Activ Care- 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 and /or Co-Payment as may be applicable 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 and the 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.

(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 surgeon, consultants, physicians, 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, Cost of Pacemaker, Diagnostic materials and X rays, Dialysis, Chemotherapy, radiotherapy;
(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 including surgeon/ anaesthetist/ specialist and diagnostic tests conducted within the same Hospital where the Insured Person has been admitted.

(b) Pre – hospitalization Medical Expenses:

What is covered

We shall cover on a reimbursement basis, in accordance with the limits 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 Day Care Treatment under Section B (I)(d) or Domiciliary Hospitalization under 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, in accordance with the limits 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 Day Care Treatment under Section B (I)(d) or Domiciliary Hospitalization under section B (I)(e) 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 covered Day Care Treatments 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 the Insured Person as Day Care Treatment.

What is not covered

OPD treatment is not covered under this Benefit.

(e) Domiciliary Hospitalization:

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 such 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;
If a claim is accepted under this Benefit, then We shall pay Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses under Section B (I)(b) and Section B (I)(c) respectively for the same Illness/Injury.

What is not covered

We shall not be liable to pay for any claim made under this Benefit 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 Emergency occurs during the Policy Period.

Coverage shall also be provided under the below circumstances, if the Medical Practitioner certifies in writing that:
(i) 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.
(ii) 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 duly registered;
(ii) We have accepted a claim for In-patient Hospitalization under Section B(I)(a) above for the same Illness/Injury;

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 by or in respect of the organ donor, for organ transplant Surgery accepted by Us under Section B(I)(a) solely towards the harvesting of the organ donated.

Conditions

(i) The organ 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;
(iv) Permanent Exclusion mentioned in Section C.B.(iv)28 does not apply to this Benefit

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 accumulated No Claim Bonus (if any), is insufficient for covering a claim under the Policy as a result of previous claims in that Policy Year. Such reloading 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 claims admitted under Section B(I)(a) and Section B(I)(d).
(v) The reloaded Sum Insured shall not be considered while calculating the No Claim Bonus.
(vi) In case of an Individual Policy, reloading of the Sum Insured 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 once in a Policy Year 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) No Claim Bonus (if earned)
(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) No Claim Bonus; and
  (3) The reloaded Sum Insured; and
  (4) HealthReturns™(If earned).

(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 any of the following:
  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 Pre-hospitalization Medical Expenses and Post- Hospitalization Medical Expenses related to Ayush Treatment are not covered under this Benefit.

(j) Sublimit for listed illnesses:

We will cover the Medical Expenses arising out of an Insured Person's in-patient Hospitalization for the listed Illness/ conditions and limit as specified in the Policy Schedule / Product Benefit Table.

Conditions

I. The conditions as specified under section B(1)(a) shall apply for this section B(1)(j) as well.
II. The diagnosis is confirmed by a Medical Practitioner and such treatment is taken in a Hospital

(k) Home Treatment:

What is covered:

We shall cover the treatment expenses upto the limits as specified in the Policy Schedule/ Product Benefit Table for the Insured Person's treatment at his/her home for Illnesses / Injuries such as chemotherapy, dengue, gastroenteritis, hepatitis on a cashless basis only availed through our Network Provider / Empanelled Service Providers providing such facility, listed on Our website.

Conditions

(i) Requisite pre-authorisation is obtained from Us for the said Illness/Injury.
(ii) OPD Treatment is not covered under this section
(iii) The same illness is payable as per the conditions specified in Section B(1)(a)
(iv) Insured Person may avail a treatment in a network Hospital under section B(1)(a) in case of Pre-Authorisation is not received by the Insured Person(s) by Us, as per the terms and conditions of section B(1)(a).
(v) The amount, frequency and time period of the home treatment services should be reasonable and supported in agreement by the treating Medical Practitioner and the Insured Person availing the service.
(vi) The maximum number of days , of covered services per Insured Person, for each Policy Year, covered under this section shall not exceed 15 days.
(vii) The condition of the Insured Person must be expected to improve in a reasonable and generally predictable period of time.
(viii) Treatment under this Benefit will be provided under the supervision of a Medical Practitioner to safely and effectively administer the home treatment plan, in accordance with the condition of the Insured Person.
(ix) We do not assume any liability towards, and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner and/or Network Service Provider / Empanelled Service Provider or in any service under this Benefit or for any consequences of actions taken or not taken in reliance thereon.
(x) The exclusion no. 148 as specified in Annexure 1 – Non Medical Expenses are waived off to the extent of benefit(s) as specified in this section no. B(1)(k).
(xi) We do not assume any liability towards any additional or incidental charges/expenses, including but not limited to any charges towards breakage, damage, deposit for equipment, and equipment transportation . All such charges/expenses shall be borne by the Insured Person.

(xii) Home Treatment services are provided through Network Service Provider / Empanelled Service Provider in select cities for select treatment procedures only. Please contact Us or refer to Our website for updated list of treatment procedures and cities where Home Treatment service is provided.

Section II: Additional Benefits

The Benefits listed below are in-built Additional Benefits and shall be available under the Policy with applicable Sub-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

(l) 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 the No Claim Bonus will accrue only if no claims have been made in respect of all Insured Person(s) in the expiring Policy Year. The 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 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 years, No Claim Bonus that has accrued for the first Policy Year will be credited at the end of the first Policy Year 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 has 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 accrued amongst 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 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 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.
(x) 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.

(m) 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 Our Empanelled Service Provider for providing such Emergency services, 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 Emergency 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 specified in the Policy Schedule, provided that the Insured Person is medically cleared for travel via a 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 the foregoing 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.

(n) 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 Our Empanelled Service Provider for providing such Emergency services, 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 Emergency 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 specified in the Policy Schedule, provided that the Insured Person is medically cleared for travel via a 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 the foregoing 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.

(o) OPD Treatment

What is covered

We will cover the Reasonable and Customary Charges incurred for medically required consultations, visit(s) to a Medical Practitioner who is a qualified doctor and diagnostic tests which are incurred on an out-patient basis up to the limits as specified in the Policy Schedule / Product Benefit Table. Ayush Treatment for OPD shall also be covered under this Benefit.

Conditions

I. These services can be availed at Our Network Provider / Empanelled Service Providers (such as Outpatient clinics or Medical Practitioners who are qualified General Physicians / Diagnostic centers / Pharmacy Stores) on a Cashless basis only.

II. Section C.B.iv(14) of the Permanent Exclusions shall not apply only to the extent of cover under this Benefit.

III. Section C.B.iv(10) and C.B.iv(11) of the Permanent Exclusions shall not apply only to the extent of cover under this Benefit

IV. Waiting periods do not apply in respect of this Benefit.

V. Pharmacy expenses are not covered under this Benefit.

Section III: Care Benefits

The Benefits listed below are in-built value added Care Benefits and shall be available to all Insured Persons in accordance with the applicable Plan as specified in the Policy Schedule/ Product Benefit Table. 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

(p) Health Assessment™

What is covered

All Insured Persons in the Policy may avail a Health Assessment™ once in a Policy Year post successful Renewal of their Policy, in accordance with the table below:

List of tests
MER including BP, BMI, HWR and smoking status
Blood sugar
Total Cholesterol

Reference

MER - Medical Examiner's Report stamped and signed
BP – Blood Pressure
BMI - Body Mass Index,
HWR – Hip Waist Ratio

Conditions

I. The Health AssessmentTM 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 this Benefit in the manner specified in the Policy Schedule / Product Benefit Table.

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.
VI. Any tests conducted during PPMC (Pre policy Medical Check-up) and / or Comprehensive Health Check-up (if applicable), would not be considered for any repeat testing under this Benefit in the same Policy Year. However, the report of the same shall be provided to the Insured Person(s), The same may be requested by the Insured Person by calling at our call centre number .
VII. For a Policy Period of 2 years, Health AssessmentTM would be available from the 2nd Policy Year onwards for the first Policy Period. For all subsequent Policy Years, the Insured Person(s) is eligible to avail a Health AssessmentTM once per Policy Year, subject to the Policy being renewed with Us continuously without any break.

(q) Comprehensive Health Check-up

What is covered

All Insured Person(s) may avail a comprehensive health check-up once in a Policy Year on successful Renewal of the Policy, as specified in Policy Schedule/ Product Benefit Table in accordance with the table below :

List of tests
CBC
C- reactive protein
Hba1c
Lipid Profile
Liver profile
Kidney profile
Urine Routine
PSA for Male
ECG
S Electrolytes

Reference
CBC - Complete Blood Count
ECG – Electrocardiogram,
Hba1c - glycated haemoglobin test
PSA- Prostate-Specific Antigen

Conditions

I. The Comprehensive Health Check-up 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 this benefit as specified in the Policy Schedule / Product Benefit Table 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.
VI. Any tests conducted during PPMC (Pre policy Medical Check-up) and / or Health AssessmentTM, would not be considered for repeat testing under this benefit comprehensive Health check-up in the same Policy Year. However, the report of the same shall be provided to the Insured Person(s), The same may be requested by the Insured Person by calling at our call centre number.
VII. For a Policy Period of 2 years, the Comprehensive Health Check-up would be available from the 2nd Policy Year onwards for the first Policy Period. For all subsequent Policy Years the Insured Person(s) is eligible to avail a Comprehensive Health Check-up once in a Policy Year, subject to the Policy being renewed with Us continuously without any break.

(r) Health Coach

Insured person(s) 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) Coaching sessions as specified in the Product Benefit Table/Policy Schedule 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.

(s) Personal Health Coach

All Insured person(s) are eligible for health coaching session(s) with Our expert health coach over a telephonic conversation. Our Health Coach shall be coaching the Insured Person on the following aspects for a better lifestyle management

1. Listed chronic conditions namely Asthma, Hypertension, Hyperlipidemia or Diabetes Mellitus, in case the Insured Person is suffering from any of the said condition(s).
2. General nutritional and medical counselling.
3. Wellness counselling.

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) 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.
c) 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

(t) HealthReturns™

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

How to Earn HealthReturns™
Earned by way of a percentage of Premium through Healthy Heart ScoreTM and Active Dayz™

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™ as specified under Section III (p) 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 AssessmentTM can be undertaken at Our Network Providers /Empanelled Service Providers on cashless basis. 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 AssessmentTM 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 recognizes 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 of steps as per grid 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.

7500 steps daily			Healthy Heart Score™		
No of Active Dayz™ in a calendar month	OR	Fitness Assessment Result*	Red	Amber	Green
13 or more		Level 5	5.00%	10.00%	20.00%
10 – 12		Level 4	3.00%	6.00%	12.00%
07—09		Level 3	2.00%	4.00%	8.00%
4 – 6		Level 2	1.00%	2.00%	4.00%
0 – 3		Level 1	0.00%	0.00%	0.00%

In order to achieve a particular level of HealthReturns™ 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 20% of their Monthly Premium as HealthReturns™ based on the grid above.

All Insured Person(s) in the Policy will be credited with an additional 1% HealthReturns™ annually on successful completion of following conditions

1. Successful completion Health Assessment™ (in case of Standard Plan)/ Comprehensive Health Check-up(in case of Classic and Premier plan) as specified in the Policy Schedule / Product benefit Table and successful generation of Healthy Heart Score™.
2. First Successful interaction in a Policy Year with Health Coach / Personal Health Coach as specified in the Policy Schedule / Product benefit Table.

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 ScoreTM and Active Dayz™.

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.

Family size	Weightage
Self and Spouse	1:1

Earned HealthReturns can be utilized by any covered Insured Person under a Policy.
How can one spend HealthReturnsTM:
Funds under HealthReturnsTM may be utilized towards the following expenses:
(i) In-patient Medical Expenses and Day Care Treatment, provided that the Sum Insured, No Claim Bonus (if any) and Reloaded Sum Insured (if any) 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 HealthReturnsTM, then You may contact Us at our toll free number or through Our website.

(u) Second E-Opinion on major Illnesses
What is covered
If an Insured Person is diagnosed during the Policy Period with any major Illnesses such as Cancer of Specified Severity, Myocardial Infarction (First Heart Attack of specific severity), Open Chest CABG, Open Heart Replacement or Repair of Heart Valves, Kidney Failure Requiring Regular Dialysis, Stroke Resulting in Permanent Symptoms, Major Organ / Bone Marrow Transplant, Permanent Paralysis of Limbs, Multiple Sclerosis with Persisting Symptoms, Coma of Specified Severity, Motor Neuron Disease with Permanent Symptoms, Third Degree Burns, Deafness, Loss of Speech, Aplastic Anaemia, End Stage Liver Failure End Stage Lung Failure, Bacterial Meningitis, Fulminant Hepatitis, Muscular Dystrophy, or any other major Illness accepted by Us at our sole discretion, the Insured Person may at his/her sole discretion choose to avail an E-opinion from Our panel of Medical Practitioners.
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 during the Policy Period for the same major 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, it is the Insured Person's sole and absolute discretion to follow the suggestion for any advice related to his/her health. .
(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 physical visit or consultation to an independent Medical Practitioner.
(v) The E-opinion provided under this Benefit shall be limited to the covered major 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.

(v) Health and Wellness discount
The Insured Person(s) may avail discounts primarily on the OPD consultations, Diagnostics and Pharmacy offered through our Network Service Providers and / or Empanelled Service Providers listed on Our website.

Section IV: Optional Care Benefits

The following Optional Care Benefits shall apply only if the premium in respect of the Optional Care Benefits 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 care benefits are in force and available for the Insured Persons under the Policy. Benefits under this Section are subject to the terms, conditions and exclusions of this Policy.

The Sum Insured and/or the Sub-limit and /or Co-Payment as may be applicable for each Benefit under Section B.IV 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 Optional Care Benefits opted and in force. Claims under this Section IV will not impact the Sum Insured or the eligibility for No Claim Bonus.

In case of Individual Policy, each individual Insured Person can opt for any of the below Optional Care Benefits as per their requirements. In case of Family Floater Policy, once selected, the Optional Care Benefits shall apply to all Insured Persons without any individual selection on a floater basis.

(w) Nursing at Home:
If the Illness or Injury suffered (if this Optional Benefit is applicable to the Insured Person along with Section B.I(a) or B.I.(d)) by the Insured Person requires the Insured Person to be necessarily attended by a Qualified Nurse immediately from the subsequent day to the Insured Person's discharge from Hospital, We shall pay upto the daily payable benefit amount specified in the Policy Schedule/Product Benefit Table for each continuous and completed day of attendance by the Qualified Nurse at the Insured Person's home. This Benefit can be availed through Our Network Providers / Empanelled Service Providers on a Cashless basis, where available.

Conditions:

I. Our maximum liability under this cover shall not exceed the number of days and amount per day as specified in Policy Schedule / Product Benefit Table, commencing the subsequent day of discharge from the Hospital for the same Illness / Injury for which We have accepted claim under Sections B.I(a) or B.I(d) of the Insured Person;
II. The treating Medical Practitioner's Prescription must specify that medical services of a Qualified Nurse are required to be provided to the Insured Person at his/her home;
III. We have accepted a claim for In-patient Hospitalization under Section B (I)(a) or Day Care Treatment under Section B (I)(d) for the same Illness/Injury;
IV. Section C.B.iv(14) of the Permanent Exclusions and exclusion no. 148 as specified in Annexure 1 – Non Medical Expenses are waived off to the extent of benefit(s) as specified in this section no B(IV)(w)
V. Waiting periods as per Section C(B)(I), C(B)(ii) and C(B)(iii) applicable from the inception of the start of this optional benefit being opted initially.

(x) Lifestyle support equipment

We shall pay the amount upto the limits as specified in Product Benefit table / Policy Schedule in case the Insured Person necessarily incur cost on the Lifestyle support equipment as specified in Product Benefit table / policy Schedule, if the Insured Person requires the same on the written advice of a Medical Practitioner, immediately from the subsequent day to the Insured Person's discharge from Hospital for the same Injury / Illness suffered by the Insured Person in respect of which We have accepted a Claim under Section B.I(a) or B.I(d). This benefit may also be availed through Our Network Provider / Empanelled Service Providers on a Cashless basis, where available.

Conditions:

1. Section C.B.iv(19 & 20) of the Permanent Exclusions and exclusion no 15,18,50,124,136,137,142,143 of Annexure I Non-Medical Expenses are waived off to the extent of benefit(s) as specified in this section no B(IV)(x).
2. These services can be availed at Our Network Provider / Empanelled Service Providers on a Cashless basis, where available.
3. We do not assume any liability towards any loss or damage arising out of or in relation to any equipment or service, provided by Our Network Provider / Empanelled Service Providers.
4. We do not assume any liability towards any additional or incidental charges/expenses, including but not limited to breakage, damage, deposit for equipment, and equipment transportation . All such charges/expenses shall be borne by the Insured Person.
5. Waiting periods as per Section C(B)(I), C(B)(ii) and C(B)(iii) applicable from the inception of the start of this optional benefit being opted initially.

Documents to be submitted for any Claim under this Benefit:

It is a Condition Precedent to Our liability under this Benefit that the following necessary information and documentation shall be submitted to Us immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

1. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
2. Medical advice of medical practitioner furnishing the requirement of the lifestyle support equipment as mentioned in this section.
3. Pre Authorization & Claim form dully Filled & signed by the insured for Cashless & Re-imbursement Claims respectively
4. Original invoice with payment receipt for all lifestyle support equipment's used under this benefit

(y) Portable medical equipment

We shall pay the amount upto the limits as specified in Product Benefit table / Policy Schedule in case the Insured Person necessarily incur cost on the Portable medical equipment as specified in Product Benefit table / policy Schedule, if the Insured Person requires the same on the written advice of a Medical Practitioner, immediately from the subsequent day to the Insured Person's discharge from Hospital for the same Injury / illness suffered by the Insured Person in respect of which We have accepted a Claim under Section B.I(a) or B.I(d). This benefit can be availed through Our Network Provider / Empanelled Service Providers on a Cashless basis, where available.

Conditions:

1. Section C.B.iv(19 & 20) of the Permanent Exclusions and exclusion no 123,125 and 127 of Annexure I Non-Medical Expenses are waived off to the extent of benefit(s) as specified in this section no B(IV)(y).
2. These services can be availed at Our Network Provider / Empanelled Service Providers on a Cashless basis, where available.
3. We do not assume any liability towards any loss or damage arising out of or in relation to any equipment or service, provided by Our Network Provider / Empanelled Service Providers.
4. We do not assume any liability towards any additional or incidental charges/expenses, including but not limited to breakage, damage, deposit for equipment, and equipment transportation . All such charges/expenses shall be borne by the Insured Person.
5. Waiting periods as per Section C(B)(I), C(B)(ii) and C(B)(iii) applicable from the inception of the start of this Optional Benefit being opted initially.

Documents to be submitted for any Claim under this Benefit:

It is a Condition Precedent to Our liability under this Benefit that the following necessary information and documentation shall be submitted to Us immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

1. Discharge summary of the Hospital furnishing details including the date of admission and date of discharge.
2. Medical advice of medical practitioner furnishing the requirement of the listed portable medical equipment.
3. Pre Authorization & Claim form dully Filled & signed by the insured for Cashless & Re-imbursement Claims respectively
4. Original invoice with payment receipt for all portable medical equipment's used under this Benefit.

(z) Advance Health Check-up

What is covered

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

List of tests	List of tests
Mammography	ENT check up
PAP smear	OPG (Dental x ray)
Thyroid function test	Vitamin D
TMT (2 D Echo if customer is not able to walk in tread mill)	Vitamin B12
Chest X ray	Calcium
Sonography Abdomen	

Reference
PAP- Papanicolaou
2D ECHO - Two-Dimensional Echocardiography
TMT – Tread Mill Test
ENT – Ear Nose Throat
OPG - Orthopantomogram

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 a health check-up under this Benefit;
(iii) The Insured Person shall be eligible to avail a health check-up upto the limit as specified in the Policy Schedule / Product Benefit Table 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.
(vi) Claims under this Benefit will not impact the Sum Insured or the eligibility for No Claim Bonus
(vii) Any tests conducted during PPMC (Pre policy Medical Check-up) and / or Health AssessmentTM and / or Comprehensive Health Check-up, would not be considered for repeat testing under this Benefit for the same Policy Year.

Section V: 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 V are subject to the terms, conditions and exclusions of this Policy. The Sum Insured and/or the Sub-Limit and /or Co-Payment as may be applicable for each Benefit under Section B.V 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 V, 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 on a floater basis.

(aa) **Room Upgrade**

What is covered

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

(bb)PPN Discount

What is covered

If this option is chosen by the Policyholder on the basis of the conditions provided below, then the Policyholder is entitled for a discount of 10% on the premium.

Conditions

i. If the Insured Person takes Inpatient hospitalization treatment as applicable under section B(I)(a) in a Hospital other than those listed as "Preferred Provider Network", then the Policyholder / Insured Person shall bear a Co-Payment of 15% on each and every claim arising in such regard, which will be in addition to any other Co-Payment applicable under the Policy.
ii. The updated list of Hospitals listed as "Preferred Provider Network" can be referred to on Our website.

Section C. Terms and Conditions

A. Co-payment

Insured Person(s) shall bear a Co-payment per payable claim as specified in Product Benefit Table/Policy Schedule.
In case a Sub-Limit is applicable along with Co-Payment as specified in the Policy Schedule/ Product Benefit Table, the claim payout would be adjudicated in following sequence:
a. Step 1: Co-payment would be first applied on the total admissible claim amount.
b. Step 2: Sub-Limit shall be applied on the amount arrived from the Step 1.

B. Waiting periods and Permanent Exclusions

All the initial waiting periods and permanent exclusions provided below shall apply individually for each Insured Person and claims shall be assessed accordingly. 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:

i. First 30 days Waiting Period

We shall not be liable for any claim arising due to any condition for which consultation, investigation, diagnosis, 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/or 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
Eye	Cataract	Cataract Surgery
	Glaucoma	Glaucoma Surgery
	Refractive Error Correction	Correction Surgery
Ear Nose Throat	Sinusitis	Medical & Surgical Treatment
	Rhinitis	Medical & Surgical Treatment
	Tonsillitis & Adenitis	Medical & Surgical Treatment
	Tympanitis & Non Traumatic Perforation	Medical & Surgical Treatment
	Deviated Nasal Septum	Medical & Surgical Treatment
	Otitis Media	Medical & Surgical Treatment
	Adenoiditis	Medical & Surgical Treatment
	Mastoiditis	Medical & Surgical Treatment
	Cholesteatoma	Medical & Surgical Treatment
Gynecology	All Cysts, Mass, Swelling, Lump, Granulomas, Polyps, Fibroids & Benign Tumour of the female genito urinary system	Medical & Surgical treatment
	Polycystic Ovarian Disease	Medical & Surgical treatment
	Uterine Prolapse	Medical & Surgical treatment
	Fibroids (Fibromyoma)	Medical & Surgical treatment
	Breast lumps (excluding Malignant)	Medical & Surgical treatment
	Dysfunctional Uterine Bleeding (DUB)	Medical & Surgical treatment
	Endometriosis	Medical & Surgical treatment
	Menorrhagia	Medical & Surgical treatment
	Pelvic Inflammatory Disease	Medical & Surgical treatment
Orthopedic / Rheumatological	Gout	Medical & Surgical treatment
	Rheumatism, Rheumatoid Arthritis	Medical & Surgical treatment
	Non infective arthritis	Medical & Surgical treatment
	Osteoarthritis	Medical & Surgical treatment
	Osteoporosis	Medical & Surgical treatment
	Prolapse of the intervertebral disc	Medical & Surgical treatment
	Spondilosis, Spondioarthritis, Spondylopathies	Medical & Surgical treatment
	Ankylosing Spondilitis / Spondylopathies	Medical & Surgical treatment
	Psoriatic Arthritis / Arthropathy	Medical & Surgical treatment
	Internal Derangement of Knee / Ligament or Tendon or Meniscus Tear	Medical & Surgical treatment
	Joint Replacement Surgery (48 months waiting period for Standard Plan)	Medical & Surgical treatment
	Non Specific Arthritis	Medical & Surgical treatment
Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder, Bile duct & other parts of Biliary System	Medical & Surgical treatment
	Cholecystitis	Surgical treatment
	Pancreatitis	Surgical treatment
	Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	Medical & Surgical treatment
	Rectal Prolapse	Medical & Surgical treatment
	Gastric or Duodenal Erosions or Ulcers, Gastritis,	Medical & Surgical treatment
	Duodenitis & Colitis	Medical & Surgical treatment
	Gastro Esophageal Reflux Disease (GERD)	Medical & Surgical treatment
	Cirrhosis	Medical & Surgical treatment
	Chronic Appendicitis	Surgical treatment
	Appendicular lump, Appendicular abscess	Medical & Surgical treatment
Urogenital (Urinary and Reproductive system	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Medical & Surgical treatment
	Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	Medical & Surgical treatment
	Hernia, Hydrocele	Medical & Surgical treatment
	Varicocoele / Spermatocoele	Medical & Surgical treatment
Skin	skin tumour (unless malignant)	Medical & Surgical treatment
	All skin diseases	Medical & Surgical treatment

General Surgery	Any Swelling, Tumour, Cyst, Nodule, Ulcer, Polyp, Mass, Swelling, Lump, Granulomas, Benign Tumour anywhere in the body (unless malignant)	Medical & Surgical treatment
	Varicose veins, Varicose ulcers	Medical & Surgical treatment
	Internal Congenital Anomaly or internal congenital diseases	Medical & Surgical treatment

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. Any Illness/injury/accident due to 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. This exclusion shall apply only in case illness/accident is caused due to the above mentioned abuse by the insured.
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, except where expressly stated to be covered under the Policy.
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, except where expressly stated to be covered under the Policy.
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 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. Cost of artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment. Sleep-apnea and other sleep disorders
21. Parkinson disease.
22. External Congenital Anomalies or diseases or defects.
23. Stem cell therapy or Surgery, or growth hormone therapy or Hormone Replacement 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, and to the extent provided for 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 as amended from time to time.
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 used to sustain a person, who has been declared brain dead, as demonstrated by:
    1. Deep coma and unresponsiveness to all forms of stimulation; or
    2. Absent pupillary light reaction; or
    3. Absent oculovestibular and corneal reflexes; or
    4. Complete apnea

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),All kind of magnetic therapy, 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, SMILE surgery for vision correction, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants, chondrocyte implantation,immunotherapy, intra vitreal injections & implants, chelation therapy, oral chemotherapy, use of Infliximab, rituximab, avastin, lucentis, Ozurdex, immunomodulators & similar drugs.
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. Non-Medical Expenses including but not limited to RMO, CMO, DMO charges, surcharges, night charges, service charges levied by the Hospital under any head as specified in the Annexure for Non- Medical Expenses and on Our website www.adityabirlahealth.com/healthinsurance.
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 immediate family or stays with him in the same residence, 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. Treatment taken outside India
43. 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.
44. Robotic surgery (whether invasive or non-invasive) unless specifically approved by Us.
45. All forms of Bariatric surgery.
46. Use of Radio Frequency (RF) probe for ablation or other procedure unless specifically approved by Us in writing in advance.
47. Admission primarily for diagnostic purposes not consistent with the treatment taken.
48. General debility or exhaustion ("rundown condition").
49. Admission / Hospitalization primarily for investigation & evaluation purpose

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/ Empaneled 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-Authorization for Planned Treatment:

(i) We must be contacted to pre-authorize Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. Each request for pre-authorization 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-authorize 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-authorization 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-authorized 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-authorized 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 in accordance with the provisions of the regulations, circulars and guidelines issued by the IRDAI with respect to KYC from time to time.
(17) As per terms of IRDAI Circular ref: IRDA/SDD/GDL/CIR/020/02/2013 dated 08.02.2013, KYC shall be performed for the claims cases where the payment to the claimant is above Rs. 1 lakh or such revised limit as may be prescribed by the Authority from time to time in this regard.

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 a part-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 of any claim admitted as payable by Us under the Policy, We shall be liable to pay an additional amount as 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 the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extant regulation requires payment based on some other prescribed interest rate.

For details on the claims process or assistance during the process, You may contact 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 if the Policy is sold through distance marketing), 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 valid or effective or valid unless approved in writing by Us, which approval 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 Us 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.

In force Period-Up to	1 Year	2 Year
1 Month	75.00%	85.00%
3 months	50.00%	75.00%
6 months	25.00%	60.00%
12 months	NIL	50.00%
15 months		30.00%
18 months		20.00%
24 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 HealthReturnsTM on Cancellation

All coverage, benefits, earning on HealthReturnsTM, shall automatically lapse upon cancellation of the Policy. However, any unclaimed and accrued HealthReturnsTM (from previous Policy Year/ month) shall be available for a claim over the next 12 month period from the date of cancellation/termination, except if the policy has been cancelled as per section M (3) - Cancellation by Us.

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 Start Date or the date of Renewal.

(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/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^ (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 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 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 HealthReturnsTM (from the previous Policy Year/ month) will be available for claims during the Grace Period.
(v) You shall not be able to earn HealthReturnsTM during the Grace Period.
(vi) In case the Policy is not renewed before the end of the Grace Period, any unutilized funds under HealthReturnsTM 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 HealthReturnsTM 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 Individual Policies then the accumulated amount under HealthReturnsTM 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 (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 Sum insured enhancement at the time of renewal would be applicable only up to maximum entry age under the product.
(xiv) 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 specified in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

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

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 and the Insured agree to adhere and comply with all such terms and conditions of electronic transactions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including 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, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.
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 Internet 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 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 270 7000
Address: Aditya Birla Health Insurance Co. Limited
9th Floor, Tower 1, One Indiabulls Centre, Jupiter Mills Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.

For senior citizens, please contact Our respective branch office or call at 1800 270 7000 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.irdai.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 may 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.n), 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. Accumulated No Claim Bonus
3. Reload of Sum Insured

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.

Z. Payment of premium in case of instalment

If the Policy Schedule specifies the premium payment mode of the Policy other than single premium, then You shall pay the premium instalment within maximum 15 days from the due date of the instalment payable to continue the policy without loss of continuity .benefits with regards to pre-existing diseases, Two Year Waiting Periods and initial 30 days waiting period. We shall not charge any interest on instalment premium paid within maximum 15 days from the due date of the instalment. We shall not prejudice a claim if incurred and/or reported within maximum 15

days from the due date of the instalment payable. If We do not receive the due instalment of premium within this stipulated time period, the Policy shall be terminated. 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. In case an event giving rise to a claim under this Policy occurs during this time period wherein We have not received the due premium instalment, We shall deduct the amount equivalent to all remaining instalments of premium for the balance Policy Period from the admissible claim amount. ECS/ equivalent auto debit mode is also available for the payment of instalment premium.

Section D. DEFINITIONS

The terms and conditions, benefits, exclusions, various procedures and conditions which have been built in to the Policy are to be construed in accordance with the applicable provisions contained in the Policy. The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

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

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

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

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

15. **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.

16. **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.

17. **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.

18. **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.

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

20. **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

21. **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.

22. **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;

23. **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.

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

25. **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

26. **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,

27. **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.

28. **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.

29. **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.

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

31. I**nsured 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.

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

33. **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.

34. **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.

35. **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.

36. **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.

37. **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.

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

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

40. **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.

41. **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.

42. **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.

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

44. **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.

45. **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.

46. **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.

47. **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.

48. **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.

49. **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.

50. **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.

51. **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.

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

53. **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/does not have an attached toilet (lavatory and/or bath).

54. **Shared Room** means a basic (most economical of all accommodation) category of shared room in a Hospital with/without air-conditioning with two or three patient beds.

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

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

57. **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

58. **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.

59. **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.

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

61. **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.

The updated details of Insurance Ombudsman offices are available on the IRDAI website: www.irdai.gov.in, on the website of Executive Council of Insurers www.ecoi.co.in, Our website at: adityabirlahealth.com or can be obtained from any of Our offices.

Annexure I: List of Non Medical Expenses

Sr. No.	List of Non Medical Expenses / Items	
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	HOME VISIT CHARGES	Not Payable
62	DONOR SCREENING CHARGES	Not Payable
63	ADMISSION/REGISTRATION CHARGES	Not Payable
64	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
65	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable

ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
66	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
67	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Not Payable
68	MICROSCOPE COVER	Payable under OT Charges, not payable separately
69	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Not Payable
70	SURGICAL DRILL	Not Payable
71	EYE KIT	Payable under OT Charges, not payable separately
72	EYE DRAPE	Payable under OT Charges, not payable separately
73	X-RAY FILM	Payable under Radiology Charges, not as consumable
74	SPUTUM CUP	Not Payable
75	BOYLES APPARATUS CHARGES	Payable under OT Charges, not payable separately
76	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not Payable
77	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable
78	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable
79	COTTON	Not Payable
80	COTTON BANDAGE	Not Payable
81	MICROPORE/ SURGICAL TAPE	Not Payable
82	BLADE	Not Payable
83	APRON	Not Payable
84	TORNIQUET	Not Payable
85	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable
86	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
87	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
88	HVAC	Not Payable
89	HOUSE KEEPING CHARGES	Not Payable
90	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Not Payable
91	TELEVISION & AIR CONDITIONER CHARGES	Payable - If under room charges not if separately levied
92	SURCHARGES	Not Payable
93	ATTENDANT CHARGES	Not Payable
94	IM IV INJECTION CHARGES	Not Payable
95	CLEAN SHEET	Not Payable
96	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not payable, Patient diet provided by Hospital is payable
97	BLANKET/WARMER BLANKET	Not Payable
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
98	ADMISSION KIT	Not Payable
99	BIRTH CERTIFICATE	Not Payable
100	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
101	CERTIFICATE CHARGES	Not Payable
102	COURIER CHARGES	Not Payable
103	CONVENYANCE CHARGES	Not Payable
104	DIABETIC CHART CHARGES	Not Payable
105	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
106	DISCHARGE PROCEDURE CHARGES	Not Payable
107	DAILY CHART CHARGES	Not Payable
108	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable

109	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Not Payable--To be Claimed by Patient Post -Hospitalisation | where admissible
110	FILE OPENING CHARGES	Not Payable
111	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
112	MEDICAL CERTIFICATE	Not Payable
113	MAINTAINANCE CHARGES	Not Payable
114	MEDICAL RECORDS	Not Payable
115	PREPARATION CHARGES	Not Payable
116	PHOTOCOPIES CHARGES	Not Payable
117	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
118	WASHING CHARGES	Not Payable
119	MEDICINE BOX	Not Payable
120	MORTUARY CHARGES	Payable - upto 24 hrs, shifting charges not payable
121	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	**Not Payable**
122	WALKING AIDS CHARGES	Not Payable
123	BIPAP MACHINE	Not Payable
124	COMMODE	Not Payable
125	CPAP/ CAPD EQUIPMENTS	Not Payable
126	INFUSION PUMP - COST	Not Payable
127	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
128	PULSEOXYMETER CHARGES	Not Payable
129	SPACER	Not Payable
130	SPIROMETRE	Not Payable
131	SPO2 PROBE	Not Payable
132	NEBULIZER KIT	Not Payable
133	STEAM INHALER	Not Payable
134	ARMSLING	Not Payable
135	THERMOMETER	Not Payable
136	CERVICAL COLLAR	Not Payable
137	SPLINT	Not Payable
138	DIABETIC FOOT WEAR	Not Payable
139	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
140	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
141	LUMBO SACRAL BELT	Payable - If Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
142	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)
143	AMBULANCE COLLAR	Not Payable
144	AMBULANCE EQUIPMENT	Not Payable
145	MICROSHEILD	Not Payable
146	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		
147	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
148	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Not Payable

149	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES / DIET CHARGES	Not Payable
150	SUGAR FREE Tablets	Payable - Sugar free variants of admissable medicines are not excluded
151	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)	Payable - If prescribed
152	Digestion Gels	Payable - If prescribed
153	ECG ELECTRODES or ICU. For longer stay in ICU, may require a change and at least	Payable - Upto 5 electrodes are required for every case visiting OT one set every second day must be payable.
154	GLOVES	Payable -Sterilized Gloves Payable. Unsterilized Gloves not Payable
155	HIV KIT	Payable
156	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable - If prescribed
157	LOZENGES	Payable - If prescribed
158	MOUTH PAINT	Payable - If prescribed
159	NEBULISATION KIT	Payable - If used during hospitalization is payable reasonably
160	NOVARAPID	Payable - If prescribed
161	VOLINI GEL/ ANALGESIC GEL	Payable - If prescribed
162	ZYTEE GEL	Payable - If prescribed
163	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
164	AHD	Not Payable
165	ALCOHOL SWABES	Not Payable
166	SCRUB SOLUTION/STERILLIUM	Not Payable
OTHERS		
167	VACCINE CHARGES FOR BABY	Not Payable
168	TPA CHARGES	Not Payable
169	VISCO BELT CHARGES	Not Payable
170	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
171	EXAMINATION GLOVES	Not Payable
172	KIDNEY TRAY	Not Payable
173	MASK	Not Payable
174	OUNCE GLASS	Not Payable
175	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
176	OXYGEN MASK	Not Payable
177	PAPER GLOVES	Not Payable
178	PELVIC TRACTION BELT	Not Payable
179	REFERAL DOCTOR'S FEES	Not Payable
180	ACCU CHECK (Glucometery/ Strips)	Not Payable
181	PAN CAN	Not Payable
182	SOFNET	Not Payable
183	TROLLY COVER	Not Payable
184	UROMETER, URINE JUG	Not Payable
185	AMBULANCE	Payable - Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
186	TEGADERM / VASOFIX SAFETY	Payable - If maximum of 3 in 48 hrs and then 1 in 24 hrs
187	URINE BAG	Payable - where medically necessary till a reasonable cost - maximum 1 per 24 hrs

188	SOFTOVAC	Not Payable
189	STOCKINGS	Payable - If Essential for case like CABG etc. where it should be paid.

Annexure II – List of Day Care Treatments

Sr No	Procedure Name	Sr No	Procedure Name
1	Coronary Angiography	40	Adenoidectomy
2	Insert Non - Tunnel Cv Cath	41	Labyrinthectomy For Severe Vertigo
3	Insert Picc Cath (Peripherally Inserted Central Catheter)	42	Stapedectomy Under Ga
4	Replace Picc Cath (Peripherally Inserted Central Catheter)	43	Stapedectomy Under La
5	Insertion Catheter, Intra Anterior	44	Tympanoplasty (Type IV)
6	Insertion Of Portacath	45	Endolymphatic Sac Surgery For Meniere's Disease
7	Suturing Lacerated Lip	46	Turbinectomy
8	Suturing Oral Mucosa	47	Endoscopic Stapedectomy
9	Oral Biopsy In Case Of Abnormal Tissue Presentation	48	Incision And Drainage Of Perichondritis
10	Myringotomy With Grommet Insertion	49	Septoplasty
11	Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)	50	Vestibular Nerve Section
		51	Thyroplasty Type I
12	Removal Of A Tympanic Drain	52	Pseudocyst Of The Pinna - Excision
13	Keratosis Removal Under Ga	53	Incision And Drainage - Haematoma Auricle
14	Operations On The Turbinates (nasal Concha)	54	Tympanoplasty (Type II)
15	Removal Of Keratosis Obturans	55	Reduction Of Fracture Of Nasal Bone
16	Stapedotomy To Treat Various Lesions In Middle Ear	56	Thyroplasty (Type II)
17	Revision Of A Stapedectomy	57	Tracheostomy
18	Other Operations On The Auditory Ossicles	58	Excision Of Angioma Septum
19	Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)	59	Turbinoplasty
		60	Incision & Drainage Of Retro Pharyngeal Abscess
20	Fenestration Of The Inner Ear	61	Uvulo Palato Pharyngo Plasty
21	Revision Of A Fenestration Of The Inner Ear	62	Adenoidectomy With Grommet Insertion
22	Palatoplasty	63	Adenoidectomy Without Grommet Insertion
23	Transoral Incision And Drainage Of A Pharyngeal Abscess	64	Vocal Cord Lateralisation Procedure
24	Tonsillectomy Without Adenoidectomy	65	Incision & Drainage Of Para Pharyngeal Abscess
25	Tonsillectomy With Adenoidectomy	66	Tracheoplasty
26	Excision And Destruction Of A Lingual Tonsil	67	Cholecystectomy
27	Revision Of A Tympanoplasty	68	Choledocho-jejunostomy
28	Other Microsurgical Operations On The Middle Ear	69	Duodenostomy
29	Incision Of The Mastoid Process And Middle Ear	70	Gastrostomy
30	Mastoidectomy	71	Exploration Common Bile Duct
31	Reconstruction Of The Middle Ear	72	Esophagoscopy.
32	Other Excisions Of The Middle And Inner Ear	73	Gastroscopy
33	Incision (opening) And Destruction (elimination) Of The Inner Ear	74	Duodenoscopy with Polypectomy
		75	Removal of Foreign Body
34	Other Operations On The Middle And Inner Ear	76	Diathery Of Bleeding Lesions
35	Excision And Destruction Of Diseased Tissue Of The Nose	77	Pancreatic Pseudocyst Eus & Drainage
36	Other Operations On The Nose	78	Rf Ablation For Barrett's Oesophagus
37	Nasal Sinus Aspiration	79	Ercp And Papillotomy
38	Foreign Body Removal From Nose	80	Esophagoscope And Sclerosant Injection
39	Other Operations On The Tonsils And Adenoids	81	Eus + Submucosal Resection

82	Construction Of Gastrostomy Tube	130	Infected Lipoma Excision
83	Eus + Aspiration Pancreatic Cyst	131	Maximal Anal Dilatation
84	Small Bowel Endoscopy (therapeutic)	132	Piles
85	Colonoscopy ,lesion Removal	133	A) Injection Sclerotherapy
86	ERCP	134	B) Piles Banding
87	Colonscopy Stenting Of Stricture	135	Liver Abscess- Catheter Drainage
88	Percutaneous Endoscopic Gastrostomy	136	Fissure In Ano- Fissurectomy
89	Eus And Pancreatic Pseudo Cyst Drainage	137	Fibroadenoma Breast Excision
90	ERCP And Choledochoscopy	138	Oesophageal Varices Sclerotherapy
91	Proctosigmoidoscopy Volvulus Detorsion	139	ERCP - Pancreatic Duct Stone Removal
92	ERCP And Sphincterotomy	140	Perianal Abscess I&d
93	Esophageal Stent Placement	141	Perianal Hematoma Evacuation
94	ERCP + Placement Of Biliary Stents	142	Ugi Scopy And Polypectomy Oesophagus
95	Sigmoidoscopy W / Stent	143	Breast Abscess I& D
96	Eus + Coeliac Node Biopsy	144	Feeding Gastrostomy
97	Ugi Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	145	Oesophagoscopy And Biopsy Of Growth Oesophagus
		146	ERCP - Bile Duct Stone Removal
98	Incision Of A Pilonidal Sinus / Abscess	147	Ileostomy Closure
99	Fissure In Ano Sphincterotomy	148	Colonoscopy
100	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	149	Polypectomy Colon
		150	Splenic Abscesses Laparoscopic Drainage
101	Orchidopexy	151	Ugi Scopy And Polypectomy Stomach
102	Abdominal Exploration In Cryptorchidism	152	Rigid Oesophagoscopy For Fb Removal
103	Surgical Treatment Of Anal Fistulas	153	Feeding Jejunostomy
104	Division Of The Anal Sphincter (sphincterotomy)	154	Colostomy
105	Epididymectomy	155	Ileostomy
106	Incision Of The Breast Abscess	156	Colostomy Closure
107	Operations On The Nipple	157	Submandibular Salivary Duct Stone Removal
108	Excision Of Single Breast Lump	158	Pneumatic Reduction Of Intussusception
109	Incision And Excision Of Tissue In The Perianal Region	159	Varicose Veins Legs - Injection Sclerotherapy
110	Surgical Treatment Of Hemorrhoids	160	Rigid Oesophagoscopy For Plummer Vinson Syndrome
111	Other Operations On The Anus	161	Pancreatic Pseudocysts Endoscopic Drainage
112	Ultrasound Guided Aspirations	162	Zadek's Nail Bed Excision
113	Sclerotherapy, Etc	163	Subcutaneous Mastectomy
114	Laparotomy For Grading Lymphoma With Splenectomy.	164	Excision Of Ranula Under Ga
115	Laparotomy For Grading Lymphoma with Liver Biopsy	165	Rigid Oesophagoscopy For Dilation Of Benign Strictures
116	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	166	Eversion Of Sac
117	Therapeutic Laparoscopy With Laser	167	Unilateral
118	Appendicectomy With Drainage	168	Bilateral
119	Appendicectomy without Drainage	169	Lord's Plication
120	Infected Keloid Excision	170	Jaboulay's Procedure
121	Axillary Lymphadenectomy	171	Scrotoplasty
122	Wound Debridement And Cover	172	Circumcision For Trauma
123	Abscess-decompression	173	Meatoplasty
124	Cervical Lymphadenectomy	174	Intersphincteric Abscess Incision And Drainage
125	Infected Sebaceous Cyst	175	Psoas Abscess Incision And Drainage
126	Inguinal Lymphadenectomy	176	Thyroid Abscess Incision And Drainage
127	Incision And Drainage Of Abscess	177	Tips Procedure For Portal Hypertension
128	Suturing Of Lacerations	178	Esophageal Growth Stent
129	Scalp Suturing	179	Pair Procedure Of Hydatid Cyst Liver

180	Tru Cut Liver Biopsy	228	Laparoscopic Paraovarian Cyst Excision
181	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	229	Uterine Artery Embolization
		230	Laparoscopic Cystectomy
182	Excision Of Cervical Rib	231	Hymenectomy(Imperforate Hymen)
183	Laparoscopic Reduction Of Intussusception	232	Endometrial Ablation
184	Microdochectomy Breast	233	Vaginal Wall Cyst Excision
185	Surgery For Fracture Penis	234	Vulval Cyst Excision
186	Sentinel Node Biopsy	235	Laparoscopic Paratubal Cyst Excision
187	Parastomal Hernia	236	Repair Of Vagina (Vaginal Atresia)
188	Revision Colostomy	237	Hysteroscopy, Removal Of Myoma
189	Prolapsed Colostomy- Correction	238	Turbt
190	Testicular Biopsy	239	Ureterocoele Repair - Congenital Internal
191	Laparoscopic Cardiomyotomy(Hellers)	240	Vaginal Mesh For Pop
192	Sentinel Node Biopsy Malignant Melanoma	241	Laparoscopic Myomectomy
193	Laparoscopic Pyloromyotomy(Ramstedt)	242	Surgery For Sui
194	Operations On Bartholin's Glands (cyst)	243	Repair Recto- Vagina Fistula
195	Incision Of The Ovary	244	Pelvic Floor Repair(Excluding Fistula Repair)
196	Insufflations Of The Fallopian Tubes	245	URS + LL
197	Other Operations On The Fallopian Tube	246	Laparoscopic Oophorectomy
198	Dilatation Of The Cervical Canal	247	Normal Vaginal Delivery And Variants
199	Conisation Of The Uterine Cervix	248	Facial Nerve Glycerol Rhizotomy
200	Therapeutic Curettage With Colposcopy.	249	Spinal Cord Stimulation
201	Therapeutic Curettage With Biopsy	250	Motor Cortex Stimulation
202	Therapeutic Curettage With Diathermy	251	Stereotactic Radiosurgery
203	Therapeutic Curettage With Cryosurgery	252	Percutaneous Cordotomy
204	Laser Therapy Of Cervix For Various Lesions Of Uterus	253	Intrathecal Baclofen Therapy
205	Other Operations On The Uterine Cervix	254	Entrapment Neuropathy Release
206	Incision Of The Uterus (hysterectomy)	255	Diagnostic Cerebral Angiography
207	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	256	Vp Shunt
		257	Ventriculoatrial Shunt
208	Incision Of Vagina	258	Radiotherapy For Cancer
209	Incision Of Vulva	259	Cancer Chemotherapy
210	Culdotomy	260	IV Push Chemotherapy
211	Salpingo-oophorectomy Via Laparotomy	261	HBI - Hemibody Radiotherapy
212	Endoscopic Polypectomy	262	Infusional Targeted Therapy
213	Hysteroscopic Removal Of Myoma	263	SRT - Stereotactic Arc Therapy
214	D&C	264	Sc Administration Of Growth Factors
215	Hysteroscopic Resection Of Septum	265	Continuous Infusional Chemotherapy
216	Thermal Cauterisation Of Cervix	266	Infusional Chemotherapy
217	Mirena Insertion	267	CCRT - Concurrent Chemo + Rt
218	Hysteroscopic Adhesiolysis	268	2D Radiotherapy
219	Leep	269	3D Conformal Radiotherapy
220	Cryocauterisation Of Cervix	270	IGRT - Image Guided Radiotherapy
221	Polypectomy Endometrium	271	IMRT - Step & Shoot
222	Hysteroscopic Resection Of Fibroid	272	Infusional Bisphosphonates
223	Lletz	273	IMRT - DMLC
224	Conization	274	Rotational Arc Therapy
225	Polypectomy Cervix	275	Tele Gamma Therapy
226	Hysteroscopic Resection Of Endometrial Polyp	276	FSRT - Fractionated Srt
227	Vulval Wart Excision	277	VMAT - Volumetric Modulated Arc Therapy

278	SBRT - Stereotactic Body Radiotherapy	324	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
279	Helical Tomotherapy		
280	SRS - Stereotactic Radiosurgery	325	Free Skin Transplantation, Donor Site
281	X - Knife Srs	326	Free Skin Transplantation, Recipient Site
282	Gammaknife Srs	327	Revision Of Skin Plasty
283	TBI - Total Body Radiotherapy	328	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
284	Intraluminal Brachytherapy		
285	TSET - Total Electron Skin Therapy	329	Chemosurgery To The Skin
286	Extracorporeal Irradiation Of Blood Products	330	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
287	Telecobalt Therapy		
288	Telecesium Therapy	331	Reconstruction Of Deformity/defect In Nail Bed
289	External Mould Brachytherapy	332	Excision Of Bursirtis
290	Interstitial Brachytherapy	333	Tennis Elbow Release
291	Intracavity Brachytherapy	334	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
292	3D Brachytherapy		
293	Implant Brachytherapy	335	Partial Glossectomy
294	Intravesical Brachytherapy	336	Glossectomy
295	Adjuvant Radiotherapy	337	Reconstruction Of The Tongue
296	Afterloading Catheter Brachytherapy	338	Other Operations On The Tongue
297	Conditioning Radiothearpy For Bmt	339	Surgery For Cataract
298	Nerve Biopsy	340	Incision Of Tear Glands
299	Muscle Biopsy	341	Other Operations On The Tear Ducts
300	Epidural Steroid Injection	342	Incision Of Diseased Eyelids
301	Extracorporeal Irradiation To The Homologous Bone Grafts	343	Excision And Destruction Of Diseased Tissue Of The Eyelid
302	Radical Chemotherapy	344	Operations On The Canthus And Epicanthus
303	Neoadjuvant Radiotherapy	345	Corrective Surgery For Entropion And Ectropion
304	LDR Brachytherapy	346	Corrective Surgery For Blepharoptosis
305	Palliative Radiotherapy	347	Removal Of A Foreign Body From The Conjunctiva
306	Radical Radiotherapy	348	Removal Of A Foreign Body From The Cornea
307	Palliative Chemotherapy	349	Incision Of The Cornea
308	Template Brachytherapy	350	Operations For Pterygium
309	Neoadjuvant Chemotherapy	351	Other Operations On The Cornea
310	Adjuvant Chemotherapy	352	Removal Of A Foreign Body From The Lens Of The Eye
311	Induction Chemotherapy	353	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
312	Consolidation Chemotherapy		
313	Maintenance Chemotherapy	354	Removal Of A Foreign Body From The Orbit And Eyeball
314	HDR Brachytherapy	355	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
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	356	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
		357	Diathermy/cryotherapy To Treat Retinal Tear
317	Resection Of A Salivary Gland	358	Anterior Chamber Paracentesis.
318	Reconstruction Of A Salivary Gland And A Salivary Duct	359	Anterior Chamber Cyclodiathermy
319	Other Operations On The Salivary Glands And Salivary Ducts	360	Anterior Chamber Cyclocyrotherapy
320	Other Incisions Of The Skin And Subcutaneous Tissues	361	Anterior Chamber Goniotomy
321	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues	362	Anterior Chamber Trabeculotomy
		363	Anterior Chamber Filtering
322	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues	364	Allied Operations to Treat Glaucoma
		365	Enucleation Of Eye Without Implant
323	Other Excisions Of The Skin And Subcutaneous Tissues	366	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland

367	Laser Photocoagulation To Treat Retinal Tear	416	Remove/graft Leg Bone Lesion
368	Biopsy Of Tear Gland	417	Repair/graft Achilles Tendon
369	Treatment Of Retinal Lesion	418	Remove Of Tissue Expander
370	Surgery For Meniscus Tear	419	Biopsy Elbow Joint Lining
371	Incision On Bone, Septic And Aseptic	420	Removal Of Wrist Prosthesis
372	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis	421	Biopsy Finger Joint Lining
		422	Tendon Lengthening
373	Suture And Other Operations On Tendons And Tendon Sheath	423	Treatment Of Shoulder Dislocation
374	Reduction Of Dislocation Under Ga	424	Lengthening Of Hand Tendon
375	Arthroscopic Knee Aspiration	425	Removal Of Elbow Bursa
376	Surgery For Ligament Tear	426	Fixation Of Knee Joint
377	Surgery For Hemoarthrosis/pyoarthrosis	427	Treatment Of Foot Dislocation
378	Removal Of Fracture Pins/nails	428	Surgery Of Bunion
379	Removal Of Metal Wire	429	Tendon Transfer Procedure
380	Closed Reduction On Fracture, Luxation	430	Removal Of Knee Cap Bursa
381	Reduction Of Dislocation Under Ga	431	Treatment Of Fracture Of Ulna
382	Epiphyseolysis With Osteosynthesis	432	Treatment Of Scapula Fracture
383	Excision Of Various Lesions In Coccyx	433	Removal Of Tumor Of Arm Under GA
384	Arthroscopic Repair Of Acl Tear Knee	434	Removal of Tumor of Arm under RA
385	Closed Reduction Of Minor Fractures	435	Removal of Tumor Of Elbow Under GA
386	Arthroscopic Repair Of Pcl Tear Knee	436	Removal of Tumor Of Elbow Under RA
387	Tendon Shortening	437	Repair Of Ruptured Tendon
388	Arthroscopic Meniscectomy - Knee	438	Decompress Forearm Space
389	Treatment Of Clavicle Dislocation	439	Revision Of Neck Muscle (torticollis Release)
390	Haemarthrosis Knee- Lavage	440	Lengthening Of Thigh Tendons
391	Abscess Knee Joint Drainage	441	Treatment Fracture Of Radius & Ulna
392	Carpal Tunnel Release	442	Repair Of Knee Joint
393	Closed Reduction Of Minor Dislocation	443	External Incision And Drainage In The Region Of The Mouth.
394	Repair Of Knee Cap Tendon	444	External Incision And Drainage in the Region Of the Jaw.
395	Orif With K Wire Fixation- Small Bones	445	External Incision And Drainage in the Region Of the Face.
396	Release Of Midfoot Joint	446	Incision Of The Hard And Soft Palate
397	Orif With Plating- Small Long Bones	447	Excision And Destruction Of Diseased Hard Palate
398	Implant Removal Minor	448	Excision And Destruction of Diseased Soft Palate
399	K Wire Removal	449	Incision, Excision And Destruction In The Mouth
400	Closed Reduction And External Fixation	450	Other Operations In The Mouth
401	Arthrotomy Hip Joint	451	Excision Of Fistula-in-ano
402	Syme's Amputation	452	Excision Juvenile Polyps Rectum
403	Arthroplasty	453	Vaginoplasty
404	Partial Removal Of Rib	454	Dilatation Of Accidental Caustic Stricture Oesophageal
405	Treatment Of Sesamoid Bone Fracture	455	Presacral Teratomas Excision
406	Shoulder Arthroscopy / Surgery	456	Removal Of Vesical Stone
407	Elbow Arthroscopy	457	Excision Sigmoid Polyp
408	Amputation Of Metacarpal Bone	458	Sternomastoid Tenotomy
409	Release Of Thumb Contracture	459	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
410	Incision Of Foot Fascia	460	Excision Of Soft Tissue Rhabdomyosarcoma
411	Partial Removal Of Metatarsal	461	Mediastinal Lymph Node Biopsy
412	Repair / Graft Of Foot Tendon	462	High Orchidectomy For Testis Tumours
413	Revision/removal Of Knee Cap	463	Excision Of Cervical Teratoma
414	Amputation Follow-up Surgery	464	Rectal-myomectomy
415	Exploration Of Ankle Joint	465	Rectal Prolapse (delorme's Procedure)

466	Detorsion Of Torsion Testis	516	Operations On The Foreskin
467	Eua + Biopsy Multiple Fistula In Ano	517	Local Excision And Destruction Of Diseased Tissue Of The Penis
468	Construction Skin Pedicle Flap		
469	Gluteal Pressure Ulcer-excision	518	Amputation Of The Penis
470	Muscle-skin Graft, Leg	519	Other Operations On The Penis
471	Removal Of Bone For Graft	520	Cystoscopical Removal Of Stones
472	Muscle-skin Graft Duct Fistula	521	Lithotripsy
473	Removal Cartilage Graft	522	Biopsy Oftemporal Artery For Various Lesions
474	Myocutaneous Flap	523	External Arterio-venous Shunt
475	Fibro Myocutaneous Flap	524	Av Fistula - Wrist
476	Breast Reconstruction Surgery After Mastectomy	525	Ursl With Stenting
477	Sling Operation For Facial Palsy	526	Ursl With Lithotripsy
478	Split Skin Grafting Under Ra	527	Cystoscopic Litholapaxy
479	Wolfe Skin Graft	528	Eswl
480	Plastic Surgery To The Floor Of The Mouth Under Ga	529	Bladder Neck Incision
481	Thoracoscopy And Lung Biopsy	530	Cystoscopy & Biopsy
482	Excision Of Cervical Sympathetic Chain Thoracoscopic	531	Cystoscopy And Removal Of Polyp
483	Laser Ablation Of Barrett's Oesophagus	532	Suprapubic Cystostomy
484	Pleurodesis	533	Percutaneous Nephrostomy
485	Thoracoscopy And Pleural Biopsy	534	Cystoscopy And "sling" Procedure
486	Ebus + Biopsy	535	Tuna- Prostate
487	Thoracoscopy Ligation Thoracic Duct	536	Excision Of Urethral Diverticulum
488	Thoracoscopy Assisted Empyaema Drainage	537	Removal Of Urethral Stone
489	Haemodialysis	538	Excision Of Urethral Prolapse
490	Lithotripsy/nephrolithotomy For Renal Calculus	539	Mega-ureter Reconstruction
491	Excision Of Renal Cyst	540	Kidney Renoscopy And Biopsy
492	Drainage Of Pyonephrosis Abscess	541	Ureter Endoscopy And Treatment
493	Drainage Of Perinephric Abscess	542	Vesico Ureteric Reflux Correction
494	Incision Of The Prostate	543	Surgery For Pelvi Ureteric Junction Obstruction
495	Transurethral Excision And Destruction Of Prostate Tissue	544	Anderson Hynes Operation
496	Transurethral And Percutaneous Destruction Of Prostate Tissue	545	Kidney Endoscopy And Biopsy
497	Open Surgical Excision And Destruction Of Prostate Tissue	546	Paraphimosis Surgery
498	Radical Prostatovesiculectomy	547	Injury Prepuce- Circumcision
499	Other Excision And Destruction Of Prostate Tissue	548	Frenular Tear Repair
500	Operations On The Seminal Vesicles	549	Meatotomy For Meatal Stenosis
501	Incision And Excision Of Periprostatic Tissue	550	Surgery For Fournier's Gangrene Scrotum
502	Other Operations On The Prostate	551	Surgery Filarial Scrotum
503	Incision Of The Scrotum And Tunica Vaginalis Testis	552	Surgery For Watering Can Perineum
504	Operation On A Testicular Hydrocele	553	Repair Of Penile Torsion
505	Excision And Destruction Of Diseased Scrotal Tissue	554	Drainage Of Prostate Abscess
506	Other Operations On The Scrotum And Tunica Vaginalis Testis	555	Orchiectomy
507	Incision Of The Testes	556	Cystoscopy And Removal Of Fb
508	Excision And Destruction Of Diseased Tissue Of The Testes	557	RF Ablation Heart
509	Unilateral Orchidectomy	558	RF Ablation Uterus
510	Bilateral Orchidectomy	559	RF Ablation Varicose Veins
511	Surgical Repositioning Of An Abdominal Testis	560	Renal Angiography
512	Reconstruction Of The Testis	561	Peripheral Angiography
513	Implantation, Exchange And Removal Of A Testicular Prosthesis	562	Percutaneous nephrolithotomy (PCNL)
514	Other Operations On The Testis	563	Laryngoscopy Direct Operative with Biopsy
515	Excision In The Area Of The Epididymis	564	Treatment of Fracture of Long Bones

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