

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 | SPIROMETRE |
| 36 | STEAM INHALER |
| 37 | ARMSLING |
| 38 | THERMOMETER |
| 39 | CERVICAL COLLAR |
| 40 | SPLINT |
| 41 | DIABETIC FOOT WEAR |
| 42 | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 43 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |

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| 44 | LUMBO SACRAL BELT |
| 45 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 46 | AMBULANCE COLLAR |
| 47 | AMBULANCE EQUIPMENT |
| 48 | ABDOMINAL BINDER |
| 49 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 50 | SUGAR FREE TABLETS |
| 51 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 52 | ECG ELECTRODES |
| 53 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 54 | KIDNEY TRAY |
| 55 | OUNCE GLASS |
| 56 | PELVIC TRACTION BELT |
| 57 | PAN CAN |
| 58 | TROLLY COVER |
| 59 | UROMETER, URINE JUG |

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

| Sl No | Item |
|-------|---|
| 1 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2 | HAND WASH |
| 3 | CRADLE CHARGES |
| 4 | COMB |
| 5 | EAU-DE-COLOGNE / ROOM FRESHNERS |
| 6 | GOWN |
| 7 | SLIPPERS |
| 8 | TISSUE PAPER |
| 9 | TOOTH PASTE |
| 10 | TOOTH BRUSH |
| 11 | BED PAN |
| 12 | FLEXI MASK |
| 13 | HAND HOLDER |
| 14 | SPUTUM CUP |
| 15 | DISINFECTANT LOTIONS |
| 16 | LUXURY TAX |
| 17 | HVAC |
| 18 | HOUSE KEEPING CHARGES |
| 19 | AIR CONDITIONER CHARGES |
| 20 | IM IV INJECTION CHARGES |
| 21 | CLEAN SHEET |
| 22 | BLANKET/WARMER BLANKET |
| 23 | ADMISSION KIT |
| 24 | DIABETIC CHART CHARGES |
| 25 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |

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 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

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| 26 | DISCHARGE PROCEDURE CHARGES |
| 27 | DAILY CHART CHARGES |
| 28 | ENTRANCE PASS / VISITORS PASS CHARGES |
| 29 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |
| 30 | FILE OPENING CHARGES |
| 31 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 32 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 33 | PULSEOXYMETER 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 |

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| 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 |