UIN: ADIHLIP18077V011718

ADITYA BIRLA HEALTH INSURANCE CO. LIMITED.
Activ Assure - Policy Terms and Conditions

Section A. PREAMBLE

This Policy has been issued on the basis of the Disclosure to information norm, including the information provided by You in respect of the Insured Persons in the Proposal Form, any application for insurance cover in respect of any Insured Person and any other information or details submitted in relation to the Proposal Form. This Policy is a contract of insurance between You and Us which is subject to the receipt of premium in full and accepted by Us in respect of the Insured Persons and the terms, conditions and exclusions as specified in the Policy/ Policy Schedule / Product Benefit Table of this Policy.

Key Notes:
The terms listed in Section D (Definitions) and which have been used elsewhere in the Policy shall have the meaning set out against them in Section D (Definitions), wherever they appear in the Policy.

The Policy Schedule shall specify which of the following covers are in force and available for the Insured Persons under the Policy during the Policy Period.

Section B. BENEFITS UNDER THE POLICY

Section I: Basic Covers:

Benefits under this Section B.I are subject to the terms, conditions and exclusions of this Policy. The Sum Insured and/or the sub-limit for each Benefit under Section B.I is specified against that Benefit in the Policy Schedule / Product Benefit Table of this Policy. Payment of the Benefit shall be subject to the availability of the Sum Insured/applicable sub-limit for that Benefit.

We will indemnify the Reasonable and Customary Charges incurred towards medical treatment taken by the Insured Person during the Policy Period for an Illness, Injury or conditions described in the Benefits below if it is contracted or sustained by an Insured Person during the Policy Period.

All claims must be made in accordance with the procedure set out in Section C(C). Claims paid under this Section will impact the Sum Insured and eligibility for No Claim Bonus and Super NCB.

(a) In-patient Hospitalization:

What is covered

We shall cover the Medical Expenses for one or more of the following arising out of an Insured Person's Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period:

(1) Reasonable and Customary Charges for Room Rent for accommodation in Hospital room and other boarding charges up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy;
(2) ICU Charges;
(3) Operation theatre expenses;
(4) Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
(5) Qualified Nurses charges;
(6) Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
(7) Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized;
(8) Anaesthesia, blood, oxygen and blood transfusion charges;

(9) Surgical appliances and allowable prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

Conditions

1) The Hospitalization is medically necessary and follows the written advice of a Medical Practitioner.

2) If the Insured Person is admitted in a room category/limit that is higher than the one that is specified in the Policy Schedule / Product Benefit Table of this Policy, then the Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of the entitled room category to the Room Rent actually incurred. For the purpose of this Section "Associated Medical Expenses" shall include - Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ specialist and
diagnostic tests conducted within the same Hospital where the Insured Person has been admitted.

3) If the Insured Person is admitted in an ICU category/limit that is higher or where the charges are higher than those specified in the Policy Schedule / Product Benefit Table of this Policy, then the Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the ICU Charges of the entitled category to the ICU Charges actually incurred, for the period of ICU stay. For the purpose of this Section "Associated Medical Expenses" shall include – ICU Charges, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ specialist and
diagnostic tests conducted within the same Hospital where the Insured Person has been admitted.

4) If specifically mentioned in the Policy Schedule/Product Benefit Table of this Policy that the room type is "Single Private A/C Room (upgradable to next level, only if Single Private A/C Room is not available)" it means that such upgrade will trigger only if Single Private A/C Room is not available in the Hospital at the time of admission and Our liability will arise only after accepting required documentary proof for such room unavailability. In case such documentary proof is not furnished, then the maximum eligibility room category would be considered as Single Private A/C Room.

5) In case of a planned Hospitalization, the Insured Person shall be eligible for "Single Private A/C Room (upgradable to next level, only if Single Private A/C Room is not available)" as mentioned in the Policy Schedule/Product Benefit Table of this Policy, only if We have been informed at least 2 days in advance of the admission date.

(b) Pre – hospitalization Medical Expenses:

What is covered

We shall cover on a reimbursement basis, up to the Sum Insured for the number of days in accordance with the limit as specified in the Policy Schedule / Product Benefit Table of this Policy, the Insured Person's Pre-hospitalization Medical Expenses incurred in respect of an Illness or Injury that occurs during the Policy Period.

Conditions

(i) We have accepted a claim for In-patient Hospitalization under Section B (I)(a) or Section B (I)(d) or Section B(I)(e) for the same Illness/Injury;

(ii) The date of admission to Hospital for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Illness/ Injury.

(c) Post – hospitalization Medical Expenses:

What is covered

We shall cover on a reimbursement basis, up to the Sum Insured for the number of days specified in the Policy Schedule / Product Benefit Table of this Policy, the Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period.

Conditions

(i) We have accepted a claim for In-patient Hospitalization under Section B(I)(a) or Section B (I)(d) or Section B(I)(e) below for the same Illness/ Injury;

(ii) The date of discharge from Hospital for the purpose of this Benefit shall be the date of the Insured Person's discharge from Hospital in relation to the same Illness/ Injury.

(d) Day Care Treatment:

What is covered

We shall cover the Medical Expenses incurred on the Insured Person's Day Care Treatment, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, during the Policy Period following an Illness or Injury that occurs during the Policy Period. The list of such Day Care Treatment is mentioned in Annexure II.

Conditions

(i) The Day Care Treatment is Medically Necessary Treatment and follows the written advice of a Medical Practitioner;

(ii) The Medical Expenses are incurred, including for any procedure which requires a period of specialized observation or care after completion of the procedure undertaken by an Insured Person as Day Care Treatment.

What is not covered

OPD treatment is not covered under this Benefit.

(e) Domiciliary Hospitalization (Home Care):

What is covered

We shall cover the Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, during the Policy Period following an Illness or Injury that occurs during the Policy Period.

Conditions

(i) The Domiciliary Hospitalization continues for at least 3 consecutive days in which case We shall make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalization;

(ii) The treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically necessary and the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital OR the Insured Person satisfies Us that a Hospital bed was unavailable;

What is not covered

We shall not be liable to pay for any claim in connection with:

(1) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;

(2) Arthritis, gout and rheumatism;

(3) Chronic nephritis and nephritic syndrome;

(4) Diarrhea and all type of dysenteries, including gastroenteritis;

(5) Diabetes mellitus and insipidus;

(6) Epilepsy;

(7) Hypertension;

(8) Psychiatric or psychosomatic disorders of all kinds;

(9) Pyrexia of unknown origin.

(f) Road Ambulance Cover:

What is covered

We shall cover the costs incurred up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, towards transportation of the Insured Person by road Ambulance to a nearest Hospital from the place of occurrence of an Emergency for treatment, where such medical Emergency occurs during the Policy Period.

Coverage shall also be provided under the below circumstances, if the Medical Practitioner certifies in writing that:

(i) We have accepted a claim for In-patient Hospitalization under Section B(I)(a) above for the same Illness/ Injury;

(ii) it is medically necessary to transfer the Insured Person to another Hospital or diagnostic centre during the course of Hospitalization for advanced diagnostic treatment in circumstances where such facility is not available in the existing Hospital.

(iii) it is medically necessary to transfer the Insured Person to another Hospital during the course of Hospitalization due to lack of super speciality treatment in the existing Hospital.

Conditions

(i) The Ambulance/ healthcare service provider is registered;

(ii) We have accepted a claim for In-patient Hospitalization under Section B(I)(a) above;

What is not covered

Any expenses in relation to transportation of the Insured Person from Hospital to the Insured Person's residence are not payable under this Benefit.

(g) Organ Donor Expenses:

What is covered

We shall cover the Medical Expenses, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, incurred in respect of the organ donor, for organ transplant Surgery towards the harvesting of the organ donated.

Conditions

(i) The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;

(ii) The Insured Person is the recipient of the organ so donated by the organ donor.

(iii) The organ transplant is medically necessary for the Insured Person as certified by a Medical Practitioner;

What is not covered

(1) Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.

(2) Screening expenses of the organ donor.

(3) Any other Medical Expenses as a result of the harvesting from the organ donor.

(4) Costs directly or indirectly associated with the acquisition of the donor's organ.

(5) Transplant of any organ/tissue where the transplant is experimental or investigational.

(6) Expenses related to organ transportation or preservation.

(7) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

(h) Reload of Sum Insured:

What is covered

Once in the Policy Year, We shall provide for a reload of the Sum Insured up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, in case the available Sum Insured which shall be considered to be inclusive of Accidental Hospitalization Booster (if any)/Cancer Hospitalization Booster (if any), accumulated No Claim Bonus (if any), Super NCB (if any) is insufficient as a result of previous claims in that Policy Year. Reload of Sum Insured shall be available only once during a Policy Year.

Conditions

(i) A claim shall be admissible under this Benefit only if the claim is admissible under In-patient Hospitalization under Section B(I)(a) or Day Care Treatment under Section B(I)(d).

(ii) The reload of Sum Insured shall not apply to the first claim in the Policy Year.

(iii) The reload of Sum Insured shall be available only for subsequent claims and not in relation to any Illness/ Injury (including its complications) for which a claim has been admitted for the Insured Person during that Policy Year.

(iv) The reload of Sum Insured shall be available only for Section B(I)(a) and Section B(I)(d)

(v) The reloaded Sum Insured shall not be considered while calculating the No Claim Bonus or the Super NCB.

(vi) In case of an Individual Policy, reload is available to each Insured Person and can be utilised by Insured Persons who are covered under the Policy.

(vii) In case of a Family Floater Policy, the reload of Sum Insured shall be available on a floater basis for all Insured Persons in the family that are covered under the Policy.

(viii) If the reload of Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

(ix) During a Policy Year, any single claim amount payable, subject to admissibility of claim, shall not exceed the sum of:
   (1) The Sum Insured; and
   (2) Accidental Hospitalization Booster/Cancer Hospitalization Booster (if opted as specified in the Policy Schedule); and
   (3) No Claim Bonus (if earned); and
   (4) Super NCB (if opted as specified in the Policy Schedule.

(x) During a Policy Year, the aggregate of all claims amount payable, subject to admissibility of the claim, shall not exceed the sum of:
   (1) The Sum Insured; and
   (2) Accidental Hospitalization Booster/Cancer Hospitalization Booster (if opted as specified in the Policy Schedule); and
   (3) No Claim Bonus; and Super NCB (if opted and as specified in the Policy Schedule); and
   (4) The reloaded Sum Insured; and
   (5) Unlimited Reload of Sum Insured; and
   (6) HealthReturns™.

(i) Ayush (In-patient Hospitalization)

What is covered

We shall cover on a reimbursement basis, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, towards the Medical Expenses for In-patient Hospitalization incurred with respect to the Insured Person's Ayush Treatment undergone.

Conditions

(i) The treatment has been undergone in

a. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
b. Any government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India or National Accreditation Board on Health.
c. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
    i. has at least fifteen in-patient beds
    ii. has minimum five qualified and registered AYUSH doctors;
    iii. has qualified paramedical staff under its employment round the clock;
    iv. has dedicated AYUSH therapy sections;
    v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel

(ii) Medical treatment should be rendered by a registered Medical Practitioner who holds a valid practicing license in respect of such Ayush Treatment(s); and

(iii) Treatment taken is within India; and

(iv) Permanent Exclusion mentioned in Section C.B.(iv)10 does not apply to this Benefit

What is not covered

The Prehospitalization Medical Expenses and Post- hospitalization Medical Expenses related to Ayush Treatments is not covered in this Benefit.

(j) Daily Allowance

We shall pay a fixed amount as specified in the Policy Schedule / Product Benefit Table of this Policy, for each continuous and completed period of 24 hours of Hospitalization of the Insured Person.

Conditions

We shall not be liable to make a payment under this benefit for more than 5 consecutive days of Hospitalization for every period of Hospitalization.We have accepted a claim for In-patient Hospitalization under Section B(I)(a) above for the same Illness/ Injury.

(k) Vaccination Cover:

What is covered

We shall cover the Insured Person up to the limit as specified in the Policy Schedule / Product Benefit Table of this Policy, towards vaccination expenses for the Insured Person up to 18 years of Age, for protection against Diphtheria, pertussis, Tetanus, Polio, Measles, Hepatitis B and Tuberculosis, which fall under category of vaccine preventable diseases as per the grid provided below.

S.No	Vaccination & its presentation	Protection Against
1	BCG (Bacillus Calmette Guerin)-Lyophilized vaccine	Tuberculosis
2	OPV (Oral Polio Vaccine)-Liquid Vaccine	Poliomyelitis
3	Hepatitis B - Liquid Vaccine	Hepatitis B
4	DPT (Diphtheria, Pertussis and Tetanus Toxoid)-Liquid Vaccine	Diphtheria, Pertussis and Tetanus
5	Measles-Lyophilized vaccine	Measles
6	TT (Tetanus Toxoid) - Liquid Vaccine	Tetanus

7	JE Vaccination - Lyophilized vaccine	Japanese Encephalitis (Brain Fever)
8	Hib (Given as pentavalent containing Hib+DPT+Hep B)-Liquid Vaccine	Hib, Pneumonia and Hib meningitis

Section II: Additional Benefits

The Benefits listed below are in-built additional Policy benefits and shall be available with applicable limits, if any to all Insured Persons in accordance with the applicable Plan as specified in the Policy Schedule / Product Benefit Table of this Policy.

Benefits under this Section are subject to the terms, conditions and exclusions of this Policy.

Claims under this Section will not impact the Sum Insured or the eligibility for No Claim Bonus and Super NCB.

(I) No Claim Bonus:

What is covered

We shall apply a Cumulative Bonus in the form of No Claim Bonus at such rates as specified in the Policy Schedule/ Product Benefit table of this Policy on the Sum Insured of the expiring Policy as specified for Section B(I) in the Policy Schedule on a cumulative basis, provided that the Insured Person(s) has not made any claim under Section B(I) in a Policy Year and has successfully Renewed the Policy with Us continuously and without any break. The accumulated No Claim Bonus shall not exceed 50% of the Sum Insured on the Renewed Policy. In the event of a claim impacting the eligibility of a No Claim Bonus, the accumulated No Claim Bonus shall be reduced by 10% of the Sum Insured at the commencement of subsequent Policy Year.

Conditions

(i) If the Policy is a Family Floater Policy, then No Claim Bonus will accrue only if no claims have been made in respect of all Insured Person(s) in the expiring Policy Year. No Claim Bonus which is accrued during the claim free Policy Year will only be available to those Insured Persons who were insured in such claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.

(ii) No Claim Bonus shall be not be applied if the Policy is not Renewed with Us by the end of the Grace Period.

(iii) If the Policy Period is two or three years, No Claim Bonus that has accrued for the first/second Policy Year will be credited at the end of the first/second Policy Year as the case may be and will be available for claims made in the subsequent Policy Year.

(iv) The accumulated No Claim Bonus can be utilised for benefits covered under Section B(I).

(v) The accumulated No Claim Bonus can be utilised only when Sum Insured, Accidental Hospitalization Booster (if opted and as specified in the Policy Schedule)/ Cancer Hospitalization Booster (if opted and as specified in the Policy Schedule) have been completely exhausted.

(vi) The No Claim Bonus shall not enhance or be deemed to enhance any condition of this Policy or limits as prescribed in the Policy Schedule and Product Benefit Table of this Policy.

(vii) If the Insured Persons in the expiring Policy are covered on an individual basis and there is an accumulated No Claim Bonus for each Insured Person under the expiring Policy, and such expiring Policy has been Renewed with Us on a Family Floater Policy basis then the No Claim Bonus to be carried forward for credit in such Renewed Policy shall be the lowest among all the Insured Persons.

(viii) If the Insured Persons in the expiring Policy are covered on a Family Floater Policy basis and such Insured Persons Renew their expiring Policy with Us by splitting the Sum Insured in to two or more Family Floater Policies/Individual Policies, then the No Claim Bonus of the expiring Policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.

(ix) If the Sum Insured has been reduced at the time of Renewal, the applicable No Claim Bonus shall be reduced in the same proportion to the Sum Insured.

(x) If the Sum Insured under the Policy has been increased at the time of Renewal the No Claim Bonus shall be calculated on the Sum Insured of the last completed Policy Year.

(xi) The No Claim Bonus is provisional and is subject to revision if a claim is made in respect of the expiring Policy Year, which is notified after the acceptance of Renewal premium. Such awarded No Claim Bonus shall be withdrawn only in respect of the expiring Policy Year in which the claim was admitted.

(xii) In case of Family Floater Policies, children attaining Age 25 years at the time of Renewal will be moved out of the Family Floater Policy into an Individual Policy. However, all continuity benefits for such Insured Person on the Policy will remain intact. No Claim Bonus earned on the Policy will stay with the Insured Person(s) covered under the original Policy.

(m) Health Check-up Program

What is covered

All Insured Persons in the Policy may avail a comprehensive health check-up once in a Policy Year in accordance with the table below:

Medical tests covered in the Health Check-up Program, applicable for Sum Insured up to 75 Lakh rupees for Insured Persons who are Aged 18 years and above on the Start Date are as follows.

List of Tests - During Annual Health Check up	**Sum Insured**
CBC with ESR, Urine routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG	Up to 4 Lacs
CBC with ESR, Urine routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	5 Lacs -10 Lacs
CBC with ESR, Urine routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	15 Lacs -75 Lacs

Medical tests covered in the Health Check-up Program, applicable for Sum Insured above 75 Lakh rupees for Insured Persons who are Aged 18 years and above on the Start date are as follows.

List of Tests - During Annual Health Check up	**Sum Insured**

CBC with ESR, ABO Group & Rh type, Urine routine, Stool routine, S Bilirubin(total/direct), SGOT, SGPT, GGT, Alkaline phosphatase, Total Protein, Albumin:Globulin, Liver Function Test, TMT, ECG, Cholesterol, LDL, HDL, Triglycerides, VLDL, Creatinine, Blood Urea Nitrogen, Uric acid, Hba1C, Chest X ray, USG Abdomen	Above 75 Lacs

Medical tests covered in the Health Check-up Program, for Insured Persons who are Aged less than 18 years on the Start date are as follows.

List of Tests - During Annual Health Check up	**Sum Insured**
Physical examination (Height, weight and BMI). Eye examination, Dental Examination and scoring, Growth Charting, Dr Consultation, Urine Examination (Routine and microscopic)	All Sum Insured

Reference
MER - Medical Examiner's Report stamped and signed by a Medical Practitioner who is an MD physician,
BMI - Body Mass Index,
HWR – Hip waist ratio
CBC - Complete Blood Count,
ESR – Erythrocyte sedimentation rate
ECG – Electrocardiogram,
S.Creat - Serum Creatinine,
TMT - treadmill test
SGPT - Serum glutamic pyruvic transaminase
SGOT - Serum glutamic oxaloacetic transaminase
GGT - gamma-glutamyl transferase
LDL – low density lipoprotein
HDL – High density lipoprotein
VLDL – Very low density lipoprotein
Hba1c - glycated haemoglobin test
USG - ultrasonography

Conditions

(i) The health check-ups shall be arranged by Us only on cashless basis at Our Network Providers/ Empanelled Service Providers (such as Diagnostic centres);
(ii) The Network Provider /empanelled service provider shall be assigned by us post receiving customer's request to avail this benefit;
(iii) The Insured Person shall be eligible to avail a health check-up every Policy Year.
(iv) Section C(B)iv (Permanent Exclusion 7), is not applicable in respect of coverage under this Benefit.
(v) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations made by the Network Provider / Empanelled Service Providers in relation to the health check-up.

(n) Second E-Opinion on Critical Illnesses

What is covered

If an Insured Person is diagnosed with any of the following listed Critical Illness during the Policy Period, the Insured Person may at his/her sole discretion choose to avail a E-opinion from Our panel of Medical Practitioners.
For the purpose of this Benefit, Critical Illness shall mean the following:

1. CANCER OF SPECIFIED SEVERITY

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical
TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii.All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION (First Heart Attack of specified severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

i. Other acute Coronary Syndromes

ii. Any type of angina pectoris

iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of
permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. MAJOR ORGAN/BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

9. PERMANENT PARALYSIS OF LIMBS

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the

paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with
objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
II. Other causes of neurological damage such as SLE and HIV are excluded.

12. THIRD DEGREE BURNS

I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

13. BLINDNESS

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
II. The Blindness is evidenced by
i. corrected visual acuity being 3/60 or less in both eyes or;
ii. the field of vision being less than 10 degrees in both eyes.
III. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure.

14. BENIGN BRAIN TUMOR

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
II. This brain tumor must result in at least one of the following and must be confirmed by the relevant specialist Medical Practitioner.
i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
III. The following conditions are **excluded:**
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

15. END STAGE LUNG FAILURE

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO2 <55 mmHg); and
iv. Dyspnea at rest.

Conditions: It is agreed and understood that the Second E- Opinion will be based only on the information and documentation provided to Us, which will be shared with the Medical Practitioner and is subject to the conditions specified below:

(i) This Benefit can be availed by the Insured Person only once in the Policy Period for the same Critical Illness.
(ii) It is agreed and understood that the Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.
(iii) Appointments to avail of this Benefit may be availed through Our Website or Our mobile application or through calling Our call centre on the toll free number specified in the Policy Schedule.
(iv) Under this Benefit, We are only providing the Insured Person with access to an E-opinion and We shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
(v) The E-opinion provided under this Benefit shall be limited to the covered Critical Illnesses and not be valid for any medico legal purposes.
(vi) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

(o) Domestic Emergency Assistance Services (including Air Ambulance)

What is covered

We will provide the Emergency medical assistance as described below when an Insured Person is travelling, within India for 150 (one hundred and fifty) kilometres or more away from his/her residential address as mentioned in the Policy Schedule.

(1) Emergency Medical Evacuation: When an adequate medical facility is not available in the proximity of the Insured Person, as determined by the Emergency service provider, the consulting Medical Practitioner and the Medical Practitioner attending to the Insured Person, transportation under appropriate medical supervision will be arranged, through an appropriate mode of transport to the nearest medical facility which is able to provide the required care.
(2) Medical Repatriation (Transportation): When medically necessary, as determined by Us and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Policy Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

Conditions

i. No claims for reimbursement of expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.
ii. Please call Our call centre with details on the name of the Insured Person and/ or Policyholder and Policy number, on the toll free number specified in the Policy Schedule for availing this Benefit.

What is not covered

We will not provide services in the following instances:

(1) Travel undertaken specifically for securing medical treatment.
(2) Injuries resulting from participation in acts of war or insurrection.
(3) Commission of an unlawful act(s).
(4) Attempt at suicide.
(5) Incidents involving the use of drugs unless prescribed by a Medical Practitioner.
(6) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.

We will not evacuate or repatriate an Insured Person in the following instances:

(1) Without medical authorization.
(2) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local Medical Practitioner and do not prevent the Insured Person from continuing his/her trip or returning home.
(3) With a pregnancy beyond the end of the 28th week and will not evacuate or repatriate a child born while the Insured Person was traveling beyond the 28th week.
(4) With mental or nervous disorders unless Hospitalized.

(p) International Emergency Assistance Services (including Air Ambulance)

What is covered

We will provide the Emergency medical assistance outside India as described below when an Insured Person is travelling 150 (one hundred and fifty) kilometres or more away from his/her residential address as mentioned in the Policy Schedule for a period of less than 90(ninety) days.

(1) Emergency Medical Evacuation: When an adequate medical facility is not available in the proximity of the Insured Person, as determined by the Emergency service provider, the consulting Medical Practitioner and the Medical Practitioner attending to the Insured Person, transportation under appropriate medical supervision will be arranged, through an appropriate mode of transport to the nearest medical facility which is able to provide the required care.
(2) Medical Repatriation (Transportation): When medically necessary, as determined by Us and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Policy Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

Conditions

i. No claims for reimbursement of expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.
ii. Please call Our call centre with details on the name of the Insured Person and/ or Policyholder and Policy number, on the toll free number specified in the Policy Schedule for availing this Benefit.

What is not covered

We will not provide services in the following instances:

(1) Travel undertaken specifically for securing medical treatment.
(2) Injuries resulting from participation in acts of war or insurrection.
(3) Commission of an unlawful act(s).
(4) Attempt at suicide.

(5) Incidents involving the use of drugs unless prescribed by a Medical Practitioner.
(6) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.
(7) Trips exceeding 90 days from residential address without prior notification to Us.

We will not evacuate or repatriate an Insured Person in the following instances:

(1) Without medical authorization.
(2) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local Medical Practitioner and do not prevent the Insured Person from continuing his/her trip or returning home.
(3) With a pregnancy beyond the end of the 28th week and will not evacuate or repatriate a child born while the Insured Person was traveling beyond the 28th week.
(4) With mental or nervous disorders unless Hospitalized.

Section III: Value Added Benefits

The Benefits listed below are in-built value added benefits and shall be available to all Insured Persons in accordance with the applicable Plan as specified in the Policy Schedule. Benefits under this Section are subject to the terms, conditions and exclusions of this Policy.

Claims under this Section III will not impact the Sum Insured or the eligibility for No Claim Bonus and Super NCB.

(q) HealthReturns™

(q.1) HealthReturns™

How to Earn HealthReturns™

Earned by way of a percentage of Premium through Healthy Heart Score™ and Active Dayz™

An Insured Person can earn HealthReturns™ by looking after his/her health and being physically active on a regular basis.

Step 1 – Complete Health questionnaire & Health Assessment™ (applicable for each individual Insured Person)- This is not applicable for individuals that have undergone pre-Policy medical examination before issuance of the Policy, for the first Policy Year.

(i) Complete the online health questionnaire through Our website or mobile application. If requested, We would assist the Insured Person in completing the questionnaire over a call. The result of this questionnaire would help the Insured Person understand his/her current health status. This is not mandatory to earn HealthReturns™.
(ii) Undergo a Health Assessment ™ that measures MER including BP, BMI, HWR and smoking status, Blood Sugar and Total Cholesterol. Charges for the same shall be borne by Us once in a Policy Year. All tests mentioned as a part of Health Assessment™ shall be conducted together.

Health Assessment™ can be undertaken at Our Network Providers /Empanelled Service Providers. An appointment for the medical examination can be scheduled at a time convenient to the Insured Person by calling Our call centre.

Based on the completed Health Assessment ™, the Insured Person's test results will be used to calculate the Healthy Heart Score™. The Healthy Heart Score™ will then be used to identify which category the Insured Person's heart health falls in:

- Green: low risk of heart disease compared to peers in the same Age and gender group.
- Amber: moderate risk of heart disease compared to peers in the same Age and gender group – intervention will be beneficial.
- Red: high risk of heart disease compared to peers in the same Age and gender group – immediate intervention is required.

The Healthy Heart Score™ is valid for 12 months, and will automatically be updated based on latest available test result if another Health Assessment ™ is completed.

Charges for Health Assessment ™ shall be borne by Us once a Policy Year. In case the Insured Person wants to undergo another Health Assessment™ at Our Network Providers/Empanelled Service Providers, he/she can do so by payment of requisite charges to the Network Providers /Empanelled Service Providers.

Conditions

For Healthy Heart Score™ to be calculated Health Assessment ™ needs to be carried out minimum once in Policy Year.

Step 2 – Earn Active Dayz™ by being physically active on an ongoing basis

(i) Active Dayz™ encourages and recognises all types of exercise/fitness activities by making use of activity tracking apps, devices and visits to the Fitness centre or yoga centres to track and record the activities members engage in.

(ii) One Active Dayz™ can be earned by:
   (1) completing a Fitness centre or yoga centre activity for a minimum of 30 minutes at Our panel of Fitness or yoga centers, OR;
   (2) Recording 10,000 steps in a day (tracked through Our mobile application or a wearable device linked to the Policy number) OR;
   (3) burning 300 calories in one exercise session per day OR;
   (4) participation in a recognized marathon/ walkathon/ cyclothon or a similar activity which offers a completion certificate with timing

(iii) In order to make it easier for the Insured Person to earn HealthReturns™, We provide two fitness assessments per Policy Year. These fitness assessments will measure the Insured Person's cardiovascular endurance, flexibility, strength, height to weight ratio and body fat percentage. The Insured Person will receive fitness assessment results based on his/her measurements.

(iv) The fitness assessment results will be valid for six months and the best of the fitness assessment result and number of Active Dayz™ will be used in a given month to calculate HealthReturns™.

'Active Dayz' can be earned by undertaking any one of the four activities under point (ii) or 'Fitness Assessment' under point (iii).

The Insured Person shall earn HealthReturns™ based on the Healthy Heart Score™, the fitness assessment result and the number of Active Dayz™ recorded. HealthReturns™ is accrued on a monthly basis according to the following grid.

No of Active Dayz™ in a calendar month	OR	Fitness Assessment Result*	Healthy Heart Score™		
			Red	Amber	Green

13+		Level 5	6.0%	12.0%	30.0%
10 – 12		Level 4	3.6%	7.2%	18.0%
7- 9		Level 3	2.4%	4.8%	12.0%
4 – 6		Level 2	1.2%	2.4%	6.0%
0 – 3		Level 1	0%	0%	0%

In order to achieve a particular level of HealthReturn™ the Insured Person must achieve either the required number of Active Dayz™ or achieve a level (as shown in table above) under Fitness Assessment.

The grid above is calculated on the Monthly Premium. The Insured Person can earn up to 30% of their Monthly Premium as HealthReturns™ based on the grid above.

How it works for an Individual Policy

In case of an Individual Policy, each Insured Person would be tracked separately and shall earn HealthReturns™ based on individual performance as per grid of Healthy Heart Score™ and Active dayz™. The following relations upto age of 25 years shall not be eligible for earning HealthReturns™ namely son, daughter, brother, sister, grandson, granddaughter, brother in-law, sister in-law, nephew, niece.

How it works for a Family Floater Policy

In case of a Family Floater Policy, each Insured Person would be tracked separately and shall earn HealthReturns™ based on individual performance as per grid of Healthy Heart Score™ and Active dayz™. For the purpose of calculating HealthReturns™, We will allocate the overall premium to the adults in the Policy. Weightages for allowed family combinations are as described in the table below.

(Dependent Children upto 25 years of Age shall not eligible for HealthReturns™).

Family size	Weightage
Self , Spouse and Dependent Children (upto 25 yrs)	1:1:0:0
Self and Spouse	1:1

Earned HealthReturns can be utilized by any covered Insured Person under a Policy.

How can one spend HealthReturns™:

Funds under HealthReturns™ may be utilized for:

(i) In-patient Medical Expenses and Day Care Treatment, provided that the Sum Insured, No Claim Bonus(if any), Super NCB(if any), Accidental Hospitalization Booster(if opted as specified in the Policy Schedule)/ Cancer Hospitalization Booster (if opted as specified in the Policy Schedule), Reloaded Sum Insured (if any) and Unlimited Reload of Sum Insured (if opted and available) are exhausted during the Policy Year as specified in section C(Y) .

(ii) Payment of Co-payment (wherever applicable).

(iii) For non-payable claims, in case of an In-patient Hospitalization or Day Care Treatment.

(iv) Non-Medical Expenses listed in Annexure I 'Non-Medical Expenses' that would not otherwise be payable under the Policy.

(v) Out-patient expenses up to the value of accrued funds.

(vi) Ayush Treatments in excess of the limits as specified in Policy Schedule / Product Benefit Table of this Policy.

Alternatively, funds can also be utilized to pay Renewal Premium. Funds earned as HealthReturns™, once earned can be carried forward each month/ each Policy Year (as

applicable) and as long as the Policy is Renewed with Us in accordance with the Renewal Terms under the Policy.

Permanent Exclusions and Waiting Periods do not apply under this Benefit.

The claim for accumulated HealthReturns™ can be made a maximum 4 times in a Policy Year. If You /Insured Person wish to know the present value of the funds earned as HealthReturns™, then You may contact Us at our toll free number or through Our website.

(q.2) Health Coach

All Insured persons Aged 18 Years or above, suffering from any one or more of the listed chronic conditions namely Asthma, Hypertension, Hyperlipidemia or Diabetes Mellitus is/are eligible for a health coaching session with Our expert Health Coach. Our Health Coach shall be coaching the Insured Person on better lifestyle management to take care of such chronic condition.

Conditions

a) These coaches shall be available over a telephonic discussion as a call back service. The request for call back may be placed through our toll free number or via E-Mail.
b) A maximum of 2 coaching sessions may be availed by the Insured Person during a Policy Year.
c) It is agreed and understood that Our Health Coaches are not providing and shall not be deemed to be providing any Medical Advice. They shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice.
d) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this Benefit.

Section IV: Optional Covers

The following optional covers shall apply only if the premium in respect of the optional cover has been received and the Policy Schedule states that the optional cover is in force. The Policy Schedule shall specify which of the following optional covers are in force and available for the Insured Persons under the Policy.

Benefits under this Section IV are subject to the terms, conditions and exclusions of this Policy. The sub-limit for each Benefit is specified against that Benefit in the Policy Schedule /Product Benefit Table of this Policy. Payment of the Benefit shall be subject to the availability of the applicable sub-limit for that Benefit.

All claims under this section must be made in accordance with the procedure set out in Section C(C). Wherever a claim qualifies under more than one Benefit in Section IV, We shall pay for all such eligible covers opted and in force.

In case of Individual Policy, each individual Insured Person can opt for any of the below optional covers as per their requirements. In case of Family Floater Policy, once selected, the optional covers shall apply to all Insured Persons without any individual selection.

(r) Reduction in PED Waiting Period:

What is covered

If You have applied for this Optional Cover at the inception of the first policy with Us and We have accepted the same, then We shall reduce the applicable Pre Existing Disease waiting period for claims related to Pre-Existing Diseases to 24 months.

Conditions

(i) The provisions of Section C.B.(iii) and definitions (Section D.48) continue to be valid in relation to this Section IV (r), except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-Existing Disease after 24 months, as applicable and mentioned in the Policy Schedule, if continuous coverage has elapsed, since the inception of the first Policy with Us.

(ii) This optional cover will be available only at the time of inception of the first policy with Us and only for the Sum Insured opted at such inception.

(s) Unlimited Reload of Sum Insured

What is covered

We shall reload the Sum Insured, up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy, unlimited times during the Policy Year.

Conditions

(i) "Unlimited Reload of Sum Insured" is an extension of the Benefit mentioned in Section B(I)(h) (Reload of Sum Insured) and therefore all the conditions and provisions stated under Section B(I)(h) shall also be valid and applicable in relation to this Section IV (s), except that the reload of Sum Insured shall be available unlimited times during the Policy Period. It is, however clarified that in case of a single claim payout, Our maximum liability shall not exceed the limit as specified in the Policy Schedule/Product Benefit Table of this Policy.

(ii) No Claim Bonus (Section II (l)) and Super NCB (Section IV (t)) shall not be considered while calculating the Unlimited Reload of Sum Insured.

(t) Super NCB

What is covered

We shall apply a Super No Claim Bonus (Super NCB) (over and above No Claim Bonus as specified under Section II(l)) at such rates as specified in the Policy Schedule/ Product Benefit Table of this Policy on the Sum Insured of the expiring Policy as specified for Section B(I) in the Policy Schedule on a cumulative basis, provided that the Insured Person(s) has not made any claim under Section B(I) in a Policy Year and has successfully Renewed the Policy with Us continuously and without any break. The accumulated Super No Claim Bonus shall not exceed 100% of the Sum Insured on the Renewed Policy. In the event of a claim impacting the eligibility of Super No Claim Bonus, the accumulated Super No Claim Bonus shall be reduced by 50% of the Sum Insured at the commencement of subsequent Policy Year.

Conditions

(i) "Super NCB" is an extension to the Benefit mentioned in Section II(l) (No Claim Bonus) and therefore all the conditions and provisions stated under Section II(l) shall also be valid and applicable in relation to for this Section IV (t).

(ii) At the time of Renewal of this Policy, if the Policyholder chooses not to renew this optional cover, then the Super NCB under the expiring Policy shall be forfeited.

(iii) The reload amount (Reload of Sum Insured and Unlimited Reload of Sum Insured), Accidental Hospitalization Booster, Cancer Hospitalization Booster and accumulated NCB shall not be considered while calculating the Super NCB.

(u) Accidental Hospitalization Booster

What is covered

We shall provide an additional Sum Insured towards Medical Expenses incurred for In-patient Hospitalization, up to the limit specified in the Policy Schedule / Product Benefit Table of this Policy, following an Emergency caused solely and directly due to an Accident causing Injury, of the Insured Person who is Hospitalized for the treatment of such Injury.

We shall cover the following Medical Expenses:

- Reasonable and Customary Charges for Room Rent for accommodation in Hospital room up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy;
- ICU Charges;
- Operation theatre expenses;
- Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
- Qualified Nurses' charges;
- Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
- Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
- Anaesthesia, blood, oxygen and blood transfusion charges;
- Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

Conditions

(i) This benefit shall be utilized only after the Sum Insured has been completely exhausted.

(ii) The total amount payable under this optional cover shall not exceed the sum total of the Sum Insured, No Claim Bonus (if earned), Super NCB (if opted and as specified in the Policy Schedule) and Accidental Hospitalization Booster.

(iii) This benefit shall be available only for such Insured Person for whom claim for Hospitalization following the Accident has been accepted under this Policy.

(iv) This benefit shall be available only once during the Policy Year.

(v) The conditions stipulated under Section B(I)(a) shall be applicable.

(v) Cancer Hospitalization Booster

What is covered

We shall provide an additional Sum Insured towards Medical Expenses incurred for In-patient Hospitalization in case of "Cancer of Specified Severity", up to the limit as specified in Policy Schedule / Product Benefit Table of this Policy, for the Insured Person who is Hospitalized for the treatment of "Cancer of Specified Severity", during the Policy Year.

We shall cover the following Medical Expenses:

- Reasonable and Customary Charges for Room Rent for accommodation in Hospital room up to the limits as specified in the Policy Schedule / Product Benefit Table of this Policy;
- ICU Charges;
- Operation theatre expenses;
- Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
- Qualified Nurses' charges;
- Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;

- Investigative tests or diagnostic procedures directly related to Cancer of Specified Severity for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
- Anaesthesia, blood, oxygen and blood transfusion charges;
- Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

Conditions

(i) This benefit shall be utilized only after the Sum Insured has been completely exhausted.

(ii) The total amount payable under this optional cover shall not exceed the sum total of the Sum Insured, No Claim Bonus (if earned), Super NCB (if opted and as specified in the Policy Schedule) and Cancer Hospitalization Booster.

(iii) This benefit shall be available only for such Insured Person for whom claim for Hospitalization following Cancer of Specified Severity has been accepted under the Policy.

(iv) The conditions stipulated under Section B(I)(a) shall be applicable

(v) This benefit shall be available only once during the Policy Year.

For the purpose of this benefit, Cancer of Specified Severity is defined as follows

CANCER OF SPECIFIED SEVERITY

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical
TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii.All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

(w) Any Room Upgrade

What is covered

The Insured Person shall be eligible to upgrade the room type category eligibility as specified in the Policy Schedule/ Product Benefit Table of the Policy to Any Room in a Hospital.

Section C. Terms and Conditions

A. Co-payment

At the time of inception of initial policy (first policy) with Us, if the Age (Age at entry) of the Insured Person or eldest Insured Person (in case of a Family Floater Policy) is 61 years or above, such Insured Person or all Insured Persons (in case of Family Floater Policy) shall bear a Co-payment per claim (over and above any other Co-payment, if any) as specified in Product Benefit Table/Policy Schedule.

B. Waiting periods and Permanent Exclusions

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by or arising out of or howsoever attributable to any of the following. All waiting periods and permanent exclusions shall apply individually for each Insured Person and claims shall be assessed accordingly.

i. First 30 days waiting period

We shall not be liable for any claim arising due to any condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission commencing within 30 days from Policy Commencement Date, except for the claims arising due to an Accident. This waiting period does not apply for any Insured Person that is accepted under Portability and for subsequent and continuous Renewals of the Policy with Us.

ii. Two Year waiting periods

The conditions listed below, whether medical or surgical and of the Illness/conditions and their complications mentioned below, will be subject to a waiting period of 24 months from the commencement of the 1st Policy Year and will be covered from the commencement of the 3rd Policy Year as long as the Insured Person has been insured continuously under the Policy without any break.

	Body System	**Illness**	**Treatment/ Surgery**
1	Eye	Cataract	Cataract Surgery
		Glaucoma	Glaucoma Surgery
2	Ear Nose Throat	Serous Otitis Media	
		Sinusitis	Sinus Surgery
		Rhinitis	Surgery for the nose
		Tonsillitis	Tonsillectomy
		Tympanitis	Tympanoplasty
		Deviated Nasal Septum	Surgery for Deviated Nasal Septum
		Otitis Media	Surgery or Treatment for Otitis Media
		Adenoiditis	Adenoidectomy
		Mastoiditis	Mastoidectomy
		Cholesteatoma	Resection of the Nasal Concha
3	Gynecology	All Cysts & Polyps of the female genito urinary system	Dilatation & Curettage
		Polycystic Ovarian Disease	Myomectomy
		Uterine Prolapse	Uterine prolapsed Surgery
		Fibroids (Fibromyoma)	Hysterectomy unless necessitated by malignancy

		Breast lumps	Any treatment for Menorrhagia
		Prolapse of the uterus	
		Dysfunctional Uterine Bleeding (DUB)	
		Endometriosis	
		Menorrhagia	
		Pelvic Inflammatory Disease	
4	Orthopedic / Rheumatological	Gout	Joint replacement Surgery Surgery for Prolapse of the intervertebral disc
		Rheumatism, Rheumatoid Arthritis	
		Non infective arthritis	
		Osteoarthritis	
		Osteoporosis	
		Prolapse of the intervertebral disc	
		Spondylopathies	
5	Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder and Bile duct	Cholestectomy / Surgery for Gall Bladder
		Cholecystitis	Surgery for Ulcers (Gastric / Duodenal)
		Pancreatitis	
		Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	
		Rectal Prolapse	
		Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis	
		Gastro Esophageal Reflux Disease (GERD)	
		Cirrhosis	
		Acute & Chronic Appendicitis, Appendicular lump, Appendicular abscess	
6	Urogenital (Urinary and Reproductive system	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Prostate Surgery
		Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	
		Hernia, Hydrocele	Surgery for Hydrocele, Rectocele and Hernia
		Varicocoele / Spermatocoele	Surgery for Varicocoele / Spermatocoele
7	Skin	skin tumour (unless malignant)	Removal of such tumour unless malignant
		All skin diseases	
8	General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp anywhere in the body (unless malignant)	Surgery for cyst, tumour, nodule, polyp unless malignant
		Varicose veins, Varicose ulcers	Surgery for Varicose veins and Varicose ulcers
		Internal Congenital Anomaly or internal congenital diseases \	

If any of the Illness/conditions listed above are Pre-Existing Diseases, then they shall be covered only after the completion of the Pre-Existing Disease Waiting Period described in section C.B.iii below.

iii. Pre-Existing Disease waiting Period

Pre-Existing Diseases shall not be covered until the time period specified in the Policy Schedule / Product Benefit Table of this Policy in this regard has elapsed since the inception of the first Policy with Us. Provided that the Insured Person(s) has/have been insured continuously under the Policy without any break with Us.

iv. Permanent Exclusions:

1. Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
2. An Insured Person committing or attempting to commit a breach of law with criminal intent, intentional self Injury or attempted suicide while sane or insane.
3. Willful or deliberate exposure to danger, intentional self-Injury, participation or involvement in naval, military or air force operation, circus personnel, racing in wheels or horseback, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing, bungee jumping, paragliding, parasailing, ballooning, skydiving, river rafting, polo, snow and ice sports in a professional or semiprofessional nature.
4. Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including alcohol withdrawal, smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies, impairment of Insured Person's intellectual faculties by abuse of stimulants or depressants
5. Weight management programs or treatment in relation to the same including vitamins and tonics, treatment of obesity (including morbid obesity).
6. Treatment for correction of eyesight due to refractive error including routine examination.
7. All routine examinations and preventive health check-ups.
8. Cosmetic, aesthetic and re-shaping treatments and Surgeries.
   Plastic Surgery or cosmetic Surgery or treatments to change appearance unless medically necessary and certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns.
9. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); aesthetic or change-of-life treatments of any description such as sex transformation operations.
10. Non allopathic treatment.
11. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization
12. Investigational treatments, Unproven / Experimental treatment, or drugs yet under trial, devices and pharmacological regimens.
13. Diagnostic tests/procedures/treatment/consumables not related to Illness for which Hospitalization has been done.
14. Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care, treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification centre, home for the aged,

mentally disturbed remodeling clinic or any treatment taken in an establishment which is not a Hospital.

15. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing.
16. Admission for enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
17. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens
18. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same.
19. Medical supplies including elastic stockings, diabetic test strips, and similar products.
20. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.), devices used for ambulatory monitoring of blood pressure, blood sugar, glucometers, nebulizers and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively). Sleep-apnea and other sleep disorders
21. Psychiatric or psychological disorders, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("rundown condition").
22. External Congenital Anomalies or diseases or defects.
23. Stem cell therapy or Surgery, or growth hormone therapy.
24. Venereal disease, all sexually transmitted disease or Illness including but not limited to HPV, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
25. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human Immunodeficiency Virus) including Opportunistic infections but not limited to any conditions related to or arising out of HIV/AIDS such as ARC (AIDS Related Complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis, Pneumocystis Carinii Pneumoniae etc.
26. Complications arising out of pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy for in-patient only.
27. Treatment for sterility, infertility, sub-fertility or other related conditions and complications arising out of the same, assisted conception, surrogate or vicarious pregnancy, birth control, and similar procedures; contraceptive supplies or services including complications arising due to supplying services.
28. Expenses for organ donor screening, or save as and to the extent provided for in the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery).
29. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended)
30. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
31. Dentures, implants and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident.
32. 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.

33. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
34. Treatment for developmental problems, learning difficulties eg. Dyslexia, behavioral problems including attention deficit hyperactivity disorder (ADHD).
35. Treatment for Age Related Macular Degeneration (ARMD), Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, high intensity focused ultrasound, balloon sinuplasty, Deep Brain Simulation, Holmium Laser Enucleation of Prostate, KTP Laser Surgeries, cyber knife treatment, Femto laser surgeries, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants, oral chemotherapy, use of Infliximab, rituximab, avastin, lucentis.
36. Expenses which are medically not necessary such as items of personal comfort and convenience including but not limited to television (if specifically charged), charges for access to telephone and telephone calls (if specifically charged), food stuffs (save for patient's diet), cosmetics, hygiene articles, body care products and bath additives, barber expenses, beauty service, guest service as well as similar incidental services and supplies, vitamins and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
37. Treatment taken from a person not falling within the scope of definition of registered Medical Practitioner with any state medical council/ medical council of India.
38. Treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical council.
39. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, except if pre-approved by Us .
40. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
41. Administrative charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, bio-medical, linen, documentation and filing, including MRD charges (medical records department charges).
42. Non-Medical Expenses including but not limited to RMO, CMO, DMO charges, surcharges, night charges, service charges levied by the Hospital under any head and as specified in the Annexure for Non- Medical Expenses and on Our website www.adityabirlahealth.com/healthinsurance.
43. Treatment taken outside India
44. Insured Person whilst flying or taking part in aerial activities except as a fare-paying passenger in a regular scheduled airline or air charter company.
45. Robotic surgery (whether invasive or non-invasive) unless specifically approved by Us.
46. All forms of Bariatric surgery.
47. Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.
48. Admission primarily for diagnostic purposes not consistent with the treatment taken.
49. Treatment in any Hospital or by any Medical Practitioner or any other provider of services that We have blacklisted as listed on Our website.
50. Treatment provided by anyone with the same residence as Insured Person or who is a member of the Insured Person's immediate family.

v. Four Year waiting period

The conditions listed below, whether medical or surgical and of the Illness/conditions and their complications mentioned below, will be subject to a waiting period of 48 months from the commencement of the 1st Policy Year and will be covered from the commencement of

the 5th Policy Year as long as the Insured Person has been insured continuously under the Policy without any break.

1. Genetic Disorders

C. Claims Administration & Process

The fulfillment of the terms and conditions of this Policy (including payment of premium in full and on time) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be conditions precedent to admission of Our liability under this Policy:

(1) On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

(2) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

(3) We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.

I. Claims Procedure

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy the following procedure shall be complied with:

a. For Availing Cashless Facility

i. Cashless Facilities can be availed only at Our Network Providers/ Empanelled Service Providers. The complete list of Network Providers and Empaneled Service Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone.

ii. We reserve the right to modify, add or restrict any Network Provider/ Empaneled Service Provider for Cashless Facilities at Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Providers.

b. Process for Obtaining Pre-Authorisation for Planned Treatment:

(i) We must be contacted to pre-authorise Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. Each request for pre-authorisation must be accompanied with all the following details:

(1) The health card issued by Us to the Insured Person, along with the Insured Person's KYC documents.
(2) The Policy Number;
(3) Name of the Policyholder;
(4) Name and address of Insured Person in respect of whom the request is being made;
(5) Nature of the Illness/Injury and the treatment/Surgery required;
(6) Name and address of the attending Medical Practitioner;
(7) Hospital where treatment/Surgery is proposed to be taken;
(8) Proposed date of admission.

(ii) If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

(iii) When we have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

(iv) The Authorization letter shall be issued to the Network Provider within 24 hours of receiving the complete information.

c. Process to be followed for Availing Cashless Facilities in Emergencies:

(i) We must be contacted to pre-authorise Cashless Facility within 24 hours of the Insured Person's Hospitalization if the Insured Person has been Hospitalized in an Emergency. Each request for pre-authorisation must be accompanied with all the following details:

(1) The health card issued by Us to the Insured Person, along with the Insured Person's KYC documents.
(2) The Policy Number;
(3) Name of the Policyholder;
(4) Name and address of Insured Person in respect of whom the request is being made;
(5) Nature of the Illness/Injury and the treatment/Surgery required;
(6) Name and address of the attending Medical Practitioner;
(7) Hospital where treatment/Surgery is to be taken;
(8) Date of admission.

(ii) If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

(iii) When we have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

(iv) Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital and locations, match with the details of the actual treatment received. For Hospitalization where Cashless Facility is pre-authorised by Us, We will make the payment of the amounts assessed to be due directly to the Network Provider.

(v) The Authorization letter shall be issued to the Network Provider within 24 hours of receiving the complete information.

d. For Reimbursement Claims:

(i) For all claims for which Cashless Facilities have not been pre-authorised or for which treatment has not been taken at a Network Provider, We shall be given written notice of the claim along with the following details within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier:

(1) The Policy Number;
(2) Name of the Policyholder;

(3) Name and address of the Insured Person in respect of whom the request is being made;
(4) Health Card, Photo ID, KYC documents
(5) Nature of Illness or Injury and the treatment/Surgery taken;
(6) Name and address of the attending Medical Practitioner;
(7) Hospital where treatment/Surgery was taken;
(8) Date of admission and date of discharge;
(9) Any other information that may be relevant to the Illness/ Injury/ Hospitalization

(ii) If the claim is not notified to Us within the earlier of 48 hours of the Insured Person's admission to the Hospital or before the Insured Person's discharge from the Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

II. Claims Documentation:

We shall be provided the following necessary information and documentation in respect of all Claims at Your/Insured Person's expense within 30 days of the Insured Person's discharge from Hospital:

(i) Claims for Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses to be submitted to us within 30 days of the completion of the post Hospitalization treatment.

(ii) For those claims for which the use of Cashless Facility has been authorised, We will be provided these documents by the Network Provider immediately following the Insured Person's discharge from Hospital:

(1) Duly signed, stamped and completed Claim Form
(2) Photo ID & Age Proof
(3) Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents)
(4) Copy of the Network Provider's Registration Certificate / Copy of Form C in case of Hospitalization
(5) Original Discharge Card / Day Care Summary / Transfer Summary
(6) Original final Hospital Bill with all original deposit and final payment receipt
(7) Original invoice with payment receipt and implant stickers for all implants used during surgeries i.e. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
(8) All previous consultation papers indicating history and treatment details for current ailment
(9) All original diagnostic reports (including imaging and laboratory) along with Medical Practitioner's prescription and invoice / bill with receipt from diagnostic center
(10) All original medicine / pharmacy bills along with Medical Practitioner's prescription
(11) MLC / FIR Copy – in Accidental cases only
(12) Copy of Death Summary and copy of Death Certificate (in death claims only)
(13) Pre and Post-Operative Imaging reports – in Accidental cases only
(14) Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress
(15) Original invoice for Vaccination and payment receipt
(16) KYC documents

Additional documents in case of below covers

In case of Multiple Policy claims:

- Photocopy of entire claim document duly attested by previous Insurer or TPA
- Original payment receipts for expenses not claimed/settled by previous insurer
- Discharge voucher/settlement letter by previous insurer

Road Ambulance Cover:

- Photocopy of discharge card
- Original Ambulance invoice & paid receipt

(iii) For acceptance of claims in electronic mode, the documents shall be submitted in such form and manner as may be specified by Us.

III. Claims Assessment & Repudiation:

(a) At Our discretion, We may investigate claims to determine the validity of a claim. This investigation shall be completed at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.

If there are any deficiencies in the necessary claim documents which are not met or are partially met. We will send a maximum of 3 (three) reminders following which We will send a rejection letter or make apart-payment if we have not received the deficiency documents after 45 days from the date of the initial request for such documents.

(b) We may decide to deduct the amount of claim for which deficiency is intimated to the Insured Person and settle the claim if We observe that such a claim is otherwise valid under the Policy. However documents/ details received beyond such period shall be considered if there are valid reasons for any delay.

(c) We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information and documentation set out above (in case of investigation being carried out, 45 days from the date of receipt of last necessary document) in the manner prescribed under applicable Regulations. In case of any suspected fraud, the last "necessary" documents will include the receipt of the investigation report from Our investigator/representatives.

(d) Payment for reimbursement claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule or Your legal heirs or legal representatives holding a valid succession certificate.

(e) In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

For details on the claims process or assistance during the process, You may contact the Us at Our call centre on the toll free number specified in the Policy Schedule or through the website. In addition, We will keep You informed of the claim status and explain requirement of documents. Such means of communication shall include but not be limited to mediums such as letters, email, SMS messages, and information on Our Website.

D. Portability & Continuity Benefits

1. From another Insurer to Us

(i) If the proposed Insured Person was insured continuously and without a break under another Indian retail health insurance policy with any other Indian General Insurance company or standalone Health Insurance company, it is understood and agreed that:

a) If the Insured Person wishes to avail the Portability benefit, he/she must apply to Us with the completed application form and Portability Form with complete documentation at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.
b) This benefit is available only at the time of Renewal of the existing health insurance policy.
c) This benefit is available only up to the existing cover. If the proposed sum insured is higher than the sum insured under the expiring policy, then waiting periods would be applied on the amount of proposed increase in sum insured only subject to the existing guidelines regarding Portability issued by the IRDAI.
d) Waiting period credits shall be extended to Pre-Existing Diseases and time bound exclusions/waiting periods in accordance with the existing IRDAI guidelines as applicable.
e) Subject to the applicable Portability norms issued by the IRDAI, Portability benefit shall be applied by Us within 15 days of receiving the Insured Person's completed application form and Portability Form subject to the following:
    - The Insured Person shall give Us all additional documentation and/or information We request;
    - The Insured Person shall pay Us the applicable premium in full;
    - We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion and in accordance with Our board approved underwriting policy;
    - There is no obligation on Us to insure all the Insured Persons or to insure all the Insured Persons on the proposed terms, even if the Insured Person(s) have given Us all documentation;
    - We have received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance policy through the IRDAI's web portal.

(ii) No additional loading or charges shall be applied by Us exclusively for porting the policy.

2. **From Our existing health insurance Policy to this Policy**

(i) If the proposed Insured Person was insured continuously and without a break under another health insurance policy with Us, it is understood and agreed that:

a) If the Insured Person wishes to avail the Portability benefit, he/she must apply to Us with the completed application form and Portability Form with additional documentation as may be required at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy with Us.
b) This benefit is available only at the time of Renewal of the existing health insurance policy.
c) This benefit is available only up to the existing cover. If the proposed sum insured is higher than the sum insured under the expiring policy, then waiting periods would be applied on the amount of proposed increase in sum insured only subject to the existing guidelines regarding Portability issued by the IRDAI.
d) Waiting period credits shall be extended to Pre-Existing Diseases and time bound exclusions/waiting periods in accordance with the existing IRDAI guidelines as applicable.
e) Subject to the applicable Portability norms issued by the IRDAI, Portability benefit shall be applied by Us within 15 days of receiving the Insured Person's completed application form and Portability Form subject to the following:
    - The Insured Person shall give Us all additional documentation and/or information We request;

- The Insured Person shall pay Us the applicable premium in full;
- We may, subject to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be in Our sole and absolute discretion and in accordance with Our board approved underwriting policy;
- There is no obligation on Us to insure all the Insured Persons or to insure all the Insured Persons on the proposed terms, even if the Insured Person(s) have given Us all documentation.

(ii) No additional loading or charges shall be applied by Us exclusively for porting the policy.

We reserve the right to modify or amend the terms and the applicability of the Portability benefit in accordance with the provisions of the regulations, circulars and guidelines issued by the IRDAI from time to time.

E. Free Look Period

We shall provide You a period of 15 days (30 days in case of contracts with a term of 3 years, offered over distance marketing mode) from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We shall refund the premium paid by You after deducting the amounts spent on any medical check-ups, stamp duty charges and proportionate risk premium for the period on cover. All rights and benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.
Free look period shall not be available on Renewals or on Portability.

F. Fraudulent Claims

If any claim is found to be fraudulent, or if any false declaration is made, or if any fraudulent devices are used by You or the Insured Person or anyone acting on their behalf to obtain any Benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons. All sums paid under this Policy shall be repaid to Us by You on behalf of all Insured Persons who shall be jointly liable for such repayment.

G. Material Change

Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk of insurance. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, or endorsement of the contract. The Policy terms and conditions shall not be altered.

H. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be effective or valid unless approved in writing which shall be evidenced by a written endorsement, signed and stamped by Us.

I. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

J. Multiple Policies

In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar polices.
If two or more policies are taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Policyholder/Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Claims under other policy/ies may be made after exhaustion of sum insured in the earlier chosen policy / policies. It is clarified that the Policyholder/Insured Person having multiple policies shall also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. The insurer shall then settle the claim subject to the terms and conditions of the other policy/policies so chosen.
3. If the amount to be claimed exceeds the sum insured under a single policy after considering Co-payment, the Policyholder/Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where the Policyholder/Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Policyholder/Insured Person shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

K. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. However, such special provisions will not be in form of permanent exclusion.

L. Records to be maintained

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

M. Cancellation (other than Free Look Cancellation)

1. Cancellation by You

In case You are not satisfied with the Policy or our services, You can request for a cancellation of the Policy by giving 15 days' notice in writing. We shall cancel the Policy and refund the premium in accordance with the grid below provided that no claim has been made under the Policy by or on behalf of any Insured Person.

	Refund		
In force Period-Up to	1 Year	2 Year	3 Year
1 Month	75.00%	85.00%	90.00%
3 months	50.00%	75.00%	85.00%
6 months	25.00%	60.00%	75.00%
12 months	NIL	50.00%	60.00%
15 months		30.00%	50.00%

18 months		20.00%	35.00%
24 months		NIL	30.00%
30 months			15.00%
30+ months			NIL

2. Automatic Cancellation:

a. Individual Policy:

The Policy shall automatically terminate on the death of all Insured Persons.

b. Family Policy

The Policy shall automatically terminate in the event of the death of all the Insured Persons.

c. Refund:

A refund in accordance with the grid above shall be payable if there is an automatic cancellation of the Policy provided that no claim has been filed under the Policy by or on behalf of any Insured Person.

3. Cancellation by Us:

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing to Your last known address on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material fact by You or the Insured Person and all premium paid thereon shall be forfeited by Us.

4. Treatment of HealthReturns™ on Cancellation

All coverage, benefits, earning on HealthReturns™, shall automatically lapse upon cancellation of the Policy. However, any unclaimed and accrued HealthReturns™ (from previous Policy Year/ month) shall be available for a claim over the next 12 month period from the date of cancellation/termination.

N. Endorsements

The Policy shall allow the following endorsements during the Policy Period. Any request for endorsement must be made by You in writing along with the mandatory documents. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later except in the case of date of birth and gender correction in which the endorsement effective date will be the Policy inception or Renewal Start Date.

(i) Non-Financial Endorsements – which do not affect the premium.

(1) Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
(2) Rectification in gender of the Proposer/ Insured Person (if this does not impact the premium)*
(3) Rectification in relationship of the Insured Person with the Proposer
(4) Rectification of date of birth of the Insured Person (if this does not impact the premium)*
(5) Change in the correspondence address of the Proposer
(6) Change/Updation in the contact details viz., Phone No., E-mail Id, alternate contact address of the Proposer etc.
(7) Change in Nominee Details
(8) Updation of PAN/Aadhaar/passport/EIA/CKYC No.
(9) Change in Height, weight, marital status (if this does not impact the premium) *
(10) Change in bank details

(11) Change in educational qualification
(12) Change in occupation
(13) Change in Nationality
(14) Others

** These endorsements, if impact the premium, and if accepted, shall be effective from the Start Date of the Policy.*

(ii) Financial Endorsements – which result in alteration in premium.
(1) Addition of Insured Person^ (New Born Baby or newly wedded spouse)
(2) Deletion of Insured Person on death or separation or Policyholder/Insured Person leaving India
(3) Change in Age/date of birth*
(4) Change in Height, weight*
(5) Others

* These endorsements, if impact the premium, and if accepted, shall be effective from the Start Date of the Policy.

^ The Policyholder should provide a fresh application in a proposal form along with birth certificate / marriage certificate as the case may be for addition of Insured person.

All endorsement requests may be assessed by Us and if required additional information/documents may be requested.

O. Grace Period

The Policy may be Renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the expiry date of the Policy and in no case later than the Grace Period of 30 days from the expiry date. We shall not be liable to pay for any claim arising out of an Illness/Injury/ Accident that occurred during the Grace Period. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover. If the Policy is not Renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting guidelines and no continuity of benefits shall be available from the expired Policy.

P. Renewal Terms

(i) The Policy will automatically terminate at the end of the Policy Period. The Policy is ordinarily renewable on mutual consent for life, subject to realization of Renewal premium.
(ii) The premium payable on Renewal shall be paid to Us on or before the Policy Period end date and in any event before the expiry of the Grace Period. Policy would be considered as a fresh policy if there would be break of more than 30 days between the previous Policy expiry date and current Policy Start date.
(iii) We however shall not be liable for any claim arising out of an ailment suffered or Hospitalization commencing or disease/Illness/condition contracted during the period between the expiry of previous policy and date of inception of subsequent policy and such disease/Illness/condition shall be treated as a Pre-Existing Disease.

(iv) Any unutilised funds under HealthReturns™ (from the previous Policy year/ month) will be available for claims during the Grace Period.

(v) You shall not be able to earn HealthReturns™ during the Grace Period.

(vi) In case the Policy is not renewed before the end of the Grace Period, any unutilized funds under HealthReturns™ shall be available for a claim as up to a period of 12 months from the date of expiry of the Policy.

(vii) If the Insured Persons in the expiring Policy are covered in an Individual Policy, and such expiring Policy has been Renewed with Us on a Family Floater Policy basis then the accumulated amount under HealthReturns™ that will be carried forward in such Renewed Policy shall be the total of all the Insured Persons moving out and shall be maintained on an Individual Policy basis.

(viii) If the Insured Persons in the expiring Policy are in a Family Floater Policy and such Insured Persons renew their expiring Policy with Us by splitting the Sum Insured in to two or more Family Floater Policy/ Individual Policies then the accumulated amount under HealthReturns™ shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.

(ix) Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure of material facts or non-co-operation by You.

(x) Where We have discontinued or withdrawn this product/plan You will have the option to renew under the nearest substitute Policy being issued by Us, however benefits payable shall be subject to the terms contained in such other Policy which has been approved by IRDAI. We shall intimate You/ the Insured Person regarding the withdrawal of the Policy at least 3 months in advance.

(xi) We may revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

(xii) Alterations like increase/ decrease in Sum Insured or Change in Plan/Product, addition/deletion of Insured Persons (except due to child Birth/Marriage or Death) will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the Proposal Form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance of request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.

(xiii) Any enhanced Sum Insured during any Policy Renewals will not be available for an Illness, disease, Injury already contracted under the preceding Policy Periods. All waiting periods as mentioned below shall apply afresh for this enhanced limit from the effective date of such enhancement.

(xiv) Wherever the Sum Insured is reduced on any Policy Renewals, the waiting periods as mentioned in the Policy Schedule shall be waived only up to the lowest Sum Insured as applicable to the relevant waiting periods of the Plan in force.

(xv) Where an Insured Person is added to this Policy, either by way of endorsement, all waiting periods under Section C(B) will be applicable considering such Policy Year as the first year of Policy with Us with respect to the Insured Person.

(xvi) Applicable No Claim Bonus shall be accrued on each Renewal as per eligibility under the plan in force.

(xvii) In case of Family Floater Policies, children attaining 25 years at the time of Renewal will be moved out of the floater into an individual cover. However, all continuity benefits for such Insured Person on the Policy will remain intact. No Claim Bonus earned on the Policy will stay with the Insured Persons(s) covered under the original Policy.

Q. Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

(i) The Policyholder's, at the address/ E-mail ID as specified in the Policy Schedule/Proposal form or provided to Us by the Policyholder / Insured Person

(ii) To Us, at the address specified in the Schedule.

(iii) No insurance agents, brokers, other person or entity is authorised to receive any notice on the behalf of Us unless explicitly stated in writing by Us.

R. Electronic Transactions

The Policyholder agrees to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy and claim related details, shall constitute legally binding when done in compliance with Our terms for such facilities.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent shall be subsequently validated / confirmed by the Policyholder.

S. Policy Dispute

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

T. Complete Discharge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy. The payment made by Us to the Insured Person or to the Nominee/legal representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete, valid and construe as an effectual discharge in favour of Us.

U. Grievances Redressal Procedure

In case of a grievance, the Insured Person/ Policyholder can contact Us with the details through:

Our website: adityabirlahealth.com/healthinsurance
Email: customercare.abh@adityabirla.com
Toll Free : 1800 103 1033
Address : Aditya Birla Health insurance Co. Limited
10th Floor, Rtech, Nirlon IT park, Western Express highway,
Goregaon East, Mumbai - 400063

For senior citizens, please contact Our respective branch office or call at 1800 103 1033 or write an e- mail at seniorcitizen.abh@adityabirla.com

The Insured Person/Policyholder can also walk-in and approach the grievance cell at any of Our branches. If in case the Insured Person/Policyholder is not satisfied with the response then they can contact Our Head of Customer Service at the following email headcustomercare.abh@adityabirla.com.

If the Insured Person/Policyholder is not satisfied with Our redressal, he/she may use the Integrated Grievance management Services (IGMS). For registration in IGMS please visit IRDAI website www.irda.gov.in
If the Insured Person/Policyholder are still not satisfied, he/she may approach the nearest Insurance Ombudsman. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure [A].

V. Assignment

The Policy and the benefits under this Policy cannot be assigned in whole or in part.

W. Duty of Disclosure

The Policy shall be null and void and no Benefit shall be payable hereunder in the event of an untrue or incorrect statement, misrepresentation, mis-description or non-disclosure of any material particular in the Proposal Form, personal statements, declarations, medical history and connected documents, or any material information having been withheld by the Policyholder or any one acting on their behalf, under this Policy. Under such circumstances We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

X. Territorial Jurisdiction

All benefits are available in India only (except section B.II.p), and all claims shall be payable in India in Indian Rupees only.

Y. Sequence of Sum Insured Utilisation

The utilisation of Sum Insured and limits thereof as applicable across various Benefits shall be as follows

1. Sum Insured
2. Accidental Hospitalization Booster/ Cancer Hospitalization Booster (if opted and as specified in the Policy Schedule)
3. Accumulated No Claim Bonus
4. Accumulated Super NCB
5. Reload of Sum Insured
6. Unlimited Reload of Sum Insured (if opted and as specified in the Policy Schedule)

In the aforesaid sequence of utilization of Sum Insured, in case insured person has utilized a specific limit or is not eligible for a specific limit, then may choose to utilize from the next available limit in the given sequence as may be applicable.

Section D. DEFINITIONS

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Age** or **Aged** is the age as on last birthday, and which means completed years as at the Start date.

3. **Any Room** means any category room in a Hospital.

4. **Ambulance** means a motor vehicle operated by a licenced/authorised service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

5. **Annexure** means a document attached and marked as Annexure to this Policy

6. **Ayush Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

7. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

8. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

9. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

10. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

    a. **Internal Congenital Anomaly**

    Congenital anomaly which is not in the visible and accessible parts of the body.

    b. **External Congenital Anomaly**

Congenital anomaly which is in the visible and accessible parts of the body.

11. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without any associated increase in premium.

12. **Day Care Treatment** means medical treatment, and/or *surgical procedure* which is:
    i. undertaken under General or Local Anaesthesia in a *hospital/day care centre* in less than 24 hrs because of technological advancement, and
    ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

13. **Day Care Centre -** means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-
    i) has qualified nursing staff under its employment;
    ii) has qualified medical practitioner/s in charge;
    iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
    iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

14. **Dependent Child** means a child (natural or legally adopted or stepchild), who is financially dependent on You does not have his / her independent source of income, is up to the Age of 25 years.

15. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

16. **Disclosure to information norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

17. **Domiciliary Hospitalization** means medical treatment for an illness/disease/ injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:
    i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
    ii) the patient takes treatment at home on account of non-availability of room in a hospital.

18. **Emergency** shall mean a serious medical condition or symptom resulting from Injury or Illness which arises suddenly and unexpectedly, and requires immediate care and treatment by a *Medical Practitioner, generally received within 24 hours of onset* to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

19. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.

20. **Empanelled Service Providers** means service provider (Doctor's clinic, Diagnostic centre, Medicine and Drug vendor) enlisted by Us, TPA or jointly by Us and TPA to provide OPD medical services to an insured by a cashless facility.

21. **Family Floater Policy** means a policy named as a Family Floater Policy in the Policy Schedule under which the family members named as Insured Persons in the Policy Schedule are covered. The relationships covered in a Family Floater Policy are as follows:
    i) Self
    ii) legally married spouse as long as they continue to be married
    iii) dependent children (upto 4)

22. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

23. **Hospital** means any institution established for *in- patient care* and *day care treatment* of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act **Or** complies with all minimum criteria as under:
    i) has qualified nursing staff under its employment round the clock;

ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
iii) has qualified medical practitioner (s) in charge round the clock;
iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

24. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

25. **IRDAI** means the Insurance Regulatory and Development Authority of India.

26. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

    (a) Acute condition- Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery

    (b) Chronic condition- A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
    1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests
    2. it needs ongoing or long- term control or relief of symptoms
    3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    4. it continues indefinitely
    5. it recurs or is likely to recur

27. **Individual Policy** means a policy named as an Individual Policy in the Policy Schedule under which one or more persons are covered as Insured Persons. The following relationships shall be covered in an Individual policy: Self, legally married spouse as long as they continue to be married, son, daughter, mother, father, brother, sister, mother in-law, father in-law, grandfather, grandmother, grandson, granddaughter, son in-law, daughter in-law, brother in-law, sister in-law, nephew, niece.

28. **Intensive Care Unit (ICU)** means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

29. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

30. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

31. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

32. **Insured Person** means the person(s) named in the Policy Schedule who are covered under this Policy and in respect of whom the appropriate premium has been received.

33. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow- up prescription.

34. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

35. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:
    i)is required for the medical management of the illness or injury suffered by the insured;
    ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
    iii) must have been prescribed by a *medical practitioner*;
    iv)must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

36. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

37. **Monthly Premium** shall mean the applicable annual premium with respect to the Insured Person(s) split in 12 months in equal proportion only for the purpose of calculation of Benefit under this Policy.

38. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.

39. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

40. **Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.

41. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication. .

42. **OPD treatment** means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

43. **Policy** means this Terms & Conditions document, the Proposal Form, Policy Schedule, Add-On Benefit Details (if applicable) and Annexures which form part of the Policy contract including

endorsements, as amended from time to time which form part of the Policy contract and shall be read together.

44. **Policy Period** means the period between the Start date and the expiry date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

45. **Policy Year** means a period of 12 consecutive months commencing from the Start date or any anniversary.

46. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

47. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

48. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person , provided that:
    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
    ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

49. **Post-hospitalization Medical Expenses** means medical expenses
incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
    i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
    ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

50. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time- bound exclusions if he/she chooses to switch from one insurer to another.

51. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

52. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

53. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time- bound exclusions and for all waiting periods.

54. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

55. **Single Private A/C Room** means a basic (most economical of all accommodation) category of single room in a Hospital with air-conditioning facility where a single patient is accommodated and which has an attached toilet (lavatory and bath).

56. **Start Date** of the Policy means the inception date of the current Policy Period as specified in the Policy Schedule.

57. **Sum Insured** means:
    i) For an Individual Policy, the amount specified in the Policy Schedule against an Insured Person which is Our maximum, total and cumulative liability for any and all claims arising during a Policy Year in respect of that Insured Person.
    ii) For a Family Floater Policy, the amount specified in the Policy Schedule which is Our maximum, total and cumulative liability for any and all claims arising during a Policy Year in respect of any and all Insured Persons.

58. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner

59. **TPA** means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations 2016 (as may be amended, replaced or modified) by the IRDAI, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services. The updated list of TPAs (along with complete address and contact numbers) shall be available on Our website.

60. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

61. **We/Our/Us** means Aditya Birla Health Insurance Co. Limited.

62. **You/Your/Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

Annexure A: Ombudsmen

CONTACT DETAILS	JURISDICTION OF OFFICE
AHMEDABAD - Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 –25501201/02/05/06 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH - Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

CHENNAI - Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI - Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM - Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.

KOLKATA - Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW - Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.

PUNE - Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 41312555 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

UIN: ADIHLIP18077V011718

ANNEXURE I - NON MEDICAL EXPENSES

Sr. No.	List of Non Medical Expenses	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Not Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and paid specifically for cases that have undergone surgery of thoracic or lumbar Spine.
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable

40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	LACTOGEN/ INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered.
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not Payable. (We should consider only in accident cases; where Dental Surgery is required)
62	HORMONE REPLACEMENT THERAPY	Not Payable
63	HOME VISIT CHARGES	Not Payable
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Not Payable
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
69	DONOR SCREENING CHARGES	Not Payable
70	ADMISSION/REGISTRATION CHARGES	Not Payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable

73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not Payable
74	STEM CELL IMPLANTATION/ SURGERY	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Not Payable
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Not Payable
79	SURGICAL DRILL	Not Payable
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Not Payable
84	BOYLES APPARATUS CHARGES	Payable under OT Charges, not payable separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
88	COTTON	Not Payable
89	COTTON BANDAGE	Not Payable
90	MICROPORE/ SURGICAL TAPE	Not Payable
91	BLADE	Not Payable
92	APRON	Not Payable
93	TORNIQUET	Not Payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits
97	HVAC	Not Payable
98	HOUSE KEEPING CHARGES	Not Payable
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Not Payable

100	TELEVISION & AIR CONDITIONER CHARGES	Payable - If under room charges not if separately levied
101	SURCHARGES	Not Payable
102	ATTENDANT CHARGES	Not Payable
103	IM IV INJECTION CHARGES	Not Payable
104	CLEAN SHEET	Not Payable
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not payable, Patient diet provided by Hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable
	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Not Payable--To be Claimed by Patient Post - Hospitalisation where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable - upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	**Not Payable**
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable

134	CPAP/ CAPD EQUIPMENTS	Not Payable
135	INFUSION PUMP - COST	Not Payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Not Payable
138	SPACER	Not Payable
139	SPIROMETRE	Not Payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
150	LUMBO SACRAL BELT	Payable - If Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable -for any ICU patient requiring more than 3 days in ICU, all patient with paraplegia /quadriplegia or for any major illness requiring prolonged hospitalization. (Prevent Bed Sores & DVT)
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Payable - If Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\ \ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Not Payable
159	SUGAR FREE Tablets	Payable - Sugar free variants of admissable medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable - If prescribed

161	Digestion Gels	Payable - If prescribed
162	ECG ELECTRODES	Payable - Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Payable -Sterilized Gloves Payable. Unstrerilized Gloves not Payable
164	HIV KIT	Payable
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable - If prescribed
166	LOZENGES	Payable - If prescribed
167	MOUTH PAINT	Payable - If prescribed
168	NEBULISATION KIT	Payable - If used during hospitalization is payable reasonably
169	NOVARAPID	Payable - If prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable - If prescribed
171	ZYTEE GEL	Payable - If prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD	Not Payable
174	ALCOHOL SWABES	Not Payable
175	SCRUB SOLUTION/STERILLIUM	Not Payable
	OTHERS	
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Not Payable
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not Payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable

195	AMBULANCE	Payable - Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - If maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable - where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Payable - If Essential for case like CABG etc. where it should be paid.

UIN: ADIHLIP18077V011718

Annexure II – List of Day Care Treatments

Sr No	Procedure Name
1	Coronary Angiography
2	Insert Non - Tunnel Cv Cath
3	Insert Picc Cath (Peripherally Inserted Central Catheter)
4	Replace Picc Cath (Peripherally Inserted Central Catheter)
5	Insertion Catheter, Intra Anterior
6	Insertion Of Portacath
7	Suturing Lacerated Lip
8	Suturing Oral Mucosa
9	Oral Biopsy In Case Of Abnormal Tissue Presentation
10	Myringotomy With Grommet Insertion
11	Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
12	Removal Of A Tympanic Drain
13	Keratosis Removal Under Ga
14	Operations On The Turbinates (nasal Concha)
15	Removal Of Keratosis Obturans
16	Stapedotomy To Treat Various Lesions In Middle Ear
17	Revision Of A Stapedectomy
18	Other Operations On The Auditory Ossicles
19	Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)
20	Fenestration Of The Inner Ear
21	Revision Of A Fenestration Of The Inner Ear
22	Palatoplasty
23	Transoral Incision And Drainage Of A Pharyngeal Abscess
24	Tonsillectomy Without Adenoidectomy
25	Tonsillectomy With Adenoidectomy
26	Excision And Destruction Of A Lingual Tonsil
27	Revision Of A Tympanoplasty
28	Other Microsurgical Operations On The Middle Ear
29	Incision Of The Mastoid Process And Middle Ear
30	Mastoidectomy
31	Reconstruction Of The Middle Ear
32	Other Excisions Of The Middle And Inner Ear
33	Incision (opening) And Destruction (elimination) Of The Inner Ear
34	Other Operations On The Middle And Inner Ear
35	Excision And Destruction Of Diseased Tissue Of The Nose
36	Other Operations On The Nose
37	Nasal Sinus Aspiration
38	Foreign Body Removal From Nose
39	Other Operations On The Tonsils And Adenoids
40	Adenoidectomy

41	Labyrinthectomy For Severe Vertigo
42	Stapedectomy Under Ga
43	Stapedectomy Under La
44	Tympanoplasty (Type IV)
45	Endolymphatic Sac Surgery For Meniere's Disease
46	Turbinectomy
47	Endoscopic Stapedectomy
48	Incision And Drainage Of Perichondritis
49	Septoplasty
50	Vestibular Nerve Section
51	Thyroplasty Type I
52	Pseudocyst Of The Pinna - Excision
53	Incision And Drainage - Haematoma Auricle
54	Tympanoplasty (Type II)
55	Reduction Of Fracture Of Nasal Bone
56	Thyroplasty (Type II)
57	Tracheostomy
58	Excision Of Angioma Septum
59	Turbinoplasty
60	Incision & Drainage Of Retro Pharyngeal Abscess
61	Uvulo Palato Pharyngo Plasty
62	Adenoidectomy With Grommet Insertion
63	Adenoidectomy Without Grommet Insertion
64	Vocal Cord Lateralisation Procedure
65	Incision & Drainage Of Para Pharyngeal Abscess
66	Tracheoplasty
67	Cholecystectomy
68	Choledocho-jejunostomy
69	Duodenostomy
70	Gastrostomy
71	Exploration Common Bile Duct
72	Esophagoscopy.
73	Gastroscopy
74	Duodenoscopy with Polypectomy
75	Removal of Foreign Body
76	Diathery Of Bleeding Lesions
77	Pancreatic Pseudocyst Eus & Drainage
78	Rf Ablation For Barrett's Oesophagus
79	Ercp And Papillotomy
80	Esophagoscope And Sclerosant Injection
81	Eus + Submucosal Resection
82	Construction Of Gastrostomy Tube
83	Eus + Aspiration Pancreatic Cyst
84	Small Bowel Endoscopy (therapeutic)
85	Colonoscopy ,lesion Removal

86	ERCP
87	Colonscopy Stenting Of Stricture
88	Percutaneous Endoscopic Gastrostomy
89	Eus And Pancreatic Pseudo Cyst Drainage
90	ERCP And Choledochoscopy
91	Proctosigmoidoscopy Volvulus Detorsion
92	ERCP And Sphincterotomy
93	Esophageal Stent Placement
94	ERCP + Placement Of Biliary Stents
95	Sigmoidoscopy W / Stent
96	Eus + Coeliac Node Biopsy
97	Ugi Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers
98	Incision Of A Pilonidal Sinus / Abscess
99	Fissure In Ano Sphincterotomy
100	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
101	Orchidopexy
102	Abdominal Exploration In Cryptorchidism
103	Surgical Treatment Of Anal Fistulas
104	Division Of The Anal Sphincter (sphincterotomy)
105	Epididymectomy
106	Incision Of The Breast Abscess
107	Operations On The Nipple
108	Excision Of Single Breast Lump
109	Incision And Excision Of Tissue In The Perianal Region
110	Surgical Treatment Of Hemorrhoids
111	Other Operations On The Anus
112	Ultrasound Guided Aspirations
113	Sclerotherapy, Etc
114	Laparotomy For Grading Lymphoma With Splenectomy.
115	Laparotomy For Grading Lymphoma with Liver Biopsy
116	Laparotomy For Grading Lymphoma with Lymph Node Biopsy
117	Therapeutic Laparoscopy With Laser
118	Appendicectomy With Drainage
119	Appendicectomy without Drainage
120	Infected Keloid Excision
121	Axillary Lymphadenectomy
122	Wound Debridement And Cover
123	Abscess-decompression
124	Cervical Lymphadenectomy
125	Infected Sebaceous Cyst
126	Inguinal Lymphadenectomy
127	Incision And Drainage Of Abscess
128	Suturing Of Lacerations
129	Scalp Suturing

130	Infected Lipoma Excision
131	Maximal Anal Dilatation
132	Piles
133	A) Injection Sclerotherapy
134	B) Piles Banding
135	Liver Abscess- Catheter Drainage
136	Fissure In Ano- Fissurectomy
137	Fibroadenoma Breast Excision
138	Oesophageal Varices Sclerotherapy
139	ERCP - Pancreatic Duct Stone Removal
140	Perianal Abscess I&d
141	Perianal Hematoma Evacuation
142	Ugi Scopy And Polypectomy Oesophagus
143	Breast Abscess I& D
144	Feeding Gastrostomy
145	Oesophagoscopy And Biopsy Of Growth Oesophagus
146	ERCP - Bile Duct Stone Removal
147	Ileostomy Closure
148	Colonoscopy
149	Polypectomy Colon
150	Splenic Abscesses Laparoscopic Drainage
151	Ugi Scopy And Polypectomy Stomach
152	Rigid Oesophagoscopy For Fb Removal
153	Feeding Jejunostomy
154	Colostomy
155	Ileostomy
156	Colostomy Closure
157	Submandibular Salivary Duct Stone Removal
158	Pneumatic Reduction Of Intussusception
159	Varicose Veins Legs - Injection Sclerotherapy
160	Rigid Oesophagoscopy For Plummer Vinson Syndrome
161	Pancreatic Pseudocysts Endoscopic Drainage
162	Zadek's Nail Bed Excision
163	Subcutaneous Mastectomy
164	Excision Of Ranula Under Ga
165	Rigid Oesophagoscopy For Dilation Of Benign Strictures
166	Eversion Of Sac
167	Unilateral
168	Bilateral
169	Lord's Plication
170	Jaboulay's Procedure
171	Scrotoplasty
172	Circumcision For Trauma
173	Meatoplasty
174	Intersphincteric Abscess Incision And Drainage

175	Psoas Abscess Incision And Drainage
176	Thyroid Abscess Incision And Drainage
177	Tips Procedure For Portal Hypertension
178	Esophageal Growth Stent
179	Pair Procedure Of Hydatid Cyst Liver
180	Tru Cut Liver Biopsy
181	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
182	Excision Of Cervical Rib
183	Laparoscopic Reduction Of Intussusception
184	Microdochectomy Breast
185	Surgery For Fracture Penis
186	Sentinel Node Biopsy
187	Parastomal Hernia
188	Revision Colostomy
189	Prolapsed Colostomy- Correction
190	Testicular Biopsy
191	Laparoscopic Cardiomyotomy(Hellers)
192	Sentinel Node Biopsy Malignant Melanoma
193	Laparoscopic Pyloromyotomy(Ramstedt)
194	Operations On Bartholin's Glands (cyst)
195	Incision Of The Ovary
196	Insufflations Of The Fallopian Tubes
197	Other Operations On The Fallopian Tube
198	Dilatation Of The Cervical Canal
199	Conisation Of The Uterine Cervix
200	Therapeutic Curettage With Colposcopy.
201	Therapeutic Curettage With Biopsy
202	Therapeutic Curettage With Diathermy
203	Therapeutic Curettage With Cryosurgery
204	Laser Therapy Of Cervix For Various Lesions Of Uterus
205	Other Operations On The Uterine Cervix
206	Incision Of The Uterus (hysterectomy)
207	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
208	Incision Of Vagina
209	Incision Of Vulva
210	Culdotomy
211	Salpingo-oophorectomy Via Laparotomy
212	Endoscopic Polypectomy
213	Hysteroscopic Removal Of Myoma
214	D&C
215	Hysteroscopic Resection Of Septum
216	Thermal Cauterisation Of Cervix
217	Mirena Insertion
218	Hysteroscopic Adhesiolysis

219	Leep
220	Cryocauterisation Of Cervix
221	Polypectomy Endometrium
222	Hysteroscopic Resection Of Fibroid
223	Lletz
224	Conization
225	Polypectomy Cervix
226	Hysteroscopic Resection Of Endometrial Polyp
227	Vulval Wart Excision
228	Laparoscopic Paraovarian Cyst Excision
229	Uterine Artery Embolization
230	Laparoscopic Cystectomy
231	Hymenectomy(Imperforate Hymen)
232	Endometrial Ablation
233	Vaginal Wall Cyst Excision
234	Vulval Cyst Excision
235	Laparoscopic Paratubal Cyst Excision
236	Repair Of Vagina (Vaginal Atresia)
237	Hysteroscopy, Removal Of Myoma
238	Turbt
239	Ureterocoele Repair - Congenital Internal
240	Vaginal Mesh For Pop
241	Laparoscopic Myomectomy
242	Surgery For Sui
243	Repair Recto- Vagina Fistula
244	Pelvic Floor Repair(Excluding Fistula Repair)
245	URS + LL
246	Laparoscopic Oophorectomy
247	Normal Vaginal Delivery And Variants
248	Facial Nerve Glycerol Rhizotomy
249	Spinal Cord Stimulation
250	Motor Cortex Stimulation
251	Stereotactic Radiosurgery
252	Percutaneous Cordotomy
253	Intrathecal Baclofen Therapy
254	Entrapment Neuropathy Release
255	Diagnostic Cerebral Angiography
256	Vp Shunt
257	Ventriculoatrial Shunt
258	Radiotherapy For Cancer
259	Cancer Chemotherapy
260	IV Push Chemotherapy
261	HBI - Hemibody Radiotherapy
262	Infusional Targeted Therapy
263	SRT - Stereotactic Arc Therapy

264	Sc Administration Of Growth Factors
265	Continuous Infusional Chemotherapy
266	Infusional Chemotherapy
267	CCRT - Concurrent Chemo + Rt
268	2D Radiotherapy
269	3D Conformal Radiotherapy
270	IGRT - Image Guided Radiotherapy
271	IMRT - Step & Shoot
272	Infusional Bisphosphonates
273	IMRT - DMLC
274	Rotational Arc Therapy
275	Tele Gamma Therapy
276	FSRT - Fractionated Srt
277	VMAT - Volumetric Modulated Arc Therapy
278	SBRT - Stereotactic Body Radiotherapy
279	Helical Tomotherapy
280	SRS - Stereotactic Radiosurgery
281	X - Knife Srs
282	Gammaknife Srs
283	TBI - Total Body Radiotherapy
284	Intraluminal Brachytherapy
285	TSET - Total Electron Skin Therapy
286	Extracorporeal Irradiation Of Blood Products
287	Telecobalt Therapy
288	Telecesium Therapy
289	External Mould Brachytherapy
290	Interstitial Brachytherapy
291	Intracavity Brachytherapy
292	3D Brachytherapy
293	Implant Brachytherapy
294	Intravesical Brachytherapy
295	Adjuvant Radiotherapy
296	Afterloading Catheter Brachytherapy
297	Conditioning Radiothearpy For Bmt
298	Nerve Biopsy
299	Muscle Biopsy
300	Epidural Steroid Injection
301	Extracorporeal Irradiation To The Homologous Bone Grafts
302	Radical Chemotherapy
303	Neoadjuvant Radiotherapy
304	LDR Brachytherapy
305	Palliative Radiotherapy
306	Radical Radiotherapy
307	Palliative Chemotherapy
308	Template Brachytherapy

309	Neoadjuvant Chemotherapy
310	Adjuvant Chemotherapy
311	Induction Chemotherapy
312	Consolidation Chemotherapy
313	Maintenance Chemotherapy
314	HDR Brachytherapy
315	Incision And Lancing Of A Salivary Gland And A Salivary Duct
316	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
317	Resection Of A Salivary Gland
318	Reconstruction Of A Salivary Gland And A Salivary Duct
319	Other Operations On The Salivary Glands And Salivary Ducts
320	Other Incisions Of The Skin And Subcutaneous Tissues
321	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
322	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
323	Other Excisions Of The Skin And Subcutaneous Tissues
324	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
325	Free Skin Transplantation, Donor Site
326	Free Skin Transplantation, Recipient Site
327	Revision Of Skin Plasty
328	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
329	Chemosurgery To The Skin
330	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
331	Reconstruction Of Deformity/defect In Nail Bed
332	Excision Of Bursirtis
333	Tennis Elbow Release
334	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
335	Partial Glossectomy
336	Glossectomy
337	Reconstruction Of The Tongue
338	Other Operations On The Tongue
339	Surgery For Cataract
340	Incision Of Tear Glands
341	Other Operations On The Tear Ducts
342	Incision Of Diseased Eyelids
343	Excision And Destruction Of Diseased Tissue Of The Eyelid
344	Operations On The Canthus And Epicanthus
345	Corrective Surgery For Entropion And Ectropion
346	Corrective Surgery For Blepharoptosis
347	Removal Of A Foreign Body From The Conjunctiva

348	Removal Of A Foreign Body From The Cornea
349	Incision Of The Cornea
350	Operations For Pterygium
351	Other Operations On The Cornea
352	Removal Of A Foreign Body From The Lens Of The Eye
353	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
354	Removal Of A Foreign Body From The Orbit And Eyeball
355	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
356	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
357	Diathermy/cryotherapy To Treat Retinal Tear
358	Anterior Chamber Paracentesis.
359	Anterior Chamber Cyclodiathermy
360	Anterior Chamber Cyclocyrotherapy
361	Anterior Chamber Goniotomy
362	Anterior Chamber Trabeculotomy
363	Anterior Chamber Filtering
364	Allied Operations to Treat Glaucoma
365	Enucleation Of Eye Without Implant
366	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
367	Laser Photocoagulation To Treat Retinal Tear
368	Biopsy Of Tear Gland
369	Treatment Of Retinal Lesion
370	Surgery For Meniscus Tear
371	Incision On Bone, Septic And Aseptic
372	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
373	Suture And Other Operations On Tendons And Tendon Sheath
374	Reduction Of Dislocation Under Ga
375	Arthroscopic Knee Aspiration
376	Surgery For Ligament Tear
377	Surgery For Hemoarthrosis/pyoarthrosis
378	Removal Of Fracture Pins/nails
379	Removal Of Metal Wire
380	Closed Reduction On Fracture, Luxation
381	Reduction Of Dislocation Under Ga
382	Epiphyseolysis With Osteosynthesis
383	Excision Of Various Lesions In Coccyx
384	Arthroscopic Repair Of Acl Tear Knee
385	Closed Reduction Of Minor Fractures
386	Arthroscopic Repair Of Pcl Tear Knee
387	Tendon Shortening
388	Arthroscopic Meniscectomy - Knee
389	Treatment Of Clavicle Dislocation

390	Haemarthrosis Knee- Lavage
391	Abscess Knee Joint Drainage
392	Carpal Tunnel Release
393	Closed Reduction Of Minor Dislocation
394	Repair Of Knee Cap Tendon
395	Orif With K Wire Fixation- Small Bones
396	Release Of Midfoot Joint
397	Orif With Plating- Small Long Bones
398	Implant Removal Minor
399	K Wire Removal
400	Closed Reduction And External Fixation
401	Arthrotomy Hip Joint
402	Syme's Amputation
403	Arthroplasty
404	Partial Removal Of Rib
405	Treatment Of Sesamoid Bone Fracture
406	Shoulder Arthroscopy / Surgery
407	Elbow Arthroscopy
408	Amputation Of Metacarpal Bone
409	Release Of Thumb Contracture
410	Incision Of Foot Fascia
411	Partial Removal Of Metatarsal
412	Repair / Graft Of Foot Tendon
413	Revision/removal Of Knee Cap
414	Amputation Follow-up Surgery
415	Exploration Of Ankle Joint
416	Remove/graft Leg Bone Lesion
417	Repair/graft Achilles Tendon
418	Remove Of Tissue Expander
419	Biopsy Elbow Joint Lining
420	Removal Of Wrist Prosthesis
421	Biopsy Finger Joint Lining
422	Tendon Lengthening
423	Treatment Of Shoulder Dislocation
424	Lengthening Of Hand Tendon
425	Removal Of Elbow Bursa
426	Fixation Of Knee Joint
427	Treatment Of Foot Dislocation
428	Surgery Of Bunion
429	Tendon Transfer Procedure
430	Removal Of Knee Cap Bursa
431	Treatment Of Fracture Of Ulna
432	Treatment Of Scapula Fracture
433	Removal Of Tumor Of Arm Under GA
434	Removal of Tumor of Arm under RA

435	Removal of Tumor Of Elbow Under GA
436	Removal of Tumor Of Elbow Under RA
437	Repair Of Ruptured Tendon
438	Decompress Forearm Space
439	Revision Of Neck Muscle (torticollis Release)
440	Lengthening Of Thigh Tendons
441	Treatment Fracture Of Radius & Ulna
442	Repair Of Knee Joint
443	External Incision And Drainage In The Region Of The Mouth.
444	External Incision And Drainage in the Region Of the Jaw.
445	External Incision And Drainage in the Region Of the Face.
446	Incision Of The Hard And Soft Palate
447	Excision And Destruction Of Diseased Hard Palate
448	Excision And Destruction of Diseased Soft Palate
449	Incision, Excision And Destruction In The Mouth
450	Other Operations In The Mouth
451	Excision Of Fistula-in-ano
452	Excision Juvenile Polyps Rectum
453	Vaginoplasty
454	Dilatation Of Accidental Caustic Stricture Oesophageal
455	Presacral Teratomas Excision
456	Removal Of Vesical Stone
457	Excision Sigmoid Polyp
458	Sternomastoid Tenotomy
459	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
460	Excision Of Soft Tissue Rhabdomyosarcoma
461	Mediastinal Lymph Node Biopsy
462	High Orchidectomy For Testis Tumours
463	Excision Of Cervical Teratoma
464	Rectal-myomectomy
465	Rectal Prolapse (delorme's Procedure)
466	Detorsion Of Torsion Testis
467	Eua + Biopsy Multiple Fistula In Ano
468	Construction Skin Pedicle Flap
469	Gluteal Pressure Ulcer-excision
470	Muscle-skin Graft, Leg
471	Removal Of Bone For Graft
472	Muscle-skin Graft Duct Fistula
473	Removal Cartilage Graft
474	Myocutaneous Flap
475	Fibro Myocutaneous Flap
476	Breast Reconstruction Surgery After Mastectomy
477	Sling Operation For Facial Palsy
478	Split Skin Grafting Under Ra
479	Wolfe Skin Graft

480	Plastic Surgery To The Floor Of The Mouth Under Ga
481	Thoracoscopy And Lung Biopsy
482	Excision Of Cervical Sympathetic Chain Thoracoscopic
483	Laser Ablation Of Barrett's Oesophagus
484	Pleurodesis
485	Thoracoscopy And Pleural Biopsy
486	Ebus + Biopsy
487	Thoracoscopy Ligation Thoracic Duct
488	Thoracoscopy Assisted Empyaema Drainage
489	Haemodialysis
490	Lithotripsy/nephrolithotomy For Renal Calculus
491	Excision Of Renal Cyst
492	Drainage Of Pyonephrosis Abscess
493	Drainage Of Perinephric Abscess
494	Incision Of The Prostate
495	Transurethral Excision And Destruction Of Prostate Tissue
496	Transurethral And Percutaneous Destruction Of Prostate Tissue
497	Open Surgical Excision And Destruction Of Prostate Tissue
498	Radical Prostatovesiculectomy
499	Other Excision And Destruction Of Prostate Tissue
500	Operations On The Seminal Vesicles
501	Incision And Excision Of Periprostatic Tissue
502	Other Operations On The Prostate
503	Incision Of The Scrotum And Tunica Vaginalis Testis
504	Operation On A Testicular Hydrocele
505	Excision And Destruction Of Diseased Scrotal Tissue
506	Other Operations On The Scrotum And Tunica Vaginalis Testis
507	Incision Of The Testes
508	Excision And Destruction Of Diseased Tissue Of The Testes
509	Unilateral Orchidectomy
510	Bilateral Orchidectomy
511	Surgical Repositioning Of An Abdominal Testis
512	Reconstruction Of The Testis
513	Implantation, Exchange And Removal Of A Testicular Prosthesis
514	Other Operations On The Testis
515	Excision In The Area Of The Epididymis
516	Operations On The Foreskin
517	Local Excision And Destruction Of Diseased Tissue Of The Penis
518	Amputation Of The Penis
519	Other Operations On The Penis
520	Cystoscopical Removal Of Stones
521	Lithotripsy
522	Biopsy Oftemporal Artery For Various Lesions
523	External Arterio-venous Shunt
524	Av Fistula - Wrist

525	Ursl With Stenting
526	Ursl With Lithotripsy
527	Cystoscopic Litholapaxy
528	Eswl
529	Bladder Neck Incision
530	Cystoscopy & Biopsy
531	Cystoscopy And Removal Of Polyp
532	Suprapubic Cystostomy
533	Percutaneous Nephrostomy
534	Cystoscopy And "sling" Procedure
535	Tuna- Prostate
536	Excision Of Urethral Diverticulum
537	Removal Of Urethral Stone
538	Excision Of Urethral Prolapse
539	Mega-ureter Reconstruction
540	Kidney Renoscopy And Biopsy
541	Ureter Endoscopy And Treatment
542	Vesico Ureteric Reflux Correction
543	Surgery For Pelvi Ureteric Junction Obstruction
544	Anderson Hynes Operation
545	Kidney Endoscopy And Biopsy
546	Paraphimosis Surgery
547	Injury Prepuce- Circumcision
548	Frenular Tear Repair
549	Meatotomy For Meatal Stenosis
550	Surgery For Fournier's Gangrene Scrotum
551	Surgery Filarial Scrotum
552	Surgery For Watering Can Perineum
553	Repair Of Penile Torsion
554	Drainage Of Prostate Abscess
555	Orchiectomy
556	Cystoscopy And Removal Of Fb
557	RF Ablation Heart
558	RF Ablation Uterus
559	RF Ablation Varicose Veins
560	Renal Angiography
561	Peripheral Angiography
562	Percutaneous nephrolithotomy (PCNL)
563	Laryngoscopy Direct Operative with Biopsy
564	Treatment of Fracture of Long Bones
565	Treatment of Fracture of Short Bones
566	Treatment of Fracture of Foot
567	Treatment of Fracture of Hand
568	Treatment of Fracture of Wrist
569	Treatment of Fracture of Ankle

570	Treatment of Fracture of Clavicle
571	Amputation of Ear
572	Amputation of Nose
573	Amputation of Breast
574	Amputation of Genital Organs
575	Amputation at Shoulder Joint
576	Amputation at Shoulder and Upper Arm Level
577	Amputation at Elbow Joint
578	Amputation at forearm Level
579	Amputation at Wrist Level
580	Amputation at Hip Joint Level
581	Amputation at Hip & Thigh Level
582	Amputation at Knee Joint
583	Amputation at Toe
584	Amputation at Midfoot Level
585	Chalazion Surgery
586	Circumcision Surgery