Policy wordings - Health AdvantEdge

PREAMBLE:

The insurance cover provided under this Policy to the Insured / Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) and (d) Schedule of Benefits.

SECTION 1 - DEFINITIONS:

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meaning set forth:

1.1) **"Accident"** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

1.2) **"Any one Illness"** means continuous period of Illness and it includes a relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

1.3) **"AYUSH Day Care Centre"** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

1.4) **"AYUSH Hospital"** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
iv. Maintaining daily records of the patients and making them accessible to the

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insurance company's authorized representative.

1.5) **"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 approved.

1.6) **"Condition Precedent"** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

1.7) **"Congenital Anomaly"** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

1.9.1) **Internal Congenital Anomaly** - Congenital Anomaly which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly.

1.9.2) **External Congenital Anomaly** - Congenital Anomaly which is in the visible and accessible parts of the body is called External Congenital Anomaly.

1.8) **"Cumulative Bonus"** shall mean any increase in the Sum Insured granted by the Insurer without an associated increase in the premium**.**

1.9) **"Co Payment"** shall mean a cost sharing requirement under a health Insurance policy that provides the policy holder/insured will bear a specified percentage of the admissible claims amount**.** A co payment does not reduce the Sum Insured

1.10) **"Day Care treatment"** means medical treatment, and / or surgical procedure which is:

1.12.1) undertaken under general or local anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and

1.12.2) which would have otherwise required a hospitalization of more than 24 hours.

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

1.11) **"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 the supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:

i. has qualified nursing staff under its employment
ii. has qualified medical practitioner/s in charge;
iii. has a 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.

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1.12) "Deductible" is a cost-sharing requirement applicable per event/claim under a health insurance Policy that provides, the Insurer will not be liable for a specified rupee amount in case of indemnity policies and/or for a specified number of days/hours in case of hospital cash benefit which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

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

1.14) "Disclosure to information norm" means the Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.15) "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.

1.16) "Emergency care" means management for a severe 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.

1.17) "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.

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1.18) "Hospital" - A 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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act or complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- 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;
- has qualified medical practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

1.19) "Hospitalization" means admission in a hospital for a minimum period of 24 in-patient care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

1.20) "Illness" means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- **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.
- **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
ii. it needs ongoing or long-term control or relief of symptoms;
iii. it requires your/Insured person's rehabilitation or for you/Insured member to be specially trained to cope with it;
iv. it continues indefinitely;
v. it recurs or is likely to recur

1.21) "Injury" means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

1.22) "Inpatient care" means treatment for which the Insured person has to stay in a hospital for more than 24 hours for a covered event.

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1.23) "Intensive Care Unit" 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.

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.

1.24) "Maternity expense" shall include

I. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
II. Expenses towards lawful medical termination of pregnancy during the Policy period.

1.25) "Medical Practitioner" is 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 the scope and jurisdiction of license. The term Medical Practitioner includes a physician, specialist and surgeon, provided that this person is not a member of the Insured/ Insured Person's family who includes Father, Mother, Father-in-law, Mother-in-law, Son, Daughter, Son-in-law, Daughter-in-law, Brother or Sister.

1.26) "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.

1.27) "Medically Necessary" treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- is required for the medical management of the Illness or Injury suffered by the Insured;

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- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

- must have been prescribed by a medical practitioner,

- must conform to the professional standards widely accepted in international medical practiceor by the medical community in India.

1.28) "Medical Advise" means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

1.29) "**Migration**" means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

1.30) "Network Provider" means hospitals or health care providers enlisted by an Insurer or by a TPA and Insurer together to provide medical services to an Insured on payment by a cashless facility.

1.31) "Non- Network" means any hospital, day care centre or other provider that is not part of the network.

1.32) "Notification of claim" is the process of notifying a claim to the Insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

1.33) "OPD treatment" is 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.

1.34) "Portability" means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

1.35) "Post-hospitalization Medical Expenses" means Medical Expenses incurred immediately after the Insured Person is discharged from the hospital provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

1.36) "Pre-Existing Disease" (PED) means any condition, ailment, injury or disease:
a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or or reinstatement
b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

1.37) "Pre-hospitalization Medical Expenses" means medical expenses incurred immediately before the Insured Person is Hospitalized, provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

1.38) "Qualified Nurse" is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

1.39) "Renewal" defines 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 all waiting periods.

1.40) "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.

1.41) "Room rent" means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

1.42) "Subrogation" mean the right of the insurer to assume the rights of the Insured person to recover expenses paid out under the Policy that may be recovered from any other source.

1.43) "Surgery" means 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 of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

1.44) "Unproven/Experimental treatment" is treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

Specific definitions

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

1.2) "Company" means ICICI Lombard General Insurance Company

1.3) "Dependent Child" means a child (natural or legally adopted), who is unmarried, aged between 91 days and 25 years, financially dependent on the Insured and does not have his / her independent sources of income.

1.4) "Dependent Child" means a child (natural or legally adopted), who is unmarried, aged between 91 days and 25 years, financially dependent on the Insured and does not have his / her independent sources of income.

1.5) "Disease" means an alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical or mental disorder and certified by a Medical Practitioner.

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1.6) **"Diagnostic Tests"** Investigations, such as X-Ray or blood tests, to find the cause of your symptoms and medical condition.

1.7) **"Family"** means a family described as such in the Schedule where Insured and Insured's Dependents named in the Schedule are insured under this Policy

1.8) **"Family Floater Policy"** means a Policy in terms of which, two or more persons of a Family are named in the Schedule as Insured Persons.

1.9) **"Insured**" means the primary Insured who has the highest age amongst other person named in the Schedule of the Policy in case of family floater Policy. In case of an Individual Policy the only member mentioned in the schedule of the Policy shall be referred as **"Insured"**.

1.10) **"Insured Person**" means the person named in the Schedule to the Policy and for whose benefit the insurance is proposed and appropriate premium paid. Insured Person is other than Insured.

1.11) **"Information Summary Sheet"** means the record and confirmation of information provided to Company or Company's representatives over the telephone for the purposes of applying for this Policy.

1.12) "**New Born Baby**" baby born during the Policy Period and is aged upto 90 days.

1.13) **"Policy period"** means the period between the inception date and the expiry date as specified in the Schedule to this Policy or the cancellation of this insurance, whichever is earlier.

1.14) **"Policy"** means this document of Policy describing the terms and conditions of this contract of insurance (basis the statements in the Proposal Form and the Information Summary Sheet), any annexure thereto, including the company's covering letter to the Insured / Insured person if any, the Schedule attached to and forming part of this Policy and any applicable endorsement thereon. The Policy contains details of the scope and extent of cover available to the Insured/Insured Person, the exclusions from the scope of cover and the terms and conditions of the issue of the Policy.

1.15) **"Policy Year"** means the period of one year commencing on the date of commencement specified in the Schedule of Insurance Certificate or any anniversary thereof.

1.16) **" Restore Benefit" means** re-instatement of hundred percent of the Sum Insured.

1.17) **"Schedule"** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

1.18) **"Schedule of Benefits"** means the Product Benefits Table issued by the Company and accompanying this Policy and annexures thereto.

1.19) **"Sum Insured"** means the sum as specified in the Schedule to this Policy against the name of Insured / each Insured Person at the inception of a Policy Year and in the event of Policy is upgraded or downgraded on any continuous Renewal, then exclusive of Cumulative Bonus, if any, the Sum Insured for which premium is paid at the commencement of the Policy Year for which the prevalent upgrade or downgrade is sought.

1.20) **"Terrorism/Terrorist Incident"** means any actual or threatened use of force or violence directed at orcausing damage, Injury, harm or disruption, or the commission of an act dangerous to human life or property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.

1.21) **"Third Party Administrator (TPA)"** means any organization or institution that is licensed by the IRDAas a TPA and is engaged by the Company for a fee or remuneration for providing Policy and claims facilitation services to the Insured/ Insured Person as well as to the Company for an insurable event.

SECTION 2 - SALIENT FEATURES & BENEFITS:

Basic cover :

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed, for the period and to the extent of the Sum Insured as specified in the Schedule to this Policy.

The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken during the Policy Period for an Illness, Accident or condition described below if this is contracted or sustained by an Insured / Insured Person during the Policy Period and subject always to the Sum Insured, any subsidiary limit specified in the schedule of Benefits, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted by insured and stated in as stated in the Schedule

Section 2.1) In-patient Treatment:

This benefit provides cover for reimbursement / payment of cashless hospitalization expenses which are reasonably and necessarily incurred by the Insured / Insured Person for treatment of Disease, Illness contracted or Injury sustained by the Insured / Insured Person during the Policy period as specified in the Schedule to this Policy, in a Hospital in India for in- patient care which among other things, includes, Hospital room rent or boarding expenses, nursing, Intensive Care Unit Charges, Operation Theatre charges, Medical Practitioner's charges, fees of Surgeon, Anesthetist, Qualified Nurse, Specialists, the cost of diagnostic tests, medicines, drugs, blood, oxygen, the cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure.

The Insured/Insured Person should have been hospitalized as an in-patient care for a minimum period of 24 consecutive hours. The benefit under this Section is limited to the Sum Insured specified for this Section in the Schedule of Benefits to this Policy.

Eligibility of room category as per the plan opted

For Insured / Insured Person opting prime plan:- Under the prime Plan, the coverage for hospital room and / or boarding and nursing shall be subject to maximum per day capping of 1 % of the Sum Insured and in case of the coverage for Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses shall be subject to maximum per day capping of 2 % of the Sum Insured.

In case of admission to a room at rates exceeding the above limits, the reimbursement/payment of all other expenses incurred at the Hospital, be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. However, cost of pharmacy and consumables; cost of implants and medical devices and cost of diagnostics shall be reimbursed at actuals. Proportionate deductions are not applicable on ICU charges and on hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on room category.

If the Insured Person is admitted in a Hospital room where the room category opted or Room Rent incurred is higher than the eligibility as specified in the Policy Schedule, then We shall be liable to pay only a pro-rated portion of the total Associated Medical Expenses (including surcharge or taxes thereon) as per the following formula, this is not applicable if the hospital does not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

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(Eligible Room Rent limit / Room Rent actually incurred) * total Associated Medical Expenses

Associated Medical Expenses shall include Room Rent excluding ICU charges, nursing charges for Hospitalization as an Inpatient, Medical Practitioners' fees , operation theatre charges and other supply of bill excluding Cost of pharmacy and consumables; Cost of implants and medical devices, Cost of diagnostics

Illustration:
Sum Insured – INR 400,000
Eligible Room Rent – INR 4,000
Room Rent actually incurred – INR8,000
Associated Medical Expenses Incurred – INR 50,000
Associated Medical Expenses Payable – INR 25,000
Basis of Calculation:
4,000/8,000 * 50,000 = INR 25,000

Section 2.2) Pre-hospitalization:
This benefit covers relevant medical expenses incurred during a period up to the number of days as specified in the Schedule of benefits forming part of this Policy, prior to hospitalization or day care treatment for treatment of Disease, Illness contracted or Injury sustained for which the Insured / Insured Person was hospitalized, giving rise to an admissible claim under this Policy. This benefit is a part of benefit available under Section 2.1 above and is limited to the available Sum Insured under Section 2.1. Pre-hospitalization Medical Expenses can be claimed as reimbursement only.

Section 2.3) Post-hospitalization:
This benefit covers relevant medical expenses incurred during a period up to the number of days as specified in the Schedule of benefits forming part of this Policy, after discharge from Hospital / day care treatment for continuous and follow up treatment of the Disease, Illness contracted or Injury sustained for which the Insured/Insured Person was hospitalized, giving rise to an admissible claim under this Policy. This benefit is a part of benefit available under Section 2.1 above and is limited to the available Sum Insured under Section 2.1. Post-hospitalization Medical Expenses can be claimed as reimbursement only.

Section 2.4) Organ Donor:
Where the Insured/Insured Person contracts any of the Illness or Injury requiring major Organ Transplantation surgery and undergoes surgery and treatment in a Hospital as an in-patient for which a valid claim under this Policy is admissible, the hospitalization expenses incurred for harvesting the organ donated for the Insured / Insured Person for this treatment is covered under this benefit, provided the donation conforms to The Transplantation of Human Organs Act 1994. This benefit is a part of benefit available under Section 2.1 above and is limited to the available Sum Insured under Section 2.1. This part of benefit is applicable throughout the policy period

This benefit also covers screening expenses of the donor if he/she is accepted as a donor. Post donation fitness test is also covered under this. Any medical expenses as a result of complications arising because of harvesting from the donor is also covered. However, this benefit does not cover costs directly or indirectly associated with the acquisition of the donor's organ. This part of the benefit is applicable for a period of six months or the policy end date whichever is earlier from the date of organ harvesting from the donor.

Section 2.5) Day Care Treatment:

This benefit covers hospitalization expenses towards medical treatment, and/or procedure incurred by the Insured / Insured Person as per attached annexure which is undertaken under General or Local Anesthesia in a Hospital/day care centre (where 24 hours of hospitalization is not required due to technologically advanced treatment) which shall be payable. The benefit under this Section is limited to the available Sum Insured under Section 2.1 of this Policy as mentioned in the Schedule to this Policy.

Section 2.6 Ayush Treatment:

This benefit provides reimbursement to the Insured/ Insured Person of Medical Expenses incurred for In-patient treatment taken under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems provided that:

The treatment is undertaken in lines with definition of Ayush Day Care and Ayush Hospital
Note:

a) The reimbursement under Ayush benefit will be applicable for inpatient hospitalization claims only;
b) The Insured/ Insured person will not be entitled for Domiciliary Hospitalization;
c) Cashless facility is not available.

The benefit under this Section is available upto the Sum Insured under Section 2.1 of this Policy as mentioned in the Schedule to this Policy.

SECTION 3 – OTHER BENEFITS:

Benefits under this Section are payable as additional benefits / in-built benefits upto the limits specified in the Schedule to this Policy. However, the amount under this shall be part of the overall Sum Insured

Section 3.1 Restore Benefit

In case of a situation where the Sum Insured and Guaranteed Cumulative Bonus (GCB) are exhausted due to claims made and paid during the Policy Year, and the Insured/Insured Persons have to, incur any hospitalization expenses due to any Accident/ Disease/ Illness / Injury for which a valid claim is admissible under the Policy, then the Sum Insured shall be regained and called Regained Sum Insured which is equal to 100% of SI for the particular Policy year for all members in the Policy, provided that;

I. The Regained Sum Insured will be enforceable only after the first claim during the policy year. The regain benefit will be triggered upon partial or full utilization of Sum Insured. The Regained Sum Insured can be used for claims made by the Insured / Insured Person in respect of the benefits stated in Section 2. Hence making the total Sum Insured available as SI+GCB+Regain – (minus) 1st Claim
II. The Regained Sum Insured shall be available for any Accident / Disease / Illness / Injury or any related Accident / Disease / Illness/ Injury for which a Claim has already been admitted partially or fully for that Insured / Insured person during that Policy Year.
III. The Regain Sum Insured will only be allowed once during a Policy Year;
IV. Regain of Sum Insured is not applicable for Optional benefits.

If the Regain Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

Sample Illustration 1

Claim No	Sum Insured Available	Cumulative Bonus Available	Claim admissible amount	Regain Sum Insured	Total Sum Insured Available	Payable Amount	Balance Sum Insured
1	300000	NA	250000	NA	300000	250000	50000
2	50000	NA	250000	300000	50000 - Main Sum Insured 300000 - Regain Sum Insured	250000	100000

Sample Illustration 2

Claim No	Sum Insured Available	Cumulative Bonus Available	Claim admissible amount	Regain Sum Insured	Total Sum Insured Available	Payable Amount	Balance Sum Insured
1	500000	NA	250000	NA	500000	250000	250000
2	250000	NA	1000000	500000	250000 - Main Sum Insured 500000 - Regain Sum Insured	750000	0

In case of renewal

Sample Illustration 1

Year	Claim No	Sum Insured Available	Cumulative Bonus Available	Claim admissible amount	Regain Sum Insured	Total Sum Insured Available	Payable Amount	Balance Sum Insured
1	No Claim	500000	NA	NA	NA	500000	NA	NA

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2	1	500000	100000	500000	NA	500000 - Main Sum Insured	500000	100000
						100000 - Cumulative Bonus		
	2	0	100000	300000	500000	0 - Main Sum Insured 100000 - GCB 500000 - Regain Sum Insured	300000	300000

Sample Illustration 4

Year	Claim No	Sum Insured Available	Cumulative Bonus Available	Claim admissible amount	Regain Sum Insured	Total Sum Insured Available	Payable Amount	Balance Sum Insured
1	No Claim	500000	NA	NA	NA	500000	NA	NA
2	1	500000	100000	500000	NA	500000 - Main Sum Insured 100000 - Cumulative Bonus	500000	100000
	2	0	100000	300000	500000	0 - Main Sum Insured 100000 - GCB 500000 - Regain Sum Insured	300000	300000

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3	1	500000	200000	500000	NA	500000 - Main Sum Insured 200000 - Cumulative Bonus	500000	200000
	2	0	200000	300000	500000	0 - Main Sum Insured 200000 - GCB 500000 - Regain Sum Insured	300000	400000

3.2 Animal Bite (Vaccination)

The Company will cover Medical Expenses of OPD Treatment for vaccinations or immunizations for treatment post an animal bite, up to the limit provided in the Schedule of Benefits within overall limit of the Sum Insured under section 2.1. This benefit is available only on reimbursement basis.

3.3 Guaranteed Cumulative Bonus (GCB):

If no claim has been made in a Policy Year by any Insured / Insured Person, then for each such Policy year, the Company will offer a GCB of 20% of Sum Insured maximum uptill 100% of expiring Policy S.I

Guaranteed Cumulative Bonus will be provided on the expiring Policy Sum Insured, provided that the Policy is renewed continuously.

The sub-limits applicable to various benefits will remain the same and shall not increase proportionately with the increase in Cumulative Bonus.

Guaranteed Cumulative Bonus will be calculated on the basis of Sum Insured of the last completed Policy Year.

This will not affect the Sum Insured of the Policy.

Guaranteed Cumulative Bonus will be available only for base cover benefits

Once accrued Guaranteed Cumulative Bonus shall remain guaranteed for the life (i.e. will not get reduced on subsequent renewals) and shall not get reduced in case of a claim/ Maximum value of GCB that can be accrued is 100% of expiring policy sum insured.

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IllustrationLet us assume that an individual has opted for a Sum Insured of INR 500,000 and has continuously renewed the policy for next 4 years. The Guaranteed cumulative bonus is as illustrated below:

Year	Sum Insured Available	Cumulative Bonus Available (20% of Sum Insured)	Total Sum Insured Available (Base + CB)	Claim / No Claim
Year 0	500000	NA	500000	No Claim
Year 1	500000	100000	600000	No Claim
Year 2	500000	200000 (100000 + 100000)	700000	Claim
Year 3	500000	200000 (100000+ 100000 + 0)	700000	Claim
Year 4	500000	200000 (100000+ 100000 +0 +0)	700000	

3.4 Surface Ambulance Charges:
This benefit provides for cashless / reimbursement to the Insured/Insured Person of expenses incurred for his/her surface transport by ambulance to hospital or between hospitals and/or diagnostic center for treatment of Disease, Illness or Injury in a Hospital as an in-patient for which a valid claim under this Policy is admissible.

This benefit is subject to sub limits (per hospitalization claim) as mentioned in Schedule of benefit but within overall limit of the Sum Insured under section 2.1as specified in the Schedule to this Policy.

This benefit is applicable irrespective of the number of occurrences during the Policy period subject to the overall Sum Insured.

3.5 Health Check-up:
The Company will cover the cost of health checkup per policy as per plan eligibility as defined in the Policy schedule provided that Insured / Insured Person within overall limit of the Sum Insured under section 2.1. Only that Insured / Insured Person who has attained minimum age of 18 years at the time of first policy/Renewal shall be eligible for a health check-up.

3.6 Convalescence Benefit:
In case the Insured / Insured Person is hospitalized for a continuous period of 10 days or more for treatment of any Accident / Disease/ Illness /Injury for which a valid claim is admissible under the

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Policy, this benefit provides for payment to the Insured / Insured Person of a fixed allowance as mentioned in the Schedule of benefit attached to this Policy.

This benefit is subject to sub limits as mentioned in Schedule of benefits payable only once during the Policy year within overall limit of the Sum Insured under section 2.1.

If an insured is taking a coverage for 1 year he is eligible for convalescence benefit only once (i.e. one per policy year), while if he is taking the policy coverage for 3 years, he is then eligible for this benefit once in each and every year (i.e. one per policy year).

3.7 : Bariatric Surgery Cover:

If the insured is hospitalized on the advice of a Doctor because of Conditions mentioned below which required insured to undergo Bariatric Surgery during the Policy year, then We will pay the insured, Reasonable and Customary Expenses related to Bariatric Surgery according to the policy schedule and waiting period mentioned in this document. There is no limit on the number of time this cover can be used in a policy year subject to the Sum Insured of the cover within overall limit of the Sum Insured under section 2.1 as specified in policy schedule.

Eligibility:
For adults aged 18 years or older, presence of severe obesity documented in contemporaneous clinical records defined as any of the following:
BMI greater than and equal to 40 in conjunctions with any of the following severe comorbidities:
1. Coronary heart disease; or
2. Medically refractory hypertension (blood pressure greater than 140 mm Hg systolic and/or 90 mm Hg diastolic despite concurrent use of 3 anti-hypertensive agents of different classes); or
3. Type 2 diabetes mellitus
Special Conditions applicable to Bariatric Surgery Cover
• Bariatric surgery performed for any other reason not listed above shall not be covered.
• The indication for the procedure should be found appropriate by two qualified surgeons and the insured person shall obtain prior approval of the company for cashless treatment. This optional benefit helps insured in availing bariatric treatment if suggested by attending doctor

3.8) Domiciliary Hospitalization:

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:
1. The condition of the Patient is such that he/she is not in a condition to be removed to a Hospital or,
2. The Patient takes treatment at home on account of non-availability of room in a Hospital.

However, this does not cover

1. Treatment of less than 3 days. (Coverage will be provided for expenses incurred in first three days however this benefit will be applicable if treatment period is greater than 3 days);

2. Pre - Post-Hospitalization expenses;

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3. The following medical conditions:
   a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
   b. Arthritis, Gout and Rheumatism,
   c. Chronic Nephritis and Nephritic Syndrome,
   d. Diarrhoea and all type of Dysenteries including Gastroenteritis,
   e. Diabetes Mellitus and Insupidus,
   f. Epilepsy,
   g. Hypertension,
   h. Psychiatric or Psychosomatic Disorders of all kinds,
   i. Pyrexia of unknown origin.

Domiciliary hospitalization benefits also cover expenses on Qualified nurses engaged on the recommendation of the attending Medical Practitioner.

The benefit under this Section is limited to the available Sum Insured under Section 2.1 of this Policy as mentioned in the Schedule to this Policy.

SECTION 4 – OPTIONAL BENEFIT:

Benefits under this Section are payable as optional benefits on payment of additional premium, up to the limits specified in the Schedule over and above the base sum insured under section 2.1 to this Policy unless specified otherwise.

4.1 : Domestic Air Ambulance: This optional benefit covers expenses of transportation in an airplane or helicopter which is certified to use as an ambulance for Emergency care which require immediate and rapid transportation from the site of first occurrence of the Illness / Accident to the nearest Hospital within a reasonable timeframe. This benefit is available only where the medical treatment required and as advised by medical practitioner is not available in any Hospital of the city of first occurrence. The claim would be reimbursed upto the actual expenses subject to the maximum limit as specified in the Schedule to this policy over and above the base sum insured under section 2.1.

Return transportation is excluded

4.2 : Maternity Cover:

This optional benefit covers the medical expenses including (after a waiting period of 9 months with the company) up to limits specified in the schedule (over and above Sum Insured under section 2.1) for the delivery of a baby and / or expenses related to medically recommended lawful termination of pregnancy but only in life threatening situation under the advice of Medical Practitioner, limited to maximum of three deliveries or terminations as said herein during the lifetime of an female Insured/Insured Person as the case may be between the ages of 18 years to 45 years in the Policy.

This optional benefit is applicable to all or any female Insured / Insured person who has opted for 3 years Policy term between age 18 to 45 years as selected by proposer.

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In case, insured has taken three year policy without maternity optional benefit and would like to opt for maternity optional benefit, then this can be availed only at the time of renewal
Ectopic Pregnancy is not covered under this section. In case the maternity benefit is not claimed, next 3 years maternity premium is waived off. Exclusion No, '**R. Maternity: Code Excl18' will not be applicable to this section**

4.3 : New Born Baby Cover:
Medical Expenses for any medically necessary treatment described at 2.1 while the Insured Person (the Newborn baby) is hospitalized during the Policy Period within first 90 days of birth, as an inpatient under this benefit. The coverage is subject to the Policy exclusions, terms and conditions. This Benefit is applicable if Maternity benefit is opted and the Company has accepted a maternity claim under this Policy.

This benefit is subject to the specified limits as mentioned in Schedule however over and above the Maternity sum insured mentioned in the Schedule over and above the base sum insured under section 2.1.

4.4 : Vaccinations for new born baby in the first year
Vaccinations for new born baby till one year of age during the policy period - Option of covering vaccination for the new born baby which is upto 1% of SI or upto 10K whichever is lesser. This Benefit is applicable if Maternity benefit is opted and the Company has accepted a maternity claim under this Policy.

This benefit is subject to the specified limits as mentioned in Schedule however over and above the Maternity sum insured mentioned in the Schedule over and above the base sum insured under section 2.1

4.5 : OPD for Medical and Dental:

This optional cover help you in getting your bill reimbursed upto the limit specified in the schedule over and above the base sum insured under section 2.1. The OPD benefit will cover the following on reimbursement basis

- In-network Doctor Consultation on submission of consultation papers

- In-network Pharmacy on submission of prescription.

- In-network diagnostics on submission of diagnostic reports

-In-network Physiotherapy on submission of consultation papers

This benefit is subject to the specified limits as mentioned in Schedule however over and above the Sum Insured mentioned in the Schedule. Exclusion No, '**U' will not be applicable to this section**

Illustration

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SI	OPD SI Eligibility
1000000	5000
10000000	50000
30000000	100000

4.6 : Hospital Cash Benefit:

Daily cash amount will be payable per day up to the specified limits as mentioned in the Schedule to this Policy if the Insured Person is Hospitalized for treatment of any Disease / Illness / Injury for which a valid claim is admissible under the Policy for each continuous and completed period of 24 hours and if the Hospitalization exceeds for more than 24 hours. First continuous and completed period of 48hours will act as deferment which means minimum hospitalization of 48 hours is required for claims to be payable from the time of hospitalization.

This is paid up to a maximum of 45 days for all Insured Persons.

This benefit is subject to the specified limits as mentioned in Schedule over and above the Sum Insured under section 2.1 as mentioned in the Schedule.to this policy.

4.7 : Personal Accident Cover:

This optional benefit helps insured in getting additional coverage of following benefits upto the specified limits of sum Insured as mentioned in schedule over and above the base sum insured under section 2.1 opted for:

a. Accidental Death

We shall pay 100% of the coverage amount of the Insured / Insured Person, in the event of his / her Death on account of an Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.

b. Permanent Total Disablement

We shall pay up to the coverage amount of the Insured Person as specified below in case of his / her permanent total disablement on account of any Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per table below:

S.No	Insured Events	Amount payable = % of the Sum Insured specified in the policy certificate
I	Total and irrecoverable loss of sight of both the eyes or the actual loss by physical separation of two entire hands or feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one	100%

	entire foot.	
II	Total and irrecoverable loss	100%
	(a) use of two hands or two feet	
	(b) one hand and one foot	
	(c)sight of one eye and use of one hand or one foot	
III	Total and irrecoverable loss of sight of one eye or the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of one entire hand or one entire foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

NOTE: For the purpose of Sr. No. I to IV in the table above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.
For the purpose of this Benefit only:
(I) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
(II) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
(III) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

c. Permanent Partial Disablement
We shall pay up to the coverage amount of the Insured Person as specified below in case of his / her permanent partial disablement on account of any Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per table below:

S.No	Insured Events	Amount payable = % of the Sun Insured specified in the policy certificate
I	Total and irrecoverable loss of hearing in: -	
	a) Both ears	75%
	b) One ear	30%
II	Loss of toes	
	a) All	20%
	b) Both phalanges of great toes bilateral	5%
	c) Both phalanges of one great toe	2%
	d) Both phalanges of other than great than great toes for each	1%
III	III Loss of four fingers and thumb of one hand	40%
IV	Loss of four fingers of one hand	35%

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V	Loss of thumb	
	a) Both phalanges	25%
	b) One phalanx	10%
VI	Loss of index finger	
	a) Three phalanges	10%
	b) Two phalanges	8%
	c) One phalanx	4%
VII	Loss of middle finger	
	a) Three phalanges	6%
	b) Two phalanges	4%
	c) One phalanx	2%
VIII	Loss of ring finger	
	a) Three phalanges	5%
	b) Two phalanges	3%
	c) One phalanx	2%
IX	Loss of little finger	
	a) Three phalanges	4%
	b) Two phalanges	3%
	c) One phalanx	2%
X	Loss of metacarpus	
	a) First or second	3%
	b) Third, fourth or fifth	2%
XI	Permanent partial disablement not otherwise provided for under serial no. I to X	Such % of the Sum Insured as determined in accordance with the medical assessment carried out by the Company's Network Hospital that the %age under Insured event Sr. No. XI shall not exceed 50% of the Sum Insured

4.8 : Critical Illness:

After waiting period as specified in the policy schedule (mentioned as Waiting Period), if the Insured is at any time during the Policy period, being diagnosed contracted by any Critical Illness as specified below and surviving for more than such period mentioned in Schedule mentioned as Critical Illness Survival Period, post such diagnosis, (over and above the Sum Insured mentioned in the Schedule), Insured shall be paid Lump Sum amount upto the specified limits as mentioned in Schedule over and above the base sum insured under section 2.1.

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After availing the benefit under section Critical Illness, if the Insured / Insured Person takes treatment for the Critical Illness in a Hospital, the hospitalization expenses incurred for the same would be payable/reimbursed, subject to the terms and conditions of the Policy, out of the Sum Insured available for Hospitalization Benefit cover under Section In patient Treatment of this Policy. However, in case of diagnosis of multiple illnesses qualified as Critical Illness under the Policy, the payment of compensation under critical illness benefit shall be limited to the limit specified in the schedule and shall be payable only once in the lifetime of Insured/Insured person. Critical Illness benefit will lapse after reporting of and payment of one claim for the claiming Insured/Insured person. Critical Illness limit opted cannot be more than Sum Insured opted for Section In patient Treatment The illnesses qualified as Critical Illnesses and covered in this section are as follows:

1. Cancer of Specified Severity
2. Myocardial Infarction **(**First Heart Attack of Specified Severity)
3. Coronary Artery Disease
4. Open Chest CABG
5. Open Heart Replacement or Repair of Heart Valves
6. Surgery to Aorta
7. Stroke resulting in Permanent Symptoms
8. Kidney Failure requiring Regular Dialysis
9. Aplastic Anaemia
10. End Stage Lung Disease
11. End Stage Liver Failure
12. Coma of Specified Severity
13. Third Degree Burns
14. Major organ /bone marrow transplant
15. Multiple Sclerosis with Persisting Symptoms
16. Fulminant Hepatitis
17. Motor Neurone Disease with Permanent Symptoms
18. Primary Pulmonary Hypertension
19. Terminal Illness
20. Bacterial Meningitis

1. Cancer of Specified Severity

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

The following are excluded –

i. All tumors which are histologically described as carcinoma in situ,benign, pre-malignant, borderline malignant, low malignant potential,neoplasm of unknown behavior, or non-invasive, including but not
limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. Myocardial Infarction (First Heart Attack of specified severity)

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

I. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial Infarction (for e.g. typical chest pain)
II. New characteristic electrocardiogram changes
III. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded

I. Other acute Coronary Syndromes
II. Any type of angina pectoris
I. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending circumflex and right coronary artery.

4. Open Chest CABG (Coronary Artery By-pass Graft) surgery

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

The following are excluded:

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

5. Open heart replacement or repair of heart valves

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

6. Surgery to Aorta

The actual undergoing of major surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

7. Stroke resulting in permanent symptoms

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

The following are excluded:

I. Transient ischemic attacks (TIA)
II. Traumatic Injury of the brain
III. Vascular disease affecting only the eye or optic nerve or vestibular functions

8. Kidney failure requiring regular dialysis

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

9. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

I. Blood product transfusion;
II. Marrow stimulating agents;
III. Immunosuppressive agents; or
IV. Bone marrow transplantation

The diagnosis must be confirmed by a haematologist.

10. End Stage Lung Disease

End Stage Lung Disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and
iv. Dyspnea at rest.

11. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

12. Coma of specified severity

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

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

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

13. Third Degree Burns

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

14. Major organ /bone marrow transplant

The actual undergoing of a transplant of:

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

The following are excluded:

I. Other stem-cell transplants
II. Where only islets of langerhans are transplanted

15. Multiple Sclerosis with persistent symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function,which must have persisted for a continuous period of at least 6 months.

I. Other causes of neurological damage such as SLE are excluded.

16. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure.
This diagnosis must be supported by all of the following:

I. Rapid decreasing of liver size;
II. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
III. Rapid deterioration of liver function tests;
IV. Deepening jaundice; and
V. Hepatic encephalopathy.

17. Motor Neurone Disease with permanent symptoms

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

18. Primary Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:
i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
ii. Class IV: Unable to engage in any physical activity without discomfort.Symptoms may be present even at rest.
III. Pulmonary hypertension associated with lung disease, chronic hypoventilation,pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

19. Terminal Illness

The conclusive diagnosis of an Illness that is expected to result in the death of the insured person within 12 months. This diagnosis must be supported by a specialist and confirmed by the Company's appointed Doctor.

20. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:

I. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
II. A consultant neurologist.

SECTION 5 – Waiting Periods and Survival Periods:

5.1 : Waiting Period for PED:
This optional benefit allows the Insured / Insured Person to opt for 24/36/48 months of waiting period.

5.2 : Waiting Period for Named Ailments:
This optional benefit. allows the Insured / Insured Person to opt for 24/12 months of waiting period. This named ailments are listed in **SECTION 7 - EXCLUSIONS: B. Exclusion Name: Specified disease/procedure waiting period- Code- Excl02**

5.3 : Waiting period for Critical Illness:
This optional benefit allows the Insured / Insured Person to opt for 60 / 90 days of waiting period.

5.4 : Survival period for Critical Illness:
This optional benefit allows the Insured / Insured Person to opt for 30 days of survival period.

5.5 : Co payment:
Co payment will be applicable as chosen by the Insured.

5.6 Waiting period for below illnessess

,
Internal Congenital Anomalies,
Genetic Disorders and
Mental Illness specifically for the following ICD codes:

- Schizophrenia (ICD - F20; F21; F25)
- Bipolar Affective Disorders (ICD - F31; F34)
- Depression (ICD - F32; F33)
- Obsessive Compulsive Disorders (ICD - F42; F60.5)
- Psychosis (ICD - F 22; F23; F28; F29)

The waiting period chosen for Pre-existing Diseases will by default apply to this section.

SECTION 6 – Wellness and Value Added Services:

This services will be available to all Insured / Insured persons and this will have no premium and / or Sum Insured impact.

6.1 Health Rewards
Insured can accumulate rewards by opting for an array of wellness programs listed below, that will help assess his/her health status and aid in improving the overall well-being.

There will be no limitation to the number of programs one can enroll however maximum rewards that all the insured person(s) in a single policy period can earn, will be limited to 5% in a year and of the policy premium for the opted tenure on renewal. The Wellness Rewards will get accrued in the following manner:

Wellness Grid		
HRA GRID		
Services	**Points**	**Limits**
Completes Health Risk Assessment	100	1 HRA
Does 2 Health Risk Assessment in a Year	200	Additional points
Basis Investigation Report (upload into our portal)		
Services	**Points**	**Limits**
Comprehensive health report (Routine Urine Analysis (RUA), Lipid profile, Compete Blood Count (CBC), Kidney Function Test (KFT), Liver Function Test (LFT), Hepatitis B Surface Antigen Test (HBsAg,)	1000	Max 1
2D Echocardiogram	300	Max 1
Magnetic Resonance Imaging (MRI Scan)	300	Max 1
Glycosylated Hemoglobin (Hb1Ac Report)	200	Max 1
Prostate Specific Antigen (PSA)	200	Max 1
Mammography	1000	Max 1
Bone Scan	1000	Max 1
Bone Densitometry test	1000	Max 1
Healthy Initiaitves		
Services	**Points**	**Limits**
Membership (Gym, Fitness Club, Yoga) for a year	3000	Max. 2
Participation in Walkathon, Marathon, Fitness League, Cycling, Swimming Competition	1000	Max 4
Claim		
Services	**Points**	**Limits**
Enrollment within 30 Days with our wellness portal for this additional points will be offered	1000	Max 1
Invoices should be uploaded within 60 days from the Date of Invoice date for points redemption		
Per Point Value-INR 0.30 Paise		

Any member in the policy can avail these facilities and accumulate the above reward points for both individual and floater policies.

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ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025, IRDAI Registration No: 115
Toll-free: 1800-2666| Website- www.icicilombard.com | Email: customersupport@icicilombard.com

The accrual shall happen on continuous coverage basis and if the insured fails to continue these activities in subsequent years or fails to redeem these discounts in the subsequent year/subsequent renewals, the accrual shall fall to zero and the insured will have to start the process again to achieve the maximum discount benefit.

Policy Premium means the premium paid by the proposer to the Company for the renewal policy period, post application of all discounts & loadings excluding any applicable taxes.

- The Total Accrual rewards earned as reward scale as percentage of the premium paid during the renewal year shall be converted to and accumulated as reward points as mentioned in the Wellness and Value Added Services.

- In case of Multi-year policies, the insured needs to perform all or any of the activities at least once during the tenure of the insurance.

- Rewards can be redeemed in the following manner

Adjustment of renewal year premium, when the insured purchases selected health insurance products from the company post accrual of the wellness rewards points under this policy. However, the total rewards points that can be utilized in a policy tenure shall not exceed 5% of the policy premium for such health policy.

- Rewards Points earned by an insured cannot be transferred to anyone or rewards points earned under multiple such programs cannot be clubbed together for redemption in any single policy.

HRA to be availed by login in on company's portal. All Invoices and reports to be uploaded on company's wellness portal to be elgible for redemption.

6.2 Medical Condition Management Program:

The insured will have a choice to avail various wellness benefits/services under this benefit head provided by the Company through the network of specialists/service providers. The assistance in arranging consultation will be provided on best effort basis. The cost of the services shall be borne by Insured / Insured Person.

1. Health Coach to monitor your day to day well being - The Insured Person will have the facility to connect with a personal coach to motivate the Insured person to achieve his/her personal health goals.

2. Chronic Condition Screening – Customized Health Checks including gene screening to understand the potential health risks the insured(s) may encounter in future or to avail regular screenings for chronic conditions to stay abreast about their on-going health and corrective/precautionary measures can be taken.

3. Condition Specific Care

a. Orthopedics Program (Rehabilitation and mobilization, Nursing attendant, Physiotherapist and medical equipments, etc.).

b. Oncology Program (Palliative care support, Stroma care, Colostomy, Tube feeding, Supportive care, etc.).

c. Pulmonary Program (Services/programs related to Improving breathing ability. Improving overall strength and exercise tolerance, programs to increase participation in daily physical and social activities)..

d. Diabetes Management Program (Services such as Personal Health Coach, Personal Nutritionist, Hypo/Hyper Alerts Management, etc may be availed on the basis of need or as recommended by the treating medical practitioner).

e. Internal Medicine Program (Services such as Doctor visits at home, Triage nursing, Medicine delivery, etc. may be availed on the basis of need or as recommended by the treating medical practitioner).

6.3 Video / Tele Consultation

Assistance in arranging consultation with a medical practitioner through Network Service Providers for assessing the medical records or routine health issues of the Insured Person over the phone or Video Chat on best effort basis. The cost of the services shall be borne by Insured / Insured Person.

6.4 Tele medicine

Assistance in arranging consultation with a medical practitioner through Network Service Providers to evaluate, diagnose and treat patients at a distance using telecommunications technology on best effort basis. Telemedicine involves the use of electronic communications and software to provide clinical services to patients without an in-person visit. The cost of the services shall be borne by Insured / Insured Person.

6.5 Pharmacy and Diagnostic Services

You may purchase medicines and diagnostic services from our Network Service Provider on best effort basis. The cost for the purchase of the medicines or diagnostic services shall be borne by Insured / Insured Person. Assistance in arranging delivery of purchased medicine on best effort basis

6.6 Doctor Appointment

The Insured / Insured Person may book a consultation with a qualified medical practitioner through Network Service Providers. The cost of the services rendered by the medical practitioner shall be borne by Insured / Insured Person.

6.7 Online Chat with Doctor

The Insured / Insured person can get answers to their health problems by consulting a physician online via an online chat from our panel of doctors available through our network service provider. The cost of the services rendered by the medical practitioner shall be borne by Insured / Insured Person.

6.8 Medical Second Opinion- Domestic:

If the insured / Insured Person is suffering from a serious illness (list mentioned in section 4.8) and feel uncertain about diagnosis or wish to get a second opinion within India from a doctor on insured medical reports for any other reason, we arrange one for the insured free of cost, without any impact on Sum Insured amount. This second opinion is available to every Insured / Insured Person opting for this optional cover, once for each Critical Illness / Injury per Policy year.

The cost of the services rendered by the medical practitioner shall be borne by Insured / Insured Person.

6.9 Doctor on Call:

The insured can avail the benefit of doctor on call according to the policy schedule. The insured can avail doctor consultation for any ailment or illness over call upto the limit specified in the schedule to the policy.

The above benefits will be subject to following conditions:

- For services that are availed over phone or through online/digital mode, the Insured / Insured Person will be required to provide the details as sought by our Service Provider in order to establish authenticity and validity prior to availing such services.
- It is entirely for the Insured / Insured Person to decide whether to obtain these services, the extentto which he/she wishes to avail these services and further to decide whether to use any of these services and if so to which extent.
- The services are intended to provide support information to the Insured Person to improve well-being and habits through working towards personalized health goals. These services are not medical advice and are not meant to substitute the Insured / Insured Person's visit/ consultation to an independent Medical Practitioner.
- The information services provided under these benefits, including information provided through personalized health coaching services, does not constitute medical advice of any kind and it is not intended to be, and should not be, used to diagnose or identify treatment for a medical condition.
- The Insured Person shall be free to consider or not consider the suggestions of the health coach and make any lifestyle changes based on information provided through these services. For any change the Insured Person makes to his lifestyle whether or not on the advice of the health coach, we shall in no manner be liable for any harm or injury, whether bodily or otherwise that may occur as a result of such lifestyle changes. The Insured Person must seek immediate medical advice if there is any adverse effect or discomfort on making any lifestyle changes.
- The company shall not be liable for any damages sustained by the Insured Person on such information or suggestions provided by Health Coach or any of the service rendered by our service provider.
- The company is not responsible for any medical or mental health problems the Insured Person may face as a result of accessing or using these services.
- The Insured Person is solely responsible for all information, data, text, music, sound, photographs, graphics, video, messages or other materials that the Insured Person uploads, transmits, posts, publishes or displays on any platform used by the service providers

- The Insured Person expressly understands and agrees that we will not be liable for any damages related to services provided by the network service provider

The cost of the services rendered by the medical practitioner shall be borne by Insured / Insured Person.

Service Provider - means any person, clinic, organization or institution that has been empanelled with Us.

SECTION 7 - EXCLUSIONS:

A Exclusion Name: Pre-Existing Diseases - Code- Excl01

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48/36/24 months of continuous coverage after the date of inception of the first policy with insurer as selected by the Insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability / migration norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

B. Exclusion Name: Specified disease/procedure waiting period- Code- Excl02

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24/12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures

1. Any types of gastric or duodenal ulcers
2. Benign prostatic hypertrophy
3. All types of sinuses
4. Hemorrhoids
5. Dysfunctional uterine bleeding
6. Endometriosis
7. Stones in the urinary and biliary systems
8. Surgery on ears/tonsils/adenoids/ paranasal sinuses

9. Cataracts,
10. Hernia of all types and Hydrocele
11. Fistulae in anus
12. Fissure in anus
13. Fibromyoma
14. Hysterectomy
15. Surgery for any skin ailment
16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy
17. Dialysis required for Chronic Renal Failure.
18. Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date.
19. Dilatation and curettage
20. Varicose Veins and Varicose Ulcers
21. Non Infective Arthritis and other form arthritis
22) Gout and Rheumatism
23) Prolapse inter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident

C. 30-day waiting period- Code- Excl03

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

D. Investigation & Evaluation- Code- Excl04

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

E. Exclusion Name: Rest Cure, rehabilitation and respite care- Code- Excl05

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

F. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);

a) greater than or equal to 40 or
b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type2 Diabetes

G. Change-of-Gender treatments: Code- Excl07
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

H. Cosmetic or plastic Surgery: Code- Excl08
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

I. Hazardous or Adventure sports: Code- Excl09
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

J. Breach of law: Code- Excl10
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

K. Excluded providers: Code- Excl 11
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

L. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl 12**

M. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.**Code- Excl13**

N. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**

O. Refractive Error: Code- Excl15
Expenses related to the treatment for correction of eye sight due to refractive error less than 7. 5 dioptres.

P. Unproven Treatments: Code- Exel 16
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

Q. Sterility and Infertility: Code- Excl 17
Expenses related to sterility and infertility. This includes:
(i) Any type of contraception, sterilization
(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
(iii) Gestational Surrogacy
(iv)Reversal of sterilization

R. Maternity: Code Excl18
i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

This exclusion will stand modified to the effect to cover **4.2: Maternity Cover**

S. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

T. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

U. Any expenses incurred on OPD treatment. This exclusion will stand modified to the effect to cover **Section 4.5: OPD for Medical and Dental**

V. Treatment taken outside the geographical limits of India

W. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule(based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

SECTION 8- GENERAL CONDITIONS:

8.1) Disclosure of Information:

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 by the policyholder.

8.2) Condition Precedent to Admission of Liability:

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

8.3) Fraud:

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceivee; and
d) any such act or omission as the law specially declares to befraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

8.4) Multiple policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person 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.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

8.5) Free Look Period:

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

8.6) Cancellation:

The policyholder may cancel this policy by giving l5days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

1 year Policy

Months Expired	Premium Retained
0-3	25%
3-6	50.0%
6-9	75.0%
9-12	100.0%

2 year Policy

Months Expired	Premium Retained
0-3	15%
3-6	25%
6-9	50%
9-12	65%
12-15	75%
15-18	85%
18-24	100%

3 year Policy

Months Expired	Premium Retained
0-3	15%
3-6	25%
6-9	35%
9-12	40%
12-15	50%
15-18	60%

18-21	70%
21-24	80%
24-27	85%
27-30	90%
31-36	100%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8.7) Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

i. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period

iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

iv. No loading shall apply on renewals based on individual claims experience.

8.8) Modes of premium payment:

If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)
i) For Yearly and single payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
ii) During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.

iii) The insured person will get the accrued continuity benefit in respect of the 'Waiting Periods' , 'Specific Waiting Periods' in the event of payment of premium within the stipulated grace Period
iv) No interest will be charged If the installment premium is not paid on due date.
v) In case of installment premium due not received within the grace Period, the Policy will get cancelled.
vi) In the event of a claim, all subsequent premium instalments shall immediately become due and payable
vii) The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

8.9) Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

8.10) Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently cov/ered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

8.11) Withdrawal of Policy

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

8.12) Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

8.13) Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

8.14) Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder. the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

8.15) GRIEVANCES REDRESSAL PROCEDURE:

In case of any grie\lance the insured person may contact the company through via:

- Website: www.icicilombard.com
- Email: customersupport@icicilombard.com
- Phone: 18002666
- Courier: Claims, ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad-500032

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at.

Escalation Level 1

In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at :

Write to: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025

Call: 18002666

Email: https://www.icicilombard.com/grievance-redressal/procedure

Escalation Level 2

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ Insured/ Insured Person may contact the Chief Grievance Redressal Officer at:
Email : https://www.icicilombard.com/grievance-redressal/procedure

Escalation Level 3

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Policyholder/ Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, Policyholder/ Insured/ Insured Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned below. Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.

Grievance of Senior Citizens:

In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company for faster attention or speedy disposal of grievance, if any.

- Website: www.icicilombard.com
- Email: customersupport@icicilombard.com
- Phone: 18002666
- Courier: Any of the Company's Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

Grievance Redressal Cell of the Consumer Affairs Department of IRDAI

The insurance company should resolve the complaint within a reasonable time. In case if it is not resolved within 15 days or if the Insured/Insured Person is unhappy with their resolution you can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI. GrieVance may also be lodged at IRDAI Integrated Grievance Management System
- https://igms. irda.gov. in/

- Website: igms.irda.gov.in
- Email: complaints@irda.gov.in
- Toll Free Number 155255 (or) 1800 4254 732

LIST OF INSURANCE OMBUDSMEN

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

The contact details of the **Insurance Ombudsman** offices are as below. These details can also be found at http://www.cioins.co.in/ombudsman.html.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES		
Location	**Office Details**	**Jurisdiction of Office, Union Territory, District**
Ahmedabad	Shri Kuldip Singh 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@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
Bengaluru	Smt. Neerja Shah 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@cioins.co.in	Karnataka
Bhopal	Shri Guru Saran Shrivastava 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@cioins.co.in	Madhya Pradesh Chattisgarh

Bhubaneshwar	Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.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@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
Chennai	Office of the Insurance Ombudsman,Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,CHENNAI – 600 018.Tel.: 044 - 24333668 / 24335284Fax: 044 - 24333664Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu,Pondicherry Town andKaraikal (which are part of Pondicherry)
Delhi	Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh
Guwahati	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.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@cioins.co.in	Rajasthan
Ernakulam	Ms Poonam Bodra 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@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
Kolkata	Shri P.K. RathOffice of the Insurance Ombudsman,Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341Email: bimalokpal.kolkata@cioins.co.in	West Bengal,Sikkim,Andaman & Nicobar Islands

Lucknow	Shri Justice Anil Kumar Srivastava 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@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, 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.: 69038821/23/24/25/26/27/28/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
Noida	Shri Chandra Shekhar Prasad 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- 2514252 / 2514253 Email: bimalokpal.noida@cioins.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	Shri N. K. SinghOffice of the Insurance Ombudsman,1st Floor,Kalpana Arcade Building,, Bazar Samiti Road,Bahadurpur,Patna 800 006.Tel.: 0612-2680952Email: bimalokpal.patna@cioins.co.in	Bihar,Jharkhand

Pune	Shri Vinay Sah 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@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

8.16) Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

8.17) Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

Section 9- Specific conditions

9.1) Floater Policy:

Where the Policy is obtained on floater basis covering the family members, the Sum Insured as specified in the Schedule to this Policy, shall be available to the Insured and all other Insured Persons. However, the Sum Insured shall be the overall limit including Optional Sum Insured unless otherwise specified, if opted and guaranteed GCB, if any for the entire period of Insurance/Policy period including all members/Insured persons and all claims.

9.2) Material Change:

The Insured / Insured Person shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business, partial disclosure of the medical history at Insured / Insured person own expense. The Company may, adjust the scope of cover and / or the premium,if necessary, accordingly.

9.3) No Constructive Notice:
The Company shall not take notice of any information relating to the Insured person unless such information is submitted in writing by the Insured, even if such information was available with the Company.

9.4) Notice of Charge:
The Company is not under obligation to take note of any trust, assignment, lien or similar charge on or relating to the Policy. However, any payment by the Company to Insured or legal representative or bank shall be binding on all concerned and shall be considered as complete discharge by the Company.

9.5) Special Provisions:
Any special provisions subject to which this Policy has been entered into and endorsed on the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

9.6) Electronic Transaction:
The Insured / Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time and hereby agrees and confirm 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 the Company for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of this condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of Policy holder's interests.

9.7) Duty of the Insured on occurrence of loss/event leading to claim
On the occurrence of loss/event/claim within the scope of cover under the Policy resulting in a claim, the Insured / Insured Person shall:

a) Forthwith file/submit a claim form in accordance with "Claim Procedure" clause.
b) Allow the Medical Practitioner or any agent of the Company to inspect the medical and hospitalization records and to examine the Insured / Insured Person
c) Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties

In case the Insured / Insured Person does not comply with the provisions of this clause or other obligations cast upon the Insured / Insured Person under this Policy or in any of the Policy documents, all benefit under the Policy shall be forfeited, at the option of the Company.

9.8) Right to Inspect:

If required by the Company, an agent/representative of the Company including a physician appointed in that behalf in case of any loss/event/claim or any circumstances that have given rise to a claim to the Insured / Insured Person, be permitted at all reasonable times to examine into the circumstances of such loss/event leading to claim. The Insured / Insured Person shall on being required so to do by the Company produce all relevant documents relating to or containing reference relating to the loss/event or such circumstance in his/her possession including presenting himself/herself for examination and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or shall assist the Company to ascertain the correctness thereof or the liability of the Company under this Policy.

The Company shall bear all cost of examination required under this section.

9.9) Position after a claim:

As from the day of receipt of the claim amount by the Insured / Insured Person, the Sum Insured for the remainder of the Policy year of insurance shall stand reduced by a corresponding amount.

9.10) Forfeiture of claims:

If any claim is made and rejected and no court action or suit is commenced within 12 months after such rejection or, in case of arbitration taking place as provided therein, within 12 calendar months after the arbitrator or arbitrators have made their award, all benefits under this Policy shall be forfeited and will not have any rights whatsoever.

9.11) Grace Period:

All applications for renewal of the Policy must be received by us before the end of the Policy. A Grace Period of 30 days for annual premium and 15 days for other than annual mode for renewing the Policy is provided under this Policy.

However, there is no coverage provided during the break period.

9.12) Cause of action/Currency of payment:

No claim shall be payable under this Policy unless the cause of action arises in India. All claims shall be payable in India in Indian Rupees only.

9.13) Policy Disputes:

The parties to this Policy expressly agree that the laws of the Republic of India shall govern the validity, construction, interpretation and effect of this Policy. Any dispute concerning the interpretation of the terms and conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian law. All matters arising hereunder shall be determined in accordance with the law and practice of such court with in Indian Territory.

9.14) Arbitration:

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of 3 arbitrators, comprising of 2 arbitrators - 1 to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such 2 arbitrators.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996.

It is hereby agreed and understood that no dispute or difference shall be referred to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of

this Policy.
It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/arbitrators of the amount of the loss shall be first obtained.

9.15) Sum Insured Enhancement:

i. The Insured member can apply for enhancement of Sum Insured at the time of renewal by submitting a duly filled fresh Proposal Form to the Company.

ii. The acceptance of enhancement of Sum Insured would be at the discretion of the Company, based on the health condition of the Insured members, claim history and subject to acceptance by the Company post underwriting.

All waiting periods as defined in the Policy shall apply afresh for this enhanced Sum Insured from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy in respect of such increased Sum Insured.

9.16) Inclusion of Dependent members under the Policy:

New Person can be added to this Policy, either by way of endorsement in case of mid-term inclusion or at the time of renewal. Mid-term inclusion is available only in case of such new person i.e. spouse and or new born child post 90 days of birth subject to acceptance by underwriters.
The pre-existing Disease clause, exclusions and waiting periods will be applicable afresh in respect of such newly added person,

9.17) Renewal:

The Company shall allow renewal of the Policy and accept renewal premium in all cases except in case of noncooperation of the Insured/Insured Person in implementing the terms and conditions of this Policy..

9.18) Notices:

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post or facsimile to
a) In case of the Insured, at the address given in the Schedule to the Policy.
b) In case of the Company, to the Policy issuing office/nearest office of the Company.

9.19) CLAIM SERVICING

Claim Notification - Multi Model Intimation:

It is the endeavor of Company to give multiple options to the Insured Person/Insured Person's representative to intimate the claim to the Company. The intimation can be given in following ways:

- Toll Free call Centre of the Insurance Company(24x7) - 1800-2666
- Login to the website of the Insurance Company and intimate the claim – http://www.icicilombard.com/contact-us
- Send an email to the Company- customersupport@icicilombard.com
- Post/courier to TPA/Company - Claims, ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad-500032.
- Directly contact our Company office but in writing. - ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025.

In all the above, the intimations are directed to a central team for prompt and immediate action.

9.20) Information Details

When the Insured/covered person/patient's care taker intimate the claim as mentioned above the

following information should be given for prompt services.

- Policy number
- Name of the Insured
- Name of Covered person/Insured member making the claim
- Contact details
- Nature of the Disease, Illness or Injury
- Name and address, phone number of the attending medical practitioner/hospital.
- Date of hospitalization
- The Insured / Insured Person must provide notification of claim within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier. The Notification of Claim should be ideally provided by the Insured/Insured Person. In the event Insured / Insured Person is unwell, then the Notification of Claim should be provided by any immediate adult member of the family.

9.21) Claim Form

Upon the notification of the claim, the TPA/Company will dispatch the claim form to the Insured/Covered person. Claim forms will also be available with the network hospitals and Company offices and on its website.

9.22) Claim Procedure

Cashless hospitalization:

- Company will work with one or more TPAs for providing cashless facility to the Insured/Covered person.
- List of network hospitals will be available in the the website of the TPA/Company too.
- Insured/covered person on admission (emergency) or willing to admit (planned admission) in the network hospitals, a preauthorization request form has to be filled in by the treating doctor/hospital and the same has to be sent through fax/e-mail to the TPA by the Insured/hospital. The TPA after verifying the same will decide on the issuance of authorization after necessary discussion-(approval) with insurance company. The action of pre-authorization will be done within 6 hours post receiving all the documents and formalities for emergency admission and 48 hours for planned admission.
- The preauthorization request form will be available in the hospitals or can be downloaded from the website of the TPA/Company or can request for the same to the TPA/Company via email or fax or can be collected in person from the branches of the TPA/Company.
- Denial of the cashless may not necessarily mean the claim has been rejected. Such claims may be examined on merits and will be paid on reimbursement basis later if admissible.
- The Insured/covered person can send the requisite claim documents to the TPA/Company seeking reimbursement.
- The Insured/covered person need not pay any amount to the hospital if he/she has received the authorization letter except;
- If the bill amount is in excess of the Sum Insured.
- Non-medical expenses
- Unrelated treatments
- Excess/deductible, if any which has to be borne by Insured
- The Insured/covered person may have to pay the difference amount to the network provider, in case the authorized amount is less than estimated/actual bill amount.

Reimbursement claims

- All reimbursement claims should be intimated to TPA/Insurance Company within 7 days from date of discharge.

- Insured/covered person admitted in a non-network hospital can send the claim documents the TPA/Company for the reimbursement within 30 days from the date of discharge. However Pre and post hospitalization bills can be sent within 15 days from the end of post hospitalization period as specified in the Policy.

9.23) Documents

It is the Policy of the Company to seek documents in a single shot/request. Based on documents submitted, if any further documentation is required then it will be sought promptly, at the earliest.

In cases where investigation is deemed necessary, the same will be conducted in all promptitude. Every attempt will be made to keep the process transparent.

9.24) Repudiations

The power to repudiate claims is vested in the corporate office to ensure transparency and standardization across the country.

9.25) Zonal Pricing

For the purpose of calculating premium below zones are available:-

Zone 1:- Delhi (NCR), Kolkata, Mumbai including Suburbs, Pune, Gujrat, Haryana, Rajasthan, Hyderabad. No discount on premium.

Zone 2:- All State Capitals Including Bangalore and Chennai and other places excluding those covered in Zone 1. Discount on premium: - 12.50%

Zone 3:- Rest of India (excluding as mentioned in Zone 1 and Zone 2). Discount on premium: - 15%.

If you select Zone 1 during proposal inward and if treatment is taken in zone 1 then no copay will be applicable.

If you select Zone 2 during proposal inward and if treatment is taken in zone 1 then 12.5% copay will be applicable.

If you select Zone 3 during proposal inward and if treatment is taken in zone 2 then 12.5% copay will be applicable.

If you select Zone 3 during proposal inward and if treatment is taken in zone 1 then 15% copay will be applicable.

Cities included in the zone	Discount on Premium	Co-pay on claim
Zone 1 – Delhi (NCR), Kolkata, Mumbai including suburbs, Thane, Pune and Hyderabad. All cities in the state of Gujarat, Haryana and Rajasthan	No Discount	No co-pay on claim anywhere in India
Zone 2 – All State Capitals excluding those covered in Zone 1	Discount on premium – 12.50%	Treatment taken at locations included in Zone 1: 12.5% co-pay

		Treatment taken at locations included in Zone 2 & 3 – no co-pay
Zone 3 – All locations excluding those covered in Zone 1 & 2	Discount on premium – 15%	Treatment taken at locations included in Zone 1: 15% co-pay Treatment taken at locations included in Zone 2 – 12.5% co-pay Treatment taken at locations included in Zone 3 – no co-pay

Modes of premium payment

(i) All the modes (Single, Annual, Yearly, Half-yearly, Quaterly, Monthly) shall be allowed.

(ii) ECS (Auto Debit facility) is also allowed in respect of the above mentioned modes.

(iii) If any claim occurs prior to policy ceases to exist and is reported after policy ceases to exist on grounds of non-payment of the instalment premium, as mentioned in point V above, then such claim shall be admitted subject to policy terms & conditions and payment of entire balance unpaid premium. However, policy shall not be revived and stand terminated as mentioned in point V above.

Critical Illness, Personal Accident and Hospital Cash Sum Insured with each member having Individual limit of coverage, however limits for Insured/Insured person(s) cannot be different from each other.

<table>
<tr><th></th><th>Prime</th><th>Royal</th><th>Apex</th></tr>
<tr><td>Overall Sum Insured (SI) Rupees</td><td>2/3/4 Lacs</td><td>5/7.5/10/15/20/25/30/40/50 Lacs</td><td>75/100/150/200/300 Lacs</td></tr>
<tr><td colspan="4">Base cover benefits</td></tr>
<tr><td>In-patient treatment</td><td colspan="3" rowspan="9">Upto SI</td></tr>
<tr><td>Doctors' fees</td></tr>
<tr><td>Diagnostics Tests</td></tr>
<tr><td>Medicines, drugs and consumables</td></tr>
<tr><td>Nursing Charges</td></tr>
<tr><td>Intravenous fluids, blood transfusion, injection administration charges</td></tr>
<tr><td>Operation theatre charges</td></tr>
<tr><td>Cost of prosthetics and other devices or equipment if implanted internally during a Surgical Operation.</td></tr>
<tr><td>Intensive Care Unit charges</td></tr>
<tr><td>Hospital Accommodation</td><td>1% of SI for Room and 2% of SI for ICU with proportionate deduction of other charges</td><td colspan="2">Any category room; Upto SI</td></tr>
<tr><td>Ayush Treatment</td><td colspan="3">Upto SI</td></tr>
</table>

Pre and post hospitalization expenses	Pre- 30/60 days Post - 60/90 days	
Day care Procedures	Listed Day care procedures covered	
Organ Donor Expenses	Upto SI	
Other benefits		
Surface Ambulance	Up to 1% of SI per hospitalization subject to a maximum of 10,000 per hospitalization	
Animal Bite (Vaccination)	Upto 10,000	
Restore Benefit	100% of the base SI shall be made available even in case of partial utilization of SI for hospitalization due to any illness for same person (Applicable from second claims onwards upto the limit of SI+Cumulative Bonus+Restore- 1st Claims)	
Guaranteed cumulative Bonus	20% of SI; Once accrued shall remain guaranteed for the life and shall not get reduced in case of a claim/ Maximum value of cumulative bonus that can be accrued is 100%.	
Health Check-up	Annual; Starting from the 1st year/ upto 0.5% of SI or upto max of 10,000	
Domiciliary Hospitalization	Upto SI (Payable only in case the period is for more than 3 days)	
Bariatric Surgery	Not available	Annual; 50% of SI / Max upto 10 Lacs (Applicable only for SI equal to or more than 10 Lacs)- 3 Years waiting period applicable
Convalescence Benefit (On continuous hospitalization for 10 days or more; payable over and above the base SI)	Lumpsum: 20K, Payable once in a policy year	

Optional Benefits		
Domestic Air Ambulance	Upto SI	
Maternity Benefits		
Maternity cover for up to 3 deliveries (would be made available to single mothers as well; Twins would be considered as 2 deliveries; Pre and Post Natal expenses would be included in the maternity limit)	NA	10% of SI subject to maximum of 10 lacs In case the maternity benefit is not claimed, next 3 years maternity premium is waived off
New Born Baby Cover	NA	Twice the maternity cover limit per newly born child over and above the maternity limit
Vaccinations for new born baby in the first year	NA	1% of SI per newly born child, max upto 10 k
OPD (Medical and Dental)	Not available	0.5 % of SI or max upto 1 Lacs whichever is less - In-network Doctor Consultation - In-network Pharmacy - In-network diagnostics -In-network Physiotherapy
Hospital Cash Benefit	Per day limit - 500/1000/2000/3000/4000/5000/10000/25000 Deferment period 2 days; Payable from 1st day; Maximum upto 45 days in a year	
Critical Illness (Coverage for 20 Critical Illnesses on lumpsum basis with 30 days survival clause)	Lumpsum equal to SI	Lumpsum equal to SI subject to a maximum of 50 lacs
Personal Accident (Death + PTD+PPD)	Lumpsum equal to SI for AD/ For PTD and PPD - payout according to PPD and PTD grid subject to a maximum of 50 lacs	
Wellness and Value Added Services		

Medical Condition Management Program (Management of chronic conditions)	Not available	Home Health Care Services 1-Orthopedics 2-Oncology 3-Pulmonary 4-Diabetes Management 5-Internal Medicine 6- Any other Condition Management

Wellness Rewards	Discount in premium upto 5%; Available in the form of redeemable points against the renewal premium	
Video / Tele Consultation	Assistance	
Tele medicine	Assistance	
Pharmacy and Diagnostic Services	Assistance	
Doctor Appointment	Assistance	
Online Chat with Doctor	Assistance	
Medical Second Opinion	Available; Once in a policy year (Assistance)	
Doctor on Call	Two times in a policy Tenure (Assistance)	Four times in a policy Tenure (Assistance)
Copayment		
Copay	0% Co payment Option to choose from 10% and 20%	
Waiting and Survival Period		
PED Waiting Period	2 years Option to increase it to 3 years/4 years	
Specific Condition Waiting Period	2 years Option to reduce it to 1 year	
Bariatric Treatment	3 Year	
Initial Waiting Period	30 days; Waived off in case of accidental emergencies	
Initial Waiting Period for CI	60/90 days	
Survival Period for CI	30 days	

Annexure II

List I- Items for which coverage is not available in the Policy

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

28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT

58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK

16	FLEX I MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKETS/VARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III — Items that are to be subsumed into Procedure Charges

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT

8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRITS DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT

11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

Annexure III: Day Care Treatment

Sr No	Procedure Name
1	Coronary Angiography
2	Insert Non - Tunnel Cv Cath
3	Insert Picc Cath (Peripherally Inserted Central Catheter)
4	Replace Picc Cath (Peripherally Inserted Central Catheter)
5	Insertion Catheter, Intra Anterior
6	Insertion Of Portacath
7	Suturing Lacerated Lip
8	Suturing Oral Mucosa
9	Oral Biopsy In Case Of Abnormal Tissue Presentation
10	Myringotomy With Grommet Insertion
11	Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
12	Removal Of A Tympanic Drain
13	Keratosis Removal Under Ga
14	Operations On The Turbinates (nasal Concha)
15	Removal Of Keratosis Obturans
16	Stapedotomy To Treat Various Lesions In Middle Ear

17	Revision Of A Stapedectomy
18	Other Operations On The Auditory Ossicles
19	Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)
20	Fenestration Of The Inner Ear
21	Revision Of A Fenestration Of The Inner Ear
22	Palatoplasty
23	Transoral Incision And Drainage Of A Pharyngeal Abscess
24	Tonsillectomy Without Adenoidectomy
25	Tonsillectomy With Adenoidectomy
26	Excision And Destruction Of A Lingual Tonsil
27	Revision Of A Tympanoplasty
28	Other Microsurgical Operations On The Middle Ear
29	Incision Of The Mastoid Process And Middle Ear
30	Mastoidectomy
31	Reconstruction Of The Middle Ear
32	Other Excisions Of The Middle And Inner Ear
33	Incision (opening) And Destruction (elimination) Of The Inner Ear
34	Other Operations On The Middle And Inner Ear
35	Excision And Destruction Of Diseased Tissue Of The Nose
36	Other Operations On The Nose
37	Nasal Sinus Aspiration
38	Foreign Body Removal From Nose
39	Other Operations On The Tonsils And Adenoids
40	Adenoidectomy
41	Labyrinthectomy For Severe Vertigo
42	Stapedectomy Under Ga
43	Stapedectomy Under La
44	Tympanoplasty (Type IV)

45	Endolymphatic Sac Surgery For Meniere's Disease
46	Turbinectomy
47	Endoscopic Stapedectomy
48	Incision And Drainage Of Perichondritis
49	Septoplasty
50	Vestibular Nerve Section
51	Thyroplasty Type I
52	Pseudocyst Of The Pinna - Excision
53	Incision And Drainage - Haematoma Auricle
54	Tympanoplasty (Type II)
55	Reduction Of Fracture Of Nasal Bone
56	Thyroplasty (Type II)
57	Tracheostomy
58	Excision Of Angioma Septum
59	Turbinoplasty
60	Incision & Drainage Of Retro Pharyngeal Abscess
61	Uvulo Palato Pharyngo Plasty
62	Adenoidectomy With Grommet Insertion
63	Adenoidectomy Without Grommet Insertion
64	Vocal Cord Lateralisation Procedure
65	Incision & Drainage Of Para Pharyngeal Abscess
66	Tracheoplasty
67	Cholecystectomy
68	Choledocho-jejunostomy
69	Duodenostomy
70	Gastrostomy
71	Exploration Common Bile Duct
72	Esophagoscopy.

73	Gastroscopy
74	Duodenoscopy with Polypectomy
75	Removal of Foreign Body
76	Diathery Of Bleeding Lesions
77	Pancreatic Pseudocyst Eus & Drainage
78	Rf Ablation For Barrett's Oesophagus
79	Ercp And Papillotomy
80	Esophagoscope And Sclerosant Injection
81	Eus + Submucosal Resection
82	Construction Of Gastrostomy Tube
83	Eus + Aspiration Pancreatic Cyst
84	Small Bowel Endoscopy (therapeutic)
85	Colonoscopy ,lesion Removal
86	ERCP
87	Colonscopy Stenting Of Stricture
88	Percutaneous Endoscopic Gastrostomy
89	Eus And Pancreatic Pseudo Cyst Drainage
90	ERCP And Choledochoscopy
91	Proctosigmoidoscopy Volvulus Detorsion
92	ERCP And Sphincterotomy
93	Esophageal Stent Placement
94	ERCP + Placement Of Biliary Stents
95	Sigmoidoscopy W / Stent
96	Eus + Coeliac Node Biopsy
97	Ugi Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers
98	Incision Of A Pilonidal Sinus / Abscess
99	Fissure In Ano Sphincterotomy
100	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord

101	Orchidopexy
102	Abdominal Exploration In Cryptorchidism
103	Surgical Treatment Of Anal Fistulas
104	Division Of The Anal Sphincter (sphincterotomy)
105	Epididymectomy
106	Incision Of The Breast Abscess
107	Operations On The Nipple
108	Excision Of Single Breast Lump
109	Incision And Excision Of Tissue In The Perianal Region
110	Surgical Treatment Of Hemorrhoids
111	Other Operations On The Anus
112	Ultrasound Guided Aspirations
113	Sclerotherapy, Etc
114	Laparotomy For Grading Lymphoma With Splenectomy.
115	Laparotomy For Grading Lymphoma with Liver Biopsy
116	Laparotomy For Grading Lymphoma with Lymph Node Biopsy
117	Therapeutic Laparoscopy With Laser
118	Appendicectomy With Drainage
119	Appendicectomy without Drainage
120	Infected Keloid Excision
121	Axillary Lymphadenectomy
122	Wound Debridement And Cover
123	Abscess-decompression
124	Cervical Lymphadenectomy
125	Infected Sebaceous Cyst
126	Inguinal Lymphadenectomy
127	Incision And Drainage Of Abscess
128	Suturing Of Lacerations

129	Scalp Suturing
130	Infected Lipoma Excision
131	Maximal Anal Dilatation
132	Piles
133	A) Injection Sclerotherapy
134	B) Piles Banding
135	Liver Abscess- Catheter Drainage
136	Fissure In Ano- Fissurectomy
137	Fibroadenoma Breast Excision
138	Oesophageal Varices Sclerotherapy
139	ERCP - Pancreatic Duct Stone Removal
140	Perianal Abscess I&d
141	Perianal Hematoma Evacuation
142	Ugi Scopy And Polypectomy Oesophagus
143	Breast Abscess I& D
144	Feeding Gastrostomy
145	Oesophagoscopy And Biopsy Of Growth Oesophagus
146	ERCP - Bile Duct Stone Removal
147	Ileostomy Closure
148	Colonoscopy
149	Polypectomy Colon
150	Splenic Abscesses Laparoscopic Drainage
151	Ugi Scopy And Polypectomy Stomach
152	Rigid Oesophagoscopy For Fb Removal
153	Feeding Jejunostomy
154	Colostomy
155	Ileostomy
156	Colostomy Closure

157	Submandibular Salivary Duct Stone Removal
158	Pneumatic Reduction Of Intussusception
159	Varicose Veins Legs - Injection Sclerotherapy
160	Rigid Oesophagoscopy For Plummer Vinson Syndrome
161	Pancreatic Pseudocysts Endoscopic Drainage
162	Zadek's Nail Bed Excision
163	Subcutaneous Mastectomy
164	Excision Of Ranula Under Ga
165	Rigid Oesophagoscopy For Dilation Of Benign Strictures
166	Eversion Of Sac
167	Unilateral
168	Bilateral
169	Lord's Plication
170	Jaboulay's Procedure
171	Scrotoplasty
172	Circumcision For Trauma
173	Meatoplasty
174	Intersphincteric Abscess Incision And Drainage
175	Psoas Abscess Incision And Drainage
176	Thyroid Abscess Incision And Drainage
177	Tips Procedure For Portal Hypertension
178	Esophageal Growth Stent
179	Pair Procedure Of Hydatid Cyst Liver
180	Tru Cut Liver Biopsy
181	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
182	Excision Of Cervical Rib
183	Laparoscopic Reduction Of Intussusception
184	Microdochectomy Breast

185	Surgery For Fracture Penis
186	Sentinel Node Biopsy
187	Parastomal Hernia
188	Revision Colostomy
189	Prolapsed Colostomy- Correction
190	Testicular Biopsy
191	Laparoscopic Cardiomyotomy(Hellers)
192	Sentinel Node Biopsy Malignant Melanoma
193	Laparoscopic Pyloromyotomy(Ramstedt)
194	Operations On Bartholin's Glands (cyst)
195	Incision Of The Ovary
196	Insufflations Of The Fallopian Tubes
197	Other Operations On The Fallopian Tube
198	Dilatation Of The Cervical Canal
199	Conisation Of The Uterine Cervix
200	Therapeutic Curettage With Colposcopy.
201	Therapeutic Curettage With Biopsy
202	Therapeutic Curettage With Diathermy
203	Therapeutic Curettage With Cryosurgery
204	Laser Therapy Of Cervix For Various Lesions Of Uterus
205	Other Operations On The Uterine Cervix
206	Incision Of The Uterus (hysterectomy)
207	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
208	Incision Of Vagina
209	Incision Of Vulva
210	Culdotomy
211	Salpingo-oophorectomy Via Laparotomy
212	Endoscopic Polypectomy

213	Hysteroscopic Removal Of Myoma
214	D&C
215	Hysteroscopic Resection Of Septum
216	Thermal Cauterisation Of Cervix
217	Mirena Insertion
218	Hysteroscopic Adhesiolysis
219	Leep
220	Cryocauterisation Of Cervix
221	Polypectomy Endometrium
222	Hysteroscopic Resection Of Fibroid
223	Lletz
224	Conization
225	Polypectomy Cervix
226	Hysteroscopic Resection Of Endometrial Polyp
227	Vulval Wart Excision
228	Laparoscopic Paraovarian Cyst Excision
229	Uterine Artery Embolization
230	Laparoscopic Cystectomy
231	Hymenectomy(Imperforate Hymen)
232	Endometrial Ablation
233	Vaginal Wall Cyst Excision
234	Vulval Cyst Excision
235	Laparoscopic Paratubal Cyst Excision
236	Repair Of Vagina (Vaginal Atresia)
237	Hysteroscopy, Removal Of Myoma
238	Turbt
239	Ureterocoele Repair - Congenital Internal
240	Vaginal Mesh For Pop

241	Laparoscopic Myomectomy
242	Surgery For Sui
243	Repair Recto- Vagina Fistula
244	Pelvic Floor Repair(Excluding Fistula Repair)
245	URS + LL
246	Laparoscopic Oophorectomy
247	Normal Vaginal Delivery And Variants
248	Facial Nerve Glycerol Rhizotomy
249	Spinal Cord Stimulation
250	Motor Cortex Stimulation
251	Stereotactic Radiosurgery
252	Percutaneous Cordotomy
253	Intrathecal Baclofen Therapy
254	Entrapment Neuropathy Release
255	Diagnostic Cerebral Angiography
256	Vp Shunt
257	Ventriculoatrial Shunt
258	Radiotherapy For Cancer
259	Cancer Chemotherapy
260	IV Push Chemotherapy
261	HBI - Hemibody Radiotherapy
262	Infusional Targeted Therapy
263	SRT - Stereotactic Arc Therapy
264	Sc Administration Of Growth Factors
265	Continuous Infusional Chemotherapy
266	Infusional Chemotherapy
267	CCRT - Concurrent Chemo + Rt
268	2D Radiotherapy

269	3D Conformal Radiotherapy
270	IGRT - Image Guided Radiotherapy
271	IMRT - Step & Shoot
272	Infusional Bisphosphonates
273	IMRT - DMLC
274	Rotational Arc Therapy
275	Tele Gamma Therapy
276	FSRT - Fractionated Srt
277	VMAT - Volumetric Modulated Arc Therapy
278	SBRT - Stereotactic Body Radiotherapy
279	Helical Tomotherapy
280	SRS - Stereotactic Radiosurgery
281	X - Knife Srs
282	Gammaknife Srs
283	TBI - Total Body Radiotherapy
284	Intraluminal Brachytherapy
285	TSET - Total Electron Skin Therapy
286	Extracorporeal Irradiation Of Blood Products
287	Telecobalt Therapy
288	Telecesium Therapy
289	External Mould Brachytherapy
290	Interstitial Brachytherapy
291	Intracavity Brachytherapy
292	3D Brachytherapy
293	Implant Brachytherapy
294	Intravesical Brachytherapy
295	Adjuvant Radiotherapy
296	Afterloading Catheter Brachytherapy

297	Conditioning Radiothearpy For Bmt
298	Nerve Biopsy
299	Muscle Biopsy
300	Epidural Steroid Injection
301	Extracorporeal Irradiation To The Homologous Bone Grafts
302	Radical Chemotherapy
303	Neoadjuvant Radiotherapy
304	LDR Brachytherapy
305	Palliative Radiotherapy
306	Radical Radiotherapy
307	Palliative Chemotherapy
308	Template Brachytherapy
309	Neoadjuvant Chemotherapy
310	Adjuvant Chemotherapy
311	Induction Chemotherapy
312	Consolidation Chemotherapy
313	Maintenance Chemotherapy
314	HDR Brachytherapy
315	Incision And Lancing Of A Salivary Gland And A Salivary Duct
316	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
317	Resection Of A Salivary Gland
318	Reconstruction Of A Salivary Gland And A Salivary Duct
319	Other Operations On The Salivary Glands And Salivary Ducts
320	Other Incisions Of The Skin And Subcutaneous Tissues
321	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
322	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
323	Other Excisions Of The Skin And Subcutaneous Tissues
324	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous

	Tissues
325	Free Skin Transplantation, Donor Site
326	Free Skin Transplantation, Recipient Site
327	Revision Of Skin Plasty
328	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
329	Chemosurgery To The Skin
330	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
331	Reconstruction Of Deformity/defect In Nail Bed
332	Excision Of Bursirtis
333	Tennis Elbow Release
334	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
335	Partial Glossectomy
336	Glossectomy
337	Reconstruction Of The Tongue
338	Other Operations On The Tongue
339	Surgery For Cataract
340	Incision Of Tear Glands
341	Other Operations On The Tear Ducts
342	Incision Of Diseased Eyelids
343	Excision And Destruction Of Diseased Tissue Of The Eyelid
344	Operations On The Canthus And Epicanthus
345	Corrective Surgery For Entropion And Ectropion
346	Corrective Surgery For Blepharoptosis
347	Removal Of A Foreign Body From The Conjunctiva
348	Removal Of A Foreign Body From The Cornea
349	Incision Of The Cornea
350	Operations For Pterygium
351	Other Operations On The Cornea

352	Removal Of A Foreign Body From The Lens Of The Eye
353	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
354	Removal Of A Foreign Body From The Orbit And Eyeball
355	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
356	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
357	Diathermy/cryotherapy To Treat Retinal Tear
358	Anterior Chamber Paracentesis.
359	Anterior Chamber Cyclodiathermy
360	Anterior Chamber Cyclocyrotherapy
361	Anterior Chamber Goniotomy
362	Anterior Chamber Trabeculotomy
363	Anterior Chamber Filtering
364	Allied Operations to Treat Glaucoma
365	Enucleation Of Eye Without Implant
366	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
367	Laser Photocoagulation To Treat Retinal Tear
368	Biopsy Of Tear Gland
369	Treatment Of Retinal Lesion
370	Surgery For Meniscus Tear
371	Incision On Bone, Septic And Aseptic
372	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
373	Suture And Other Operations On Tendons And Tendon Sheath
374	Reduction Of Dislocation Under Ga
375	Arthroscopic Knee Aspiration
376	Surgery For Ligament Tear
377	Surgery For Hemoarthrosis/pyoarthrosis
378	Removal Of Fracture Pins/nails

379	Removal Of Metal Wire
380	Closed Reduction On Fracture, Luxation
381	Reduction Of Dislocation Under Ga
382	Epiphyseolysis With Osteosynthesis
383	Excision Of Various Lesions In Coccyx
384	Arthroscopic Repair Of Acl Tear Knee
385	Closed Reduction Of Minor Fractures
386	Arthroscopic Repair Of Pcl Tear Knee
387	Tendon Shortening
388	Arthroscopic Meniscectomy - Knee
389	Treatment Of Clavicle Dislocation
390	Haemarthrosis Knee- Lavage
391	Abscess Knee Joint Drainage
392	Carpal Tunnel Release
393	Closed Reduction Of Minor Dislocation
394	Repair Of Knee Cap Tendon
395	Orif With K Wire Fixation- Small Bones
396	Release Of Midfoot Joint
397	Orif With Plating- Small Long Bones
398	Implant Removal Minor
399	K Wire Removal
400	Closed Reduction And External Fixation
401	Arthrotomy Hip Joint
402	Syme's Amputation
403	Arthroplasty
404	Partial Removal Of Rib
405	Treatment Of Sesamoid Bone Fracture
406	Shoulder Arthroscopy / Surgery

407	Elbow Arthroscopy
408	Amputation Of Metacarpal Bone
409	Release Of Thumb Contracture
410	Incision Of Foot Fascia
411	Partial Removal Of Metatarsal
412	Repair / Graft Of Foot Tendon
413	Revision/removal Of Knee Cap
414	Amputation Follow-up Surgery
415	Exploration Of Ankle Joint
416	Remove/graft Leg Bone Lesion
417	Repair/graft Achilles Tendon
418	Remove Of Tissue Expander
419	Biopsy Elbow Joint Lining
420	Removal Of Wrist Prosthesis
421	Biopsy Finger Joint Lining
422	Tendon Lengthening
423	Treatment Of Shoulder Dislocation
424	Lengthening Of Hand Tendon
425	Removal Of Elbow Bursa
426	Fixation Of Knee Joint
427	Treatment Of Foot Dislocation
428	Surgery Of Bunion
429	Tendon Transfer Procedure
430	Removal Of Knee Cap Bursa
431	Treatment Of Fracture Of Ulna
432	Treatment Of Scapula Fracture
433	Removal Of Tumor Of Arm Under GA
434	Removal of Tumor of Arm under RA

435	Removal of Tumor Of Elbow Under GA
436	Removal of Tumor Of Elbow Under RA
437	Repair Of Ruptured Tendon
438	Decompress Forearm Space
439	Revision Of Neck Muscle (torticollis Release)
440	Lengthening Of Thigh Tendons
441	Treatment Fracture Of Radius & Ulna
442	Repair Of Knee Joint
443	External Incision And Drainage In The Region Of The Mouth.
444	External Incision And Drainage in the Region Of the Jaw.
445	External Incision And Drainage in the Region Of the Face.
446	Incision Of The Hard And Soft Palate
447	Excision And Destruction Of Diseased Hard Palate
448	Excision And Destruction of Diseased Soft Palate
449	Incision, Excision And Destruction In The Mouth
450	Other Operations In The Mouth
451	Excision Of Fistula-in-ano
452	Excision Juvenile Polyps Rectum
453	Vaginoplasty
454	Dilatation Of Accidental Caustic Stricture Oesophageal
455	Presacral Teratomas Excision
456	Removal Of Vesical Stone
457	Excision Sigmoid Polyp
458	Sternomastoid Tenotomy
459	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
460	Excision Of Soft Tissue Rhabdomyosarcoma
461	Mediastinal Lymph Node Biopsy
462	High Orchidectomy For Testis Tumours

463	Excision Of Cervical Teratoma
464	Rectal-myomectomy
465	Rectal Prolapse (delorme's Procedure)
466	Detorsion Of Torsion Testis
467	Eua + Biopsy Multiple Fistula In Ano
468	Construction Skin Pedicle Flap
469	Gluteal Pressure Ulcer-excision
470	Muscle-skin Graft, Leg
471	Removal Of Bone For Graft
472	Muscle-skin Graft Duct Fistula
473	Removal Cartilage Graft
474	Myocutaneous Flap
475	Fibro Myocutaneous Flap
476	Breast Reconstruction Surgery After Mastectomy
477	Sling Operation For Facial Palsy
478	Split Skin Grafting Under Ra
479	Wolfe Skin Graft
480	Plastic Surgery To The Floor Of The Mouth Under Ga
481	Thoracoscopy And Lung Biopsy
482	Excision Of Cervical Sympathetic Chain Thoracoscopic
483	Laser Ablation Of Barrett's Oesophagus
484	Pleurodesis
485	Thoracoscopy And Pleural Biopsy
486	Ebus + Biopsy
487	Thoracoscopy Ligation Thoracic Duct
488	Thoracoscopy Assisted Empyaema Drainage
489	Haemodialysis
490	Lithotripsy/nephrolithotomy For Renal Calculus

491	Excision Of Renal Cyst
492	Drainage Of Pyonephrosis Abscess
493	Drainage Of Perinephric Abscess
494	Incision Of The Prostate
495	Transurethral Excision And Destruction Of Prostate Tissue
496	Transurethral And Percutaneous Destruction Of Prostate Tissue
497	Open Surgical Excision And Destruction Of Prostate Tissue
498	Radical Prostatovesiculectomy
499	Other Excision And Destruction Of Prostate Tissue
500	Operations On The Seminal Vesicles
501	Incision And Excision Of Periprostatic Tissue
502	Other Operations On The Prostate
503	Incision Of The Scrotum And Tunica Vaginalis Testis
504	Operation On A Testicular Hydrocele
505	Excision And Destruction Of Diseased Scrotal Tissue
506	Other Operations On The Scrotum And Tunica Vaginalis Testis
507	Incision Of The Testes
508	Excision And Destruction Of Diseased Tissue Of The Testes
509	Unilateral Orchidectomy
510	Bilateral Orchidectomy
511	Surgical Repositioning Of An Abdominal Testis
512	Reconstruction Of The Testis
513	Implantation, Exchange And Removal Of A Testicular Prosthesis
514	Other Operations On The Testis
515	Excision In The Area Of The Epididymis
516	Operations On The Foreskin
517	Local Excision And Destruction Of Diseased Tissue Of The Penis
518	Amputation Of The Penis

519	Other Operations On The Penis
520	Cystoscopical Removal Of Stones
521	Lithotripsy
522	Biopsy Oftemporal Artery For Various Lesions
523	External Arterio-venous Shunt
524	Av Fistula - Wrist
525	Ursl With Stenting
526	Ursl With Lithotripsy
527	Cystoscopic Litholapaxy
528	Eswl
529	Bladder Neck Incision
530	Cystoscopy & Biopsy
531	Cystoscopy And Removal Of Polyp
532	Suprapubic Cystostomy
533	Percutaneous Nephrostomy
534	Cystoscopy And "sling" Procedure
535	Tuna- Prostate
536	Excision Of Urethral Diverticulum
537	Removal Of Urethral Stone
538	Excision Of Urethral Prolapse
539	Mega-ureter Reconstruction
540	Kidney Renoscopy And Biopsy
541	Ureter Endoscopy And Treatment
542	Vesico Ureteric Reflux Correction
543	Surgery For Pelvi Ureteric Junction Obstruction
544	Anderson Hynes Operation
545	Kidney Endoscopy And Biopsy
546	Paraphimosis Surgery

547	Injury Prepuce- Circumcision
548	Frenular Tear Repair
549	Meatotomy For Meatal Stenosis
550	Surgery For Fournier's Gangrene Scrotum
551	Surgery Filarial Scrotum
552	Surgery For Watering Can Perineum
553	Repair Of Penile Torsion
554	Drainage Of Prostate Abscess
555	Orchiectomy
556	Cystoscopy And Removal Of Fb
557	RF Ablation Heart
558	RF Ablation Uterus
559	RF Ablation Varicose Veins
560	Renal Angiography
561	Peripheral Angiography
562	Percutaneous nephrolithotomy (PCNL)
563	Laryngoscopy Direct Operative with Biopsy
564	Treatment of Fracture of Long Bones
565	Treatment of Fracture of Short Bones
566	Treatment of Fracture of Foot
567	Treatment of Fracture of Hand
568	Treatment of Fracture of Wrist
569	Treatment of Fracture of Ankle
570	Treatment of Fracture of Clavicle
571	Amputation of Ear
572	Amputation of Nose
573	Amputation of Breast
574	Amputation of Genital Organs

575	Amputation at Shoulder Joint
576	Amputation at Shoulder and Upper Arm Level
577	Amputation at Elbow Joint
578	Amputation at forearm Level
579	Amputation at Wrist Level
580	Amputation at Hip Joint Level
581	Amputation at Hip & Thigh Level
582	Amputation at Knee Joint
583	Amputation at Toe
584	Amputation at Midfoot Level
585	Chalazion Surgery
586	Circumcision Surgery