesity-related cardiomyopathy
 2. Coronary heart disease
 3. Severe Sleep Apnea
 4. Uncontrolled Type2 Diabetes
33. Treatment received outside India.
34. Instrument used in Treatment of Sleep Apnea Syndrome (C.P.A.P.); Oxygen Concentrator for Bronchial Asthmatic condition; Infusion pump or any other external devices used during or after Treatment.
35. 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.
36. 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.
 37. Maternity (Code-Excl18):
 - a. Medical treatment expenses traceable to childbirth (Including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
 38. 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.
 39. Any opted Deductible (Per claim/ Aggregate/ Corporate) amount or percentage of admissible claim under Co-Payment, Sublimit if applicable and as specified in the Policy Schedule/ Certificate of Insurance to this Policy.
 40. 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).
 41. 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.