

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 10 (Definitions & Interpretation) and used elsewhere in the Policy in Initial Capitals shall have the meaning set out against them in Section 10 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. All claims for any benefits under the Policy must be made in accordance with the process defined under Section 7 (Claim process & Requirements).
- e. 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.
- f. 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 and /or consumables;
 - 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 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 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 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 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 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 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.
- 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 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 6.16 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 10.71 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 6.4 and 6.17 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:
 - I. A Government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.
 - II. Teaching Hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
 - III. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State / UT and complies with the following minimum criteria:
 - a. Has at least fifteen in-patient beds;
 - b. Has minimum five qualified and registered AYUSH doctors;
 - c. Has qualified staff under its employment round the clock;
 - d. Has dedicated AYUSH therapy sections;
 - e. Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 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 6.6 of the Permanent Exclusions (other than for Yoga) shall not apply to the extent this benefit is applicable.

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 health, 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 Section 9.14), 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:

All Pre-existing Diseases shall not be covered until 36 months of continuous coverage have elapsed since the inception of the First Policy with Us.

5.2 Initial Waiting Period (30 days):

All the benefits under the Policy and any treatment taken unless the treatment needed is the result of an Accident that occurs during the Policy Period will be subject to a Waiting Period of 30 days since the inception of the First Policy with Us.

5.3 Specific Waiting Periods:

The medical conditions and/or surgical treatment listed below will be subject to a Waiting Period of 24 months unless the condition is directly caused by Cancer (covered after Initial Waiting Period of 30 days) or an Accident (covered from day 1) and will be covered in the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break:

- a. Pancreatitis and Stones in biliary and urinary System
- b. Cataract, Glaucoma and other disorders of lens, disorders of retina
- c. Hyperplasia of prostate, hydrocele and spermatocele
- d. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
- e. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
- f. Hernia of all sites,
- g. Osteoarthritis, Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, inflammatory Polyarthropathies, Arthrosis such as RA, Gout, Intervertebral Disc disorders
- h. Chronic kidney disease and failure
- i. Diabetes and its related complications
- j. Varicose veins of lower extremities
- k. Disease of middle ear and mastoid including Otitis Media, Cholesteatoma, Perforation of Tympanic Membrane
- l. All internal or external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump
- m. Ulcer, Erosion and Varices of Upper Gastro Intestinal Tract
- n. Tonsils and Adenoids, Nasal Septum and Nasal Sinuses
- o. Internal Congenital Anomaly

If the Insured Person is suffering from the above Illness/condition as a Pre-existing Diseases (if disclosed by the Insured Person and accepted by Us), any claim in respect of that Illness/condition shall not be covered until 36 months of continuous coverage have elapsed since the inception of the First Policy with Us.

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 Ancillary Hospital Charges

Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for admission, discharge, administration, RMO charges, night charges, registration, documentation and filing, surcharges, Service charges levied by the Hospital.

6.2 Hazardous Activities

Any claim relating to Hazardous Activities will not be covered

6.3 Artificial life maintenance:

Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, 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.

6.4 Behavioral, Neurodevelopmental and Neurodegenerative Disorders:

- a. Disorders of adult personality including gender related problems, gender change;
- b. Disorders of speech and language including stammering, dyslexia;
- c. All Neurodegenerative disorders including Dementia, Alzheimer's disease and Parkinson's disease;
- d. Other medical services for behavioral, neurodevelopmental delays and disorders:

6.5 Circumcision:

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

6.6 AYUSH Treatments:

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

6.7 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.

6.8 External Congenital Anomaly:

Screening, counseling or treatment related to external Congenital Anomaly.

6.9 Convalescence & Rehabilitation:

Hospital accommodation when it is used solely or primarily for any of the following purposes:

- a. Any services provided for the purpose of Convalescence, Rehabilitation and Respite Care.
- b. 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.
- c. Hospice care - Any services for people who are terminally ill to address physical, social, emotional and spiritual need.

6.10 Cosmetic and Reconstructive Surgery:

- a. Any treatment undergone purely for cosmetic or psychological reasons to improve appearance, unless such treatment is Medically Necessary as a part of reconstructive procedure related to cancer or treatment for Injury resulting from Accidents or burns, and is required to restore functionality.
- b. Gynaecomastia, Abdominoplasty, blepharoplasty, mammoplasty, Chemical Peel, Rhinoplasty, Otoplasty, Liposuction and Lipectomy will not be payable even in case of Accident or burn or cancer.

6.11 Dental/oral treatment:

Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva except for Inpatient Hospitalization due to an Accident.

6.12 Eyesight & Optical Services:

Any treatment to correct refractive errors of the eye, unless required as the result of an Accident. We will not pay for routine eye examinations, contact lenses, spectacles or laser eye sight correction.

6.13 Experimental or Unproven Treatment:

- a. Services including device, treatment, procedure or pharmacological regimens which are considered as experimental or unproven.
- b. Stem Cell Transplant: Any stem cell transplant other than for Bone Marrow Transplant.

6.14 HIV, AIDS, and related complex:

Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

6.15 Hospitalization not justified:

Admission solely for the purpose of Physiotherapy, evaluation, investigations, diagnosis or observation services or not consistent with standard treatment guidelines (as defined by Clinical Establishments (Registration and Regulation) Act 2010 and amendments thereafter) or Evidence Based Clinical Practices.

6.16 Inconsistent, Irrelevant or Incidental Diagnostic procedures:

Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the current diagnosis and treatment even if the same requires confinement at a Hospital.

6.17 Mental and Psychiatric Conditions:

Treatment related to symptoms, complications and consequences of mental illness, mood disorders, psychotic and non-psychotic disorders including treatment related to intentional self inflicted Injury or attempted suicide by any means.

This exclusion will not be applicable to OPD Consultation and Behavioral Assistance Program.

6.18 Non-Medical Expenses:

- a. Items of personal comfort and convenience.
 - i. Personal attendant or beauty services, cosmetics, toiletry items, guest services and similar incidental expenses or services.
 - ii. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose.
Any charges incurred to procure any treatment/illness related documents pertaining to any period of Hospitalization/illness.
 - iii. Intra Ocular Lens: Any of the following classes of intraocular lens implants for any indication, including aphakia such as Multifocal IOL, Presbyopia or Astigmatism Correcting IOL, Phakic IOL, Pseudoaccommodating IOL.
- b. External or Ambulatory Devices
 - i. External and or durable medical/non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD or infusion pump.
 - ii. Ambulatory devices such as walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer /thermometer and similar items and also any medical equipment which is subsequently used at home.
- c. Visiting Charges:
Any travelling charge for visiting consultant.

6.19 Obesity and Weight Control Programs:

Services including medical treatment and Surgical Procedures and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

6.20 Off- label drug or treatment:

Use of pharmaceutical drugs for an unapproved indication or in an unapproved age group, dosage, or route of administration as regulated and approved by Central Drugs Standard Control Organization (CDSCO).

6.21 Puberty and Menopause related Disorders:

Treatment for any symptoms, illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing.

6.22 Reproductive medicine & other Maternity Expenses: Any assessment or treatment method for:

- a. Birth Control
Any type of contraception, sterilization, abortions, voluntary termination of pregnancy or family planning;
- b. Assisted Reproduction
Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI, Gestational Surrogacy;
- c. Sexual disorder and Erectile Dysfunction.
Treatment of any sexual disorder including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction;
- d. Any costs or expenses related to pregnancy, complications arising from pregnancy or medical termination of pregnancy unless caused by an accident.

However, the above exclusions do not apply to treatment for ectopic pregnancy or accidental miscarriage.

6.23 Robotic Assisted Surgery, Light Amplification by Stimulated Emission of Radiation (LASER) & Light based Treatment:

Any expenses for robotic surgical system or light based measure when performed alone or in conjunction with base procedure including but not limited to Cyberknife, Da Vinci, Laser Ablation, Femto second laser are not covered.

However, for any invasive or non invasive procedures where robotic surgical system or light based measure is used, coverage of expenses will be based on either agreed tariff rates or Reasonable and Customary charges for the base procedure

6.24 Sexually transmitted Infections & diseases:

Screening, prevention and treatment for sexually related infection or disease.

6.25 Sleep disorders:

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

6.26 Substance related and Addictive Disorders:

Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opioids or nicotine.

6.27 Unlawful Activity:

Any condition occurring as a result of breach of law with criminal intent.

6.28 Treatment received outside India:

Any treatment or medical services received outside India.

6.29 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 or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine.
- c. 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.
- d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.
- e. Treatment or services received in health hydros, nature cure clinics or any establishment that is not a recognized Hospital or healthcare facility.

6.30 Generally Excluded Expenses

Any costs or expenses specified in the list of expenses generally excluded at Annexure II.

6.31 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-authorization 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-authorization 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-authorization 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. We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information and documentation set out above. However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.
- c. 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.
- d. 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.
- e. 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.
- f. The claim amount assessed in Section 7.4 e 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 Option

All health insurance policies are portable. You should initiate action to approach another insurer to take advantage of portability well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer.

If You/the Insured Person has exercised the Portability Option at the time of Renewal of Your previous health insurance policy by submitting Your application and the completed Portability form with complete documentation at least 45 days before, but not earlier than 60 days from the expiry of Your previous Policy Period, then the Insured Person will be provided with credit gained for Pre-existing Diseases in terms of Waiting Periods and time bound exclusions up to the existing Sum Insured and cover in accordance with the existing guidelines of the IRDAI provided that:

- a. The ported Insured Person was insured continuously and without a break under another Indian retail health insurance policy with any other Indian general insurance company or stand-alone health insurance company or any group/retail indemnity health insurance policy from Us.
- b. The Waiting Period with respect to change in Sum Insured shall be taken into account as follows:
 - i. If the ported Sum Insured is higher than the Sum Insured under the expiring policy, Waiting Periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the IRDAI.
- c. In case of different policies and plan in previous years, the Portability Option would be provided for the expiring policy or Plan which is to be ported to Us.
- d. The Portability Option has been accepted by Us within 15 days of receiving Your Proposal and Portability Form subject to the following:
 - i. You shall have paid Us the applicable premium in full;
 - ii. We might have, subject to Our medical underwriting as per Our Board approved underwriting policy, restricted the terms upon which We have offered cover, the decision as to which shall be in Our sole and absolute discretion;
 - iii. There was no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;
 - iv. We have received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance policy through the IRDAI's web portal.
 - v. No additional loading or charges have been applied by Us exclusively for porting the Policy.
- e. In case You have opted to switch to any other insurer under Portability provisions (Porting Out) and the outcome of acceptance of the Portability request is awaited from the new insurer on the date of Renewal,
 - i. We may upon Your request extend this Policy for a period of not less than one month at an additional premium to be paid on a pro rata basis.
 - ii. If during this extension period a claim has been reported, You shall be required to first pay the balance of the full annual Policy premium. Our liability for the payment of such claim shall commence only once such premium is received. Alternately We may deduct the premium for the balance period and pay the balance claim amount if any and issue the Policy for the remaining period.
 - iii. We reserve the right to modify or amend the terms and the applicability of the Portability option in accordance with the provisions of the regulations and guidance issued by the IRDAI as amended from time to time.

9. General Terms and Conditions

9.1 Free Look Provision

- a. The free look period shall be applicable at the inception of the Policy and is not applicable and available at the time of Renewal of the Policy or in cases of Portability.
- b. You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy.
- c. If You have any objections to any of the terms and conditions, You may cancel the Policy within 15 days period mentioned above stating the reasons for cancellation and provided that no claims have been made under the Policy.
- d. If no claim has been made during the Free Look period, You shall be entitled to:
 - i. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons 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 policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
- e. Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy.

9.2 Cancellation/Termination (other than Free Look cancellation)

- a. **Cancellation by You:** You may terminate this Policy by giving 30 days prior written notice to Us. We shall cancel the Policy for the balance of the Policy Period and refund the premium (exclusive of service tax) for the unexpired term as mentioned herein below, 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:

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%

Any expenses incurred by Us on medical examination of the Insured Person shall also be deducted from the refund amount.

- b. **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 9.2 (a) 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.

- c. **Cancellation by Us:** We may terminate this Policy during the Policy Period by sending 30 days prior written notice to Your address shown in the Policy Schedule without refund of premium (for cases other than non cooperation) if:
 - i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or
 - ii. You or any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy; and/or

- iii. You or any Insured Person has not co-operated with Us. In such cases, premium will be refunded on pro-rata basis provided that no claim has been filed under the Policy by or on behalf of any Insured Person;

For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by Us and the Second Medical Opinion, OPD Consultation, Health Checkup/ Diagnostic Tests or Behavioral Assistance Program cannot be availed during the notice period.

9.3 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).

9.4 Renewal of Policy

This Policy is Renewable for life however this Policy will automatically terminate at the end of the Policy Period or Grace Period and We are under no obligation to give intimation in this regard. The details pertaining to Sum Insured and Waiting Period will be shared by Us on Policy Year wise.

a. Continuity of Benefits on Timely Renewal:

- i. The Benefits under the Policy can be availed continuously after completion of the Policy Period if the Renewal request is made along with the applicable premium on a timely basis.
- ii. The Renewal premium is payable on or before the due date and in any circumstances before the expiry of Grace Period.
- iii. 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
- iv. 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.
- v. Renewal premium will not alter based on individual claim experience. Renewal premium rates may be changed by Us provided that such changes are approved by IRDAI and in accordance with the IRDAI's rules and regulations as applicable from time to time.

b. Grace Period:

- i. If You do not Renew the Policy by the due dates specified in the Policy Schedule, You or any other eligible adult Insured Person may apply to Renew the Policy within the Grace Period of 30 days after the end of the Policy Period subject to receipt of application and payment of premium. Such Policy shall be treated as having been Renewed without a break in cover.
- ii. Any claim incurred during Grace Period will not be payable under this Policy.

c. 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.

d. 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.

e. 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.

f. 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.

g. 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.

h. Renewal Promise:

Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

9.5 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.

9.6 Nomination

- a. You are mandatorily 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 Your death.
- b. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.
- c. In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

9.7 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.

9.8 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.

9.9 Fraudulent claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or anyone acting on behalf of the Insured Person or any false or incorrect Disclosure to Information Norms to obtain any benefit under this Policy, then We reserve the right to re-underwrite or cancel the Policy and all claims being processed shall be forfeited for all Insured Persons and/or any and/or all claims

paid under this Policy, if established that they were also supported by fraudulent means, shall be repaid to Us by You.

9.10 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.

9.11 Territorial Jurisdiction

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

9.12 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.: 1800-3070-3333
- 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.

9.13 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.

9.14 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.

9.15 Revision or Modification

This product/ premium may be revised or modified subject to prior approval of the IRDAI. In such case, all policyholders that are due for renewal up to the expiry of ninety days from the date of revision or modification of the product shall be given an option of renewing the existing product or migrating to the modified version of the product.

Any revision or modification including a revision in the price of a policy which is approved by the Authority shall be notified to policyholders at least ninety days prior to the date when such revision or modification comes into effect. The notice shall set out the revisions or modifications affected, and the changes in premium, if any.

9.16 Withdrawal of Product

This product or any variant/ Sum Insured under the product may be withdrawn at Our option subject to prior approval of IRDAI or due to a change in regulations. In such a case We shall provide an option to migrate to Our other suitable retail products as available with Us. All policyholders of the withdrawn product that are due for renewal up to the expiry of ninety days from the date of withdrawal shall be given an option of renewing the existing product or migrating to the modified version of the product or to the new product, as may be the case, subject to portability norms in vogue.

9.17 Customer Service and Grievances Redressal:

- a. In case of any query or complaint/grievance, You/the Insured Person may approach Our office at the following address:

Customer Services Department
Max Bupa Health Insurance Company Limited
B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044
Contact No: 1860-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

Senior citizens may write to us at: seniorcitizensupport@maxbupa.com

- b. In case You/the Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You may contact the following official for resolution:

Head – Customer Services
Max Bupa Health Insurance Company Limited
B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044
Contact No: 1800-3010-3333
Fax No.: 1800-3070-3333
Email ID: customercare@maxbupa.com

- c. In case You/the Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure I.
- d. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.
- e. As per provision 14(3) of the Insurance ombudsman Rules, 2017, the complaint to the Ombudsman can be made only if;
- (a) the complainant makes a written representation to the insurer named in the complaint and
 - (i) either the insurer had rejected the complaint; or
 - (ii) the complainant had not received any reply within a period of one month after the insurer received his representation; or
 - (iii) the complainant is not satisfied with the reply given to him by the insurer;
 - (b) The complaint is made within one year
 - (i) after the order of the insurer rejecting the representation is received; or
 - (ii) after receipt of decision of the insurer which is not to the satisfaction of the complainant;
 - (iii) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

9.18 Assignment:

The policy can be assigned subject to applicable laws.

10. 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.

- 10.1 **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 10.2 **Age** means age last birthday.
- 10.3 **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.
- 10.4 **Associated Medical Expenses** shall include Room Rent, nursing charges for Hospitalization as an Inpatient excluding private nursing charges, Medical Practitioners' fees excluding any charges or fees for Standby Services, investigation and diagnostics procedures directly related to the current admission, operation theatre charges and Intensive / Critical Care Unit charges.
- 10.5 **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.
- 10.6 **Base Sum Insured** means the amount stated in the Policy Schedule.
- 10.7 **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.
- 10.8 **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.
- 10.9 **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.
- 10.10 **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.
- 10.11 **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- 10.12 **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.
- 10.13 **Convalescence, Rehabilitation and Respite Care** means any care arrangement in a residential setting or in a Hospital or any other healthcare facility like health hydros, nature cure clinics, wellness

- centre, palliative centre for services related to help the physically or cognitively impaired to achieve or regain their maximum functional potential for mobility, self-care and independent living, although not necessarily complete independence.
- 10.14 **Co-payment** means a cost-sharing requirement under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum Insured.
- 10.15 **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:
- has Qualified Nursing staff under its employment;
 - has qualified Medical Practitioner(s) in charge;
 - has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 10.16 **Day Care Treatment** refers to medical treatment, and/or Surgical Procedure which is:
- undertaken under General or Local Anaesthesia in a Hospital/Day Care Center in less than 24 hrs because of technological advancement, and
 - 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.
- 10.17 **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.
- 10.18 **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
- 10.19 **Diagnostic Tests** means investigations, such as X-Ray or blood tests, to determine the cause of symptoms and/or medical conditions.
- 10.20 **Diagnostic Services** means a broad range of Diagnostic Tests and exploratory or therapeutic procedures essential for detection, identification and treatment of medical condition.
- 10.21 **Disclosure to Information Norm** means the Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 10.22 **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:
- the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - the patient takes treatment at home on account of non availability of room in a Hospital.
- 10.23 **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.
- 10.24 **Evidence Based Clinical Practice** means process of making clinical decisions for Inpatient Care using current best evidence in conjugation with clinical expertise.
- 10.25 **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:
- Insured Person; and/or
 - Insured Person's legally married spouse (for as long as they continue to be married); and/or
 - 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).
- 10.26 **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.
- 10.27 **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.
- 10.28 **Hazardous Activities** means engaging in speed contest or racing of any kind (other than on foot), professional or competitive sport, bungee jumping, parasailing, ballooning, parachuting, base jumping, 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, snow and ice sports or involving a naval military or air force operation.

10.29 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.

10.30 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.

10.31 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.

10.32 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.

10.33 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

10.34 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.

10.35 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.

10.36 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.

10.37 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.

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

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

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

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

10.42 LASER & Light based Treatment means a procedure that uses focused light emission or amplification for treatment of medical conditions.

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

- 10.44 **Medical Devices** are devices intended for internal or external use in the diagnosis, treatment, mitigation or prevention of disease or disorder.
- 10.45 **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.
- 10.46 **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.
- 10.47 **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 Practitioner 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.
- 10.48 **Medically Necessary treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
- is required for the medical management of the Illness or Injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a Medical Practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 10.49 **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.
- 10.50 **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 10.51 **Non-Network** means any Hospital, Day Care Center or other provider that is not part of the network.
- 10.52 **Off-label drug or treatment** means use of pharmaceutical drug for an unapproved indication or in an unapproved age group, dosage or route of administration.
- 10.53 **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.
- 10.54 **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.
- 10.55 **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.
- 10.56 **Policy Year** means the period of one year commencing on the date of commencement specified in the Policy Schedule or any anniversary thereof.
- 10.57 **Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which Medical Advice/ treatment was received within 48 months prior to the first Policy issued by the insurer and renewed continuously thereafter.
- 10.58 **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 10.59 **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:
- Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 10.60 **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

- 10.61 **Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for Pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer..
- 10.62 **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.
- 10.63 **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.
- 10.64 **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.
- 10.65 **Reimbursement** means settlement of claims paid directly by Us to the Policyholder/Insured Person.
- 10.66 **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.
- 10.67 **Robotic Assisted Surgery** refers to a technology used to assist the surgeon in controlling operative field via a terminal and manipulates robotic surgical instruments via a control panel. The use of computers and robotics is intended to enhance dexterity to facilitate microscale operations.
- 10.68 **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the Associated Medical Expenses.
- 10.69 **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.
- 10.70 **Service Provider** means any person, organization, institution that has been engaged by Us to provide services specified under the benefits to the Insured Person.
- 10.71 **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.
- 10.72 **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.
- 10.73 **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
- 10.74 **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.

- 10.75 **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or Day Care Center by a Medical Practitioner.
- 10.76 **Unproven/Experimental treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 10.77 **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.
- 10.78 **We/Our/Us** means Max Bupa Health Insurance Company Limited.
- 10.79 **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 of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD		Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@qbic.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Shri. M. Parshad	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@qbic.co.in	Karnataka
BHOPAL	Shri Raj Kumar Srivastava	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, M alviya Nagar, Opp. Airtel, Near New Market, <u>BHOPAL-462 023.</u> Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@qbic.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Shri. B. N. Mishra	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest park Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@qbic.co.in	Orissa
CHANDIGARH		Insurance Ombudsman, 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@qbic.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , Chandigarh
CHENNAI	Shri Virender Kumar	Insurance Ombudsman, 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@qbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
DELHI	Smt. Sandhya Baliga	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI		Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri G.Rajeswara Rao	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana and Yanam – a part of territory of Pondicherry
JAIPUR	Shri. Ashok K. Jain	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Shri. P. K. Vijayakumar	Insurance Ombudsman, 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 , Lakshadweep , Mahe – a part of Pondicherry
KOLKATA	Shri. K. B. Saha	Insurance Ombudsman, Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	West Bengal , Andaman & Nicobar Islands , Sikkim

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
LUCKNOW	Shri. N. P. Bhagat	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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 A.K.Dasgupta	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai metropolitan region excluding Navi Mumbai & Thane
NOIDA	Shri Ajesh Kumar	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4 th Floor, Main Road, Naya Bans, Sector 15 Distt: Gautam Budh Nagar, UP – 201301 Tel: 0120- 2514250/2514251/2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Shri Sadasiv Mishra	Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006 Tel: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand.
PUNE	Shri. A. K. Sahoo	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 - 32341320 Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

GOVERNING BODY OF INSURANCE COUNCIL,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949
Email: inscoun@gbic.co.in
Smt. Ramma Bhasin, Secretary General
Shri. Y.R. Raigar, Secretary

ANNEXURE II- LIST OF GENERALLY EXCLUDED ITEMS IN HOSPITALIZATION POLICY

I TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE		
S. No.	ITEMS/SIMILAR EXPENSES	Payable / Not payable
1	HAIR REMOVAL CREAM	Not payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not payable
3	BABY FOOD	Not payable
4	BABY UTILITES CHARGES	Not payable
5	BABY SET	Not payable
6	BABY BOTTLES	Not payable
7	BRUSH	Not payable
8	COSY TOWEL	Not payable
9	HAND WASH	Not payable
10	MOISTURISER PASTE BRUSH	Not payable
11	POWDER	Not payable
12	RAZOR	Not payable
13	SHOE COVER	Not payable
14	BEAUTY SERVICES	Not payable
15	BELTS/ BRACES	Not Payable (Payable only for Spinal Surgery)
16	BUDS	Not payable
17	BARBER CHARGES	Not payable
18	CAPS	Not payable
19	COLD PACK/HOT PACK	Not payable
20	CARRY BAGS	Not payable
21	CRADLE CHARGES	Not payable
22	COMB	Not payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Not payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not payable
25	EYE PAD	Not payable
26	EYE SHEILD	Not payable
27	EMAIL / INTERNET CHARGES	Not payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not payable
29	FOOT COVER	Not payable
30	GOWN	Not payable
31	LEGGINGS	Not payable (Payable only for Vericose Vein)
32	LAUNDRY CHARGES	Not payable
33	MINERAL WATER	Not payable
34	OIL CHARGES	Not payable
35	SANITARY PAD	Not payable
36	SLIPPERS	Not payable
37	TELEPHONE CHARGES	Not payable
38	TISSUE PAPER	Not payable
39	TOOTH PASTE	Not payable
40	TOOTH BRUSH	Not payable

41	GUEST SERVICES	Not payable
42	BED PAN	Not payable
43	BED UNDER PAD CHARGES	Not payable
44	CAMERA COVER	Not payable
45	CLINIPLAST	Not payable
46	CREPE BANDAGE	Not payable
47	CURAPORE	Not payable
48	DIAPER OF ANY TYPE	Not payable
49	DVD, CD CHARGES	Not payable
50	EYELET COLLAR	Not payable
51	FACE MASK	Not payable
52	FLEXI MASK	Not payable
53	GAUZE SOFT	Not payable
54	GAUZE	Not payable
55	HAND HOLDER	Not payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not payable
57	INFANT FOOD	Not payable
58	SLINGS	Not payable
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not payable
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Not payable (Only payable under OPD consultation benefit)
62	HORMONE REPLACEMENT THERAPY	Not payable
63	HOME VISIT CHARGES	Not Payable (Covered only under Home Health Care Services benefit)
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not payable
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not payable (Only payable under OPD consultation benefit)
66	PSYCHIATRIC AND PSYCHOSOMATIC DISORDERS	Not payable (Only consultation covered under Behavioral Assistance Program benefit)
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not payable
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not payable (Only payable under OPD consultation benefit)
69	DONOR SCREENING CHARGES	Not payable
70	ADMISSION/REGISTRATION CHARGES	Not payable
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not payable
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not payable
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS POSITIVE OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable
74	STEM CELL IMPLANTATION/ SURGERY and storage	Not payable
75	WARD AND THEATRE BOOKING CHARGES	Not payable
76	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	Not payable
77	MICROSCOPE COVER	Not payable

78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Not payable
79	SURGICAL DRILL	Not payable
80	EYE KIT	Not payable
81	EYE DRAPE	Not payable
82	X-RAY FILM	Not payable
83	SPUTUM CUP	Not payable
84	BOYLES APPARATUS CHARGES	Not payable
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not payable
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not payable
88	COTTON	Not payable
89	COTTON BANDAGE	Not payable
90	MICROPORE/ SURGICAL TAPE	Not payable
91	BLADE	Not payable
92	APRON	Not payable
93	TORNIQUET	Not payable
94	ORTHOBUNDLE, GYNAEC BUNDLE	Not payable
95	URINE CONTAINER	Not payable
II ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Not payable
97	HVAC	Not payable
98	HOUSE KEEPING CHARGES	Not payable
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Not payable
100	TELEVISION AND AIR CONDITIONER CHARGES	Not payable
101	SURCHARGES	Not payable
102	ATTENDANT CHARGES	Not payable
103	IM IV INJECTION CHARGES	Payable
104	CLEAN SHEET	Not payable
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not payable
106	BLANKET/WARMER BLANKET	Not payable
III ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not payable
108	BIRTH CERTIFICATE	Not payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not payable
110	CERTIFICATE CHARGES	Not payable
111	COURIER CHARGES	Not payable
112	CONVENYANCE CHARGES	Not payable
113	DIABETIC CHART CHARGES	Not payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not payable
115	DISCHARGE PROCEDURE CHARGES	Not payable
116	DAILY CHART CHARGES	Not payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not payable

118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Not payable
119	FILE OPENING CHARGES	Not payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not payable
121	MEDICAL CERTIFICATE	Not payable
122	MAINTAINANCE CHARGES	Not payable
123	MEDICAL RECORDS	Not payable
124	PREPARATION CHARGES	Not payable
125	PHOTOCOPIES CHARGES	Not payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not payable
127	WASHING CHARGES	Not payable
128	MEDICINE BOX	Not payable
129	MORTUARY CHARGES	Not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not payable
IV EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not payable
132	BIPAP MACHINE	Not payable
133	COMMODE	Not payable
134	CPAP/ CAPD EQUIPMENTS	Not payable
135	INFUSION PUMP – COST	Not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not payable
137	PULSEOXYMETER CHARGES	Not payable
138	SPACER	Not payable
139	SPIROMETRE	Not payable
140	SPO2 PROBE	Not payable
141	NEBULIZER KIT	Not payable
142	STEAM INHALER	Not payable
143	ARMSLING	Not payable
144	THERMOMETER	Not payable
145	CERVICAL COLLAR	Not payable
146	SPLINT	Not payable
147	DIABETIC FOOT WEAR	Not payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not payable
150	LUMBO SACRAL BELT	Not payable
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Not payable
152	AMBULANCE COLLAR	Not payable
153	AMBULANCE EQUIPMENT	Not payable
154	MICROSHEILD	Not payable
155	ABDOMINAL BINDER	Not payable
V ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	Not payable
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Not Payable (Payable only under Home Health Care Services benefit)

158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Not payable
159	SUGAR FREE Tablets	Not payable
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Not payable
161	DIGESTIVE GEL/ANTACID GEL	Not payable
162	ECG ELECTRODES	Not payable
163	GLOVES	Not payable
164	HIV KIT	Not payable
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Not payable
166	LOZENGES	Not payable
167	MOUTH PAINT	Not payable
168	NEBULISATION KIT	Not payable
169	NOVARAPID	Not payable
170	VOLINI GEL/ ANALGESIC GEL	Not payable
171	ZYTEE GEL	Not payable
172	VACCINATION CHARGES	Not payable
VI PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not payable
174	ALCOHOL SWABES	Not payable
175	SCRUB SOLUTION/STERILLIUM	Not payable
VII OTHERS		
176	VACCINE CHARGES FOR BABY	Not payable
177	AESTHETIC TREATMENT / SURGERY	Not payable
178	TPA CHARGES	Not payable
179	VISCO BELT CHARGES	Not payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT,RECOVERY KIT, ETC]	Not payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not payable
183	MASK	Not payable
184	OUNCE GLASS	Not payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
186	OXYGEN MASK	Not payable
187	PAPER GLOVES	Not payable
188	PELVIC TRACTION BELT	Not payable
189	REFERAL DOCTOR'S FEES	Not payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable
191	PAN CAN	Not payable
192	SOFNET	Not payable
193	TROLLY COVER	Not payable
194	UROMETER, URINE JUG	Not payable
195	AMBULANCE	Payable (emergency ambulance only)
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost- maximum 1 per 24 hrs

198	SOFTOVAC	Not payable
199	STOCKINGS	Not payable (unless prescribed)

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								
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 limits per policy, per policy year)	Not available	2	3	4	4	6	6	6	

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 PAPILOTOMY
	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	COLONOSCOPY 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 ABSCESES 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 RADIOTHERAPY 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 BURSITIS
	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/CYCLOCRYOTHERAPY/ 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
XVII	Urology Related:	
I		
	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 OF TEMPORAL ARTERY FOR VARIOUS LESIONS
	503	EXTERNAL ARTERIO-VEINOUS 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