

**This Annexure is applicable to the following Products:**

1. Tata AIG Medicare Protect (UIN No: TATHLIP21225V022021),
2. Tata AIG Medicare (UIN No: TATHLIP23118V032223),
3. Tata AIG Medicare Plus (UIN No: TATHLIP21253V022021),
4. Group Medicare (UIN No: TATHLGP21248V022021)
5. Group Medicare Micro Insurance Product (UIN No: TATHMGP21533V022021)
6. Tata AIG Criti-MediCare (UIN No: TATHLIP22176V012122)
7. Group Medicare 360 (UIN No: TATHLGP22162V012122)
8. Tata AIG Elder Care (UIN No: TATHLIP23179V012223)
9. Tata AIG Health Supercharge (UIN No: TATHLIP24113V012324) ^
10. Tata AIG Medicare Premier (UIN No: TATHLIP24159V042324)

^Applicable only if Benefit C3 - Consumables Benefit (Optional cover) is opted.

**Annexure to Policy Wordings (List of Non-Medical Expenses /Consumables\*)**

**\*Please Note:** Specified consumables mentioned under List -I are covered

**List I – Items for which coverage is not available in the policy**

Sl No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES *
5	BUDS
6	COLD PACK/HOT PACK*
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS *
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE *
17	DIAPER OF ANY TYPE
18	EYELET COLLAR *
19	SLINGS *
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES

25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER *
37	SPIROMETRE*
38	NEBULIZER KIT*
39	STEAM INHALER*
40	ARMSLING *
41	THERMOMETER*
42	CERVICAL COLLAR*
43	SPLINT *
44	DIABETIC FOOT WEAR*
45	KNEE BRACES (LONG/ SHORT/ HINGED) *
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER *
47	LUMBO SACRAL BELT *
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR *
50	AMBULANCE EQUIPMENT*
51	ABDOMINAL BINDER *
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES *
53	SUGAR FREE Tablets *
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) *
55	ECG ELECTRODES *
56	GLOVES *
57	NEBULISATION KIT *
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK *
61	OUNCE GLASS *
62	OXYGEN MASK *
63	PELVIC TRACTION BELT*
64	PAN CAN *
65	TROLLY COVER*
66	UROMETER, URINE JUG *
67	AMBULANCE
68	VASOFIX SAFETY *

However, the following items shall be excluded from scope of this coverage:

- Items of personal comfort, toiletries, cosmetics and convenience shall be excluded from scope of this coverage.
- External durable devices like Bilevel Positive Airway Pressure (BIPAP) machine, Continuous Positive Airway Pressure (CPAP) machine, Peritoneal Dialysis (PD) equipment and supplies, Nimbus/water/air bed, dialyzer and other medical equipments.
- Any item which is neither medical consumable nor medically necessary nor prescribed by Doctor.

**List II – Items that are to be subsumed into Room Charges**

Sl no	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES

35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES

**List III – Items that are to be subsumed into Procedure Charges**

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

**List IV – Items that are to be subsumed into costs of treatment**

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC

9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG