Health Multiplier Policy Document

1. Preamble

This is a contract of insurance between You and Us which is subject to the receipt of the full premium in advance and the terms, conditions and exclusions of this Policy. This Policy has been issued on the basis of the Disclosure to information norm, including the information provided by You in respect of the Insured Person/s in the Proposal form and accompanying documentation.

Note:

- You/ Insured Person shall on Your/his/her own expense, inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting You or any Insured Person.
- The terms listed in Section 4 (Definitions & Interpretation) and used elsewhere in the Policy Document with Initial Capitals shall have the meaning set out against them in Section 4 wherever they appear in the Policy Document. For the remaining terms and words used, the usual meaning as described in standard English language dictionaries shall apply. The words and expressions defined in the Insurance Act 1938, IRDAI Act 1999, regulations notified by the IRDAI and circulars and guidelines issued by the IRDAI shall carry the meanings given therein.
- Where the context permits, the singular will be deemed to include the plural, one gender shall be deemed to include the other genders and references to any statute shall be deemed to refer to any replacement or amendment of that statute.

2. Scope of Cover: Benefits

The terms, conditions and exclusions governing the Benefits under this Policy are described below. The Policy Schedule/Certificate of Insurance will specify which Benefits are in force and available for the Insured Person. Benefits are effective only during the Operative Time as shown in the Policy Schedule/ Certificate of Insurance.

a. The Benefits listed in the sections below will be payable subject to the terms, conditions and exclusions of this Policy, the availability of the Benefit Sum Insured and any limits/sub-limits specified in the Policy Schedule/Certificate of Insurance as applicable under the Benefits in force for the Insured Person.
b. All claims for any Benefits under the Policy must be made in accordance with the claim process defined under the respective section in which the Benefit is being claimed.

2.1. Hospitalization Cover:

We will indemnify the Medical Expenses incurred in respect of an Insured Person in accordance with the terms and conditions of the Benefits below in relation to any Illness suffered or Injury sustained during the Policy Period provided that the treatment undertaken is Medically Necessary Treatment and is carried out on the written advice of a Medical Practitioner.

2.1.1. Coverage Options:

2.1.1.1. Inpatient Care

What is covered:

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization following an Illness or Injury that occurs during the Policy Period.

Conditions:

a. The Hospitalization is for Medically Necessary Treatment, is carried out on the written advice of a Medical Practitioner and follows Evidence Based Clinical Practices and standard treatment guidelines.
b. The Medical Expenses incurred are Reasonable and Customary Charges for one or more of the following:
   i. Room Rent;
   ii. Nursing charges for Hospitalization as an Inpatient excluding private nursing charges;
   iii. Medical Practitioners' fees, excluding any charges or fees for Standby Services;
   iv. Physiotherapy, investigation and diagnostics procedures directly related to the current admission;
   v. Medicines and drugs as prescribed by the treating Medical Practitioner;
   vi. Intravenous fluids, blood transfusion, injection administration charges and /or consumables;
   vii. Operation theatre charges;
   viii. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery;
   ix. ICU Charges.
c. 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:
   (Eligible Room Rent limit / Room Rent actually incurred) * total Associated Medical Expenses

   Associated Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges

What is not covered:

a. We shall not be liable to pay the visiting fees or consultation charges for any Medical Practitioner visiting the Insured Person unless:
   i. The Medical Practitioner's treatment or advice has been sought by the Hospital; and
   ii. The visiting fees or consultation charges are included in the Hospital's bill; and
   iii. The visiting fees or consultation charges are not more than the treating or referral Medical Practitioner's consultation charges.

2.1.1.2. Pre-hospitalization Medical Expenses

What is covered:

We will indemnify the Insured Person's Pre-hospitalization Medical Expenses incurred following an Illness or Injury.

Conditions:

a. We have accepted a claim under Section 2.1.1.1 (Inpatient Care) or Section 2.1.1.4 (Day Care Treatment) or Section 2.1.1.5 (Inpatient Care under Alternative Treatment) or Section 2.1.1.6 (Critical Illness Multiplier Indemnity Cover) above in respect of that Insured Person for the same period of Hospitalization.
b. We shall not be liable to pay any Pre-hospitalization Medical Expenses for more than the number of days specified in the Policy Schedule/Certificate of Insurance immediately preceding the Insured Person's admission to Hospital for Inpatient Care or such expenses incurred prior to inception of the First Policy with Us.
c. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.
d. This Benefit is not applicable for any expenses incurred outside India.
e. Pre-hospitalization Medical Expenses incurred on physiotherapy will also be payable provided that such physiotherapy is Medically Necessary Treatment and advised in writing by the treating Medical Practitioner.
f. Any claim admitted under this Section 2.1.1.2 shall reduce the Sum Insured for the Policy Year in which claim under Section 2.1.1.1 (Inpatient Care) or Section 2.1.1.4 (Day Care Treatment) or Section 2.1.1.5 (Inpatient Care under Alternative Treatment) or Section 2.1.1.6 (Critical Illness Multiplier Indemnity Cover) has been incurred.

2.1.1.3. Post-hospitalization Medical Expenses

What is covered:

We will indemnify the Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury.

Conditions:

a. We have accepted a claim under Section 2.1.1.1 (Inpatient Care) or Section 2.1.1.4 (Day Care Treatment) or Section 2.1.1.5 (Inpatient Care under Alternative Treatment) or Section 2.1.1.6 (Critical Illness Multiplier Indemnity Cover) above in respect of that Insured Person for the same period of Hospitalization..
b. We shall not be liable to pay any Post-hospitalization Medical Expenses for more than the number of days specified in the Policy Schedule/Certificate of Insurance immediately following the Insured Person's discharge from Hospital.
c. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.
d. This Benefit is not applicable for expenses incurred outside India.
e. Post-hospitalization Medical Expenses incurred on physiotherapy will also be payable provided that such physiotherapy is Medically Necessary Treatment and advised in writing by the treating Medical Practitioner.
f. Any claim admitted under this Section 2.1.1.3 shall reduce the Sum Insured for the Policy Year in which claim under Section 2.1.1.1 (Inpatient Care) or Section 2.1.1.4 (Day Care Treatment) or Section 2.1.1.5 (Inpatient Care under Alternative Treatment) or Section 2.1.1.6 (Critical Illness Multiplier Indemnity Cover) has been incurred.

2.1.1.4. Day Care Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's listed Day Care Treatment during the Policy Period following an Illness or Injury.

Conditions:

a. The Day Care Treatment is advised in writing by a Medical Practitioner as Medically Necessary Treatment.
b. If We have accepted a claim under this benefit, We will also indemnify the Insured Person's Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses in accordance with Sections 2.1.1.2 and 2.1.1.3 above.
c. List of Day Care treatment is as per the list attached in Annexure V

What is not covered:

OPD Treatment and Diagnostic Services costs are not covered under this benefit.

2.1.1.5. Inpatient Care under Alternative Treatment

What is covered:

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization for Inpatient Care during the Policy Period on treatment taken under Ayurveda, Unani, Siddha and Homeopathy.

Conditions:

a. The treatment should be taken in 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 of 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 five 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 insurance company's authorized representative.
b. AYUSH Hospitals referred above shall also obtain either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC)
c. Any non-allopathic treatment taken by the Insured Person shall only be covered under Section 2.1.1.5 as per the applicable terms and conditions.

What is not covered:

a. Medical Expenses incurred on treatment taken under Yoga shall not be covered.

2.1.1.6. Critical Illness Multiplier Indemnity Cover:

What is covered:

If the insured member is diagnosed and hospitalized for any of the selected option of critical illness as per Annexure IV (as mentioned in the Policy Schedule/Certificate of Insurance) and claim is admissible under the base policy then the Sum Insured for such critical Illness would be increased by a multiplier as mentioned in the Policy Schedule/Certificate of Insurance.

Conditions:

a. Such increase in Sum Insured would be triggered only for treatment of the listed conditions, no other claim would be covered under the enhanced limit.
b. The enhanced limit of Indemnity cannot be utilized for other members.
c. In case of claim under listed Critical Illness first the enhanced Sum Insured will be exhausted on Indemnity basis then the base Sum Insured will be triggered, either in same claim or for a new claim
d. The enhancement of limit will happen only once in policy year even if multiple listed Critical Illness is diagnosed.
e. The enhanced Limit cannot be carried forward to next renewal

List and Definition of Critical Illnesses under Section 2.1.1.6

S.No.	Covered Condition	Definition
1	Cancer - All conditions covered in cancer variant	I. A Malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be evidenced by histological evidence of malignancy and confirmed by a pathologist II. The term cancer includes: a. Leukemia, lymphoma, and sarcoma b. Tumors showing the malignant changes of carcinoma in situ and tumors which are histologically described as pre-malignant or non-invasive , including but not limited to : carcinoma in situ of breasts, cervical dysplasia CIN-1,CIN-2 and CIN-3 III. The following are excluded: a. Benign Lesions b. All tumors of prostate unless histologically classified as having a Gleason score of greater than 6 or having progressed to at least the clinical TNM classification of T2N0M0 c. Papillary micro-carcinoma of the thyroid less than 1cm in diameter d. Micro carcinoma of the bladder e. All tumors in presence of HIV
2	Kidney failure	I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function documented with raised level of S Creatinine and S Urea, 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 Nephrologist.
3	Multiple sclerosis with persisting symptoms	I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following, and confirmed by specialist medical examiner. II. Investigations including typical MRI and CSF findings which unequivocally confirm the diagnosis to be multiple sclerosis and there must be current clinical impairment of motor or sensory function III. Other causes of neurological damage such as SLE and HIV are excluded.
4	Benign brain tumor	I. A benign tumor in the brain where following conditions are met and its presence must be confirmed by a neurologist or neurosurgeon: a. Has potential to cause permanent damage to the brain; b. If it has undergone surgical removal or if inoperable ,has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema ,mental symptoms, seizures, and sensory impairment; and c. Diagnosis is supported by findings on Magnetic Resonance Imaging , Computerized Tomography ,or other reliable imaging techniques d. The treatment is advised and justified medically by a certified neurologist II. The following conditions are excluded: a. Cysts, Granulomas, vascular malformations in the arteries or veins of the brain, hematomas, calcification.
5	Parkinson's Disease	I. Hospitalization for treatment directly related of progressive degenerative primary idiopathic Parkinson's disease made by a consultant neurologist. II. Following will be excluded: a. Parkinson's disease secondary to drug and/or alcohol abuse b. Psychiatric treatment directly or indirectly related to Parkinson's disease

S.No.	Covered Condition	Definition
6	Alzheimer's Disease	I. Progressive degenerative disease of the brain characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathology changes. II. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning requiring the continuous supervision of the Insured Person. This diagnosis must be supported by the clinical confirmation of an appropriate consultant neurologist and supported by Company's appointed doctor. III. The following are excluded: a. Any other type of irreversible organic disorder/dementia b. Non-organic disease such as neurosis and psychiatric illnesses; and c. Alcohol-related brain damage. d. Psychiatric treatment directly or indirectly related to Alzheimer's disease
7	End stage liver failure	I. End stage Liver Failure resulting in cirrhosis and irreversible failure of liver function that is evidenced by the following criteria and certified by Gastroenterologist: a. Permanent jaundice b. Uncontrollable Ascites c. Hepatic encephalopathy d. Oesophageal or Gastric Varices and portal hypertension II. Liver failure secondary to drug or alcohol abuse is excluded.
8	Motor neuron disease	I. Motor neuron disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of cortico-spinal 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 with a clear causation relation to MND.
9	End stage lung failure	I. End stage Respiratory failure including Chronic Interstitial Lung disease. Following criteria must be met: a. Requiring permanent oxygen therapy as a result of a consistent FEVI test value of less than one litre (Forced Expiratory Volume during the first second of forced exhalation) b. Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less c. This diagnosis must be confirmed by the chest/ Respiratory physician.
10	Bacterial Meningitis	I. Bacterial infection resulting in inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. This diagnosis must be confirmed by: a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and b. A consultant neurologist. II. Bacterial Meningitis in the presence of HIV infection is excluded.
11	Aplastic Anaemia	I. Aplastic Anaemia is chronic persistent bone marrow failure which results in Anemia, Neutropenia and Thrombocytopenia requiring treatment with at least one of the following: a. blood product transfusions, b. bone marrow stimulating agents, or c. immunosuppressive agents or d. bone marrow or cord blood stem cell transplant. II. A certified hematologist must make the diagnosis of severe irreversible aplastic anaemia. There must be at least two of the following: a. Absolute neutrophil count of less than 500/mm^3 b. Platelets count less than 20,000/mm^3 c. Reticulocyte count of less than 20,000/mm^3
12	Pulmonary Thromboembolism	I. The blockage of an artery in the lung by a clot or other tissue from another part of the body. The pulmonary embolus must be unequivocally diagnosed by a specialist on either a V/Q scan (the isotope investigation which shows the ventilation and perfusion of lungs), angiography or electrocardiography, with evidence of right ventricular dysfunction and confirmation with D Dimer assay findings, and requiring medical or surgical treatment on an in-patient basis.

S.No.	Covered Condition	Definition
13	Primary (idiopathic) 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:Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. III. Pulmonary hypertension associated with occupational and environmental factors, Substance abuse (like tobacco etc), 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.
14	Infective Endocarditis	I. Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met: a. Positive result of the blood culture proving presence of the infectious organism(s) b. Presence of at least moderate heart valve incompetence (meaning regurgitate fraction of 20% or more) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) directly attributable to infective endocarditis and the severity of valvular disease/ risk factors and II. The diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a consultant cardiologist
15	Major organ /bone marrow transplant	I. The actual undergoing of a transplant of: a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner. II. The following are excluded: a. Other stem-cell transplants b. Where only islets of langerhans are transplanted
16	Replacement / Repair of heart valves	I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). II. 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. III. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty
17	Aortic Dissection	I. The actual undergoing of surgery for aortic dissection, needing excision and surgical replacement of the diseased part of the aorta with a graft. a. The term “aorta” means the thoracic and abdominal aorta but not its branches. b. A cardiologist must confirm the diagnosis and realization of surgery. c. Surgery performed using only minimally invasive or intra-arterial techniques are also covered
18	Cardiomyopathy	I. An impaired function of heart muscle, unequivocally diagnosed as Cardiomyopathy by a consultant cardiologist who has been treating the patient, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, based on the following classification criteria- Class IV: Inability to carry out any activity without discomfort. II. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echo-graphic findings of compromised ventricular performance. III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

S.No.	Covered Condition	Definition
19	Surgery for Cardiac Arrhythmia	I. Ablative procedure is defined as catheter ablation procedures using radiofrequency or cryothermal energy for treatment of a recurrent or persistent symptomatic arrhythmia refractory to antiarrhythmic drug therapy. Ablation procedures should immediately follow the diagnostic electrophysiology study. The ablative procedure must be certified to be absolutely necessary by a consultant cardiologist (electrophysiologist). II. Pre-procedural evaluation prior to ablation procedures as below should be completely documented: a. Strips from ambulatory Holter monitoring in documenting the arrhythmia b. Electrocardiographic and electrophysiologic recording cardiac mapping and localization of the arrhythmia during the ablative procedure.
20	Angioplasty	I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG). II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery. III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.
21	Balloon Valvotomy/ Valvuloplasty	I. The actual undergoing of Valvutomy and Valvuloplasty necessitated by the damage of the heart valve as confirmed by a specialist in the relevant field where the procedure is performed totally via intravascular catheter based techniques. II. The diagnosis of heart valve abnormality must be supported by cardiac catheterization or electrocardiogram and the procedure must be considered medically necessary by a consultant cardiologist.
22	Carotid Artery surgery	I. The actual undergoing of the surgery to the Carotid Artery to treat Carotid artery stenosis of 50% and above, as proven by angiographic evidence, of one (1) or more carotid arteries. II. Both of the following criteria must be met: a. Either: i. Actual undergoing of endarterectomy to alleviate the symptoms or, ii. Actual undergoing of an endovascular intervention such as angioplasty and/or stenting or atherectomy to alleviate the symptoms and b. The diagnosis and medical necessity of the treatment must be confirmed by a cardio-thoracic surgeon.
23	Open Chest Coronary Artery Bypass Grafting(CABG)	I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by CABG. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist. II. The following are excluded: Any key hole or Laser surgery
24	Pericardectomy	I. The undergoing of the pericardectomy performed by open heart surgery or key hole techniques as a result of pericardial disease. The surgical procedures must be certified to be medically necessary by a consulting cardiologist. Other procedures on the pericardium including pericardial biopsies and pericardial drainage procedures by needle aspiration are excluded. II. The actual undergoing of pericardectomy secondary to chronic constructive pericarditis. III. The following are specifically excluded: a. Chronic constructive pericarditis related to alcohol or drug abuse or HIV b. Acute pericarditis due to any reason
25	Surgery to Place Ventricular Assist devices or Total Artificial Hearts	I. This is an open chest procedure for implantation of Left ventricular Assist Device / Ventricular Assist Device as bridges to cardiac transplantation or destination therapy for long term use of the Refractory Heart Failure with reduced ejection fraction as defined below: NYHA class IV symptoms who failed to respond to optimal medical management for >=45 for the past 60 days, or have been intra-aortic balloon pump dependent for 7 days or IV inotrope dependent for 14 days. II. The following are excluded: a. Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse.

S.No.	Covered Condition	Definition
26	Myocardial Infarction	I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria: a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain) b. New characteristic electrocardiogram changes c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers. II. The following are excluded: a. Non- ST- segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; b. Any type of angina pectoris c. Other acute Coronary Syndromes
27	Implantation of Pacemaker of Heart	I. Actual undergoing of Insertion of a permanent cardiac pacemaker to correct serious cardiac arrhythmia which cannot be treated via other means. The insertion of the cardiac pacemaker must be certified to be medically necessary by a specialist in the relevant field. II. Following will be excluded: a. Cardiac arrest secondary to alcohol, substance abuse or drug abuse.
28	Implantable Cardioverter Defibrillator	I. Actual undergoing of insertion of an implantable cardiac defibrillator to correct serious cardiac arrhythmia which cannot be treated via other methods or the insertion of permanent cardiac defibrillator to correct sudden loss of heart function with cessation of blood circulation around the body resulting in unconsciousness. Insertion of Cardiac Defibrillator means surgical implantation of either Implantable Cardioverter- Defibrillator (ICD), or Cardiac Resynchronization Therapy with Defibrillator (CRT-D) II. The insertion of permanent Cardioverter- Defibrillator (ICD) must be certified to be absolutely necessary by a specialist in the relevant field. III. Following will be excluded: a. Cardiac arrest secondary to alcohol, substance or drug abuse.
29	Stroke	I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit has to be produced. II. II. The following are excluded: a. Transient ischemic attacks (TIA) b. Traumatic injury of the brain c. Vascular disease affecting only the eye or optic nerve or vestibular functions.
30	Permanent paralysis of limbs	I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery. Reconstruction surgeries required to attain best possible mobility will be included. II. Rehabilitative treatment , prosthesis and supporting aids like crutches/ vehicle/ home modification will be excluded.
31	Burns	I. Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body. The condition should be confirmed by a consultant physician. II. Burns arising due to self- infliction are excluded.
32	Blindness	I. The Blindness is evidenced by: (Either of the below condition is mandatory and to be treatment advised by certified specialist) a. corrected visual acuity being 3/60 or less in both eyes or ; b. the field of vision being less than 10 degrees in better eye with the best possible correction. II. Treatments required for correction of blindness or improvement in visual acuity will be covered III. Exclusion: a. Low vision condition b. Cost of enucleation related to tumors or other eye defects c. Cosmetic correction and related prosthesis cost d. Implantable or external visual implants e. Cases of blindness with low vision before the inception of the policy

S.No.	Covered Condition	Definition
33	Abdominal Aortic Aneurysm	I. The actual undergoing of surgery for abdominal aortic aneurysm, needing excision and surgical replacement of the diseased part of the aorta with a graft. a. The term "aorta" means the thoracic and abdominal aorta but not its branches. b. A cardiologist must confirm the diagnosis and realization of surgery c. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.
34	Fulminant Viral Hepatitis	I. A sub-massive to massive necrosis of the liver by any virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following: a. rapid decreasing of liver size as confirmed by abdominal ultrasound ; and b. necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required) ; and c. rapid deterioration of liver function tests; and d. deepening jaundice; and e. hepatic encephalopathy. II. This excludes: a. Hepatitis infection or carrier status alone does not meet the diagnostic criteria. b. Fulminant Viral Hepatitis caused by alcohol, toxic substance or drug.
35	Severe Rheumatoid Arthritis	I. The unequivocal diagnosis of Severe Rheumatoid Arthritis with all of the following factors: I. Is in accordance with the criteria on Rheumatoid Arthritis of the American College of Rheumatology and has been diagnosed by the Rheumatologist. II. At least 3 joints are damaged or deformed such as finger joint, wrist, elbow, knee joint, hip joint, ankles, cervical spine or feet toe joint as confirmed by clinical and radiological evidence and cannot perform at least 3 types of daily routines permanently for at least 180 days.
36	Systematic Lupus Erythematous	I. Multi-system, auto immuno disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of "Critical Illness", SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on renal biopsy. There must be positive antinuclear antibody test. II. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded. III. Abbreviated ISN/RPS classification of lupus nephritis (2003): a. Class I - Minimal mesangial lupus nephritis b. Class II - Mesangial proliferative lupus nephritis c. Class III - Focal lupus nephritis d. Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis e. Class V - Membranous lupus nephritis f. Class VI - Advanced sclerosis lupus nephritis the final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology
37	Nephrotic syndrome	I. Nephrotic syndrome is the onset of heavy proteinuria (>3.0 g/24 h), hypertension, hypercholesterolemia, hypoalbuminemia, edema/anasarca, and microscopic hematuria. II. A confirmed diagnosis of glomerulonephritis with nephrotic syndrome must be made by an appropriate Medical Practitioner along with relevant reports and should confirm a treatment regimen appropriate to the clinical presentation has been followed throughout the period to which syndrome relates. III. The syndrome must have continued for a period of at least 6 months from the date of confirmed diagnosis with or without intervening periods of remission.

2.1.1.7. Organ Transplant

What is covered:

We will indemnify the Medical Expenses incurred for a living organ donor's Inpatient treatment for the harvesting of the organ donated during the Policy Period.

Conditions:

a. The donation conforms to The Transplantation of Human Organs Act 1994 and amendments thereafter and the organ is for the use of the Insured Person.
b. The recipient Insured Person has been Medically Advised in writing to undergo an organ transplant.
c. We have accepted the recipient Insured Person's claim under Section 2.1.1.1 (Inpatient Care).
d. The Medical Expenses incurred are Reasonable and Customary Charges.

What is not covered:

We shall not be liable to make any payment in respect of:

a. The living organ donor's stay in a Hospital that is needed for them to donate their organ.
b. Stem cell donation except for Bone Marrow Transplant.
c. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
d. Screening or any other Medical Expenses of the organ donor.
e. Costs directly or indirectly associated with the acquisition of the donor's organ.
f. Transplant of any organ/tissue where the transplant is experimental or investigational.
g. Expenses related to organ transportation or preservation.
h. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

2.1.1.8. Emergency Ground Ambulance- Within India

What is covered:

We will indemnify the costs incurred, on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury.

Conditions:

a. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is ill to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital with advanced facilities as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.
b. The expenses incurred are Reasonable and Customary Charges.
c. This Benefit is available for only one transfer per period of Hospitalization.
d. The ambulance service is offered by a healthcare or ambulance Service Provider.
e. We have accepted a claim under Section 2.1.1.1 (Inpatient Care) above in respect of the same period of Hospitalization.
f. If the ambulance is provided by a Network Provider or Non-Network Provider, We will cover expenses incurred only up to the amount specified in the Policy Schedule/Certificate of Insurance.

What is not covered:

We will not make any payment under this Benefit if the Insured Person is transferred to any Hospital or diagnostic centre for evaluation purposes only.

2.1.1.9. Re-fill Benefit

What is covered:

If the Base Sum Insured, has been partially or completely exhausted due to claims made and paid or claims made and accepted as payable for a particular Illness during the Policy Year under Section 2.1 (Hospitalization Cover), then We will provide a Re-fill amount of maximum up to 100% of the Base Sum Insured which may be utilized for claims arising in that Policy Year.

Conditions:

a. The re-fill amount may be used for only subsequent claims in respect of the Insured Person and not against any Illness (including its complications or follow up) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person.
b. For Family Floater Covers, the re-fill amount will be available on a floater basis to all Insured Persons in that family in the Policy Year.
c. If the re-fill amount is not utilized in whole or in part in a Policy Year, it cannot be carried forward to any extent in any subsequent Policy Year.
d. The maximum liability for a single claim after applying Re-fill Benefit shall not be more than Base Sum Insured under Section 2.1 (in Hospitalization Cover)

2.1.1.10. e-Consultation

What is covered:

If the Insured Person is diagnosed with an Illness or is planning to undergo a planned Surgery or a Surgical Procedure during the Policy Period, the Insured Person can, at the Insured Person's sole direction, obtain an e-Consultation during the Policy Period.

Conditions:

a. e-Consultation shall be requested through Our call centre or website chat and services will be provided from our network service providers only.
b. e-Consultation will be arranged by Us (without any liabilities) and will be based only on the information provided by the Insured Person.
c. By seeking e-Consultation under this Benefit, the Insured Person is not restrained or advised against visiting or consulting with any other independent Medical Practitioner or commencing or continuing any treatment advised by such Medical Practitioner.
d. The Insured Person is free to choose whether or not to obtain the e-Consultation, and if obtained then whether or not to act on it in whole or in part.
e. e-Consultation under this Benefit shall not be valid for any medico-legal purposes.
f. We do not represent correctness of the e-Consultation and shall not assume or be deemed to assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

2.1.1.11. Modern Treatments

What is covered:

The following procedures / treatments will be covered either as Inpatient Care or as part of Day Care Treatment or as Critical Illness Multiplier Indemnity Cover in a hospital up to the limit as specified in the Policy Schedule/Certificate of Insurance.

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
b. Balloon Sinuplasty

c. Deep Brain stimulation
d. Oral chemotherapy
e. Immunotherapy- Monoclonal Antibody to be given as injection
f. Intra vitreal injections
g. Robotic surgeries
h. Stereotactic radio surgeries
i. BronchicalThermoplasty
j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
k. IONM - (Intra Operative Neuro Monitoring)
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Sub-limit:

a. The following procedures / treatments shall be covered only up to the sub-limit as specified for each procedure / treatment in the below table:

*Maximum payout will be the sub-limit specified or Base Sum Insured, whichever is lower.

Procedure / Treatment	Sub-limit* (Rs.)
Deep Brain Stimulation	5 Lac
Immunotherapy- Monoclonal Antibody to be given as injection	5 Lac
Intra vitreal injections	5 Lac
Robotic surgeries	2.5 Lac
Stereotactic radio surgeries	3.5 Lac
BronchicalThermoplasty	2 Lac
Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	2 Lac

b. Pre-hospitalization and Post-hospitalization Medical Expenses are also covered within the overall benefit sub-limit as specified above in point (a).
c. The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment are placed as Annexure II.

2.1.2. Section Specific Conditions

All the Waiting Periods as specified in Policy Schedule/ Certificate of Insurance shall be applicable individually for each Insured Person and claims shall be assessed accordingly. On Renewal, if an enhanced Sum Insured is applied for, the Waiting Periods would apply afresh to the extent of the increase in Sum Insured only.

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based on, arising out of or howsoever attributable to any of the following, except if any Insured Person suffers an Accident;

A. Waiting Periods

i. 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 the number of months (as mentioned in Policy Schedule/ Certificate of Insurance) of continuous coverage after the date of inception of the first Policy with Us.
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 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 number of months (as mentioned in Policy Schedule/Certificate of Insurance) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

ii. 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 number of months (as mentioned in Policy Schedule/Certificate of Insurance) 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 (covered from day 1).
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:
    a. Pancreatitis and stones in biliary and urinary system
    b. Cataract, glaucoma and other disorders of lens, disorders of retina
    c. Hyperplasia of prostate, hydrocele and spermatocele
    d. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
    e. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
    f. Hernia of all sites,
    g. Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
    h. Chronic kidney disease and failure
    i. Varicose veins of lower extremities
    j. All internal or external benign or in situ neoplasms/tumours, cyst, sinus, polyp, nodules, swelling, mass or lump
    k. Ulcer, erosion and varices of gastro intestinal tract
    l. Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
    m. Internal Congenital Anomaly
    n. Surgery of Genito-urinary system unless necessitated by malignancy
    o. Spinal disorders

iii. 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.

B. Permanent Exclusions:

A permanent exclusion will be applied on any medical or physical condition or treatment of an Insured Person, if specifically mentioned in the Policy Schedule and has been accepted by You. This option as per company's underwriting policy, will be used for such condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person.

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following unless specifically mentioned elsewhere in the Policy.

1. 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.

2. Rest Cure, rehabilitation and respite care (Code-Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

a. 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.
b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code-Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor.
b. The surgery/Procedure conducted should be supported by clinical protocols.
c. The member has to be 18 years of age or older and;
d. Body Mass Index (BMI);
    i. greater than or equal to 40 or
    ii. 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:
        1. Obesity-related cardiomyopathy
        2. Coronary heart disease
        3. Severe Sleep Apnea
        4. Uncontrolled Type2 Diabetes

4. 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.

5. 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.

6. 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.

7. 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.

8. Excluded Providers (Code-Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our 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. The link to the list of excluded providers is mentioned below:
https://www.maxbupa.com/Documents/MaxBupa-Unrecoginzed-Hospitals2.pdf

9. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**

10. 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)**

11. 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)**

12. Refractive Error (Code-Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

13. Unproven Treatments (Code-Excl16)

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.

14. Sterility and Infertility (Code-Excl17)

Expenses related to Birth Control, sterility and infertility. This includes:

a. Any type of contraception, sterilization
b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
c. Gestational Surrogacy
d. Reversal of sterilization

15. Maternity Expenses (Code-Excl18)

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

16. Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital.

17. Circumcision:

Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

18. Conflict & Disaster:

Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

19. External Congenital Anomaly:

Screening, counseling or treatment related to external Congenital Anomaly.

20. Dental/oral treatment:

Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.

21. Hormone Replacement Therapy:

Treatment for any condition / illness which requires hormone replacement therapy.

22. Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.

23. Sexually transmitted Infections & diseases (other than HIV / AIDS):

Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).

24. Sleep disorders:

Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.

25. Any treatment or medical services received outside the geographical limits of India.

26. Any expenses incurred on OPD treatment

27. Unrecognized Physician or Hospital:

a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy.

b. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives.

c. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.

2.1.3. Claims Process & Requirements:

The fulfillment of the terms and conditions of this Policy (including payment of full premium in advance by the due dates mentioned in the Policy Schedule/Certificate of Insurance) in so far as they relate to anything to be done or complied with by any Insured Person, including complying with the following in relation to claims, shall be Condition Precedent to admission of Our liability under this Policy.

2.1.3.1. Claims Administration:

On the occurrence or discovery of any Illness or Injury that may give rise to a claim under this Section, the Claims Procedure set out below shall be followed:

a. The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payment that arises out of willful failure to comply with such directions, advice or guidance.

b. We or Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

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

It is hereby agreed and understood that no change in the Medical Record provided under the Medical Advice information, by the Hospital or the Insured Person to Us or Our Service Provider during the period of Hospitalization or after discharge by any means of request will be accepted by Us. Any decision on request for acceptance of change will be at Our discretion.

2.1.3.2. Claims Procedure:

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

A. For Availing Cashless Facility: Cashless Facility can be availed only at Our Network Providers or Service Providers. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone. In order to avail Cashless Facility, the following process must be followed:

a. Process for Obtaining Pre-Authorization

i. For Planned Treatment:
We must be contacted to pre-authorize Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider.

ii. In Emergencies
If the Insured Person has been Hospitalized in an Emergency, We must be contacted to pre-authorize Cashless Facility within 48 hours of the Insured Person's Hospitalization or before discharge from the Hospital, whichever is earlier.

iii. Pre-authorization through digital platform:
Pre-authorization in respect to Health Checkup, Second Medical Opinion, OPD Consultation (on Cashless Facility) can also be requested through Our mobile application or website.

All final authorization requests, if required, shall be sent at least six hours prior to the Insured Person's discharge from the Hospital.

Each request for pre-authorization except for Health Checkup and e-Consultation must be accompanied with completely filled and duly signed pre-authorization form including all of the following details:

I. The health card (if applicable) We have issued to the Insured Person at the time of inception of the cover under the Policy (if available) supported with KYC document;
II. The Policy Number;
III. Name of the Policyholder;
IV. Name and address of Insured Person in respect of whom the request is being made;
V. Nature of the Illness/Injury and the treatment/Surgery required;
VI. Name and address of the attending Medical Practitioner;
VII. Hospital where treatment/Surgery is proposed to be taken;
VIII. Date of admission;
IX. First and any subsequent consultation paper/Medical Record since beginning of diagnosis of that treatment/Surgery;
X. Admission note;
XI. Treating Medical Practitioner certificate for disease/event history with justification of Hospitalization.

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

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

In case of pre-authorization request where chronicity of condition is not established as per clinical evidence based information, We may reject the request for pre-authorization and ask the claimant to claim as Reimbursement. Claim documents submission for Reimbursement should not be considered as an admission of liability.

Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital, locations, indications and disease details, match with the details of the actual treatment received. For Cashless Facility Hospitalization, We will make the payment of the amount assessed to be due, directly to the Network Provider.

We reserve the right to modify, add or restrict any Network Provider or Service Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of providers.

B. Re-Authorization:
Cashless Facility will be provided subject to re-authorization if requested for either change in the line of treatment or in the diagnosis or for any procedure carried out on the incidental diagnosis/finding prior to the discharge from the Hospital.

C. For Reimbursement Claims:
For all claims for which Cashless Facility have not been pre-authorized or for which treatment has not been taken at a Network Provider, We shall be informed of the claim along with the following details within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier:

i. The Policy Number;
ii. Name of the Policyholder;
iii. Name and address of the Insured Person in respect of whom the request is being made;
iv. Nature of Illness or Injury and the treatment/Surgery taken;
v. Name and address of the attending Medical Practitioner;
vi. Hospital where treatment/Surgery was taken;
vii. Date of admission and date of discharge;
viii. Any other information that may be relevant to the Illness/ Injury/ Hospitalization.

2.1.3.3. Claims Documentation:
We shall be provided with the following necessary information and documentation in respect of all claims at Your/Insured Person's expense within 30 days of the Insured Person's discharge from Hospital (in the case of Pre-hospitalization Medical Expenses and Hospitalization Medical Expenses) or within 30 days of the completion of the Post-hospitalization Medical Expenses period (in the case of Post-hospitalization Medical Expenses).

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

a. Claim form duly completed and signed by the claimant.
Please provide mandatorily following information, if applicable
   i. Current diagnosis and date of diagnosis;
   ii. Past history and first consultation details;
   iii. Previous admission/Surgery if any.
b. Age/identity proof document of the Insured Person in case of Cashless Facility claim (not required if submitted at the time of pre-authorization request) and in Reimbursement claim.
   i. Self-attested copy of valid Age proof (passport/driving license/PAN card/class X certificate/ birth certificate);
   ii. Self-attested copy of identity proof (passport/driving license/ PAN card/voter identity card);
   iii. Recent passport size photograph.
c. Cancelled cheque/bank statement/copy of passbook mentioning account holder's name, IFSC code and account number printed on it of the Insured Person/Nominee (in case of death of the Insured Person).
d. Original Hospital discharge summary.
e. Additional documents required in case of Surgery/Surgical Procedure.
   i. Bar code sticker and invoice for implants and prosthesis (if used);
f. Original final bill from Hospital with detailed break-up and paid receipt.

g. Room tariff of the entitled room category (in case of a Non-Network Provider and if room tariff is not a part of Hospital bill): duly signed and stamped by the Hospital in which treatment is taken.
(In case the Insured Person/claimant are unable to submit such document, then We shall consider the Reasonable and Customary Charges of the Insured Person's eligible room category of the Our Network Provider within the same geographical area for identical or similar services.)

h. Original bills of pharmacy/medicines purchased, or of any other investigation done outside Hospital with reports and requisite prescriptions.

i. Copy of death certificate (in case of demise of the Insured Person).

j. For Medico-legal cases (MLC) or in case of Accident
   i. MLC/First Information Report (FIR) copy attested by the concerned Hospital/police station (if applicable);
   ii. Original self-narration of incident in absence of MLC/FIR.

k. Original laboratory investigation, diagnostic and pathological reports with supporting prescriptions.

l. Original X-Ray/MRI/ultrasound films and other radiological investigations.

m. Certificate of disability issued by a Medical Board duly constituted by the Central and/or the State Government, if available (only in case of prosthetic cover)

n. The retail invoice of the prosthetic with the packaging (only in case of prosthetic cover)

2.1.3.4. Claims Assessment:

a. All admissible claims under this Section shall be assessed by Us in the following progressive order:-
   i. If a room has been opted in a Hospital for which the room category is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Schedule/Certificate of Insurance, then the Associated Medical Expenses payable shall be pro-rated as per the applicable limits specified in the Policy Schedule/Certificate of Insurance.
   ii. The Deductible (if applicable) shall be applied to the aggregate of all claims that are either paid or payable under this Section. Our liability to make payment shall commence only once the aggregate amount of all eligible claims as per Policy terms and conditions exceeds the Deductible limit within the same Policy Year.
   iii. Co-payment (if applicable) as specified in the Policy Schedule/ Certificate of Insurance shall be applicable on the amount payable by Us.

b. The claim amount assessed as mentioned above would be deducted from the amount mentioned against each Benefit and Sum Insured as specified in the Policy Schedule/Certificate of Insurance. The re-fill amount will be applied only once the Base Sum Insured is exhausted in the Policy Year.

3. General Terms and Conditions

3.1. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products / plans offered by the Company policy by applying for migration of the policy 30 days before the premium due date of his / her existing Policy as per extant guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

3.2. Substitute Product

In case We have discontinued or withdrawn this product We shall provide the Insured Person with an option to purchase cover under a substitute health insurance Policy from Us with earned continuity benefits.

3.3. 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 (thirty days for policies with a term of 3 years, if sold through distance marketing) 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

a. 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

b. 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

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

3.4. Cancellation

a. The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

   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.

b. 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.

Short Period Grid

	Refund %								
	Policy Term								
Timing of Cancellation	**1**	**1.5**	**2**	**2.5**	**3**	**3.5**	**4**	**4.5**	**5**
Up to 30 days	75.0%	80.0%	85.0%	87.5%	90.0%	92.5%	92.5%	95.0%	95.0%
31 to 90 days	50.0%	65.0%	70.0%	75.0%	80.0%	85.0%	87.5%	87.5%	87.5%
3 to 6 months	25.0%	50.0%	60.0%	65.0%	67.5%	70.0%	75.0%	75.0%	75.0%
6 to 12 months	0.0%	25.0%	40.0%	45.0%	50.0%	55.0%	60.0%	65.0%	65.0%
12 to 18 months		0.0%	15.0%	30.0%	37.5%	45.0%	47.5%	50.0%	55.0%
18 to 24 months			0.0%	15.0%	25.0%	32.5%	37.5%	42.5%	47.5%
24 to 30 months				0.0%	12.5%	20.0%	25.0%	35.0%	40.0%
30 to 36 months					0.0%	10.0%	17.5%	25.0%	32.5%
36 to 42 months						0.0%	10.0%	17.5%	27.5%
42 to 48 months							0.0%	12.5%	20.0%
48 to 54 months								0.0%	10.0%
54 to 60 months									0.0%

3.5. Automatic Cancellation

Individual Policy:

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

For Family Floater Policies:

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

Refund:

A refund in accordance with the table in Section 11.2 (I) shall be payable if there is an automatic cancellation of the Policy provided that no claim has been made and e-consultation, Health Check-up, Emergency Assistance Services or Second Medical Opinion have not been availed under the Policy by or on behalf of any Insured Person. We will pay the refund of premium to the Nominee named in the Policy Schedule or Your legal heirs or legal representatives holding a valid succession certificate.

3.6. Renewal of Policy

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

I. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
II. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
III. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
IV. 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.
V. No loading shall apply on renewals based on individual claims experience.

3.7. Other Renewal Conditions:

a. Continuity of Benefits on Timely Renewal:

i. The Renewal premium is payable on or before the due date and in any circumstances before the expiry of Grace Period, at such rate as may be reviewed and notified by Us before completion of the Policy Period provided that all such changes are approved by IRDAI and in accordance with the IRDAI's rules and regulations as applicable from time to time.
ii. Renewal premium rates for this Policy may be further altered by Us including in the following circumstances:
   A. You/Insured Person proposed to add an Insured Person to the Policy
   B. You/Insured Person change any coverage provision

b. Reinstatement:

i. The Policy shall lapse after the expiration of the Grace Period. If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria, as per Our Board approved underwriting Policy and no continuing benefits shall be available from the expired Policy.
ii. We will not pay for any Medical Expenses which are incurred between the date the Policy expires and the date immediately before the reinstatement date of Your/Insured Person's Policy.
iii. If there is any change in the Insured Person's medical or physical condition, We may add exclusions or charge an extra premium from the reinstatement date.

c. Disclosures on Renewal:

You/Insured Person shall make a full disclosure to Us in writing of any material change in the health condition or geographical location of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing Policy will not be altered.

d. Addition of Insured Persons on Renewal:
Where an individual is added to this Policy either by way of endorsement or at the time of Renewal, the Pre-Existing Disease clause, exclusions and Waiting Periods will be applicable considering such Policy Year as the first year of the Policy for that newly added individual with Us.

e. Changes to Sum Insured on Renewal:
You/Insured Person may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. Any enhanced Sum Insured applied on Renewal will not be available for an Illness or Injury already contracted under the preceding Policy Periods. All Waiting Periods as defined in the Policyshall apply afresh for this enhanced limit from the effective date of such enhancement.

3.8. 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.

3.9. Obligations in case of a minor
If an Insured Person is less than 18 years of Age, You or another adult Insured Person or legal guardian (in case of Your and all other adult Insured Person's demise) shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person.

3.10. Assignment
The Benefits under this Policy are assignable subject to applicable Law.

3.11. Records to be maintained:
As a Condition Precedent, You/Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. You/Insured Person shall furnish such information as We may require under this Policy at any time during the Policy Period/ Coverage Period.

3.12. Authorization to obtain all pertinent records or information:
As a Condition Precedent to the payment of Benefits, We and/or Our Service Provider shall have the authority to obtain all pertinent records or information from any Medical Practitioner, Hospital, clinic, insurer, individual or institution to assess the validity of a claim submitted by or on behalf of any Insured Person.

3.13. 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 pa(y 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 deceive; and d) any such act or omission as the law specially declares to be fraudulent

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.

3.14. Notification of Claim and Delay in Intimation:
The notification of all claims should be sent to Us via one of the following:

By calling Us at 1860-500-8888
By registered post sent to:
Customer Services Department
Max Bupa Health Insurance Company Limited
2nd Floor, Plot No D-5 ,
Sec-59, Noida , Gautam Buddh Nagar,
Uttar Pradesh – 201301 Fax No.: 011-3090-2010
By writing an email to customercare@maxbupa.com.

If the claim is not notified to Us or claim documents are not submitted within the stipulated time as mentioned in the above sections, then We shall be provided the reasons for the delay, in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

If You/Insured Person holds multiple sections (Indemnity & Benefit) under this Policy with Us, a single notification for claim will apply to all the sections of the Policy.

3.15. 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.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

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

3.17. Territorial Jurisdiction
All Benefits are available in India only, and all claims shall be payable in India in Indian Rupees only.

3.18. Role of Group Administrator
The role of Group Policyholder as an administrator will only be to facilitate the insurance cover to its members. Any subsequent Policy servicing or claims related assistance shall directly be done by Us.

3.19. Notices
Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

a. The Insured Person at the address specified in the Policy Schedule/ Certificate of Insurance or at the changed address of which We must receive written notice.
b. Us at the following address:
   Max Bupa Health Insurance Company Limited
   2nd Floor, Plot No D-5 ,
   Sec-59, Noida , Gautam Buddh Nagar,
   Uttar Pradesh – 201301
   Fax No.: 011-3090-2010
c. No insurance agents, brokers or other person/entity is authorized to receive any notice on Our behalf.
d. In addition, We may send You/Insured Person other information through electronic and telecommunications means with respect to the Policy from time to time.

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

3.21. 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 affected.

3.22. Withdrawal of Policy

i. 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.
ii. 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.

3.23. Redressal of Grievance:

a. In case of any grievance the insured person may contact the company through:
   Website: www.maxbupa.com
   Courier: Customer Services Department
   Max Bupa Health Insurance Company Limited
   2nd Floor, Plot No D-5 ,
   Sec-59, Noida , Gautam Buddh Nagar,
   Uttar Pradesh – 201301
   Customer Helpline No: 1860-500-8888
   Fax No.: 011-3090-2010
   Email ID: customercare@maxbupa.com
   Senior citizens may write to us at:
   seniorcitizensupport@maxbupa.com

b. 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
   Head – Customer Services
   Max Bupa Health Insurance Company Limited
   2nd Floor, Plot No D-5 ,
   Sec-59, Noida , Gautam Buddh Nagar,
   Uttar Pradesh – 201301
   Customer Helpline No: 1860-500-8888
   Fax No.: 011-3090-2010
   Email ID: customercare@maxbupa.com
   For updated details of grievance officer, kindly refer the link https://www.maxbupa.com/customer-care/health-services/grievance-redressal.aspx

If the Insured person is not satisfied with the above, they can escalate to GRO@maxbupa.com.

c. 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 (at the addresses given in Annexure 1).
d. Grievance may also be lodged at IRDAI integrated Grievance Management System - https://igms. irda.qov. in/

3.24. 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 with Moratorium Period clause and subsequently completion of eight 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 Policy shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The Policy would however be subject to all limits, sub limits, co-payments as per the Policy.

3.25. 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

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

3.26. 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.

3.27. Complete Discharge
Any payment to the policy holder, insured person or his/her nominees or his/her legal representatives 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.

4. Defined Terms
The terms listed below in Section 4 and used elsewhere in the Policy in Initial Capitals shall have the meaning set out against them in Section 4 unless mentioned is any of the sections above separately..

4.1. Accident or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

4.2. Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

4.3. Age means age of the Insured person on last birthday as on date of commencement of the Policy.

4.4. AYUSH Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.

4.5. 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 insurance company's authorized representative.

4.6. 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.

4.7. Associated Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges

4.8. Base Sum Insured means the amount stated in the Policy Schedule.

4.9. Bone Marrow Transplant is the actual undergoing of a transplant of human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. The following will be excluded:
i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

4.10. Break in Policy means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

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

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

4.13. Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
a. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.
b. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.

4.14. Co-payment means a cost-sharing requirement under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claim's amount. A Co-payment does not reduce the Sum Insured.

4.15. Critical Illness, an Illness, medical event or Surgical Procedure specifically defined in Section 2.1.1.6.

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

4.17. Day Care Center means any institution established for Day Care Treatment of Illness and/or Injuries or a medical set-up with 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 criterion as under:
a. has Qualified Nursing staff under its employment;
b. has qualified Medical Practitioner(s) in charge;

c. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

4.18. Day Care Treatment refers to medical treatment, and/or Surgical Procedure which is:
a. undertaken under General or Local Anaesthesia in a Hospital/ Day Care Center in less than 24 hrs because of technological advancement, and
b. which would have otherwise required a Hospitalization of more than 24 hours.

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

4.19. Deductible means a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

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

4.21. Diagnostic Services means those diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition.

4.22. Disclosure to Information Norm means 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.

4.23. 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:
a. the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
b. the patient takes treatment at home on account of non-availability of room in a Hospital.

4.24. Emergency means a medical condition or symptom resulting from Illness or Injury which arises suddenly and unexpectedly and requires immediate care and treatment by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

4.25. Evidence Based Clinical Practice means process of making clinical decisions for Inpatient Care using current best evidence in conjugation with clinical expertise.

4.26. e-Consultation means opinion from a Medical Practitioner 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 his license.

4.27. Family Floater Policy means a Policy described as such in the Policy Schedule where the family members (two or more) named in the Policy Schedule are Insured Persons under this Policy. Only the following family members can be covered under a Family Floater Policy:
a. Primary Insured Person; and/or
b. Primary Insured Person's legally married spouse (for as long as she/he continues to be married to the Primary Insured Person); and/or
c. Primary Insured Person's children who are less than 25 years of Age on the commencement of the Policy Period (a maximum 4 children can be covered under the Policy as Insured Persons).

4.28. First Policy means for the purposes of this Policy the Policy Schedule issued to the Policyholder at the time of inception of the first Policy mentioned in the Policy Schedule with Us.

4.29. 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.

4.30. Health Recharge means and includes 'Max Bupa Health Recharge' policy.

4.31. Hospital means any institution established for Inpatient 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 enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
a. has Qualified Nursing staff under its employment round the clock;
b. has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
c. has qualified Medical Practitioner(s) in charge round the clock;
d. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
e. maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

4.32. Hospitalization or **Hospitalized** means the admission in a Hospital for a minimum period of 24 consecutive Inpatient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

4.33. 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.

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

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

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   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 rehabilitation for the patient or for the patient to be specially trained to cope with it
   iv. it continues indefinitely
   v. it recurs or is likely to recur

4.35. 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.

4.36. Information Summary Sheet means the information and details provided to Us or Our representatives over the telephone for the purposes of applying for this Policy which has been recorded by Us and confirmed by You.

4.37. 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.

4.38. Individual Policy means a Policy described as such in the Policy Schedule where the individual named in the Policy Schedule is the Insured Person under this Policy.

4.39. Inpatient means admission for treatment in a Hospitalfor more than 24 hours for an Insured Event.

4.40. Inpatient Care means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

4.41. Insured Event means any event specifically mentioned as covered under this Policy.

4.42. Insured Person means person(s) named as insured persons in the Policy Schedule.

4.43. IRDAI means the Insurance Regulatory and Development Authority of India.

4.44. Maternity expenses: Maternity expenses means;

a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);

b. expenses towards lawful medical termination of pregnancy during the policy period

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

4.46. 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.

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

4.48. Medical Record means the collection of information as submitted in claim documentation concerning a Insured Person's Illness or Injury that is created and maintained in the regular course of management, made by Medical Practitioners who have knowledge of the acts, events, opinions or diagnoses relating to the Insured Person's Illness or Injury, and made at or around the time indicated in the documentation.

4.49. Medically Necessary Treatment means any treatment, tests, medication, or stay in Hospital or stay in Hospital or part of a stay in hospital which:

a. is required for the medical management of the Illness or Injury suffered by the insured;

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

c. must have been prescribed by a Medical Practitioner;

d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

4.50. Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence.

4.51. Migration means the right accorded to individual 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.

4.52. Network Provider means Hospital or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a Cashless Facility.

4.53. New Born Baby: Newborn baby means baby born during the Policy Period and is aged upto 90 days

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

4.55. Non-Network means any Hospital, Day Care Center or other provider that is not part of the network.

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

4.57. Policy means these terms and conditions, the Policy Schedule (as amended from time to time), Your statements in the Proposal and the Information Summary Sheet and any endorsements attached by Us to the Policy from time to time.

4.58. Policy Period is the period between the inception date and the expiry date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

4.59. Policy Year means the period of one year commencing on the date of commencement specified in the Policy Schedule or any anniversary thereof.

4.60. Pre-existing Disease 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 its reinstatement or
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 issued by the insurer or its reinstatement.

4.61. Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

4.62. Post-hospitalization Medical Expenses means medical expensesincurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:

a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

4.63. Policy Schedule means a certificate issued by Us, and, if more than one, then the latest in time. The Policy Schedule contains details of the Policyholder, Insured Persons, the Sum Insured and other relevant details related to the coverage.

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

4.65. Primary Insured Person means the Policyholder if he/she is covered under the Policy as an Insured Person. In case Policyholder is not an Insured Person, then Primary Insured Person will be the eldest Insured Person covered under the Policy.

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

4.67. 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.

4.68. Reimbursement means settlement of claims paid directly by Us to the Policyholder/Insured Person.

4.69. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all Waiting Periods.

4.70. Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the Associated Medical Expenses.

4.71. Service Provider means any person, organization, institution that has been empanelled with Us to provide services specified under the benefits to the Insured Person.

4.72. Single Private Room means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a single room in that Hospital.

4.73. Standby Services are services of another Medical Practitioner requested by treating Medical Practitioner and involving prolonged attendance without direct (face-to-face) patient contact or involvement.

4.74. Sum Insured means the total of the Base Sum Insured which is Our maximum, total and cumulative liability for any and all claims during the Policy Year in respect of all Insured Person(s) which is specified in the Policy Schedule.

4.75. Surgery or **Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or Day Care Center by a Medical Practitioner.

4.76. Survival Period means the period, if any, specified under the Policy after the occurrence of an Insured Event that the Insured Person has to survive before a claim becomes admissible under the Policy.

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

4.78. Waiting Period means a time-bound exclusion period related to condition(s) specified in the Policy Schedule or the Policy which shall be served before a claim related to such condition(s) becomes admissible.

4.79. We/Our/Us means Max Bupa Health Insurance Company Limited.

4.80. You/Your/Policyholder means the person named in the Policy Schedule who has concluded this Policy with Us.

Annexure I

Product Benefit Table (all limits in INR unless defined as percentage)

Product Benefit Table		
Policy Tenure	**Non- loan linked - 1 year Loan Linked - Up to 5 years**	
Entry Age	**(Adult- 18yrs to 65 yrs Child - 91 days to 21 years)**	
Hospitalisation Cover		
Family Combinations	**1A,2A,1A1C,1A2C,1A3C,2A1C,2A2C,2A3C**	
Base Sum Insured	5 Lacs and 10 Lacs	
Inpatient Care	• Nursing charges excluding private nursing charges • Medical Practitioners' fees, excluding any charges or fees for Standby Services • Medicines, drugs and consumables • Physiotherapy, investigation and diagnostics procedures directly related to admission • Intravenous fluids, blood transfusion, injection administration charges and /or consumables • Operation theatre charges • The cost of prosthetics and other devices or equipment if implanted internally during Surgery	Up to Base Sum Insured
	Hospital accommodation- Room Rent/day	Option 1 - 2 % of Base Sum Insured Option 2 - Single Private Room
	Hospital accommodation- ICU/day	Option 1 -Double of Room rent/day Option 2 - Actuals up to Sum Insured
Day Care Treatment	Listed Day Care Treatments covered up to Base Sum Insured	
Pre - hospitalization Medical Expenses *(including Medical Practitioner's consultation, diagnostics tests, medicines, drugs and consumables)*	Up to Base Sum Insured Option 1 - 30 days Option 2 - 60 days	
Post- hospitalization Medical Expenses *(including Medical Practitioner's consultation, diagnostics tests, medicines, drugs and consumables)*	Up to Base Sum Insured Option 1 - 60 days Option 2 - 90 days	
Inpatient Care under Alternative Treatment	up to Base Sum Insured	
Organ Transplant	Up to Base Sum Insured	
Re-fill Benefit *(Can be triggered only once inyear)*	Reinstates 100% of Base Sum Insured. Applicable for different illness	
Critical Illness Multiplier Indemnity Cover(In case of hospitalization due to listed Critical Illness*)	3x of the Base Sum insured	

Emergency Ground Ambulance- Within India *(one transfer per Hospitalization)*	**Network Hospital:** INR 3,000 **Non-network Hospital:** INR 3,000
Specific Disease waiting period	24 Months
E-consultation	Within Network Provider only
Modern Treatments	Covered up to Sum Insured (sub-limit applicable on few conditions)
Waiting period for Pre-Existing Diseases (PED)	Option 1 - 36 months Option 2 - 24 months
Initial Waiting Period	30 days

Annexure II

The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment

LIST I – EXPENSES NOT COVERED

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

Sl. No.	Item
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	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS

Sl. No.	Item
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	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

Sl. No.	Item
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

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

Sl. No.	Item
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

List of Insurance Ombudsmen

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@ecoi.co.in	Gujarat, UT of 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@ecoi.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@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
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@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma 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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu,UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry).

Office Details	Jurisdiction of Office Union Territory,District)
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@ecoi.co.in	Delhi
GUWAHATI - Shri Kiriti .B. Saha 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@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, UT of Yanam and part of UT of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.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@ecoi.co.in	Kerala, UT of (a)Lakshadweep,(b) Mahe-a part of UT of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, UT of 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@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

Office Details	Jurisdiction of Office Union Territory,District)
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.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.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.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. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.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@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

EXECUTIVE COUNCIL OF INSURERS,
3rd Floor, Jeevan SevaAnnexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949
Email:inscoun@ecoi.co.in
Shri. M.M.L. Verma, Secretary General
Smt. Moushumi Mukherji, Secretary

Annexure IV

List of Critical Illness pertaining to section 2.1.1.6 (Critical Illness Multiplier Indemnity Cover)

S. No.	List of Critical Illness	option 1 - 13 Illness	Option 2 - 21 Illness	Option 3 - 37 Illness
1	Cancer - All conditions covered in cancer variant	Yes	Yes	Yes
2	Kidney failure	Yes	Yes	Yes
3	Multiple sclerosis with persisting symptoms	No	Yes	Yes
4	Benign brain tumor	Yes	Yes	Yes
5	Parkinson's Disease	No	No	Yes
6	Alzheimer's Disease	No	Yes	Yes
7	End stage liver failure	Yes	Yes	Yes
8	Motor neuron disease	No	No	Yes
9	End stage lung failure	Yes	Yes	Yes
10	Bacterial Meningitis	No	No	Yes
11	Aplastic Anaemia	No	Yes	Yes
12	Pulmonary Thromboembolism	No	No	Yes
13	Primary (idiopathic) pulmonary hypertension	No	No	Yes
14	Infective Endocarditis	No	Yes	Yes
15	Major organ /bone marrow transplant	Yes	No	Yes
16	Replacement / Repair of heart valves	Yes	Yes	Yes
17	Aortic Dissection	Yes	Yes	Yes
18	Cardiomyopathy	No	Yes	Yes
19	Surgery for Cardiac Arrhythmia	No	Yes	Yes
20	Angioplasty	Yes	Yes	Yes
21	Balloon Valvotomy/Valvuloplasty	No	No	Yes
22	Carotid Artery surgery	No	No	Yes
23	Open Chest CABG	Yes	Yes	Yes
24	Pericardectomy	No	Yes	Yes
25	Surgery to Place Ventricular Assist devices or Total Artificial Hearts	No	No	Yes
26	Myocardial Infarction	Yes	Yes	Yes
27	Implantation of Pacemaker of Heart	No	Yes	Yes
28	Implantable Cardioverter Defibrillator	No	No	Yes
29	Stroke	Yes	Yes	Yes
30	Permanent paralysis of limbs	Yes	No	Yes
31	Burns	No	Yes	Yes
32	Blindness	No	No	Yes
33	Abdominal Aortic Aneurysm	No	No	Yes
34	Fulminant Viral Hepatitis	No	No	Yes
35	Severe Rheumatoid Arthritis	No	Yes	Yes
36	Systematic Lupus Erythematous	No	No	Yes
37	Nephrotic syndrome	No	No	Yes

Annexure V

Day Care Treatments

Sr. No	Procedure Name
I	**Cardiology Related:**
1	CORONARY ANGIOGRAPHY
II	**Critical Care Related:**
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
III	**Dental Related:**
7	SPLINTING OF AVULSED TEETH
8	SUTURING LACERATED LIP
9	SUTURING ORAL MUCOSA
10	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11	FNAC
12	SMEAR FROM ORAL CAVITY
IV	**ENT Related:**
13	MYRINGOTOMY WITH GROMMET INSERTION
14	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/ RECONSTRUCTION OF THE AUDITORY OSSICLES)
15	REMOVAL OF A TYMPANIC DRAIN
16	KERATOSIS REMOVAL UNDER GA
17	OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/ RECONSTRUCTION OF THE AUDITORY OSSICLES)
19	REMOVAL OF KERATOSIS OBTURANS
20	STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21	REVISION OF A STAPEDECTOMY

Sr. No	Procedure Name
22	OTHER OPERATIONS ON THE AUDITORY OSSICLES
23	MYRINGOPLASTY (POSTAURA/ ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24	FENESTRATION OF THE INNER EAR
25	REVISION OF A FENESTRATION OF THE INNER EAR
26	PALATOPLASTY
27	TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28	TONSILLECTOMY WITHOUT ADENOIDECTOMY
29	TONSILLECTOMY WITH ADENOIDECTOMY
30	EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31	REVISION OF A TYMPANOPLASTY
32	OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33	INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34	MASTOIDECTOMY
35	RECONSTRUCTION OF THE MIDDLE EAR
36	OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37	INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38	OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40	OTHER OPERATIONS ON THE NOSE
41	NASAL SINUS ASPIRATION
42	FOREIGN BODY REMOVAL FROM NOSE
43	OTHER OPERATIONS ON THE TONSILS AND ADENOIDS

Sr. No	Procedure Name
44	ADENOIDECTOMY
45	LABYRINTHECTOMY FOR SEVERE VERTIGO
46	STAPEDECTOMY UNDER GA
47	STAPEDECTOMY UNDER LA
48	TYMPANOPLASTY (TYPE IV)
49	ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50	TURBINECTOMY
51	ENDOSCOPIC STAPEDECTOMY
52	INCISION AND DRAINAGE OF PERICHONDRITIS
53	SEPTOPLASTY
54	VESTIBULAR NERVE SECTION
55	THYROPLASTY TYPE I
56	PSEUDOCYST OF THE PINNA - EXCISION
57	INCISION AND DRAINAGE - HAEMATOMA AURICLE
58	TYMPANOPLASTY (TYPE II)
59	REDUCTION OF FRACTURE OF NASAL BONE
60	THYROPLASTY TYPE II
61	TRACHEOSTOMY
62	EXCISION OF ANGIOMA SEPTUM
63	TURBINOPLASTY
64	INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65	UVULO PALATO PHARYNGO PLASTY
66	ADENOIDECTOMY WITH GROMMET INSERTION
67	ADENOIDECTOMY WITHOUT GROMMET INSERTION
68	VOCAL CORD LATERALISATION PROCEDURE
69	INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70	TRACHEOPLASTY

V	Gastroenterology Related:
71	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTO-MY/ GASTROSTOMY/EXPL ORATION COMMON BILE DUCT
72	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOV-AL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73	PANCREATIC PSEUDOCYST EUS & DRAINAGE
74	RF ABLATION FOR BARRETT'S OESOPHAGUS
75	ERCP AND PAPILLOTOMY
76	ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77	EUS + SUBMUCOSAL RESECTION
78	CONSTRUCTION OF GASTROSTOMY TUBE
79	EUS + ASPIRATION PANCREATIC CYST
80	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81	COLONOSCOPY ,LESION REMOVAL
82	ERCP
83	COLONSCOPY STENTING OF STRICTURE
84	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86	ERCP AND CHOLEDOCHOSCOPY
87	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88	ERCP AND SPHINCTEROTOMY
89	ESOPHAGEAL STENT PLACEMENT
90	ERCP + PLACEMENT OF BILIARY STENTS
91	SIGMOIDOSCOPY W / STENT
92	EUS + COELIAC NODE BIOPSY
93	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
VI	General Surgery Related:
94	INCISION OF A PILONIDAL SINUS / ABSCESS
95	FISSURE IN ANO SPHINCTEROTOMY
96	SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97	ORCHIDOPEXY
98	ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99	SURGICAL TREATMENT OF ANAL FISTULAS
100	DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101	EPIDIDYMECTOMY
102	INCISION OF THE BREAST ABSCESS
103	OPERATIONS ON THE NIPPLE
104	EXCISION OF SINGLE BREAST LUMP
105	INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106	SURGICAL TREATMENT OF HEMORRHOIDS
107	OTHER OPERATIONS ON THE ANUS
108	ULTRASOUND GUIDED ASPIRATIONS
109	SCLEROTHERAPY,
110	THERAPEUTIC LAPAROSCOPY WITH LASER
111	INFECTED KELOID EXCISION
112	AXILLARY LYMPHADENECTOMY
113	WOUND DEBRIDEMENT AND COVER
114	ABSCESS-DECOMPRESSION
115	CERVICAL LYMPHADENECTOMY
116	INFECTED SEBACEOUS CYST
117	INGUINAL LYMPHADENECTOMY
118	INCISION AND DRAINAGE OF ABSCESS
119	SUTURING OF LACERATIONS
120	SCALP SUTURING
121	INFECTED LIPOMA EXCISION
122	MAXIMAL ANAL DILATATION
123	PILES
124	A)INJECTION SCLEROTHERAPY
125	B)PILES BANDING
126	LIVER ABSCESS- CATHETER DRAINAGE
127	FISSURE IN ANO- FISSURECTOMY
128	FIBROADENOMA BREAST EXCISION
129	OESOPHAGEAL VARICES SCLEROTHERAPY
130	ERCP - PANCREATIC DUCT STONE REMOVAL
131	PERIANAL ABSCESS I&D
132	PERIANAL HEMATOMA EVACUATION
133	UGI SCOPY AND POLYPECTOMY OESOPHAGUS
134	BREAST ABSCESS I& D
135	FEEDING GASTROSTOMY
136	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
137	ERCP - BILE DUCT STONE REMOVAL
138	ILEOSTOMY CLOSURE
139	COLONOSCOPY
140	POLYPECTOMY COLON
141	SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
142	UGI SCOPY AND POLYPECTOMY STOMACH
143	RIGID OESOPHAGOSCOPY FOR FB REMOVAL
144	FEEDING JEJUNOSTOMY
145	COLOSTOMY
146	ILEOSTOMY
147	COLOSTOMY CLOSURE
148	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
149	PNEUMATIC REDUCTION OF INTUSSUSCEPTION
150	VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
151	RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
152	PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
153	ZADEK'S NAIL BED EXCISION

154	SUBCUTANEOUS MASTECTOMY
155	EXCISION OF RANULA UNDER GA
156	RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
157	EVERSION OF SAC UNILATERAL/ BILATERAL
158	LORD'S PLICATION
159	JABOULAY'S PROCEDURE
160	SCROTOPLASTY
161	CIRCUMCISION FOR TRAUMA
162	MEATOPLASTY
163	INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
164	PSOAS ABSCESS INCISION AND DRAINAGE
165	THYROID ABSCESS INCISION AND DRAINAGE
166	TIPS PROCEDURE FOR PORTAL HYPERTENSION
167	ESOPHAGEAL GROWTH STENT
168	PAIR PROCEDURE OF HYDATID CYST LIVER
169	TRU CUT LIVER BIOPSY
170	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
171	EXCISION OF CERVICAL RIB
172	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
173	MICRODOCHECTOMY BREAST
174	SURGERY FOR FRACTURE PENIS
175	SENTINEL NODE BIOPSY
176	PARASTOMAL HERNIA
177	REVISION COLOSTOMY
178	PROLAPSED COLOSTOMY-CORRECTION
179	TESTICULAR BIOPSY
180	LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
181	SENTINEL NODE BIOPSY MALIGNANT MELANOMA
182	LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)
183	EXCISION OF FISTULA-IN-ANO
184	EXCISION JUVENILE POLYPS RECTUM
185	VAGINOPLASTY
186	DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
187	PRESACRAL TERATOMAS EXCISION
188	REMOVAL OF VESICAL STONE
189	EXCISION SIGMOID POLYP
190	STERNOMASTOID TENOTOMY
191	INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
192	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
193	MEDIASTINAL LYMPH NODE BIOPSY
194	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
195	EXCISION OF CERVICAL TERATOMA
196	RECTAL-MYOMECTOMY
197	RECTAL PROLAPSE (DELORME'S PROCEDURE)
198	DETORSION OF TORSION TESTIS
199	EUA + BIOPSY MULTIPLE FISTULA IN ANO
200	CYSTIC HYGROMA - INJECTION TREATMENT
VII	**Gynecology Related:**
201	OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
202	INCISION OF THE OVARY
203	INSUFFLATIONS OF THE FALLOPIAN TUBES
204	OTHER OPERATIONS ON THE FALLOPIAN TUBE
205	DILATATION OF THE CERVICAL CANAL
206	CONISATION OF THE UTERINE CERVIX
207	THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/ CRY OSURGERY/
208	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
209	OTHER OPERATIONS ON THE UTERINE CERVIX
210	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
211	INCISION OF VAGINA
212	INCISION OF VULVA
213	CULDOTOMY
214	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
215	ENDOSCOPIC POLYPECTOMY
216	HYSTEROSCOPIC REMOVAL OF MYOMA
217	D&C
218	HYSTEROSCOPIC RESECTION OF SEPTUM
219	THERMAL CAUTERISATION OF CERVIX
220	MIRENA INSERTION
221	HYSTEROSCOPIC ADHESIOLYSIS
222	LEEP (LOOP ELECTROSURGICAL EXCISION PROCEDURE)
223	CRYOCAUTERISATION OF CERVIX
224	POLYPECTOMY ENDOMETRIUM
225	HYSTEROSCOPIC RESECTION OF FIBROID
226	LLETZ (LARGE LOOP EXCISION OF TRANSFORMATION ZONE)
227	CONIZATION
228	POLYPECTOMY CERVIX
229	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
230	VULVAL WART EXCISION
231	LAPAROSCOPIC PARAOVARIAN CYST EXCISION
232	UTERINE ARTERY EMBOLIZATION
233	LAPAROSCOPIC CYSTECTOMY
234	HYMENECTOMY(IMPERFORATE HYMEN)
235	ENDOMETRIAL ABLATION
236	VAGINAL WALL CYST EXCISION
237	VULVAL CYST EXCISION
238	LAPAROSCOPIC PARATUBAL CYST EXCISION

239	REPAIR OF VAGINA (VAGINAL ATRESIA)
240	HYSTEROSCOPY, REMOVAL OF MYOMA
241	TURBT
242	URETEROCOELE REPAIR - CONGENITAL INTERNAL
243	VAGINAL MESH FOR POP
244	LAPAROSCOPIC MYOMECTOMY
245	SURGERY FOR SUI
246	REPAIR RECTO- VAGINA FISTULA
247	PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
248	URS + LL
249	LAPAROSCOPIC OOPHORECTOMY
250	NORMAL VAGINAL DELIVERY AND VARIANTS
VIII	**Neurology Related:**
251	FACIAL NERVE PHYSIOTHERAPY
252	NERVE BIOPSY
253	MUSCLE BIOPSY
254	EPIDURAL STEROID INJECTION
255	GLYCEROL RHIZOTOMY
256	SPINAL CORD STIMULATION
257	MOTOR CORTEX STIMULATION
258	STEREOTACTIC RADIOSURGERY
259	PERCUTANEOUS CORDOTOMY
260	INTRATHECAL BACLOFEN THERAPY
261	ENTRAPMENT NEUROPATHY RELEASE
262	DIAGNOSTIC CEREBRAL ANGIOGRAPHY
263	VP SHUNT
264	VENTRICULOATRIAL SHUNT
IX	**Oncology Related:**
265	RADIOTHERAPY FOR CANCER
266	CANCER CHEMOTHERAPY
267	IV PUSH CHEMOTHERAPY
268	HBI-HEMIBODY RADIOTHERAPY
269	INFUSIONAL TARGETED THERAPY
270	SRT-STEREOTACTIC ARC THERAPY
271	SC ADMINISTRATION OF GROWTH FACTORS
272	CONTINUOUS INFUSIONAL CHEMOTHERAPY
273	INFUSIONAL CHEMOTHERAPY
274	CCRT-CONCURRENT CHEMO + RT
275	2D RADIOTHERAPY
276	3D CONFORMAL RADIOTHERAPY
277	IGRT- IMAGE GUIDED RADIOTHERAPY
278	IMRT- STEP & SHOOT
279	INFUSIONAL BISPHOSPHONATES
280	IMRT- DMLC
281	ROTATIONAL ARC THERAPY
282	TELE GAMMA THERAPY
283	FSRT-FRACTIONATED SRT
284	VMAT-VOLUMETRIC MODULATED ARC THERAPY
285	SBRT-STEREOTACTIC BODY RADIOTHERAPY
286	HELICAL TOMOTHERAPY
287	SRS-STEREOTACTIC RADIOSURGERY
288	X-KNIFE SRS
289	GAMMAKNIFE SRS
290	TBI- TOTAL BODY RADIOTHERAPY
291	INTRALUMINAL BRACHYTHERAPY
292	ELECTRON THERAPY
293	TSET-TOTAL ELECTRON SKIN THERAPY
294	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
295	TELECOBALT THERAPY
296	TELECESIUM THERAPY
297	EXTERNAL MOULD BRACHYTHERAPY
298	INTERSTITIAL BRACHYTHERAPY
299	INTRACAVITY BRACHYTHERAPY
300	3D BRACHYTHERAPY
301	IMPLANT BRACHYTHERAPY
302	INTRAVESICAL BRACHYTHERAPY
303	ADJUVANT RADIOTHERAPY
304	AFTERLOADING CATHETER BRACHYTHERAPY
305	CONDITIONING RADIOTHEARPY FOR BMT
306	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
307	RADICAL CHEMOTHERAPY
308	NEOADJUVANT RADIOTHERAPY
309	LDR BRACHYTHERAPY
310	PALLIATIVE RADIOTHERAPY
311	RADICAL RADIOTHERAPY
312	PALLIATIVE CHEMOTHERAPY
313	TEMPLATE BRACHYTHERAPY
314	NEOADJUVANT CHEMOTHERAPY
315	ADJUVANT CHEMOTHERAPY
316	INDUCTION CHEMOTHERAPY
317	CONSOLIDATION CHEMOTHERAPY
318	MAINTENANCE CHEMOTHERAPY
319	HDR BRACHYTHERAPY
X	**Operations on the salivary glands & salivary ducts:**
320	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
321	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
322	RESECTION OF A SALIVARY GLAND
323	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
324	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
XI	**Operations on the skin & subcutaneous tissues:**
325	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
326	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TIS-SUE OF THE SKIN AND SUBCUTANEOUS TISSUES

327	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
328	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
329	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
330	FREE SKIN TRANSPLANTATION, DONOR SITE
331	FREE SKIN TRANSPLANTATION, RECIPIENT SITE
332	REVISION OF SKIN PLASTY
333	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISS
334	CHEMOSURGERY TO THE S
335	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
336	RECONSTRUCTION OF DEFORMITY/ DEFECT IN NAIL BED
337	EXCISION OF BURSIRTIS
338	TENNIS ELBOW RELEASE
XII	**Operations on the Tongue:**
339	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
340	PARTIAL GLOSSECTOMY
341	GLOSSECTOMY
342	RECONSTRUCTION OF THE TONGUE
343	SMALL RECONSTRUCTION OF THE TONGUE
XIII	**Ophthalmology Related:**
344	SURGERY FOR CATARACT
345	INCISION OF TEAR GLANDS
346	OTHER OPERATIONS ON THE TEAR DUCTS
347	INCISION OF DISEASED EYELIDS
348	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
349	OPERATIONS ON THE CANTHUS AND EPICANTHUS
350	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
351	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
352	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
353	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
354	INCISION OF THE CORNEA
355	OPERATIONS FOR PTERYGIUM
356	OTHER OPERATIONS ON THE CORNEA
357	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
358	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
359	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
360	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
361	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
362	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
363	ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY/ CYCLOCRYOTHERAP Y/ GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
364	ENUCLEATION OF EYE WITHOUT IMPLANT
365	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
366	LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
367	BIOPSY OF TEAR GLAND
368	TREATMENT OF RETINAL LESION
XIV	**Orthopedics Related:**
369	SURGERY FOR MENISCUS TEAR
370	INCISION ON BONE, SEPTIC AND ASEPTIC
371	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEO-SYNTHESIS
372	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
373	REDUCTION OF DISLOCATION UNDER GA
374	ARTHROSCOPIC KNEE ASPIRATION
375	SURGERY FOR LIGAMENT TEAR
376	SURGERY FOR HEMOARTHROSIS/ PYOARTHROSIS
377	REMOVAL OF FRACTURE PINS/ NAILS
378	REMOVAL OF METAL WIRE
379	CLOSED REDUCTION ON FRACTURE, LUXATION
380	REDUCTION OF DISLOCATION UNDER GA
381	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
382	EXCISION OF VARIOUS LESIONS IN COCCYX
383	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
384	CLOSED REDUCTION OF MINOR FRACTURES
385	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
386	TENDON SHORTENING
387	ARTHROSCOPIC MENISCECTOMY - KNEE
388	TREATMENT OF CLAVICLE DISLOCATION
389	HAEMARTHROSIS KNEE- LAVAGE
390	ABSCESS KNEE JOINT DRAINAGE
391	CARPAL TUNNEL RELEASE
392	CLOSED REDUCTION OF MINOR DISLOCATION
393	REPAIR OF KNEE CAP TENDON
394	ORIF WITH K WIRE FIXATION- SMALL BONES
395	RELEASE OF MIDFOOT JOINT
396	ORIF WITH PLATING- SMALL LONG BONES
397	IMPLANT REMOVAL MINOR
398	K WIRE REMOVAL

399	POP APPLICATION
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	CALCANEUM SPUR HYDROCORT INJECTION
412	GANGLION WRIST HYALASE INJECTION
413	PARTIAL REMOVAL OF METATARSAL
414	REPAIR / GRAFT OF FOOT TENDON
415	REVISION/REMOVAL OF KNEE CAP
416	AMPUTATION FOLLOW-UP SURGERY
417	EXPLORATION OF ANKLE JOINT
418	REMOVE/GRAFT LEG BONE LESION
419	REPAIR/GRAFT ACHILLES TENDON
420	REMOVE OF TISSUE EXPANDER
421	BIOPSY ELBOW JOINT LINING
422	REMOVAL OF WRIST PROSTHESIS
423	BIOPSY FINGER JOINT LINING
424	TENDON LENGTHENING
425	TREATMENT OF SHOULDER DISLOCATION
426	LENGTHENING OF HAND TENDON
427	REMOVAL OF ELBOW BURSA
428	FIXATION OF KNEE JOINT
429	TREATMENT OF FOOT DISLOCATION
430	SURGERY OF BUNION
431	INTRA ARTICULAR STEROID INJECTION
432	TENDON TRANSFER PROCEDURE
433	REMOVAL OF KNEE CAP BURSA
434	TREATMENT OF FRACTURE OF ULNA
435	TREATMENT OF SCAPULA FRACTURE
436	REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
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
XV	**Other operations on the mouth & face:**
443	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
444	INCISION OF THE HARD AND SOFT PALATE
445	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
446	INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
447	OTHER OPERATIONS IN THE MOUTH
XVI	**Plastic Surgery Related:**
448	CONSTRUCTION SKIN PEDICLE FLAP
449	GLUTEAL PRESSURE ULCER-EXCISION
450	MUSCLE-SKIN GRAFT, LEG
451	REMOVAL OF BONE FOR GRAFT
452	MUSCLE-SKIN GRAFT DUCT FISTULA
453	REMOVAL CARTILAGE GRAFT
454	MYOCUTANEOUS FLAP
455	FIBRO MYOCUTANEOUS FLAP
456	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
457	SLING OPERATION FOR FACIAL PALSY
458	SPLIT SKIN GRAFTING UNDER RA
459	WOLFE SKIN GRAFT
460	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
XVII	**Thoracic surgery Related:**
461	THORACOSCOPY AND LUNG BIOPSY
462	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
463	LASER ABLATION OF BARRETT'S OESOPHAGUS
464	PLEURODESIS
465	THORACOSCOPY AND PLEURAL BIOPSY
466	EBUS + BIOPSY
467	THORACOSCOPY LIGATION THORACIC DUCT
468	THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE
XVIII	**Urology Related:**
469	HAEMODIALYSIS
470	LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
471	EXCISION OF RENAL CYST
472	DRAINAGE OF PYONEPHROSIS/ PERINEPHRIC ABSCESS
473	INCISION OF THE PROSTATE
474	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
475	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
476	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
477	RADICAL PROSTATOVESICULECTOMY
478	OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
479	OPERATIONS ON THE SEMINAL VESICLES
480	INCISION AND EXCISION OF PERIPROSTATIC TISSUE
481	OTHER OPERATIONS ON THE PROSTATE

482	INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
483	OPERATION ON A TESTICULAR HYDROCELE
484	EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
485	OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
486	INCISION OF THE TESTES
487	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
488	UNILATERAL ORCHIDECTOMY
489	BILATERAL ORCHIDECTOMY
490	SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
491	RECONSTRUCTION OF THE TESTIS
492	IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
493	OTHER OPERATIONS ON THE TESTIS
494	EXCISION IN THE AREA OF THE EPIDIDYMIS
495	OPERATIONS ON THE FORESKIN
496	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
497	AMPUTATION OF THE PENIS

498	OTHER OPERATIONS ON THE PENIS
499	CYSTOSCOPICAL REMOVAL OF STONES
500	CATHETERISATION OF BLADDER
501	LITHOTRIPSY
502	BIOPSY OFTEMPORAL ARTERY FOR VARIOUS LESIONS
503	EXTERNAL ARTERIO-VENOUS SHUNT
504	AV FISTULA - WRIST
505	URSL WITH STENTING
506	URSL WITH LITHOTRIPSY
507	CYSTOSCOPIC LITHOLAPAXY
508	ESWL
509	BLADDER NECK INCISION
510	CYSTOSCOPY & BIOPSY
511	CYSTOSCOPY AND REMOVAL OF POLYP
512	SUPRAPUBIC CYSTOSTOMY
513	PERCUTANEOUS NEPHROSTOMY
514	CYSTOSCOPY AND "SLING" PROCED
515	TUNA- PROSTATE
516	EXCISION OF URETHRAL DIVERTICULUM
517	REMOVAL OF URETHRAL STONE

518	EXCISION OF URETHRAL PROLAPSE
519	MEGA-URETER RECONSTRUCTION
520	KIDNEY RENOSCOPY AND BIOPSY
521	URETER ENDOSCOPY AND TREATMENT
522	VESICO URETERIC REFLUX CORRECTION
523	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
524	ANDERSON HYNES OPERATION (OPEN PYELOPALSTY)
525	KIDNEY ENDOSCOPY AND BIOPSY
526	PARAPHIMOSIS SURGERY
527	INJURY PREPUCE- CIRCUMCISION
528	FRENULAR TEAR REPAIR
529	MEATOTOMY FOR MEATAL STENOSIS
530	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
531	SURGERY FILARIAL SCROTUM
532	SURGERY FOR WATERING CAN PERINEUM
533	REPAIR OF PENILE TORSION
534	DRAINAGE OF PROSTATE ABSCESS
535	ORCHIECTOMY
536	CYSTOSCOPY AND REMOVAL OF FB