



Benefits

The Benefits within the scheme, to be provided on a cashless basis to the beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following

- a. **Benefit Cover** will include hospitalization / treatment expenses coverage including treatment for medical conditions and diseases requiring secondary and tertiary level of medical and surgical care treatment and also including defined day care procedures (as applicable) and follow up care along with cost for pre and post-hospitalisation treatment as defined.
- b. As on the date of commencement of the Policy Cover Period, the AB-NHPMSumInsured in respect of the Risk Cover for each AB-NHPM Beneficiary Family Unit shall be **Rs. 5,00,000 (Rupees Five Lakh Only)** per family per annum on family floater basis. This shall be called the **Sum Insured**, which shall be fixed irrespective of the size of the AB-NHPM Beneficiary Family Unit.
- c. The Sum Insured shall be available to any or all members of such Beneficiary Family Unit for one or more Claims during each Policy Cover Period. New family members may be added after due approval process as defined by the Government.
- d. The benefits under the AB-NHPM Cover shall, subject to the available AB-NHPM Sum Insured, be available to the AB-NHPM Beneficiary on a cashless basis at any EHCP.
- e. The benefits of AB-NHPM will be portable across the country and a beneficiary covered under the scheme will be able to get benefits under the scheme across the country at any EHCP.
- f. Package rates of the hospital where benefits are being provided will be applicable while payment will be done to the hospital by the State Health Agency (based on recommendation of ISA working the the State) that is covering the beneficiary under its policy.
- g. The SHA shall notify the packages from time to time and the same shall be notified on the website of the SHA i.e. www.hpsbys.in.
- h. The benefits within this Scheme under the Benefit Cover are to be provided on a cashless basis to the AB-NHPM Beneficiaries up to the limit of their annual coverage and includes:

- (i) Hospitalization expense benefits
 - (ii) Day care treatment benefits (as applicable)
 - (iii) Follow-up care benefits (as applicable)
 - (iv) Pre and post hospitalization expense benefits (as applicable)
 - (v) New born child/ children benefits
- i. Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the following exclusions:-
1. **Conditions that do not require hospitalization:** Condition that do not require hospitalization and can be treated under Out Patient Care. Out Patient Diagnostic, unless necessary for treatment of a disease covered under Medical and Surgical procedures or treatments or day care procedures (as applicable), will not be covered.
 2. Except those expenses covered under pre and post hospitalisation expenses, further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
 3. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease, illness or injury and which requires hospitalisation for treatment.
 4. **Congenital external diseases:** Congenital external diseases or defects or anomalies, Convalescence, general debility, "run down" condition or rest cure.
 5. **Fertility related procedures:** Hormone replacement therapy for Sex change or treatment which results from or is in any way related to sex change.
 6. **Drugs and Alcohol Induced illness:** Diseases, illness or injury due to or arising from use, misuse or abuse of drugs or alcohol or use of intoxicating substances, or such abuse or addiction
 7. **Vaccination:** Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),
 8. **Suicide:** Intentional self-injury/suicide

9. Persistent Vegetative State

- j. For availing select treatment in any empanelled hospitals, preauthorisation is required to be taken for defined cases.
- k. Except for exclusions listed above, services for any other surgical treatment will also be allowed, in addition to the procedures listed in the packages of upto a limit of Rs. 1,00,000 to any AB-NHPM Beneficiary, provided the services are within the sum insured available and pre-authorisation has been provided by the SHA.
- l. In case of AB-NHPM Beneficiary is required to undertake multiple surgical treatment within same admission, then the highest package rate shall be taken at 100%, thereupon the 2nd treatment package shall taken as 50% of package rate and 3rd treatment package shall be at 25% of the package rate.
- m. Surgical and Medical packages will not be allowed to be availed at the same time.
- n. SHA may subsequently introduce differential pricing based on the performance of hospitals or accreditation.
- o. For the purpose of Hospitalization expenses as package rates shall include all the costs associated with the treatment, amongst other things:
 - (i) Registration charges.
 - (ii) Bed charges (General Ward).
 - (iii) Nursing and boarding charges.
 - (iv) Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
 - (v) Anaesthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc.
 - (vi) Medicines and drugs.
 - (vii) Cost of prosthetic devices, implants etc.
 - (viii) Pathology and radiology tests: radiology to include but not be limited to X-ray, MRI, CT Scan, etc.
 - (ix) Diagnosis and Tests, etc
 - (x) Food to patient.
 - (xi) Pre and Post Hospitalisation expenses: Expenses incurred for consultation, diagnostic tests and medicines before the admission of the patient in the same hospital and cost of diagnostic tests and medicines and up to 15 days of the discharge from the hospital for the same ailment/ surgery.
 - (xii) Any other expenses related to the treatment of the patient in the hospital.