1. Preamble

This is a contract of insurance between You and Us which is subject to the payment of the full premium in advance and the terms, conditions and exclusions to 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 Persons in the Proposal Form and the Information Summary Sheet.

Please inform Us immediately of any change in the address or any other changes affecting You or any Insured Person.

Note: The terms listed in Section 11(Definitions & Interpretation) and used elsewhere in the Policy in Initial Capitals shall have the meaning set out against them in Section 11 wherever they appear in the Policy.

2. Benefits available under the Policy

a. The Benefits available under this Policy are described below.
b. The Policy covers Reasonable and Customary Charges incurred towards medical treatment or consultation taken by the Insured Person during the Policy Period for an Illness, Injury or conditions as described in the sections below, provided such Illness, Injury or conditions contracted or sustained by an Insured Person during the Policy Period. The Benefits listed in the sections below will be payable subject to the terms, conditions and exclusions of this Policy and the availability of the Sum Insured and subject always to any sub-limits in respect of that Benefit as specified in the Policy Schedule for the Insured Person.
c. All the benefits (including optional benefits) along with the respective limits / amounts for each respective Sum Insured applicable under the product have been summarized in the Product Benefit Table as specified in Annexure IV.
d. The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment are mentioned in Annexure II.
e. All claims for any benefits under the Policy must be made in accordance with the process defined under Section 7 (Claim process & Requirements).
f. All claims paid under any benefit except for those paid under Section 2.8 (Health Checkup / Diagnostic Tests), Section 2.10 (Second Medical Opinion), Section 2.11 (OPD Consultation), Section 2.12 (Behavioral Assistance Program) and Section 3.3 (Personal Accident Cover) shall reduce the Sum Insured for that Policy Year in which the claim has been incurred, unless otherwise specified in the respective section and only the balance Sum Insured after payment of claim amounts admitted shall be available for all future claims arising in that Policy Year.
g. For all the benefits under Section 2.8 (Health Checkup / Diagnostic Tests), Section 2.10 (Second Medical Opinion), Section 2.11 (OPD Consultation), Section 2.12 (Behavioral Assistance Program) and Section 3.3 (Personal Accident Cover), the respective sub-limits or number of consultation / services or Sum Insured as applicable shall be reduced after payment of claim amounts admitted or utilization of consultation / services.

2.1 Inpatient Care

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

a. The Hospitalization is Medically Necessary and advised by Medical Practitioner and the treatment 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 nursing services under Hospitalization through a qualified nursing staff as an Inpatient;
    iii. Medical Practitioners' fees, excluding any charges or fees for Standby Services;
    iv. Physiotherapy, investigation and diagnostics procedures directly related to the current event which lead to Hospitalization;
    v. Medicines, drugs as prescribed by the treating Medical Practitioner related to the current event that lead to Hospitalization and not otherwise;
    vi. Intravenous fluids, blood transfusion, injection administration charges, consumables and/or enteral feedings;
    vii. Operation theatre charges;
    viii. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery;

ix. Intensive / Critical Care Unit Charges.

c. If the Insured Person is admitted in the 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) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Policy Schedule or the Room Rent of the entitled room category to the Room Rent actually incurred.

d. We shall not be liable to pay the visiting fees or consultation charges for any Medical Practitioner visiting the Insured Person unless such:
   i. Medical Practitioner's treatment or advice has been sought by the Hospital; and
   ii. Visiting fees or consultation charges are included in the Hospital's bill

2.2 Pre-hospitalization Medical Expenses

We will indemnify the Insured Person's Pre-hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period provided that:

a. We have accepted a claim for Inpatient Care under Section 2.1 (Inpatient Care) or Section 2.4 (Day Care Treatment) or Section 2.16 (Modern Treatments) or Domiciliary Hospitalization covered in Section 2.5 and Pre-hospitalization Medical Expenses are incurred for the same condition for which We have accepted the Inpatient Care or Day Care Treatment or Domiciliary Hospitalization or Modern Treatments claim.

b. We will not be liable to pay Pre-hospitalization Medical Expenses for more than 90 days immediately preceding the Insured Person's admission for Inpatient Care/ Day Care Treatment/ Domiciliary Hospitalization / Modern Treatments or such expenses incurred prior to inception of the First Policy with Us.

c. Pre-hospitalization Medical Expenses can be claimed under the Policy on a Reimbursement basis only.

d. Pre-hospitalization Medical Expenses incurred on Physiotherapy will also be payable provided that such Physiotherapy is Medically Necessary and advised by the Medical Practitioner and such Physiotherapy is directly related to current event that led to Hospitalization or Day Care Treatment.

e. Sum Insured for the Policy Year in which In-patient Care/ Day Care Treatment/ Domiciliary Hospitalization/ Modern Treatments claim has been incurred shall be reduced.

2.3 Post-hospitalization Medical Expenses

We will indemnify the Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury that occurs during the Policy Period as advised by the treating Medical Practitioner provided that:

a. We have accepted a claim for Inpatient Care under Section 2.1 (Inpatient Care) or Section 2.4 (Day Care Treatment) or Section 2.16 (Modern Treatments) or Domiciliary Hospitalization covered in Section 2.5 and Post-hospitalization Medical Expenses are incurred for the same condition for which We have accepted the Inpatient Care or Day Care Treatment or Domiciliary Hospitalization or Modern Treatments claim.

b. We will not be liable to pay Post-hospitalization Medical Expenses for more than 180 days immediately following the Insured Person's discharge from Hospital/ Day Care Treatment/ Domiciliary Hospitalization/ Modern Treatments.

c. Post-hospitalization Medical Expenses can be claimed under the Policy on a Reimbursement basis only.

d. Post-hospitalization Medical Expenses incurred on Physiotherapy will also be payable provided that such Physiotherapy is Medically Necessary and advised by the treating Medical Practitioner and such Physiotherapy is directly related to current event that led to Hospitalization or Day Care Treatment.

e. Sum Insured for the Policy Year in which In-patient Care/ Day Care Treatment/ Domiciliary Hospitalization/ Modern Treatments claim has been incurred shall be reduced.

2.4 Day Care Treatment

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

a. The Day Care Treatment is Medically Necessary and follows the written advice of a Medical Practitioner.

b. The Medical Expenses incurred are Reasonable and Customary Charges for any procedure where such procedure is undertaken by an Insured Person as Day Care Treatment.

c. We will not cover any OPD Treatment and Diagnostic Services under this Benefit.

d. List of Day Care Treatments which are covered under the Policy are provided in Annexure VI.

2.5 Home Health Care Services and Domiciliary Hospitalization

We will indemnify on a Reimbursement basis the Medical Expenses incurred for Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

a. The Domiciliary Hospitalization continues for at least 3 consecutive days in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalization;
b. For Domiciliary Hospitalization, the treating Medical Practitioner confirms in writing that the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital OR the Insured Person satisfies Us that a Hospital bed was unavailable.

For Home Health Care Services, the amount, frequency and time period of the services needs to be reasonable, and in agreement between treating Medical Practitioner and the Insured Person availing the service. We will cover the Medical Expenses incurred for Home Health Care Services during the Policy Period and availed through empanelled Service Provider on Cashless Facility basis only if the following conditions are fulfilled:

i. The condition of the Insured Person must be expected to improve in a reasonable and generally-predictable period of time, or
ii. Treatment under this benefit will be provided under the supervision of a Medical Practitioner to safely and effectively administer the treatment plan for the condition of the Insured Person.

The Home Health Care Services are covered only if We have accepted a claim under Section 2.1 (Inpatient Care) above and Home Health Care Services are availed immediately after that Hospitalization. The Home Health Care Services are provided through empanelled Service Provider in selected cities only. Please contact Us or refer to Our website www.maxbupa.com for updated list of cities where Home Health Care Services are provided.

2.6 Living Organ Donor Transplant

We will indemnify the Medical Expenses incurred for a living organ donor's Inpatient treatment for the harvesting of the organ donated provided that:

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 to undergo an organ transplant.
c. We have accepted the recipient Insured Person's claim under Section 2.1 (Inpatient Care).
d. Medical Expenses incurred are Reasonable and Customary Charges.

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

a. Stem cell donation whether or not Medically Necessary except for Bone Marrow Transplant.
b. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
c. Screening or any other Medical Expenses related to the organ donor which are not incurred during the duration of Insured Person's hospitalization for organ transplant.
d. Transplant of any organ/tissue where the transplant is experimental or investigational.
e. Expenses related to organ transportation or preservation.
f. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

2.7 Emergency Ambulance

We will indemnify the Reasonable and Customary Charges for ambulance expenses incurred to transfer the Insured Person by surface transport following an Emergency provided that:

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 for management of the current Hospitalization.
b. This benefit is available for one transfer per Hospitalization.
c. The ambulance service is offered by a healthcare or ambulance Service Provider.
d. We have accepted a claim under Section 2.1 (Inpatient Care) above.
e. We will cover expenses up to the amount specified in the Policy Schedule.

f. 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.

2.8 Health Checkup / Diagnostic Tests

The Insured Person may avail a health check-up as specified in the Policy Schedule through empanelled Service Provider for this benefit on Cashless Facility basis provided that:

a. Health check-up shall be requested through Our mobile application or website.
b. The Insured Person is above Age 18 on the commencement of that Policy Year.
c. Any unutilized Health check-up cannot be carry forwarded to the next Policy Year.
d. The list of tests covered under this benefit is as specified in Annexure III.

Instead of availing Health Checkup and if allowed and specified in the Policy Schedule, any Insured Person may undergo the Diagnostic Tests of his/her own choice at any diagnostic centre of his/her choice and get the expenses reimbursed or avail this benefit on Cashless Facility up to the amount as specified in the Policy Schedule. Any unutilized amount cannot be carry forwarded to the next Policy Year. Section 6.1 of the Permanent Exclusions shall not apply to the extent this Benefit is applicable

2.9 Re-fill Benefit

If the Base Sum Insured and Increased Sum Insured under I-Protect (if any) has been partially or completely exhausted due to claims made and paid or claims made and accepted as payable for any Illness / Injury during the Policy Year under Section 2, 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, provided that:

a. The re-fill amount may be used for only subsequent claims in respect of the Insured Person and shall not be for any Illness / Injury (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 Policies, the re-fill amount will be available on a floater basis to all Insured Persons in that 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 and Increased Sum Insured under I-Protect (if any).

2.10 Second Medical Opinion

If the Insured Person is diagnosed with a Specified Illness as defined under Section 11.66 or is planning to undergo a planned Surgery or a Surgical Procedure for any Illness or Injury, the Insured Person can, at the Insured Person's sole direction, obtain a Second Medical Opinion during the Policy Period provided that:

a. Second Medical Opinion shall be requested through Our mobile application or website.
b. The Second Medical Opinion will be arranged by Us (without any liabilities) and will be based only on the information and documentation provided by the Insured Person that will be shared with the Medical Practitioner.
c. This benefit can be availed only once by an Insured Person during a Policy Year for the same Specified Illness or planned Surgery.
d. By seeking the Second Medical Opinion under this Benefit, the Insured Person is not prohibited or advised against visiting or consulting with any other independent Medical Practitioner or commencing or continuing any treatment advised by such Medical Practitioner.
e. The Insured Person is free to choose whether or not to obtain the Second Medical Opinion, and if obtained then whether or not to act on it in whole or in part.
f. The Second Medical Opinion under this Benefit shall be limited to defined criteria and not be valid for any medicolegal purposes.
g. We do not represent correctness of the Second Medical Opinion and shall not assume or deem 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.

2.11 OPD Consultation

We will cover OPD Consultation taken by the Insured Person during the Policy Period provided that:

a. We will cover the number of consultations as specified in the Policy Schedule.
b. This benefit can be availed either through a Cashless Facility or on Reimbursement basis through a network.

c. OPD Consultation shall be requested through Our mobile application or website.
d. In case of Reimbursement, a maximum amount limit per consultation as specified in the Policy Schedule shall be applicable under this benefit.
e. The number of consultations will be applicable for all Insured Persons on a cumulative basis for the Policy Year.
f. Any unutilized number of consultations cannot be carried forwarded to the next Policy Year.

2.12 Behavioral Assistance Program

We will cover the counseling sessions through telephonic mode only under this benefit to provide support on pre-marital counseling, nutrition, stress, child and parenting taken by the Insured Person during the Policy Period provided that:

a. We will cover the number of consultations as specified in the Policy Schedule.
b. This benefit can only be availed through Our empanelled Service Providers on Cashless Facility.
c. Any unutilized number of consultations cannot be carry forwarded to the next Policy Year.

Section 6.24 of the Permanent Exclusions shall not apply to the extent this Benefit is applicable.

2.13 Pharmacy and Diagnostic Services

You may purchase medicines and diagnostic services from Our empanelled Service Provider through Our mobile application or website. The cost for the purchase of the medicines or diagnostic services shall be borne by You. Further it is made clear that purchase of medicines or diagnostic services from Our empanelled Service Provider is Your absolute discretion and choice.

2.14 AdvantAGE

There will be a discount of 10% in the First Policy Year Base Premium and all subsequent Renewal Base Premium, if Age of the eldest Insured Person at the time of inception of the First Policy with Us is less than or equal to 35 years.

In case an Individual Policy is converted into Family Floater Policy at the time of Renewal, then the discount under this benefit shall be available on the Family Floater Policy only if one of the following conditions is fulfilled:

a. The Insured Persons added in the Family Floater Policy are less than Age 35 years; or
b. The Insured Persons added in the Family Floater Policy are younger than the existing Insured Person.

2.15 Alternative Treatments

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, Sidha and Homeopathy.

Conditions:

a. The treatment should be taken in a AYUSH Hospital:
b. Pre-hospitalization Medical Expenses incurred for up to 90 days prior to the commencement of treatment and Post-hospitalization Medical Expenses incurred for up to 180 days following the conclusion of the treatment will also be indemnified under this benefit, provided that these Medical Expenses relate only to Alternative Treatments and not Allopathy.
c. Section 6.28 of the Permanent Exclusions (other than for Yoga) shall not apply to the extent this benefit is applicable.

2.16 Modern Treatments:

What is covered:

a. The following procedures / treatments will be covered either as Inpatient Care or as part of Day Care Treatment as per Section 2.1 and Section 2.4 respectively, in a Hospital :
   i. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
   ii. Balloon Sinuplasty
   iii. Deep Brain stimulation
   iv. Oral chemotherapy
   v. Immunotherapy- Monoclonal Antibody to be given as injection
   vi. Intra vitreal injections
   vii. Robotic surgeries
   viii. Stereotactic radio surgeries
   ix. BronchicalThermoplasty

x. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
xi. IONM - (Intra Operative Neuro Monitoring)
xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

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 2.2 and 2.3 within the overall benefit sub-limit.

Special condition applicable for robotic surgeries:
A limit of maximum INR 1 Lac will apply to all robotic surgeries, except the following:

a. Robotic total radical prostatectomy
b. Robotic cardiac surgeries
c. Robotic partial nephrectomy
d. Robotic surgeries for malignancies

3. Optional Benefits

The following optional benefits shall apply under the Policy as specified in the Policy Schedule, only if the optional benefit is selected by You. Optional benefits can be selected only at the time of issuance of the First Policy or at Renewal by You unless otherwise specified, on payment of the corresponding additional premium. If a loading applies to the premium for the main Policy, such loading will also apply to the premium for the optional benefits selected except under Section 3.2 (Health Coach) and Section 3.3 (Personal Accident Cover).
The Optional Benefits cover Reasonable and Customary Charges incurred towards the medical treatment or services taken by the Insured Person during the Policy Period for an Illness, Injury or conditions described in the sections below, if it is contracted or sustained by an Insured Person during the Policy Period.
All the benefits (including optional benefits) along with the respective limits / amounts for each respective Sum Insured applicable under the product have been summarized in the Product Benefit Table as specified in Annexure IV.
All claims for any benefits under the Policy must be made in accordance with the process defined under Section 7 (Claim process & Requirements).

3.1 I-Protect

If the Policy is Renewed with Us without a break, each Policy Year We will increase the Sum Insured applicable under the Policy by 10% of the Base Sum Insured of the immediately preceding Policy Year. The sub-limits applicable to various benefits will remain the same and shall not increase proportionately with the Sum Insured. This benefit is not applicable for Re-fill Benefit, OPD Consultation, Health check-up / Diagnostic Tests, Second Medical Opinion, Behavioral Assistance Program and Optional Benefits (if opted for) such as Health Coach and Personal Accident Cover.

a. This benefit can be opted only at inception of the first Policy with Us and not at Renewal of the Policy. If opted at inception, You have the option to opt out of the benefit at the time of Renewal of the Policy. In such case, the accumulated Increased Sum Insured under I-Protect shall:
   i. Not increase further and remain constant, if You pay the same additional percentage of premium as paid in the preceding Policy Year for this benefit. Or
   ii. Be reduced to zero, if You do not pay any additional premium for this benefit.
b. If the Insured Person in the expiring Policy is covered under an Individual Policy and has an accumulated Increased Sum Insured under I-Protect in the expiring Policy under this benefit, and such expiring Policy is Renewed with Us on a Family Floater Policy, then the I-Protect benefit and the accumulated Increased Sum Insured under I-Protect shall also be provided to the Family Floater Policy.
c. If the Insured Persons in the expiring Policy are covered on a Family Floater Policy and such Insured Persons Renew their expiring Policy with Us by splitting the Floater Sum Insured stated in the Policy Schedule in to two or more floater / individual Policy, then the I-Protect benefit and the accumulated Increased Sum Insured under I-Protect shall also be provided to each of the split Policies.
d. In case the Base Sum Insured under the Policy is reduced at the time of Renewal, the applicable accumulated Increased Sum Insured under I-Protect shall also be reduced in proportion to the Base Sum Insured.

e. In case the Base Sum Insured under the Policy is increased at the time of Renewal, the applicable accumulated Increased Sum Insured under I-Protect shall also be increased in proportion to the Base Sum Insured.

3.2 Health Coach

This benefit is available either to the Primary Insured Person or Primary Insured Person along with his/her spouse. Subject to policy terms and conditions and to encourage good health and well being, We shall provide the following wellness related services to the Insured Person(s) covered under this Benefit and We shall be assisted in administering these services through Our Service Provider:

a. Personalized health coaching – The Insured Person will have the facility to connect with a personal coach through a mobile application to guide and motivate the Insured Person to achieve his/her personal health goals. The health coach facility assists in identifying factors relating to the Insured Person's lifestyle and habits and also suggests ways to shift these habits to improve activity and wellness and to encourage overall well-being.

The health coaching facility is unlimited and can be availed any number of times during the Policy Year. In order to obtain access to the health coach facility, the Insured Person would be required to download the mobile application and register his/her specified details through the mobile application. When registration is complete, the Insured Person's health coach will notify him/her through the mobile application to set up the Insured Person's introductory call where Insured Person will discuss with the health coach to establish his/her short and long term goals. Once these goals are recorded, the health coach will provide on-going daily support, motivation and interpretation of the Insured Person's tracking data to help the Insured Person stay on track to reach his/her goals. The Insured Person and the health coach will also be able to connect frequently to review the progress and revise the existing goals or set new goals.

The mobile application shall also keep track of Insured Person's steps taken, daily food logs etc., which can be accessed by the Insured Person, personal health coach and Our empanelled Medical Practitioners under this Benefit.

b. Calculation of health score - Health Score shall be calculated as per the table below:

Health Score Model		
Task Based	Tasks to be Completed	Complete & win (Points/task)
One time	Sign up & Activation	500
	Selecting your own goals	500
	Taking your first Health assessment	750
	Completing your first tele-consultation with Our empanelled Medical Practitioner	500
	Uploading your first health record	750
Weekly	Coach engagement (>3 interactions / week)	250
	Walking - Steps count (5000 steps /day --- 5 times /week)	300
	Daily food logs (minimum 10 logs/ week)	250
Monthly	Habit tracking (minimum 15 check in)	500
	Monthly Coach review - Call	500
Quarterly	Health Assessment	500
Half Yearly	Tele-consultation with Our empanelled Medical Practitioner	1200
	Sharing your test reports / records	1500

Performance Based	Parameters for performance review	Score - based on your performance (Max points / review)
One time	Health Assessment at the time of on boarding	2000
Monthly	Monthly performance - Quality score by personal health coach	2000

Quarterly	On completion of goal set by personal health coach	500
	Based on health assessment results	2000
Annual Health score	(Task based points + Performance based points)	Earn up to 1 lac points in a year

Health assessment is a commonly used health screening tool which captures user's lifestyle, food, personal health, Emotional heath, Occupational health and diagnostic data.

One time Task Based points in second and subsequent Policy Year will get replaced with Renewal points awarded on Renewal of the Policy along with Health Coach Benefit. For Health Score calculation, monthly scores will be calculated and accumulated to arrive at the annual Health Score.

c. Discount in renewal premium basis Health Score:
We will provide You a discount in Renewal Base Premium based on the Insured Person's Health Score under this Benefit as per following table:

Health Score	Discount in Renewal Base Premium
0-9999	0%
10000-69999	5%
70000-79999	10%
80000-89999	15%
90000-100000	20%

The Health Score of the Primary Insured Person (higher of the health scores, if both Primary Insured Person and spouse are covered under this benefit) shall be considered for calculating the discount in Renewal Base Premium.
For the first Renewal, the Health Score at the end of nine Policy months shall be considered and pro-rated to arrive at the twelve months score for calculating the discount in Renewal Base Premium. For subsequent Renewals, Health Score for the next twelve Policy months from the date of last annual Health Score calculation, shall be considered for calculating the discount in Renewal Base Premium.

The above benefits will be subject to following conditions:

i. For services that are availed over phone or through online/ digital mode, the Insured Person will be required to provide the details as sought by Our Service Provider in order to establish authenticity and validity prior to availing such services.
ii. It is entirely for the Insured Person(s) to decide whether to obtain these services, the extent to which he/she wishes to avail these services and further to decide whether to use any of these services and if so to which extent.
iii. The services are intended to provide support information to the Insured Person to improve well-being and habits through working towards personalized health goals. These services are not medical advice and are not meant to substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
iv. The information services provided under this benefit, including information provided through personalized health coaching services, does not constitute medical advice of any kind and it is not intended to be, and should not be, used to diagnose or identify treatment for a medical or mental health condition. The information services provided under this benefit, including information provided through personalized health coaching services, does not substitute for any medical advice as well.
v. The Insured Person shall be free to consider or not consider the suggestions of the health coach and make any lifestyle changes based on information provided through these services. For any change the Insured Person makes to his lifestyle whether or not on the advice of the health coach, We or Our Service Provider shall in no manner be liable for any harm or injury, whether bodily or otherwise that may occur as a result of such lifestyle changes. The Insured Person must seek immediate medical advice if there is any adverse effect or discomfort on making any lifestyle changes.
vi. We or Our Service Provider do not warrant the validity, accuracy, completeness, safety, quality, or applicability of the content or anything said or written by any personal health coach or any suggestions provided. We or Our Service Provider will not be liable for any damages sustained due to reliance by the Insured Person on such information or suggestions provided by any personal health coach.

vii. Health Coaching through a personal health coach and calculation of the Health Score are being provided through Our Service Provider. Kindly refer to Annexure V for details on terms and conditions for use of health coaching services.

3.3 Personal Accident Cover

This benefit is available either to the Primary Insured Person or Primary Insured Person along with his/her spouse. If the Insured Person covered under this benefit dies or sustains any Injury resulting solely and directly from an Accident occurring during the Policy Period at any location worldwide, and while the Policy is in force, We will provide the benefits described below.

a. **Accident Death**

If the Insured Person suffers an Accidental Injury during the Policy Period, which directly results in the Insured Person's death within 365 days from occurrence of the Accident, We will make payment under this benefit as specified in the Policy Schedule. If the claim gets triggered for Accident Death, the coverage for that Insured Person will cease for all the benefits under the Policy post payment of the benefit to the beneficiary. Any claim incurred before death of such Insured person shall be admissible subject to terms and conditions under this Policy.

b. **Accident Permanent Total Disability (PTD)**

Permanent Total Disability means disablement of the Insured Person solely and directly due to an Accident leading to one of the following conditions:

i. Loss of use of Limbs or Sight

The Insured Person suffers from total and irrecoverable loss of:

- The use of two Limbs (including paraplegia and hemiplegia) OR
- The sight of both eyes OR
- The use of one Limb and the sight of one eye

ii. Loss of independent living

The Insured Person is permanently unable to perform independently three or more of the following six activities of daily living.

- Washing: the ability to maintain an adequate level of cleanliness and personal hygiene
- Dressing: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically Necessary
- Feeding: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
- Toileting: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
- Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence
- Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

If the Insured Person suffers Permanent Total Disability within 365 days from occurrence of an Accident, We will make payment under this benefit as specified in the Policy Schedule provided that:

i. The Permanent Total Disability is proved through a disability certificate issued by a Medical Board duly constituted by the Central and/or the State Government; and
ii. We will admit a claim under this benefit only if the Permanent Total Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Total Disability. This clause shall not be applicable in case the disability is irreversible, like in case of amputation of limbs etc.; and
iii. If the Insured Person dies before a claim has been admitted under Accident Permanent Total Disability, no amount will be payable under this benefit, however We will consider the claim under Accident Death subject to terms and conditions under Accident Death benefit; and
iv. We will not make payment under Accident Permanent Total Disability for any and all Policy Periods more than once in the Insured Person's lifetime.

Post payment of benefit under Accident Permanent Total Disability, the coverage for that Insured Person will cease under Personal Accident Cover. Personal Accident Cover cannot be renewed thereafter for that Insured Person; however, all other benefits can be renewed under the Policy.

c. **Accident Permanent Partial Disability (PPD)**

If the Insured Person suffers Permanent Partial Disability solely and directly due to an Accident and within 365 days from occurrence of such Accident, We will make payment under this benefit as specified in the table below which is a percentage of the Personal Accident Cover Sum Insured, provided that:

i. The Permanent Partial Disability is proved through a disability certificate issued by a Medical Board duly constituted by the Central and/or the State Government: and
ii. We will admit a claim under this benefit only if the Permanent Partial Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Partial Disability. This clause shall not be applicable in case the disability is irreversible, like in case of amputation of finger, thumb etc.; and
iii. If the Insured Person dies before a claim has been admitted under Accident Permanent Partial Disability, no amount will be payable under this benefit, however We will consider the claim under Accident Death subject to terms and conditions under Accident Death benefit.
iv. If a claim has been admitted under Accident Permanent Total Disability, then no further claim in respect of the same condition will be admitted under this benefit.
v. If this benefit is triggered and the entire Sum Insured does not get utilized, then the balance Sum Insured shall be available for other Permanent Partial Disability and other benefits under Personal Accident Cover until the entire Sum Insured is consumed. The Sum Insured limit for Personal Accident Cover shall be a lifetime limit and once this limit is exhausted whether due to any or more than one of the Permanent Partial Disabilities, then the coverage for that Insured Person will cease under Personal Accident Cover. Personal Accident Cover cannot be renewed for that Insured Person thereafter; however, all other benefits can be renewed under the Policy.

The table below shows the amount payable basis the nature of disability.

Permanent Partial Disability Grid		
S. No.	Nature of Disability	% of Personal Accident Cover Sum Insured
1	Loss or total and permanent loss of use of both the hands from the wrist joint	100%
2	Loss or total and permanent loss of use of both feet from the ankle joint	100%
3	Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
4	Loss or total and permanent loss of use of one hand from the wrist joint and total and permanent loss of sight in one eye	100%
5	Loss or total and permanent loss of use of one foot from the ankle joint and total and permanent loss of sight in one eye	100%
6	Total and permanent loss of speech and hearing in both ears	100%
7	Total and permanent loss of hearing in both ears	50%
8	Loss or total and permanent loss of use of one hand from wrist joint	50%
9	Loss or total and permanent loss of use of one foot from ankle joint	50%
10	Total and permanent loss of sight in one eye	50%
11	Total and permanent loss of speech	50%
12	Permanent total loss of use of four fingers and thumb of either hand	40%
13	Permanent total loss of use of four fingers of either hand	35%
14	Uniplegia	25%
15	Permanent total loss of use of one thumb of either hand	
	a. Both joints	25%
	b. One joint	10%
16	Permanent total loss of use of fingers of either hand	

	a. Three joints	10%
	b. Two joints	8%
	c. One joint	5%
17	Permanent total loss of use of toes of either foot	
	a. All toes- one foot	20%
	b. Great toe- both joints	5%
	c. Great toe- one joint	2%
	d. Other than great toe, one toe	1%

4. Claim Cost Sharing Options / Conditions

The following claim cost sharing options shall apply under the Policy as specified in the Policy Schedule and shall apply to all Insured Persons only if such options are selected by You and / or applicable under this Policy. These claim cost sharing options can be selected only at the time of issuance of the First Policy or at Renewal by You.

4.1 Annual Aggregate Deductible

The Insured Person shall bear on his/her own account an amount equal to the Deductible specified in the Policy Schedule for all admissible claim amounts We assess to be payable by Us in respect of all claims made by that Insured Person under the Policy for a Policy Year. It is agreed that Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted.

It is further agreed that:

a. The provisions in Section 4.2 on Co-payment (if applicable) will apply to any amounts payable by Us in respect of a claim made by the Insured Person after the Deductible has been exhausted.
b. Deductible will not apply to any claim under Section 2.8 (Health Checkup / Diagnostic Tests), Section 2.10 (Second Medical Opinion), Section 2.11 (OPD Consultation), Section 2.12 (Behavioral Assistance Program) and Section 3.3 (Personal Accident Cover).

4.2 Co-payment

Co-payment (if applicable) as specified in the Policy Schedule shall be applicable on the amount payable by Us.

Co-payment will not apply to any claim under Section 2.7 (Emergency Ambulance), Section 2.8 (Health Checkup / Diagnostic Tests), Section 2.10 (Second Medical Opinion), Section 2.11 (OPD Consultation), Section 2.12 (Behavioral Assistance Program) and Section 3.3 (Personal Accident Cover).

If You select Zone 2 (as described under Section10.16), then 20% Co-payment will apply for treatment in Mumbai, Delhi NCR, Kolkata & Gujarat State. This Zone-wise Co-payment shall not be applicable on OPD Consultation, Emergency Ambulance, Health Checkup / Diagnostic Tests, Second Medical Opinion, Behavioral Assistance Program and Personal Accident Cover.

5. Waiting Periods

All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly. On Renewal, if an enhanced Sum Insured is applied, the Waiting Periods would apply afresh to the extent of the increase in Sum Insured only. Waiting Periods shall not apply to Section 2.8 (Health Checkup / Diagnostic Tests), Section 2.10 (Second Medical Opinion), Section 2.11 (OPD Consultation), Section 2.12 (Behavioral Assistance Program) and optional benefits (if opted) under Section 3.2 (Health Coach) and Section 3.3 (Personal Accident Cover).
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:

5.1 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 36 months 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 36 months for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

5.2 Specified disease/procedure waiting period (Code- Excl02):

a. Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident (covered from day 1) or Cancer (covered after 30-day waiting period).
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:
    i. Pancreatitis and Stones in biliary and urinary System
    ii. Cataract, Glaucoma and other disorders of lens, disorders of retina
    iii. Hyperplasia of prostate, hydrocele and spermatocele
    iv. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
    v. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
    vi. Hernia of all sites,
    vii. Osteoarthritis, Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, inflammatory Polyarthropathies, Arthrosis such as RA, Gout, Intervertebral Disc disorders
    viii. Chronic kidney disease and failure
    ix. Diabetes and its related complications
    x. Varicose veins of lower extremities
    xi. Disease of middle ear and mastoid including Otitis Media, Cholesteatoma, Perforation of Tympanic Membrane
    xii. All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump
    xiii. Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract
    xiv. Tonsils and Adenoids, Nasal Septum and Nasal Sinuses
    xv. Internal Congenital Anomaly

5.3 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.

5.4 Personal Waiting Periods:

Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of 24 months from the inception of the First Policy with Us for that Insured Person and will be covered from the commencement of the third Policy Year for that Insured Person as long as the Insured Person has been insured continuously under the Policy without any break.

6. Permanent Exclusions

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.

6.1 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.

6.2 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.

6.3 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

6.4 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.

6.5 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.

6.6 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.

6.7 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.

6.8 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 complete list of excluded providers can be referred to on our website.

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

6.10 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)**

6.11 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)**

6.12 Refractive Error (Code-Excl15)

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

6.13 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.

6.14 Sterility and Infertility (Code-Excl17)

Expenses related to 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

6.15 Maternity (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.

6.16 Ancillary Hospital Charges

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

6.17 Circumcision:

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

6.18 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.

6.19 External Congenital Anomaly:

Screening, counseling or treatment related to external Congenital Anomaly.

6.20 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.

6.21 Hormone Replacement Therapy:

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

6.22 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.

6.23 Sexually transmitted Infections & diseases (other than HIV / AIDS):
Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).

6.24 Sleep disorders:
Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.

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

6.26 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.

6.27 Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state as demonstrated by:

a. Deep coma and unresponsiveness to all forms of stimulation; or
b. Absent pupillary light reaction; or
c. Absent oculovestibular and corneal reflexes; or
d. Complete apnea.

6.28 AYUSH Treatment
Any form of AYUSH Treatments, except as mentioned under Section 2.15

6.29 Permanent Exclusion for Personal Accident Cover
We shall not be liable to make any payment under any benefits under the Personal Accident Cover if the claim is attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

a. Suicide or self inflicted Injury, whether the Insured Person is medically sane or insane.
b. 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..
c. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.
d. Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Policy Schedule.
e. Committing an assault, a criminal offence or any breach of law with criminal intent.
f. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.
g. Participation in aviation/marine including crew other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports.
h. Engaging in or taking part in professional/adventure sports or any hazardous pursuits, such as speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports, hunting etc;
i. Body or mental infirmity or any disease except where such condition arises directly as a correspondence of an Accident during the Policy Period. However this exclusion is not applicable to claims made under the Permanent Partial Disability benefit.

7. 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) in so far as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be Condition Precedent to admission of Our liability under this Policy.

7.1 Claims Administration:

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

a. The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed.
b. We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
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.
d. 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.

7.2 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:

   i. Process for Obtaining Pre-Authorization
      A. 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.
      B. 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.
      C. Pre-authorization through digital platform:
         Pre-authorization in respect to Health Checkup, Second Medical Opinion and OPD Consultation (on Cashless Facility) should 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, Second Medical Opinion, OPD Consultation and Behavioral Assistance Program must be accompanied with completely filled and duly signed pre-authorization form including all of the following details:
      I. The health card We have issued to the Insured Person at the time of inception of 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 doctor 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 preauthorization request where chronicity of condition is not established as per clinical evidence based information We may reject the request for preauthorization 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 Hospitalization, We will make the payment of the amount assessed to be due, directly to the 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. The complete list of providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone.

ii. Reauthorization
Cashless Facility will be provided subject to re-authorization is 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.

b. 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.

7.3 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) or within 30 days of death or disability due to accident (in case of Personal Accident Cover). 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 Insured Person in case of cashless claim (not required if submitted at the time of pre-authorization request) and Policyholder in case of 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 Policyholder / nominee (in case of death of Policyholder).
d. Original 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 You are unable to submit such document, then We shall consider the Reasonable and Customary Charges of the Insured Person's eligible room category of 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. Original certificate of Disability issued by a Medical Board duly constituted by the Central and the State Government (in case of Personal Accident Cover)
k. 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.
l. Original laboratory investigation, diagnostic & pathological reports with supporting prescriptions.
m. Original X-Ray/ MRI / ultrasound films and other radiological investigations.

In the event of the Insured Person's death during Hospitalization, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us regardless of whether any other notice has been given to Us.

Claim documentation for Personal Accident Cover under Section 3.3:

a. Accident Death
   i. Duly filled and signed claim form and Age / Identity proof documents
   ii. Copy of Death Certificate (issued by the office of Registrar of Births and Deaths or any other authorized legal institution)
   iii. Copy of First Information Report (FIR) / Panchnama, if applicable
   iv. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable.
   v. Copy of hospital record, if applicable
   vi. Copy of Post Mortem report wherever applicable

b. Accident Permanent Total Disability
   i. Duly filled and signed claim form and Age / Identity proof documents
   ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.
   iii. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer.
   iv. Medical consultations and investigations done from outside the hospital.
   v. Certificate of Disability issued by a Medical Board duly constituted by the Central and/or the State Government.
   vi. Copy of First Information Report (FIR) / Panchnama if applicable
   vii. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable.

c. Accident Permanent Partial Disability
   i. Duly filled and signed claim form and Age / Identity proof documents
   ii. Hospital Discharge Summary (in original) / self attested copies if the originals are submitted with another insurer.

iii. Final Hospital Bill (in original) / self attested copies if the originals are submitted with another insurer.
iv. Medical consultations and investigations done from outside the hospital.
v. Certificate of Disability issued by a Medical Board duly constituted by the Central and/or the State Government.
vi. Copy of First Information Report (FIR) / Panchnama if applicable
vii. Copy of Medico Legal Certificate duly attested by the concerned hospital, if applicable.

7.4 Claims Assessment & Repudiation:

a. At Our discretion, We may investigate claims to determine the validity of a claim. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorized by Us in writing.
b. Payment for Reimbursement claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule or Your legal heirs or legal representatives holding a valid succession certificate.
c. If a claim is made which extends in to two Policy Periods, then such claim shall be paid taking into consideration the available Sum Insured in these Policy Periods including the Deductible for each Policy Period. Such eligible claim amount will be paid to the Policyholder/Insured Person after deducting the extent of premium to be received for the Renewal/due date of premium of the Policy, if not received earlier.
d. All admissible claims under this Policy 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, then the Associated Medical Expenses payable shall be pro-rated as per the applicable limits in accordance with Section 2.1c.
    ii. The Deductible (if applicable) shall be applied to the aggregate of all claims that are either paid or payable under this Policy. 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 shall be applicable on the amount payable by Us.
e. The claim amount assessed in Section 7.4 d above would be deducted from the amount mentioned against each benefit and Sum Insured as specified in the Policy Schedule. The re-fill amount will be applied only once the Base Sum Insured and Increased Sum Insured under I-Protect (if applicable) are exhausted in the Policy Year.

7.5 Delay in Claim Intimation or Claim Documentation:

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.

7.6 Claims process and documentation for Section 2.8 (Health Checkup / Diagnostic Tests), Section 2.10 (Second Medical Opinion), Section 2.11 (OPD Consultation) and 2.12 (Behavioral Assistance Program)

a. Insured Person shall submit the request through Our mobile application or website.
b. After validation of Insured Person and Policy details, We will evaluate the information of the Insured Person from the perspective to check eligibility of cover only and if the request is approved, We will facilitate arrangement as per the conditions specified under respective benefits admissible to the Insured Person.
c. The Insured Person shall avail the service on the scheduled time. The Insured Person shall need to produce the health card, identity proof and prescription from the Medical Practitioner (wherever applicable) at the time of availing this service.
d. Any difference in amount (in case of sub-limit or additional procedure) will be paid by the Insured Person directly to the respective provider.
e. In case of Health checkup, Insured Person can avail pre-defined list of medical tests whereas in case of Diagnostic Tests, Insured Person can customize or personalize their list of medical tests. However where Diagnostic Tests are availed, We will either reimburse the amount incurred by the Insured Person or provide it on Cashless Facility, up to the amount as specified in the Policy Schedule.
f. In case of OPD Consultation on Reimbursement basis, We will reimburse up to the amount per consultation as specified in the Policy Schedule.
g. Reimbursement claims for Diagnostic Tests and/or OPD Consultation shall be submitted within 30 days from end of the Policy Year.
h. Reports / prescription can be collected directly from the respective centre or provider.

8. Portability

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

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

9. Migration

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

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

10. General Terms and Conditions

10.1 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

I. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
II. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
III. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

10.2 Cancellation

I. 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.

Policy in-force up to	Refund Premium (%)
Up to 30 days	*75%*
31 to 90 days	*50%*
91 to 180 days	*25%*
181 to 365 days	*0%*

II. 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.

10.3 Automatic Cancellation:

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

ii. For Family Floater Policies:
The Policy shall automatically terminate in the event of the death of all the Insured Persons. .

iii. Refund:
A refund in accordance with the table in Section 10.2 (I) shall be payable if there is an automatic cancellation of the Policy provided that no claim has been made and the Health Checkup / Diagnostic Tests, Second Medical Opinion, OPD Consultation or Behavioral Assistance Program 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.

10.4 Loading on Premium

a. Based on Our discretion, upon the disclosure of the health status of the persons proposed for insurance and declarations made in the Proposal or Insurance Summary Sheet, We may apply a risk

loading on the premium payable (excluding statutory levies and taxes) or Special Conditions on the Policy. The maximum risk loading applicable shall not exceed 180%.

b. These loadings will be applied from inception date of the First Policy including subsequent Renewal(s) with Us.
c. If a loading applies to the premium for the main Policy, such loading will also apply to the premium for the optional benefits selected except under Section 3.2 (Health Coach) and Section 3.3 (Personal Accident Cover).

10.5 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.

10.6 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.
ii. Renewal premium rates for this Policy may be further altered by Us including in the following circumstances:
   A. You proposed to add an Insured Person to the Policy
   B. You change any coverage provision
   C. You change Your residence to different zip code
iii. Renewal premium will alter based on individual Age. The reference of Age for calculating the premium for Family Floater Policies shall be the Age of the eldest Insured Person.

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 happen between the date the Policy expires and the date immediately before the reinstatement date of Your 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 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. Renewal for Insured Persons who have achieved Age 22:

If any Insured Person who is a child and has completed Age 22 years at the time of Renewal, then such Insured Person will have to take a separate policy based on Our underwriting guidelines, as per Our Board approved underwriting policy as he/she will no longer be eligible to be covered under a Family Floater Policy. In such cases, the credit of the Waiting Periods served under the Policy will be passed on to the separate policy taken by such Insured Person.

e. 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, loading (if any) and Waiting Periods will be applicable considering such Policy Year as the first year of the Policy with Us.

f. Changes to Sum Insured on Renewal:

You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy under Section 5 shall apply afresh for this enhanced limit from the effective date of such enhancement.

10.7 Change of Policyholder

a. The Policyholder may be changed only at the time of Renewal. The new Policyholder must be a member of the Insured Person's immediate family. Such change would be solely subject to Our discretion and payment of premium by You. The Renewed Policy shall be treated as having been Renewed without break. The Policyholder may be changed upon request in case of Your death, Your emigration from India or in case of Your divorce during the Policy Period.
b. Any alteration in the Policy due to unavoidable circumstances as in case of the Policyholder's death, emigration or divorce during the Policy Period should be reported to Us immediately. Coverage of Benefits in such scenario will be limited to current Policy Year.
c. Renewal of such Policies will be according to terms and conditions of existing Policy.

10.8 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.

10.9 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.

10.10 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.

10.11 Fraud

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy: a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true; b) the active concealment of a fact by the insured person having knowledge or belief of the fact; c) any other act fitted to 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.

10.12 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.

10.13 Territorial Jurisdiction

All benefits are available in India only and all claims shall be payable in India in Indian Rupees only.

10.14 Notices

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

a. You/the Insured Person at the address specified in the Policy Schedule or at the changed address of which We must receive written notice.
b. Us at the following address:

   Max Bupa Health Insurance Company Limited
   B-1/I-2, Mohan Cooperative Industrial Estate
   Mathura Road, New Delhi-110044

   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/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

10.15 Alteration to the Policy

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

10.16 Zonal pricing

For the purpose of calculating premium, following zones are available:

- Zone 1: All India coverage
- Zone 2: All India coverage (Co-payment applicable for Mumbai, Delhi NCR, Kolkata & Gujarat State)

If You select Zone 2, then 20% Co-payment will apply for Inpatient treatment in Mumbai, Delhi NCR, Kolkata & Gujarat State. This Zone-wise Co-payment shall not be applicable on OPD Consultation, Emergency Ambulance, Health Checkup / Diagnostic Tests, Second Medical Opinion, Behavioral Assistance Program and Personal Accident Cover.

10.17 Possibility of Revision of Terms of the Policy Including the Premium Rates

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

10.18 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.

10.19 Redressal of Grievance:

In case of any grievance the insured person may contact the company through

Website:	www.maxbupa.com
Toll free:	1860-500-8888
E-mail:	customercare@maxbupa.com (Senior citizens may write to us at: seniorcitizensupport@maxbupa.com)
Fax :	011-3090-2010
Courier:	Customer Services Department Max Bupa Health Insurance Company Limited B-1/I-2, Mohan Cooperative Industrial Estate Mathura Road, New Delhi-110044

lnsured person may also approach the grievance cell at any of the company's branches with the details of grievance lf lnsured 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
B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044
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.

lf Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of lnsurance Ombudsman of the respective area/region for redressal of grievance as per lnsurance Ombudsman Rules 2017 (at the addresses given in Annexure I).
Grievance may also be lodged at IRDAI lntegrated Grievance Management System - https:/igms. irda.qov. in/

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10.20 Assignment:

The policy can be assigned subject to applicable laws.

10.21 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. lnthe 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- ln such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
IV. ln 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)

10.22 Moratorium Period

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

10.23 Multiple Policies

I. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

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

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

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

10.24 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)

10.25 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.

11. Definitions & Interpretation

For the purposes of interpretation and understanding of this Policy, We have defined, herein below some of the important words used in the Policy and for the remaining language and the words; they shall have the usual meaning as described in standard English language dictionaries. The words and expressions defined in the Insurance Act 1938, IRDA Act 1999, regulations notified by the IRDAI and circulars and guidelines issued by the IRDAI shall carry the meanings explained therein.

Note: *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.*

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

11.2 Age means age last birthday.

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

11.4 AYUSH Hospital:

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

a. Central or State Government AYUSH Hospital; or

b. Teaching Hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council 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 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

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

11.6 Base Premium means the premium excluding taxes and cess, for the base product benefits mentioned under Section 2. Base Premium will not include the premium for Optional benefits mentioned under Section 3.

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

11.8 Bone Marrow Transplant is a condition where the Insured Person needs necessary medical treatment to replace malignant or defective bone marrow with normal bone marrow from healthy donors to stimulate the production of formed blood cells.

11.9 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.

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

The following are excluded:

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

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

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

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

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

vi. Chronic lymphocytic leukaemia less than RAI stage 3

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

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

ix. All tumors in the presence of HIV infection.

11.11 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.

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

a. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.

11.13 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 amount. A Co-payment does not reduce the Sum Insured.

11.14 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.

11.15 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.

11.16 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.

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

11.18 Diagnostic Tests means investigations, such as X-Ray or blood tests, to determine the cause of symptoms and/or medical conditions.

11.19 Diagnostic Services means a broad range of Diagnostic Tests and exploratory or therapeutic procedures essential for detection, identification and treatment of medical condition.

11.20 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.

11.21 Emergency means a serious 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.

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

11.23 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 under this Policy. Only the following family members can be covered under a Family Floater Policy:

a. Insured Person; and/or
b. Insured Person's legally married spouse (for as long as they continue to be married); and/or
c. Insured Person's children who are less than 21 years of Age on the commencement of the Policy Period (maximum 4 children can be covered).

11.24 First Policy means the Policy Schedule issued to the Policyholder at the time of inception of the Policy mentioned in the Policy Schedule with Us.

11.25 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.

11.26 Home Health Care Services:

Home Health Care is a range of health care services and Medically Necessary treatment that can be given at home for an Illness or Injury. These shall include services such as nursing care, investigations, medication (including oral and intravenous), chemotherapy, dialysis, transfusions, physiotherapy and postsurgical care.

11.27 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 the 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.

11.28 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.

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

11.30 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

11.31 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.

11.32 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.

11.33 Intensive / Critical 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.

11.34 Individual Policy means a Policy described as such in the Policy Schedule where the individual named in the Policy Schedule is insured under this Policy.

11.35 Inpatient means the Insured Person's admission for treatment in a Hospital for more than 24 hours for a covered event.

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

11.37 Insured Person means person named as insured in the Policy Schedule.

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

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

11.40 Medical Devices are devices intended for internal or external use in the diagnosis, treatment, mitigation or prevention of disease or disorder.

11.41 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.

11.42 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.

11.43 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 a Medical Practitioners who has 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.

11.44 Medically Necessary treatment means any treatment, tests, medication, 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.

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

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

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

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

11.49 OPD Consultation means the one in which the Insured Person visits a clinic/ Hospital, or associated facility like a consultation room, for the advice of a Medical Practitioner.

11.50 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.

11.51 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.

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

11.53 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.

11.54 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.

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

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.

11.56 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 and the Benefits applicable under the Policy

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

11.58 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.

11.59 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.

11.60 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.

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

11.62 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.

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

11.64 Second Medical Opinion means an alternate evaluation of diagnosis or treatment modalities arranged by Us from a Medical Practitioner related to Specified Illnesses or planned Surgery or Surgical Procedure

which the Insured Person has been diagnosed or advised to undergo during the Policy Year. The Second Medical Opinion will be arranged by Us solely on the Insured Person's request.

11.65 Service Provider means any person, organization, institution that has been engaged by Us to provide services specified under the benefits to the Insured Person.

11.66 Specified Illness means the following Illnesses or procedures:

a. Cancer:
A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
Specific Exclusion: All tumors in the presence of HIV infection are excluded.

b. Myocardial Infarction (First Heart Attack of specific severity):
   I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
      i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
      ii. New characteristic electrocardiogram changes
      iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
   II. The following are excluded:
      i. Other acute Coronary Syndromes
      ii. Any type of angina pectoris
      iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

c. Open Chest CABG:
   I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
   II. The following are excluded:
      i. Angioplasty and/or any other intra-arterial procedures

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

   II. The following are excluded:
      i. Other stem-cell transplants
      ii. Where only islets of langerhans are transplanted

e. Stroke Resulting in Permanent Symptoms:
Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source.
Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.
Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.
The following are excluded:
   i. Transient ischemic attacks (TIA)
   ii. Traumatic Injury of the brain
   iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

f. Surgery of Aorta:
Surgery of aorta including graft, insertion of stents or endovascular repair.
Specific Exclusion: Surgery for correction of an underlying Congenital Anomaly.

g. 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.

h. 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:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

i. Brain Surgery:

Any brain (intracranial) Surgery required to treat traumatic or non-traumatic conditions.

Specific Exclusion: Surgery for treating Neurocysticercosis.

11.67 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.

11.68 Suite Room means

a. a space available for boarding in a Hospital which contains two or more rooms; Or

b. a space available for boarding in a Hospital which contains an extended living/dining/kitchen area

11.69 Sum Insured: In case of Individual Policy, Sum Insured means the total of the Base Sum Insured, re-fill amount as per Section 2.9 and Increased Sum Insured under I-Protect (if any) as per Section 3.1 which is Our maximum, total and cumulative liability for any and all claims during the Policy Year in respect of the Insured Person. However in case of a single claim, Our maximum liability for that claim during the Policy Year in respect of the Insured Person shall be the total of the Base Sum Insured and Increased Sum Insured under I-Protect (if any) as per Section 3.1.

In case of Family Floater Policy, Sum Insured means the total of the Base Sum Insured, re-fill amount as per Section 2.9 and Increased Sum Insured under I-Protect (if any) as per Section 3.1 which is Our maximum, total and cumulative liability for any and all claims during the Policy Year in respect of all Insured Persons. However in case of a single claim, Our maximum liability for that claim during the Policy Year shall be the total of the Base Sum Insured and Increased Sum Insured under I-Protect (if any) as per Section 3.1.

11.70 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.

11.71 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.

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

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

Annexure I - 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.

Office Details	Jurisdiction of Office Union Territory,District)
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).
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.

Office Details	Jurisdiction of Office Union Territory,District)
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.
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	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly,

Office Details	Jurisdiction of Office Union Territory,District)
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	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 Seva Annexe,
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 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
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
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
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
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

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ANNEXURE III – List of tests covered under health check-up

(Not applicable for 1 Lac and 2 Lac Sum Insured)

Tests / Sum Insured	3 Lac	4 Lac	5 Lac	7.5 Lac	10 Lac	15 Lac	25 Lac
Urine Routine Analysis	Available			Available			Available
CBC (Hemoglobin,PCV,TLC,RBC Count,MCV,MCH,MCHC,Platelet Count,Automated DLC,Absolute Differential Counts,RDW)	Available			Available			Available
TSH Ultrasensitive	Not Applicable			Available			Available
Phosphorous	Not Applicable			Available			Available
Calcium	Not Applicable			Available			Available
Alkaline Phosphate	Not Applicable			Available			Available
SGPT	Not Applicable			Available			Available
SGOT	Not Applicable			Available			Available
Total Cholestrol	Available			Available			Available
HbA1C	Available			Not Applicable			Not Applicable
Uric Acid	Not Applicable			Available			Available
Sugar (F)	Not Applicable			Available			Available
Liver function test: (SGOT, SGPT, GGTP, Bilirubin-Total & Direct, Protein-Total,Alkaline Phosphatase) Kidney function test: (Urea,Creatinine,Uric Acid, Protein-Total,Albumin,A:G Ratio,Alkaline Phosphatase,Calcium, Phosphorus)	Not Applicable			Not Applicable			Available

ANNEXURE IV – Product Benefit Table

Product Benefit Table - GoActive (all amounts are in INR unless defined as percentage or number)									
	Base Sum Insured (SI) per Policy Year								
	1 lac	2 lacs	3 lacs	4 lacs	5 lacs	7.5 lacs	10 lacs	15 lacs	25 lacs
Base Covers:									
In-patient treatment	Covered up to Sum Insured								
Nursing charges for Hospitalization as an inpatient excluding Private Nursing charges									
Medical Practitioners' fees, excluding any charges or fees for Standby Services									
Physiotherapy, investigation and diagnostics procedures directly related to the current admission									
Medicines, drugs and consumables as prescribed by the treating Medical Practitioner									
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									
Room Rent (per day)	Up to 1% of Base Sum Insured				No restriction (except suite or above room category) (Limit included in Inpatient Care SI)				
Intensive Care Unit / Critical Care Unit charges (per day)	Up to 2% of Base Sum Insured				Covered up to Sum Insured				
Pre-Hospitalization Medical Expenses (90 days)	Covered up to Sum Insured								
Post-Hospitalization Medical Expenses (180 days)	Covered up to Sum Insured								
Day Care Treatment	Covered up to Sum Insured								
Living Organ Donor Transplant	Covered up to Sum Insured								
Alternative Treatment	Covered up to Sum Insured								
Modern Treatment	Covered up to Sum Insured with sub-limit of Rs. 1Lac on few robotic surgeries								
Emergency Ambulance	Up to Rs.3,000 per hospitalization								
Home Health Care Services and Domiciliary Hospitalization	Covered up to Sum Insured								
Re-fill Benefit[1]	Base Sum Insured								
Pharmacy and Diagnostic Services	Available through provider network								
OPD Consultation[2] (For 1A, 1A+1C, 1A+2C: Consultations	Not available	2	3	4	4	6	6	6	

limits per policy, per policy year)								
OPD Consultation(2) (For 2A and more: Consultations limits per policy, per policy year)	Not available	4	5	6	8	10	10	10
Health check-up(3)	Not available	Available						
Diagnostic Tests(3) (Limits mentioned are per adult member) (Diagnostic tests applicable in lieu of Health check-up through cashless and reimbursement facility)	Not available			1,000	1,500			2,500
Behavioral Assistance Program	Not available	3 consultations per adult per policy year						
Second medical opinion		Covered, One opinion per Insured Person per Specified Illness / planned Surgery / Surgical Procedure						
AdvantAGE	Enter at or before the age of 35 years (as on last birthday) and receive a 10% discount in the First Policy Year Base Premium and all subsequent Renewal Base Premium							
Optional Covers:								
Deductible	25,000 / 50,000 / 1 lac / 2 lacs / 3 lacs / 5 lacs / 10 lacs							
I-Protect	Additional 10% of Base Sum Insured every policy year at renewal for policy lifetime. This option can be opted only at inception. On renewal of the policy, this option can be opted out post which this option will not be available. In such case, the accumulated Increased Sum Insured under I-Protect shall: a. Not increase further and remain constant, if the you pay the same additional percentage of premium as paid in the preceding Policy Year for this benefit; OR b. Be reduced to zero, if you do not pay any additional premium for this benefit.							
Health Coach (4)	Personalized health coaching							
Personal Accident cover - Accident Death - Accident Permanent Total Disability - Accident Permanent Partial Disability	10 lacs	25 lacs	25 lacs / 50 lacs					

Notes:

- Entry age for Adults is 18 years - 65 Years (last birthday) and from 91 days to 21 years (last birthday) for children (dependent children).
- All benefits are provided on policy year basis
- Family combinations allowed: 1A, 2A , 2A+1C , 2A+2C , 2A+3C , 2A+4C, 1A+1C, 1A+2C. Relationship allowed is husband, wife and children.
- Policy term: 1 year

(1) Re-fill Benefit: Reinstate up to base Sum Insured. Applicable for different illness.

(2) OPD Consultation can be availed either through a Cashless Facility or on Reimbursement basis through a network. For Reimbursement, the maximum per consultation limit is Rs. 600 for Zone 1 coverage and Rs. 500 for Zone 2 coverage

(3) Health check-up benefit – Defined list of tests. Applicable for Adults only.

In lieu of Health check up, if diagnostics are taken, it will be both reimbursement and cashless facility basis up the specified amount. The amount of diagnostics tests shall be per adult basis, however the utilization can be done by any of the insured persons including dependent child.

(4) Health Coach: Available to Primary Insured or Primary insured with spouse. Discount in renewal base premium up to 20% shall be provided based on the health score.

ANNEXURE V – Terms and Conditions for use of health coaching services under Section 3.2 (Health Coach)

1. Use of services

The Insured Person must be 18 years of age to access and use the health coaching service and should be able to contract per applicable law. The Insured Person may use the services only in compliance with these terms.

In order to register an account and access or use the services, the Insured Person may be required to provide certain information such as the full name, email address, password, gender, profile picture, contact details, address, date of birth, height, weight, dietary information, fitness and exercise details, medical history and conditions and medication details. The Insured Person shall be responsible for maintaining the accuracy and completeness of this information provided.

The Insured Person may register for use of the services through his/her existing email accounts (such as Gmail, Hotmail etc.) The email address will constitute the username for the account. The Insured Person shall be responsible for maintaining the confidentiality of the username and password. The Insured Person is encouraged to use “strong” passwords (passwords that use a combination of upper and lower case letters, numbers and symbols) for the account. The Insured Person shall be fully responsible for all activities that occur under such account, including activities of others to whom the Insured Person has provided his/her username or password. The Insured Person should notify us immediately of any unauthorized use of his/her account or any other breach of security.

2. No Provision of Medical Advice

This service is not to be construed as medical advice and in no case shall this be considered as substitute to medical expert opinion. The Insured Person shall not use the site or the services for any medical or mental health needs. If the Insured Person thinks that he/she may be a danger to themselves or others, or if the Insured Person is having a medical or mental health emergency, the Insured Person should call the emergency medical services closest to him/her. The services provided herein including information provided through personalized coaching services, does not constitute medical advice of any kind and it is not intended to be, and should not be, used to diagnose or identify treatment for a medical or mental health condition. Nothing in the services should be construed as an attempt to offer or render a medical or mental health opinion or diagnosis, or otherwise engage in the practice of medicine by wither Us or our Service Provider.

The Insured Person should consult with his/her physician before making any changes to his/her diet or exercise program, including making any changes suggested through any of the services. By using the services, the Insured Person represents that the Insured Person has received consent from his/her physician to receive the services. We or Our Service Provider are not responsible for any medical or mental health problems the Insured Person may face as a result of accessing or using the services.

We or Our Service Provider do not recommend, refer, endorse, verify, evaluate or guarantee any advice, information, exercise, diet, institution, product, opinion or other information or services provided through the services, and nothing shall be considered as a referral, endorsement, recommendation or guarantee of any coach.

3. User Content

The Insured Person is solely responsible for all information, data, text, music, sound, photographs, graphics, video, messages or other materials ("User Content") that the Insured Person uploads, transmits, posts, publishes or displays ("Post") on the platform i.e. mobile application or website or email or otherwise transmit or use via the services. The Insured Person acknowledges that Our Service Provider may use technological tools to screen, track, extract, compile, aggregate or analyze any data or information resulting from use of the services. The Insured Person agrees to not use the services to post

or otherwise transmit any content that is unlawful, threatening, spam, contains software viruses or, in the sole judgment of Our Service Provider and/or our judgment, restricts or inhibits any other person from using or enjoying the services, or which may expose us and/or Our Service Provider or its users to any harm or liability of any type. The Insured Person acknowledges that we and/or Our Service Provider has the right to remove such User Content, at its sole discretion and without prior notice to the Insured Person.

The Insured Person will not use the services in any way that is unlawful or harms us and/or Our Service Provider, directors, employees, affiliates, distributors, partners, service providers and/or any other user of the services of Max Bupa and our Service Provider. The Insured Person may not use the services in any manner that could damage, disable, overburden, block, or impair the services, whether in part or in full and whether permanently or temporarily, or disallow or interfere with any other party's use and enjoyment of the services.

Our Service Provider exempts itself from all and any liability arising out of the User Content on the platform or via the services that violates any applicable laws, or the rights of any third party.

Any comments or suggestions the Insured Person makes to us and/or Our Service Provider are non-confidential and become our property and that of Our Service Provider, who will be entitled to the unrestricted use and dissemination of these submissions for any purpose, commercial or otherwise, without acknowledgement or compensation to the Insured Person.

The Insured Person agrees that the Insured Person is the owner of the copyright in the User Content that the Insured Person posts on the platform and transmit via the services. The Insured Person agrees to grant us and/or Our Service Provider a non-exclusive, non-revocable, worldwide, royalty-free license to copy distribute, display, reproduce, modify, adapt, create derivative works, and publicly perform the User Content that the Insured Person posts on the platform in all forms. This license applies to all works of authorship of User Content.

The Insured Person agrees that we and/or Our Service Provider have the authority and sole discretion to remove or take-down User Content that the Insured Person posts on the platform.

4. Services Content

The services may contain content and information such as data, text, audio, video, images ("Services Content") that is protected by copyright, patent, trademark, trade secret or other proprietary rights under applicable laws. All Services Content is owned exclusively by Our Service Provider. A worldwide royalty-free license is granted to the Insured Person by Our Service Provider to use the Service Content for personal and non-commercial use only. Apart from that, none of the platform or the Service Content may be republished, posted, transmitted, stored, sold, distributed or modified without prior written consent from Our Service Provider.

The Insured Person is not permitted to use any data mining, robots, scraping or similar data gathering or extraction methods. Any use of the platform or the Services Content other than as authorized by these terms and conditions or for any purpose not intended under these terms and conditions is strictly prohibited and may result in termination of the license granted to the Insured Person by Our Service Provider hereunder. The technology and software underlying the services is the property of Our Service Provider (the "Software"). The Insured Person agrees not to reverse engineer, reverse assemble, modify or otherwise attempt to discover any source code version of the Software. Our Service Providers reserves all right, title and interest in and to the Software and Services Content, except for the limited rights expressly granted herein.

Our Service Provider names and logos are trademarks and service marks which are proprietary to and are owned by Our Service Provider (collectively the "Our Service Provider Trademarks"). Other company products, brand names and logos used and displayed via the services may be trademarks of their respective owners who may or may not endorse or be affiliated with or connected to Our Service Provider. The Insured Person will not, in any manner, register or attempt to register use any of the Our Service Provider Trademarks or any third party trademark or proprietary material unless expressly authorized by Our Service Provider and/or the relevant third party which is the proprietor of the brand.

All intellectual property in the platform and services, the software used in the platform and services, the underlying works, techniques and processes used by Our Service Provider in the platform and services, including copyright in such works, belongs exclusively to Our Service Provider. Through his/her use of the platform and services, by no means is a license or assignment impliedly or expressly granted by Our Service Provider to the Insured Person in respect to such works.

5. Third Party Content

The services may provide, or third parties may provide, links or otherwise direct users to other sites and resources on the Internet. We and/or Our Service Provider have no control over such sites and resources and We and/or Our Service Provider is not responsible for and does not endorse such sites and resources. We and/or Our Service Provider will not be responsible or liable, directly or indirectly, for any damage or loss caused or alleged to be caused by or in connection with use of or reliance on any content, events, goods or services available on or through such site or resource. The Insured Person's use of the third party resources, including third party websites, is subject to the terms of use of the respective third party and We or Our Service Provider are not responsible for the Insured Person's use of any third party resources.

We and/or Our Service Provider do not endorse and will not be liable for any content posted by third parties. The Insured Person must evaluate the accuracy and usefulness of such third party content. We and/or Our Service Provider do not pre-screen content, but We and/or Our Service Provider and Our Service Provider's designees will have the right (but not the obligation) to refuse or remove any content that is available via the services, including the right to remove any content that violates these terms and conditions or is deemed by us and/or Our Service Provider to be unlawful and / or inappropriate. The Insured Person's use of such third party content is subject to the terms of use of the respective third party and We and/or Our Service Provider are/is not responsible for the Insured Person's use of such third party content.

6. Intermediary

In respect of the User Content and Third Party Content uploaded / transmitted via the services, Our Service Provider is a publisher of such information posted by the Insured Person and would be an 'intermediary' as per the Information Technology Act, 2000 and the rules framed thereunder. Being an intermediary, Our Service Provider has no liability in respect to any User Content and Third Party Content on the platform and is not legally obligated to the Insured Person or any third party to delete or take-down such User Content and Third Party Content unless in accordance with an order passed by a court or a notification passed by a government agency. We also disclaim any liability of any nature whatsoever towards the Insured Person or any third party in respect to any User Content and Third Party Content on the platform and We are not legally obligated to the Insured Person or any third party to delete or take-down such User Content and Third Party Content unless in accordance with an order passed by a court or a notification passed by a government agency.

7. Repeat Infringer Policy

Our Service Provider has adopted a policy of terminating, in appropriate circumstances and at Our Service Provider's sole discretion, members who are deemed to be repeat infringers. Our Service Provider may also at its sole discretion limit access to the services and/or terminate the memberships of any users who infringe any intellectual property rights of others or breach of applicable laws, whether or not there is any repeat infringement or violation. We disclaim any liability attributable to Our Service Provider's judgment in this regards.

8. Doctor Policy

Our Service Provider connects the Insured Person with Our Service Provider Doctors (General Practitioners) to help and advise the Insured Person on all routine medical and lifestyle challenges. The services provided by us and/or Our Service Provider are not for medical care. We and/or Our Service Provider will not provide any formal medical diagnosis, treatment, or prescriptions.

All information provided on Our Service Provider's health service platform or in connection with any communications supported by Our Service Provider's health service, including but not limited to

communications with Our Service Provider or us is intended to be for general informational purposes only, Services herein is not a substitute for professional medical diagnosis or treatment; and reliance on any information provided by Our Service Provider's health service is solely at the risk of the Insured Person or such other person who utilizes the services herein.

If the Insured Person makes any lifestyle changes based on information he/she receives through Our Service Provider, the Insured Person agrees that he/she do so at his/her risk and We and/or Our Service Provider will in no manner be liable for any harm of injury, whether bodily or otherwise that may occur as a result of such lifestyle changes.

Services herein and/or any advice given to the Insured Person by Our Service Provider are intended for use only by individuals, healthy enough to perform exercise. While Our Service Provider Doctors' & health recommendations consider several factors specific to each individual, including anthropometric data, fitness goals, and lifestyle factors, Our Service Provider is not a medical organization, and thus their recommended workout plans, diets, exercises should not be misconstrued as medical advice, prescriptions, or diagnoses. The Insured Person should consider the risks involved and consult with his/her medical professional before engaging in any physical activity. We and/or Our Service Provider is not responsible or liable for any injuries or damages the Insured Person may sustain that result from his/her use of, or inability to use, the features of services herein or Our Service Provider's advice. The Insured Person should discontinue exercise in cases where it causes pain or severe discomfort, and should consult a medical expert immediately and in any case prior to returning to exercise in such cases. If the Insured Person is above 35 years of age, or if the Insured Person has not been physically active for more than 1 year, or if the Insured Person has any medical history that may put the Insured Person at risk, including, without limitation, one or more of the following conditions, the Insured Person is required to seek approval from a qualified healthcare practitioner prior to using Services herein under this benefit or acting on Our Service Provider's advice: heart disease, high blood pressure, family history of high blood pressure or heart disease, chest pain caused by previous exercise, dizziness or loss of consciousness caused by previous exercise, bone or joint problems, diabetes, high cholesterol, obesity, arthritis. We or Our Service Provider reserve the right to deny the Insured Person access to the services, for any reason, including if Our Service Provider determines, at its sole discretion, that the Insured Person has certain medical conditions.

9. Services not provided

Insured Person should note that:
• Our Service Provider does not practice medicine;
• Our Service Provider cannot be substituted for the Insured Person's primary care physician;
• Our Service Provider does not provide personal diagnosis, treatment or prescriptions;
• Our Service Provider supports the health decisions and choices that the Insured Person makes;
• Our Service Provider does not make any decisions for the Insured Person;
• Our Service Provider offers a one-time doctor consult and not a continued interaction, such consultation is also recommendatory and not mandatory and in case to be construed a substitute to professional medical advice;
• Our Service Provider cannot be used in a potential or actual medical emergency;
• Our Service Provider services can only advise the Insured Person based on what the Insured Person has described. The Insured Person shall share accurate and complete information.

10. Our Service Provider Health Locker

The Insured Person's medical records include his/her consultation with Our Service Provider, his/her medical documents and health assessment reports. The Insured Person agrees to the entry of his/her health records into the database of Our Service Provider. The health records of the Insured Person shall be treated with security and confidentiality.

11. Quality Assurance

The Insured Person understands that information collected through his/her use of the services may be reviewed under Our Service Provider's quality assurance program. The records of Our Service Provider's quality assurance team are subject to confidentiality. All chats, emails, audio & video calls are recorded and monitored for quality and training purposes.

We strongly recommend that the Insured Person always consult his/her doctor or his/her healthcare provider if the Insured Person have any questions about a symptom or a medical condition, or before taking any drug or changing his/her diet plan or implementing recommendations made by Service Provider during course of services being provided herein.

12. Limitation of Liability

We or Our Service Provider are not liable for any technical or other operational difficulties or problems which may result in loss of the data of the Insured Person, personalization settings or other interruptions in the services. We or Our Service Provider are not liable for the deletion, loss, mis-delivery, timeliness or failure to store or transmit the services content or the Insured Person's personalization settings.

The Insured Person expressly understands and agrees that We and/or Our Service Provider will not be liable for any direct, indirect, incidental, special, consequential, exemplary damages, or damages for loss of profits including but not limited to, damages for loss of goodwill, use, data or other intangible losses (even if We and/or Our Service Provider have been advised of the possibility of such damages), whether based on contract, tort, negligence, strict liability or otherwise, resulting from: (i) the use or inability to use the services or the site or services content; (ii) unauthorized access to or alteration of transmissions of data; content or information the Insured Person may access and use (iii) technical or other operational lapses on the site or via the services; or (iv) any other matter relating to the services.

13. Privacy

Our Service Provider may collect personal data from the Insured Person in connection with his/her access and use of the platform and /or services and such personal data may be shared with and / or disclosed to Us. We and Our Service Provider respect the privacy of the Insured Person and will treat the information provided by the Insured Person with confidentiality.

Annexure VI - Day Care Treatments

Sr. No	Header	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
	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
	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/ DUODENOSTOMY/GASTROSTOMY/EXPL ORATION COMMON BILE DUCT
	72	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL 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 TISSUE 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 SKIN
	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 OSTEOSYNTHESIS
	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