

## Policy Terms and Conditions

### I. Definitions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority of India ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built-in to the product are to be construed in accordance with the applicable provisions contained in the product.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate.

- 1.1 Accidental / Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2 Age** means the completed age of the Insured Member as on his last birthday.
- 1.3 Ambulance** means a vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
- 1.4 Annexure** means the document attached and marked as Annexure to this Policy.
- 1.5 Any One Illness (not applicable for Travel and Personal Accident Insurance)** means a continuous Period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment was taken.
- 1.6 Assistance Service Provider** means the service provider specified in the Policy Schedule appointed by the Company from time to time.
- 1.7 Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network Provider by the insurer to the extent pre-authorization is approved.
- 1.8 Certificate of Insurance** means the certificate the Company issues to an Insured Member evidencing cover under the Policy.
- 1.9 City of Residence** means and includes any city, town or village in which the Insured Member is currently residing in India and as specified in the Insured Member's corresponding address in the Certificate of Insurance/as declared with the Policyholder.
- 1.10 Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Member as covered under the Policy.
- 1.11 Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
- 1.12 Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.
- 1.13 Company** (also referred as Insurer/We/Us) means Care Health Insurance Limited.
- 1.14 Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- 1.15 Congenital Anomaly** refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position:
- i) **Internal Congenital Anomaly** –  
Congenital anomaly which is not in the visible and accessible parts of the body
  - ii) **External Congenital Anomaly** –  
Congenital anomaly which is in the visible and accessible parts of the body.
- 1.16 Co-payment** is 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.
- 1.17 Cover End Date** means the date specified in Annexure – A (Certificate of Insurance) for the respective Insured Member on which the Insured Member's cover under the Policy expires.
- 1.18 Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure – A (Certificate of Insurance).
- 1.19 Cover Start Date:** means the date specified in Annexure – A (Certificate of Insurance) for the respective Insured Member on which the Insured

Member's cover under the Policy commences.

**1.20 Cover Year** means a period of one year commencing on the Cover Start Date or any anniversary thereof.

**1.21 Cumulative Bonus** shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

**1.22 Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup 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 criteria as under—

- a. has qualified nursing staff under its employment;
- b. has qualified Medical Practitioner/s in-charge;
- c. has a fully equipped operation theatre of its own, where surgical procedure is carried out.
- d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

**1.23 Day Care Treatment** means medical treatment, and/or Surgical Procedure which is:

- a. undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 hours because of technological advancement, and
- b. which would have otherwise required a Hospitalization of more than 24 hours.

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

**1.24 Deductible** is 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.

**Note:** Under this Policy, deductible for a specified number of days/hours is applicable on the following Optional Covers in addition to the deductible applicable on Indemnity / hospital cash benefits:

Temporary Total Disablement (Optional Cover 6), Suicide Cover (Optional Cover 7), Flexible Recovery Benefit (Optional Cover A)

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

**1.26 Dependent Child** refers to a child (natural or legally

adopted), who is financially dependent on the primary insured and does not have his/her independent sources of income.

**1.27 Disclosure to Information Norm:** The Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**1.28 Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

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

**1.29 Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histopathological and laboratory evidence wherever applicable.

**1.30 Emergency Care (Emergency)** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured member's health.

**1.31 Grace Period** means the specified period of time immediately following the premium due date during which 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.

**1.32 Hazardous Activities (or Adventure sports)** means any sport or activity, which is potentially dangerous to the Insured whether he is trained or not. Such sport/activity includes (but not limited to) stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighbing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller

hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

**1.33 Hospital (not applicable for Overseas Travel Insurance)**

means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- a. has qualified nursing staff under its employment round the clock;
- b. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- 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.

**1.34 Hospitalization (not applicable for Overseas Travel Insurance)**

means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

**1.35 ICU Charges or (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 intensives charges.

**1.36 Indemnity/Indemnify**

means compensating the Policy Holder/Insured Member up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

**1.37 Illness**

means a sickness or a disease or a 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.

**1.38 Injury**

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

**1.39 In-patient Care (not applicable for Overseas Travel Insurance)**

means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for a covered event.

**1.40 Insured Event**

means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions.

**1.41 Insured Member (Insured)**

means a person whose name specifically appears under Insured in the Annexure – A (Certificate of Insurance) and is a covered group member.

**1.42 Intensive Care Unit (ICU)**

means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**1.43 Key Personnel**

means those people having authority and responsibility for planning, directing and controlling the activities of an entity, either directly or indirectly and is defined and/or approved by the competent authority of the entity.

**1.44 Maternity expenses shall include—**

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- b. expenses towards lawful medical termination of pregnancy during the policy period.

**1.45 Medical Advice**

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

- 1.46 Medical Expenses** means those expenses that an Insured Member 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 Member had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.47 Medical Practitioner** (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 1.48 Medically Necessary Treatment** (not applicable for Overseas Travel Insurance) 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 Member;
  - 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.
- 1.49 Network Provider** (not applicable for Overseas Travel Insurance) means the Hospitals enlisted by an Insurer; TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless Facility.
- 1.50 Newborn baby** means baby born during the Policy Period and is aged up to 90 days.
- 1.51 Nominee** means the person named in the Certificate of Insurance or as declared with the Policyholder who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Member is deceased.
- 1.52 Notification of Claim** means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication.
- 1.53 OPD Treatment** is one in which the Insured Member visits a clinic/Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.
- 1.54 Policy** means these Policy Terms & Conditions, Optional Covers (if any), the Proposal Form, Policy Schedule and Annexure which form part of the policy contract and shall be read together.
- 1.55. Policy Schedule** is a certificate attached to and forming part of this Policy.
- 1.56. Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof.
- 1.57. Policyholder** (also referred as You) means the person or the entity who is the Group Administrator and named in the Policy Schedule as the Policyholder.
- 1.58. Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy Schedule.
- 1.59. Policy Period End Date** means the date on which the Policy expires, as specifically appearing in the Policy Schedule.
- 1.60. Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Schedule.
- 1.61. Portability** means the right accorded to individual health insurance policyholders (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another insurer.
- 1.62. Primary Insured Member** means a member of group who satisfies and continues to satisfy the eligibility criteria specified in the Policy Schedule and who is named in Annexure - A (Certificate of Insurance) to the Policy as an Insured Member
- 1.63. Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Member is discharged from the Hospital provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Member's Hospitalization was required and
  - The inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 1.64. Pre-existing Disease** Pre-existing disease means any condition, ailment, injury or disease
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
  - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by insurer or its reinstatement.

- 1.65. Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Member, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's Hospitalization was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 1.66. Qualified Nurse** (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 1.67. Reasonable and Customary Charges** (not applicable for Overseas Travel Insurance) means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.
- 1.68. Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 1.69. Room Rent** means the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.
- 1.70. Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.
- 1.71. Senior Citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.
- 1.72. Empanelled Provider** means any person, organization, institution that has been empanelled with the Company to provide Services
- 1.73. Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a Single room in that Hospital.
- 1.74. Subrogation** (Applicable to other than Health Policies and health sections of Travel and PA policies) means the right of the Insurer to assume the rights of the Insured Member to recover expenses paid out under the Policy that may be recovered from any other source.
- 1.75. Sum Insured** (Coverage Amount) means the amount specified against each Optional Benefit or Optional Cover for Member in the Policy Schedule which represents our maximum liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Year.
- 1.76. Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.
- 1.77. Survival Period** means period after an Insured event that the Insured Member has to survive before a Claim is payable
- 1.78. Third Party Administrator or TPA** means a company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services as mentioned under IRDAI (TPA-Health Services) Regulations as amended from time to time
- 1.79. Twin Sharing Room** means a Hospital room where at least two patients are accommodated at the same time. Such room shall be the most basic and the most economical of all accommodations available as twin sharing rooms in that Hospital.
- 1.80. Unproven/Experimental Treatment** means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 1.81. Variable Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges applicable in a Hospital:
- (a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Member availed medical treatment;
  - (b) Intensive Care Unit charges;
  - (c) Fees charged by surgeon, anesthetist, Medical

Practitioner;

- (d) Investigation expenses incurred towards diagnosis of ailment requiring Hospitalization.

Expenses related to the Hospitalization will be considered in proportion to the room rent stated in the Policy.

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

- (a) Central or State Government AYUSH Hospital or
- (b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy;or
- (c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

**1.84 Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence

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

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

## 2. SCOPE OF COVER

### General Conditions applicable to all the Optional Benefits and Optional Covers:

- (i) The applicability of any Optional Benefit or Optional Cover is subject to the Policyholder having opted that Optional Benefit or Optional Cover and such applicability is specified in the Policy Schedule.
- (ii) Under this Product, the Policyholder has to mandatorily opt for at least one out of the 4 Optional Benefits namely Optional Benefit 1 (Smart Criti-Care), Optional Benefit 2 (Smart Acci-Care), Optional Benefit 3 (Smart Hospi-Care Plus) and Optional Benefit 4 (Smart Hospi-Cash) in order to avail the Optional Covers of respective Optional Benefits.
- (iii) All Claims shall be payable subject to the terms, conditions, wait periods and exclusions of the Policy and subject to availability of the Coverage amount against each and every Optional Benefit and Optional Cover.
- (iv) Optional Benefits and Optional Covers are subject to the limits and sub-limits specifically stated against each of them.

- (v) Admissible Claims under Optional Benefits or Optional Covers shall at first be reduced by a Deductible (if applicable) or Co-payment (if applicable), as specified against those Optional Benefits or Optional Covers in the Policy Schedule, before the Company's Liability for Claim payment triggers.
- (vi) Coverage amount of an Optional Cover under Optional Benefit 1 (Smart Criti- Care), Optional Benefit 2 (Smart Acci-Care) and Optional Benefit 3 (Smart Hospi-Care Plus) cannot be greater than the Coverage amount of its respective Optional Benefit
- (vii) Admissibility of a Claim under Optional Benefit 3 (Smart Hospi-Care Plus) is a pre-condition to the admission of a Claim under Optional Cover 1 (Pre Hospitalization & Post Hospitalization Medical Expenses), Optional Cover 2 (Room Rent Modification), Optional Cover 4 (Organ Donor Expenses) and Optional Cover A (Flexible Recovery Benefit) if opted only with Optional Benefit 3
- (viii) Coverage amount of Optional Covers under Optional Benefit 1 (Smart Criti- Care) and Optional Benefit 3 (Smart Hospi-Care Plus) except Optional Cover 3 (Maternity Expenses), Optional Cover 13 (OPD Care), Optional Cover 14 (Everyday Care) will always form a part of Coverage amount of its respective Optional Benefit.
- (ix) Coverage amount of Optional Covers under Optional Benefit 2 (Smart Acci-Care) will always form a part of Coverage amount of Optional Benefit 2 (i) 'Accidental Death' (Except Optional Cover 4: Repatriation of Mortal Remains and Optional Cover 5: Accidental Hospitalization).
- (x) On choosing Optional Benefit 2 (Smart Acci-Care), the Policyholder has a choice of opting for 2(i) or 2(ii) or 2(iii) or in any combination of them, provided Optional Benefit 2 (i) 'Accidental Death' to be mandatorily opted
- (xi) Coverage amount of Optional Covers that are available for multiple Optional Benefits will always be over and above the Coverage amount of its respective Optional Benefit with which Optional Cover has been chosen
- (xii) Wait Periods are applicable to Optional Benefit 1 (Smart Criti- Care), Optional Benefit 3 (Smart Hospi-Care Plus) and Optional Benefit 4 (Smart Hospi-Cash).
- (xiii) The wait periods opted for Pre-Existing Diseases (PED), Named Ailments and Maternity for any Optional Benefit and its Optional Covers should be applicable to other Optional Benefit and its Optional Covers (wherever applicable). In case different wait periods are selected, then maximum wait period will be applied.
- (xiv) Whenever wait period for PED opted is less than or equal to 24 months, PED wait period will be considered as base and wait period opted for Named Ailments shall be equal to PED wait period (as opted). For example, if wait period for PED is opted as 24 months, then Named Ailments wait period shall not be less than 24 months.
- (xv) The event giving rise to a Claim under Optional Benefits and Optional Covers shall be within the Cover Year for the Claim of such Benefit to be accepted.
- (xvi) Option of Mid-term inclusion of a Member in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- (xvii) Coverage for Optional Cover 'OPD Care' is provided for entire Cover year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by the Insured Member in a Cover year will be payable / reimbursed by the Company. However, claim can be filed with the Company, only twice during that Cover year, as and when that Insured Member may deem fit.
- (xviii) A Policyholder can opt either Optional Cover 9 (Smart Flexi Care) or Optional Cover 10 (Sub-limits on Hospitalization Expenses) but not both under Optional Benefit 3 (Smart Hospi-Care Plus)
- (xix) Coverage under Optional Benefit 1 (Smart Criti-Care) and Optional Benefit 2 (Smart Acci-Care) should be in line with financial liability of Policyholder.
- (xx) A Co-applicant is one who applies along with the Applicant for a loan.
- (xxi) Under this Product, the Company will provide Policy Schedule to Policyholder and access of Certificate of Insurance will be provided to each Insured Member; therefore the references to the 'Policy Schedule' shall include references to the 'Certificate of Insurance'.
- (xxii) Coverage under Optional Cover 13 (OPD Care) and Optional Cover 14 (Everyday Care) of Optional Benefit 3 (Smart Hospi-Care Plus) is available only up to 2 Adults
- (xxiii) Deductible (if opted) under Optional Benefit 3 (Smart Hospi-Care Plus), it is applicable on the Optional Benefit 3 (Smart Hospi-Care Plus) and its Optional Covers namely Optional Cover 1 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Optional Cover 2 (Room Rent Modification), Optional Cover 4 (Organ Donor Cover), Optional Cover 9 (Smart Flexi Care), Optional Cover 10 (Sub-limits on Hospitalization Expenses). The Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Member in a



Cover Year

(xxiv) Co-payment (if opted) under Optional Benefit 3 (Smart Hospi-Care Plus), it is applicable on the Optional Benefit 3 (Smart Hospi-Care Plus) and its Optional Covers namely Optional Cover 1 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Optional Cover 2 (Room Rent Modification), Optional Cover 4 (Organ Donor Cover), Optional Cover 9 (Smart Flexi Care), Optional Cover 10 (Sub-limits on Hospitalization Expenses)

## **2.1. OPTIONAL BENEFIT I : SMART CRITI-CARE**

- (a) If, during the Cover Period, an Insured Member made a Claim for any Critical Illness Condition as specified in the Certificate of Insurance, then the Company will pay the Coverage Amount as specified in the Certificate of Insurance against this Optional Benefit subject to 30 days Survival Period.
- (b) In case any Claim is admissible under this Optional Benefit, coverage under this Optional Benefit for that Insured Member shall immediately and automatically terminate. However, other Insured Members under the Policy shall continue to be covered under this Policy.
- (c) Exclusions applicable to Optional Benefit I: Smart Criti-Care
  - (i) Any Claim with respect to any Critical Illness diagnosed or which manifested prior to Cover Start Date or during Initial Wait Period
- (d) For the purpose of this Optional Benefit, the following has been described to the extent:

## **I. CANCER OF SPECIFIED SEVERITY**

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

## **2. MYOCARDIAL INFARCTION**

(First Heart Attack of specific severity)

- (a) 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.
- (b) 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.

## **3. OPEN CHEST CABG**

- (a) 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.



- (b) The following are excluded:
  - i. Angioplasty and/or any other intra-arterial procedures

#### **4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES**

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

#### **5. COMA OF SPECIFIED SEVERITY**

- (a) A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
  - i. no response to external stimuli continuously for at least 96 hours;
  - ii. life support measures are necessary to sustain life; and
  - iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- (b) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

#### **6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS**

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

#### **7. STROKE RESULTING IN PERMANENT SYMPTOMS**

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

- b) Traumatic injury of the brain
- c) Vascular disease affecting only the eye or optic nerve or vestibular functions.

#### **8. MAJOR ORGAN /BONE MARROW TRANSPLANT**

- i. The actual undergoing of a transplant of:
  - a) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - b) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- ii. The following are excluded:
  - a) Other stem-cell transplants
  - b) Where only islets of langerhans are transplanted

#### **9. PERMANENT PARALYSIS OF LIMBS**

- i. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

#### **10. MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS**

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

#### **11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**

- i. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
  - a) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
  - b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

- II. Other causes of neurological damage such as SLE and HIV are excluded.

## **12. BENIGN BRAIN TUMOR**

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
  - a) Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
  - b) Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:  
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, and tumors of skull bones, and tumors of the spinal cord.

## **13. BLINDNESS**

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- II. The Blindness is evidenced by
  - a) corrected visual acuity being 3/60 or less in both eyes or;
  - b) the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure.

## **14. END STAGE LUNG FAILURE**

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
  - a) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  - b) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
  - c) Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
  - d) Dyspnea at rest.

## **15. END STAGE LIVER FAILURE**

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
  - a) Permanent jaundice; and
  - b) Ascites; and
  - c) Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

## **16. THIRD DEGREE BURNS**

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

## **17. PARKINSON'S DISEASE**

The unequivocal diagnosis of progressive degenerative primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of the following conditions: The disease cannot be controlled with medication; and Objective signs of progressive impairment; and There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following five (6) "Activities of Daily Living" for a continuous period of at least 6 months.

The Activities of Daily Living are:

- a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d) Mobility: the ability to move indoors from room to room on level surfaces;
- e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f) Feeding: the ability to feed oneself once food has been prepared and made available. Drug-induced or toxic causes of Parkinsonism are excluded.

## **18. ALZHEIMER'S DISEASE**

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardized questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by

an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 3 months: Activities of Daily Living are defined as:

- I. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- II. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- III. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
- IV. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- V. Feeding – the ability to feed oneself once food has been prepared and made available.
- VI. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- I. Any other type of irreversible organic disorder/dementia/mental retardation
- II. Non-organic disease such as neurosis and
- III. Alcohol-related brain damage.

## 19. BACTERIAL MENINGITIS

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by the presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and a consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

## 20. APLASTIC ANAEMIA

Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following:

- I. Regular blood product transfusion;
- II. Marrow stimulating agents;

- III. Immunosuppressive agents; or
- IV. Bone marrow transplantation.

The diagnosis and suggested line of treatment must be confirmed by a Hematologist acceptable to the Company using relevant laboratory investigations, including bone-marrow biopsy. Two out of the following three values should be present:

- I. Absolute neutrophil count of 500 per cubic millimeter or less;
- II. Absolute erythrocyte count of 20 000 per cubic millimeter or less; and
- III. Platelet count of 20 000 per cubic millimeter or less. Temporary or reversible aplastic anaemia is excluded.

### 2.1.1 Optional Cover 1: Modification Of Survival Period

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to modify the 'Survival Period' of 30 days (defined in Clause 2.1) to the Survival Period as specified against this Optional Cover in the Certificate of Insurance

### 2.1.2 Optional Cover 2: HIV Cover

- I. If, during the Cover Year, an Insured Member is first diagnosed to be suffering from an HIV Infection, then the Company will pay the Coverage Amount mentioned against this Optional Cover in the Certificate of Insurance or Rs.3 Crores (whichever is lower) and the Coverage under this Optional Cover shall be terminated for that Insured Member provided that, the HIV Infection is caused by any of the reasons other than as specified below:
  - (i) Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual)
  - (a) For the purposes of this Optional Cover, "HIV Infection" means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics. and /or;  
a positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination.
  - (b) The coverage under the Policy for other Optional Benefits / Covers for that Insured Member shall continue under this Policy.

b. **Exclusions Applicable to HIV Cover (Optional Cover 2):**

- (i) Any Claim with respect to an HIV infection detected, diagnosed or which manifested prior to Cover Start Date or during Initial Wait Period

**2.2. OPTIONAL BENEFIT 2 : SMART ACCI-CARE**

The Company will provide coverage under Benefits 2(i), 2(ii) and 2(iii) of Benefit 'Smart Acci-Care' to any Insured Event arising worldwide. In case any Claim is admissible under Benefit 2(i) 'Accidental Death', Coverage under the Policy for that Insured Member shall immediately and automatically terminate. However, the family members of the deceased, who are other Insured Members under the Policy, shall continue to be covered under this Policy. The Company's liability will commence subject to the availability of the Coverage Amount and while the policy is in force for insured events namely Accidental Death, Permanent Total Disablement and Permanent Partial Disablement which are explained below:

**(i) Optional Benefit 2 (I): Accidental Death**

If the Insured Member suffers an Injury during the Cover Period, which directly results in the Insured Member's death within 12 months from the date of Accident (including date of Accident), the Company will pay the Coverage Amount as specified in the Certificate of Insurance against this Benefit.

**(ii) Optional Benefit 2 (ii): Permanent Total Disablement**

a) If the Insured Member suffers an Injury during the Cover Year, which directly results in the Insured Member's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified against this Benefit in the Certificate of Insurance and as per the 'PTD Table' below:

Sr. No.	Insured Events	Amount payable = % of the Coverage Amount specified in the Certificate of Insurance against Optional Benefit 2 (ii)
I	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II	Total and irrecoverable loss of (a) use of two hands or two feet; or (b) one hand and one foot; or (c) sight of one eye and use of one hand or one foot	100%
III	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

**Note:** For the purpose of Sr. No. I to IV above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

It is further agreed that in case of multiple events, the Company's maximum liability shall not exceed the amount specified against this benefit.

- (b) For the purpose of this Benefit only:
  - (i) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
  - (ii) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
  - (iii) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

**(iii) Optional Benefit 2 (iii): Permanent Partial Disablement**

If the Insured Member suffers an Injury during the Cover Year, which directly results in the Insured Member's Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified against this Benefit in the Certificate of Insurance and as per the 'PPD Table' on next page:

Sr. No.	Insured Events	Amount payable = % of the Coverage Amount specified in the Certificate of Insurance against Optional Benefit 2 (iii)
I	Total and irrecoverable loss of hearing in: -	
	a) Both ears	75%
	b) One ear	20%
II	Loss of toes	
	a) All	20%
	b) Both phalanges of great toes bilateral	5%
	c) Both phalanges of one great toe	2%
	d) Both phalanges of other than great toes for each toe	1%
III	Loss of four fingers and thumb of one hand	40%
IV	Loss of four fingers of one hand	35%
V	Loss of thumb	
	a) Both phalanges	25%
	b) One phalanx	10%
VI	Loss of index finger	
	a) Three phalanges	10%
	b) Two phalanges	8%
	c) One phalanx	4%
VII	Loss of middle finger	
	a) Three phalanges	6%
	b) Two phalanges	4%
	c) One phalanx	2%
VIII	Loss of ring finger	
	a) Three phalanges	5%
	b) Two phalanges	3%
	c) One phalanx	2%
IX	Loss of little finger	
	a) Three phalanges	4%
	b) Two phalanges	3%
	c) One phalanx	2%
X	Loss of metacarpus	
	First or second	3%
	Third, fourth or fifth	2%
	Permanent partial disablement not otherwise provided for under Sr: No. I to X inclusive.	Percentage of the Coverage Amount will be determined in accordance with the medical assessment carried out by the Medical Practitioner provided that the percentage under Insured Event Sr: No. XI shall not exceed 50% of the Coverage Amount

**Note:** For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.

It is further agreed that in case of multiple events, the Company's maximum liability shall not exceed the amount specified against this benefit.

### 2.2.1 Optional Cover 1: Fractures

- (a) If the Insured Member suffers an Injury during the Cover Year, which directly results in any of the fractures as specified below, the Company will pay the amount as specified against this Optional Cover in the Certificate of Insurance and as per the 'Fractures

Table' below :

Sr. No.	Description of Fracture	Amount payable = % of the Coverage Amount specified in the Certificate of Insurance against this Optional Cover
I	Hip or Pelvis (excluding thigh or coccyx): Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
II	Hip or Pelvis (excluding thigh or coccyx) - All other Compound Fractures	50%
III	Thigh or Heel: Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
IV	Thigh or Heel: Multiple fractures – at least one Complete Fracture	50%
V	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures): Multiple Fractures – at least one Compound Fracture and one Complete Fracture	100%
VI	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures) : All other Compound Fractures	30%
VII	Colles type fracture of the lower arm – If Compound Fracture	100%
VIII	Colles type fracture of the lower arm – If Complete Fracture	50%

**(b) It is further agreed that:**

- (i) If an Injury results in more than one of the 'Description of Fractures' above, then the Company's maximum liability shall not exceed the amount specified against this Optional Cover.
- (ii) The Company shall not be liable to make any payment in respect of dislocation of bones or joints or in respect of Hairline Fractures or Simple Fractures.

**(c) For the purpose of this Optional Cover only:**

- (i) Complete Fracture means a fracture where the bone is completely broken across and no connection is left between the pieces.
- (ii) Compound Fracture means a fracture where the bone breaks the skin and is exposed.
- (iii) Hairline Fracture means a mere crack in the bone.
- (iv) Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Medical Practitioner requires minimal and uncomplicated medical treatment.

### 2.2.1 Optional Cover 2: Disappearance

- (a) The Company shall admit its liability under this optional cover, if the Insured Member's full body cannot be located within a period of consecutive 365 Days after a forced landing, stranding, sinking or wrecking of a Common Carrier wherein the

Insured Member was a fare paying passenger or in any event arising as a result of any Acts of God Perils during the Cover Year, where it is reasonable to believe that such Insured Member has died as a result of an Injury.

- (b) The Company will only pay, when the nominee or legal heir provides a legally binding indemnity bond or any other document as required by the Company which guarantees, that the amount the Company pays will be repaid to the Company, if it is later found that the Insured Member survived such an Accident / Injury for which the Company had paid the Claim.

### 2.2.3 Optional Cover 3: Burns

- (a) If the Insured Member suffers an Injury during the Cover Year, which directly results in any of the following second or third degree burn injuries, the Company will pay the amount as specified against this Optional Cover in the Certificate of Insurance and as per 'Burns Table' below:

Sr. No.	Description of Extent of Burn Injury	Amount payable = % of the Coverage Amount specified in the Certificate of Insurance against this Optional Cover
I	Third degree burns of 30% or more of the total body surface area	100%
II	Second degree burns of 30% or more of the total body surface area	50%
III	Third degree burns of 20% or more, but less than 30% of the total body surface area	80%
IV	Second degree burns of 20% or more, but less than 30% of the total body surface area	40%
V	Third degree burns of 10% or more, but less than 20% of the total body surface area	40%
VI	Second degree burns of 10% or more, but less than 20% of the total body surface area	20%
VII	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
VIII	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

- (b) If an Injury results in more than one of the 'Descriptions of Extent of Burn Injury' above, then the Company's maximum liability shall not exceed the amount specified against this Optional Cover.

### 2.2.4 Optional Cover 4: Repatriation of Mortal Remains

- (a) If a Claim for any event under Optional Benefit 2 (i) 'Accidental Death' of the Policy has been admitted, then in addition to any amount payable under that Benefit, the Company will pay the Insured Member the amount specified in the Certificate of Insurance against this Optional Cover, for the transportation of Insured Member's body from the place of death to the

city of last known address of the Insured Member as per the Company's records or as per the request of the Insured Member's family.

- (b) Any Claim under this Optional Cover shall be payable if the death of the Insured Member occurs outside his city of residence.

### 2.2.5 Optional Cover 5: Accidental Hospitalization Expenses

If an Insured Member suffers an Injury during the Cover Year that requires:

- (i) In-patient Care – the In-Patient Hospitalization of Insured Member, then the Company will indemnify up to the amount specified against this Optional Cover in the Certificate of Insurance, subject to Deductible specified in Certificate of Insurance, for the Medical Expenses incurred on Hospitalization, provided that the Medically Necessary Hospitalization was on the written advice of a Medical Practitioner.
- (ii) Day Care Treatment – the Insured Member to undergo Day Care Treatment at a Day Care Centre or Hospital, then the Company will indemnify up to the amount specified against this Optional Cover in the Certificate of Insurance, subject to Deductible specified in Certificate of Insurance, for the Medical Expenses incurred on such Day Care Treatment, provided that the Medically Necessary treatment was taken on the written advice of a Medical Practitioner (The list of Day Care Treatments is attached as Annexure-I).
- (iii) Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Member in a Cover Year.

### 2.2.6 Optional Cover 6: Temporary Total Disablement (TTD)

If an Insured Member suffers an Accident during the Cover Year which is the sole and direct cause of a temporary disablement which completely prevents that Insured Member from performing each and every duty pertaining to his employment or occupation, then the Company will pay 1% of 'Optional Benefit 2(I): Accidental Death' Coverage amount or Max. of base Weekly Income or Rs. 50,000, whichever is lower as specified in the Certificate of Insurance against this Optional Cover, for each continuous and completed week of the Insured Member's Temporary Total Disablement, provided that:

- (i) For a single claim, maximum duration till which this Optional Cover will be payable is 100 weeks from the date of the Accident and if the Insured Member is disabled for a part of a week, then

only a proportionate part of the weekly benefit will be payable.

- (ii) For the purpose of this Optional Cover only, Temporary Total Disablement means the temporary and total inability of an Insured Member to engage in his/her occupation/employment while that Insured Member is under the regular care of, and acting in accordance with, the instructions or on the written advice from the treating Medical Practitioner and is confined to bed.
- (iii) The Company will not pay any amount in excess of the Insured Member's base weekly income and this will specifically exclude overtime, bonuses, tips, commissions, special compensation or any compensation of similar nature.
- (iv) The Company's liability to make payment under this Optional Cover shall commence only upon completion of the period of Deductible on number of weeks, as specified in the Certificate of Insurance.
- (v) If a Claim arising out of an Injury is admissible under Optional Benefit 2.(ii) or 2.(iii), then a Claim arising out of the same Injury shall not be admitted under 'Temporary Total Disablement'.

#### **2.2.7 Optional Cover 7: Suicide Cover**

- (a) If an Insured Member commits suicide during the Cover Year, then the Company will pay the amount specified against this Optional Cover in the Certificate of Insurance, to the Nominee or legal heir of the Insured Member subject to 1 year wait period from the inception of Cover
- (b) Clause 4.3 (a) (22) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

#### **2.2.8 Optional Cover 8: Modification of Home / Vehicle**

The Company will indemnify the relevant expenses incurred during the Cover Year, as specified in the Certificate of Insurance, for the reasonable and necessary modification of the Insured Member's regular place of residence and / or Vehicle, to facilitate the Insured Member's activities of daily living, consequent to an Injury, resulting in a Claim which is payable under Optional Benefit 2.(ii): Permanent Total Disablement and provided that:

- i) Conditions specific to Home Modification:
  - a) The expenses incurred shall not exceed the reasonable level of charges for similar alterations
  - b) The modifications are carried out in the house where Insured Member resides after Injury,

within India

- ii) Conditions specific to Vehicle Modification:
  - a) The Vehicle so modified is the same Vehicle being used by the Insured member before the occurrence of such Injury
  - b) The expenses incurred shall not exceed the reasonable level of charges for similar Vehicle modification
  - iii) Additional conditions specific to Optional Cover 8:
    - a) The modifications are exclusively for the benefit of the Insured Member only
    - b) The modifications are carried out within 3 (three) months from the Insured Member's intimation of claim under Optional Benefit 2.(ii): Permanent Total Disablement
    - c) The expenses are not related to repair of normal wear and tear or renovation or improvisation of existing set-up
    - d) This Optional Cover will be applicable only if the Policyholder has opted for Optional Benefit 2.(ii): Permanent Total Disablement

#### **2.3. OPTIONAL BENEFIT 3 : SMART HOSPI-CARE PLUS**

If an Insured Member is diagnosed with an Illness or suffers an Injury which requires the Insured Member to be admitted in a Hospital in India which should be Medically Necessary during the Cover Year and while the Policy is in force for:

##### **a. In-patient Care**

The Company will indemnify the Insured Member for Medical Expenses incurred towards Hospitalization, through Cashless or Reimbursement Facility, maximum up to the Coverage Amount as specified in the Certificate of Insurance, subject to Deductible specified in Certificate of Insurance, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

##### **b. Day Care Treatment**

The Company will indemnify the Insured Member for Medical Expenses incurred on Day Care Treatment up to the Coverage Amount specified in the Certificate of Insurance, subject to Deductible specified in Certificate of Insurance, provided that:

- i) The Day Care Treatment is listed as per the Annexure-1 to Policy Terms & Conditions; and
- ii) The period of treatment of the Insured Member



in Hospital/Day Care Centre does not exceed 24 hours; and

- iii) The Day Care Treatment was taken on the advice of a Medical Practitioner; and
- iv) The Medical Expenses incurred are Reasonable and Customary Charges that were necessarily incurred.

**c. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses**

The Company will indemnify the Insured Member for Relevant Medical Expenses incurred which are Medically Necessary, only through Reimbursement Facility, maximum up to the Coverage Amount, as specified in the Certificate of Insurance, provided that the Medical Expenses so incurred are related to the same Illness/Injury for which the Company has accepted the Insured Member's Claim under Optional Benefit 3 (Smart Hospi-Care Plus) and subject to the conditions specified below:

- (i) Under Relevant Pre-hospitalization Medical Expenses, for a period of 30 days immediately prior to the Insured Member's date of admission to the Hospital, provided that the Company shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Cover Start Date; and
- (ii) Under Relevant Post-hospitalization Medical Expenses, for a period of 60 days immediately after the Insured Member's date of discharge from the Hospital.
- (iii) If the provisions of Clause 5.6(f) is applicable to a Claim, then:
  - a) The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for the Illness deemed or Injury sustained to be Any One Illness; and
  - b) The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to the Illness deemed or Injury sustained to be Any One Illness.

**d. Conditions applicable for Hospitalization Cover (Optional Benefit 3):**

- (a) **Room/Boarding and nursing expenses as charged by the Hospital where the Insured Member availed medical treatment (Room Rent / Room Category):**

If the Insured Member is admitted in a Hospital room where the Room Category opted or Room Rent incurred is higher than the eligible

Room Category/ Room Rent as specified in the Certificate of Insurance, then,

- I. The Insured Member shall bear the ratable proportion of the total Variable Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Certificate of Insurance or the Room Rent of the entitled Room Category to the Room Rent actually incurred.

The Certificate of Insurance will specify the eligibility of Room Rent or Room Category applicable for the Insured Member under the Policy. The Room Rent or Room Category available under this Policy is mentioned as follows:

- 1) **Single Private Room:** If the Certificate of Insurance states 'Single Private Room' as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Member payable by the Company is limited to stay in a Single Private Room.
- 2) If the Certificate of Insurance states 'up to 1% of the Coverage Amount per day' as eligible Room Rent, it means the maximum eligible Room Rent of the Insured Member payable by the Company is limited to 1% of the Coverage Amount per day of Hospitalization. Any amount accrued as No Claims Bonus under (Optional Cover 15), shall not form part of Coverage Amount
- 3) The nomenclature of Room categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.
- (b) **Intensive Care Unit Charges (ICU Charges):**

If the Insured Member is admitted in an ICU where the ICU charges incurred are higher than the ICU Charges specified in the Certificate of Insurance, then the Insured Member shall bear the ratable proportion of the total Variable Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the ICU charges actually incurred and the ICU Charges specified in the Certificate of Insurance to the ICU charges actually incurred.

The Certificate of Insurance will specify the Limit of ICU Charges applicable for the Insured Person under the Policy. The ICU Charges available under this Policy are as follows:

- 1) If the Certificate of Insurance states 'up to 2% of the Coverage Amount per day' as eligible ICU Charges per day of Hospitalization, it means the maximum eligible ICU charges of the Insured

Member payable by the Company is limited to 2% of the Coverage Amount per day of Hospitalization. Any amount accrued as No Claims Bonus under (Optional Cover 15), shall not form part of Coverage Amount

- 2) If the Certificate of Insurance states the eligibility of ICU Charges of the Insured Member as 'no sub-limit', it means that there is no separate restriction on ICU Charges incurred towards stay in ICU during Hospitalization.

**e. Domiciliary Hospitalization**

The Company will indemnify the Insured Member, only through Reimbursement Facility, maximum up to the Coverage Amount as specified in the Certificate of Insurance, subject to Deductible specified in Certificate of Insurance, for the Medical Expenses incurred towards Domiciliary Hospitalization, i.e., Coverage extended when Medically Necessary treatment is taken at home (as explained in Definition 1.28), subject to the conditions specified below:

- (i) The Domiciliary Hospitalization continues for a period exceeding 3 consecutive days.
- (ii) The Medical Expenses are incurred during the Cover Year.
- (iii) The Medical Expenses are Reasonable and Customary Charges which are necessarily incurred.
- (iv) Any Pre Hospitalization and Post Hospitalization Medical Expenses shall be payable under this Benefit.
- (v) Any Maternity related expenses shall not be payable under this Benefit
- (vi) Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:
  1. Asthma;
  2. Bronchitis;
  3. Chronic Nephritis and Chronic Nephritic Syndrome;
  4. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
  5. Diabetes Mellitus and Diabetes Insipidus;
  6. Epilepsy;
  7. Hypertension;
  8. Influenza, cough or cold;
  9. All Psychiatric or Psychosomatic Disorders;
  10. Pyrexia of unknown origin for less than 10 days;

11. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
12. Arthritis, Gout and Rheumatism.

**f. Ambulance Expenses**

The Company will indemnify the Insured Member, through Cashless or Reimbursement Facility, up to Rs.2000 for Coverage amount less than or equal to Rs. 10Lacs or up to Rs.5000 for Coverage amount greater than Rs. 10Lacs to Rs. 50 Lacs or up to Rs.10,000 for Coverage amount greater than Rs. 50 Lacs, subject to deductible specified in Certificate of Insurance, for the Reasonable and Customary Charges necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Member's necessary transportation, provided that the necessity of such Ambulance transportation is certified by the treating Medical Practitioner and subject to the conditions specified below:

- (i) Such Transportation is from the place of occurrence of Medical Emergency of the Insured Member, to the nearest Hospital; and/or
- (ii) Such Transportation is from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Member, following an Emergency.

**g. Advance Technology Methods:**

The Company will indemnify the Insured Member for the Hospitalization Expenses incurred for treatment taken through following advance technology methods:

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

**Note:** Deductible option under this Optional Benefit 3 (Smart Hospi Care Plus) is available only if Coverage

amount of Rs. 50,000 or more is chosen.

### 2.3.1 Optional Cover 1: Pre-Hospitalization and Post-Hospitalization Medical Expenses Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to modify:

- a. the maximum amount
- b. the Duration

as specified against this Optional Cover in the Certificate of Insurance, provided that:

- i) The Medical Expenses incurred are admissible under Smart Hospi-Care Plus (Optional Benefit3)
- ii) The Company shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Cover Start Date; and

The Company shall not be liable to make payment for any Post-hospitalization Medical Expenses that were incurred 60 days or more after the Cover End Date.

### 2.3.2 Optional Cover 2: Room Rent Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to the following under this Policy:

#### a) Non-ICU Room Category:

The Company agrees to make payment for Medical Expenses incurred under Non-ICU room category under any admissible Claim shall be limited to the percentage (%) of the Coverage Amount per day or Rs. 15,000 per day whichever is lower, or specific Room Category or No Sub-limit as specified in Certificate of Insurance

#### b) ICU Room Category:

The Company agrees to make payment for Medical Expenses incurred under ICU room category under any admissible Claim shall be limited to twice the percentage (%) opted for Non ICU Room Category of the Coverage Amount per day or Rs.30,000 per day whichever is lower, as specified in the Certificate of Insurance.

**Note:** No Sub-limit for Coverage Amount if either Single Private Room or Twin Sharing Room is opted under Non ICU Room Category.

### 2.3.3 Optional Cover 3: Maternity Expenses

The Company shall indemnify the Insured Member,

through Cashless or Reimbursement Facility, for the Medical Expenses associated with Hospitalization of an Insured Member for the delivery of a child, up to amount specified against this Optional Cover in the Certificate of Insurance, subject to the conditions specified below:

- (a) This Optional Cover is available only under Floater cover type for all Insured Members of age 18 years or above.
- (b) Coverage is available only if the delivery occurs after the completion of the wait period (specified in Certificate of Insurance) where Wait period will apply once the Insured Member attains age 18 years or above.
- (c) The Company shall not be liable to make payment under this Optional Cover in respect of an Insured Member for more than the number of deliveries as specified in Certificate of Insurance, during that Insured Member's lifetime.
- (d) Coverage under this Optional Cover is not available in case the Insured Member's age is greater than 40 years at the time of Cover start date; and
- (e) Maternity Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Benefit.  
For this purpose 'week' shall constitute any consecutive 7 days.
- (f) Medical Expenses for ectopic pregnancy are not covered under this Optional Cover.
- (g) The Company shall be liable to make payment in respect of any Hospitalization arising due to involuntary medical termination of pregnancy, as per MTP Act, 1971 (amended) and other applicable laws and rules.
- (h) Clause 4.3 (a) (4) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

### 2.3.4 Optional Cover 4: Organ Donor Expenses

The Company will indemnify the Insured Member, through Cashless or Reimbursement Facility, up to the amount specified against this Optional Cover in the Certificate of Insurance, for the Medical Expenses incurred in respect of the donor, for any organ transplant surgery during the Cover Year, subject to the conditions specified below:

- (i) The Organ donor is an eligible donor in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules.

- (ii) The Insured Member is the recipient of the Organ so donated by the Organ Donor.
- (iii) The Company will not be liable to pay the Medical Expenses incurred by the Insured Member towards Pre-Hospitalization and Post Hospitalization Medical Expenses (Optional Cover I) or any other Medical Expenses in respect of the donor consequent to the harvesting.
- (iv) Clause 4.3 (a) (18) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

### 2.3.5 Optional Cover 5: International Second Opinion

In the event that the Insured Member is diagnosed with any Illness / Injury during the Cover Year, then at the Insured Member's request, the Company shall arrange for a Second Opinion from a Medical Practitioner outside India.

- a) It is agreed and understood that the Second Opinion will be based only on the information and documentation provided to the Company which will be shared with the Medical Practitioner and is subject to the conditions specified below:
  - i) This Benefit can be availed only once by an Insured Member during the Cover Year for each Illness / Injury.
  - ii) The Insured Member is free to choose whether or not to obtain the Second Opinion and, if obtained under this Benefit, then whether or not to act on it.
  - iii) This Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Member's visit or consultation to an independent Medical Practitioner.
  - iv) The Company does not provide any representation to the adequacy or accuracy of the second opinion and the Insured Member's or any other Member's reliance on the same or the use to which the Second Opinion is put.
  - v) The Company does not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any Second Opinion or for any consequences of actions taken or not taken in reliance thereon.
  - vi) The Insured Member shall hold the Company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical

Practitioner or for any consequences of any action taken or not taken in reliance thereon.

- vii) Any Second Opinion provided under this Optional Cover shall not be valid for any medico-legal purposes.
- viii) The Second Opinion does not entitle the Insured Member to any consultation from or further opinions from that Medical Practitioner.

### b) For the purposes of this Optional Cover only:

Second Opinion means an additional medical opinion obtained by the Company from a Medical Practitioner solely on the Insured Member's express request in relation to a Illness / Injury which the Insured Member has been diagnosed with during the Cover Year.

### 2.3.6 Optional Cover 6: Modification of 'Initial Wait Period'

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to waive off the 'Initial Wait Period' (defined in Clause 4.2(a))

### 2.3.7 Optional Cover 7: 'Pre-Existing Diseases' Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to modify:

- a) The Wait Period of 48 months for Pre-existing diseases' (defined in Clause 4.2©) to the Wait Period as specified against this Optional Cover in the Certificate of Insurance.
- b) The amount of coverage for Pre-existing diseases will be limited to the Coverage Amount as specified against this Optional Cover in the Certificate of Insurance.
- c) Co-payment shall be applicable on the amount payable (post completion of PED wait period as opted) by the Company as specified in the Certificate of Insurance. Please note that Co-payment is applicable only in case of a claim due to Pre-existing disease.

**Note:** Co-pay or sub-limit opted under this optional cover is applicable to the insured only till the completion of continuous coverage of maximum 48 months under this policy.

### 2.3.8 Optional Cover 8: 'Named Ailments' Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to modify:

a) The Wait Period of 24 months for 'Specific Wait Period for Named Ailments' (defined in Clause 4.2(b)) to the Wait Period as specified against this Optional Cover in the Certificate of Insurance,

b) The amount of coverage for Named Ailments will be limited to the Coverage Amount as specified against this Optional Cover in the Certificate of Insurance.

c) Co-payment shall be applicable on the amount payable by the Company as specified in the Certificate of Insurance. Co – payment is applicable only in case of a claim due to Named ailments.

**Note:** Co-pay or sub-limit opted under this optional cover is applicable to the insured only till the completion of continuous coverage of maximum 24 months under this policy.

**2.3.9 Optional Cover 9: Smart Flexi Care**

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to make payment for Medical Expenses incurred in respect of below mentioned treatments under any admissible Claim under the Smart Hospi-Care Plus (Optional Benefit 3), limited to the amount opted against each defined treatment, as specified in Certificate of Insurance Sub-limit opted on any defined treatment cannot be greater than the Coverage Amount opted under Smart Hospi-Care Plus (Optional Benefit 3) and can be chosen in any combination from the below:

Treatment Set	Treatment
1	Cataract
2	Total Knee Replacement
3	Treatment for each and every Ailment / Procedure mentioned below: i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system
4	Treatment for each and every Ailment / Procedure mentioned below: i. Treatment of Cerebrovascular and Cardiovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders iv. Treatment for breakage of bones

**2.3.10 Optional Cover 10: Sub-limits on Hospitalization Expenses**

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the

Company's maximum liability to make payment for Medical Expenses incurred under any admissible Claim under the Smart Hospi-Care Plus (Optional Benefit 3) shall be limited to the amount opted and as defined below:

i) Sub-limits on Surgeries: The Company's maximum liability to make payment for Medical Expenses in respect of Hospitalization due to Surgeries and Hospitalization other than due to Surgeries under the Smart Hospi-Care Plus (Optional Benefit 3) shall be limited to amount opted, as specified in Certificate of Insurance

ii) Sub-limits on Accidents: The Company's maximum liability to make payment for Medical Expenses in respect of Accidental and Non-Accidental Hospitalization under the Smart Hospi-Care Plus (Optional Benefit 3) shall be limited to amount opted, as specified in Certificate of Insurance

**Note:** Only one of the above mentioned options either (i) or (ii) can be opted but not in any combination

**2.3.11 Optional Cover 11: Co-payment**

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Insured Member will bear a Co-payment, as specified in the Certificate of Insurance, in accordance with Clause 5.5 and Company's liability shall be restricted to the balance amount payable. The Co-payment shall be applicable to each and every admissible claim for each Insured Member as defined in the Policy under the Smart Hospi-Care Plus (Optional Benefit 3).

**2.3.12 Optional Cover 12: Smart Select**

If this Optional Cover is opted, then Insured Member is entitled for a discount of 15% on the 'Smart Hospi-Care Plus (Optional Benefit 3)' Premium payable, subject to following conditions:

(i) If the Insured Member takes Medical Treatment in hospitals other than those listed in Annexure – IV to the Policy Terms and Conditions, then the Insured Member shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.

(ii) However, no such additional co-payment shall be applicable if treatment is availed in the hospitals listed in Annexure IV to the Policy Terms and Conditions.

**Note:** For an updated list of Hospitals mentioned under Annexure – IV to the Policy Terms

and Conditions, the Insured Member should refer to the Company's Website.

### 2.3.13 Optional Cover I3: OPD Care

The Company will indemnify the Insured Member, only through Reimbursement Facility, for availing Out-Patient consultations, Diagnostic Examinations and Pharmacy expenses, up to the amount specified against this Optional Cover in the Certificate of Insurance, during the Cover Year, subject to the following conditions:

- Coverage for Optional Cover 'OPD Care' is provided for entire Cover Year and is available to:
  - All Insured members if covered on individual policy basis.
  - All Insured members subject to 2 Adults in a policy if covered on floater policy basis (1A + 1C/1A + 2C/1A + 3C/1A + 4C/2A/2A + 1C/2A + 2C/2A + 3C/2A + 4C)
- All the valid OPD claim expenses incurred by the Insured Member in a Cover Year will be payable / reimbursed by the Company. However, claim can be filed with the Company, only twice during that Cover Year, as and when that Insured Member may deem fit.

### 2.3.14 Optional Cover I4: Everyday Care

- a) The Company will provide the following Everyday Care Services (the "Services") through Cashless facility to the Insured Member during the Cover Year, under this Optional Cover subject to Coverage amount of Rs. 2 Lacs or higher is chosen.
- b) Coverage for Optional Cover 'Everyday Care' is provided for entire Cover Year and is available to:
  - All Insured members if covered on individual policy basis.
  - All Insured members subject to 2 Adults in a policy if covered on floater policy basis (1A + 1C/1A + 2C/1A + 3C/1A + 4C/2A/2A + 1C/2A + 2C/2A + 3C/2A + 4C)

#### (i) Out-Patient consultations:

The Insured Member may avail out-patient treatment at any of the Company's Network Provider or other Empanelled Provider which is payable up to 1% of 'Smart Hospi-Care Plus (Optional Benefit 3)' Coverage Amount as specified in the Certificate of Insurance. For the purpose of this Benefit, a Co-payment of 20% per consultation is

applicable and no other co-payment mentioned as per Clause 2 (xxiv) or elsewhere in the Policy is applicable.

#### (ii) Diagnostic Examinations:

The Insured Member may avail Diagnostic Examination facilities anywhere within the Company's Network Provider or other Empanelled Provider which is payable up to 1% of 'Smart Hospi-Care Plus (Optional Benefit 3)' Coverage Amount as specified in the Certificate of Insurance, as prescribed by a Medical Practitioner. For the purpose of this Benefit, a Co-payment of 20% per Diagnostic Examination is applicable and no other co-payment mentioned as per Clause 2 (xxiv) or elsewhere in the Policy is applicable.

#### (iii) Health Care Services which include only the following:

- a) **Doctor Anytime /Free Health Helpline:** The Insured Member may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting the Company on the helpline details specified on the Company's website;
- b) **Health Portal:** The Insured Member may access health related information and services available through the Company's website;
- c) **Health & Wellness Offers:** The Insured Member may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Providers (which are listed on the Company's website).

### 2.3.15 Optional Cover I5: No Claims Bonus

At the end of each Cover Year, the Company will enhance the Coverage Amount under Smart Hospi-Care Plus (Optional Benefit 3) by 10% flat, on a cumulative basis, as a No Claims Bonus for each completed and continuous Cover Year, provided that no Claim has been paid by the Company in the expiring Cover Year, and subject to the conditions specified below:

- i. In any Cover Year, the accrued No Claims Bonus shall not exceed 50% of the Coverage Amount available in the renewed Policy.
- ii. The No Claims Bonus shall not enhance or be deemed to enhance any Conditions as prescribed under Clause 2.3(d).
- iii. For a Floater policy, the No Claims Bonus shall be available on Floater basis and shall accrue only if no Claim has been made in respect of any Insured Member during the expiring Cover Year. The No Claims Bonus which is accrued during the claim-free Cover Year will only be

- available to those Insured Members who were insured in such claim-free Cover Year and continue to be insured in the subsequent Cover Year.
- iv. The entire No Claims Bonus will be forfeited if the Policy is not continued / renewed on or before Cover End Date or the expiry of the Grace Period whichever is later.
  - v. The No Claims Bonus shall be applicable on an annual basis subject to continuation of the Policy.
  - vi. If the Insured Members in the expiring policy are covered on Individual basis and thus have accumulated the No Claims Bonus for each Insured Member in the expiring policy, and such expiring policy is renewed with the Company on a Floater basis, then the No Claims Bonus to be carried forward for credit in this Policy would be the least No Claims Bonus amongst all the Insured Members.
  - vii. If the Insured Members in the expiring policy are covered on a Floater basis and such Insured Members renew their expiring Policy with the Company by splitting the Floater Coverage Amount in to 2 (two) or more Floater / Individual covers, then the No Claims Bonus of the expiring Policy shall be apportioned to such renewed Policy in the proportion of the Coverage Amount of each of the renewed Policy.
  - viii. This clause does not alter the Company's right to decline renewal or cancellation of the Policy for reasons as specified in Clause 6.1 (Disclosure to Information Norm)
  - ix. In the event of a Claim occurring during any Cover Year, the accrued No Claims Bonus will be reduced by 10% of the Coverage Amount at the commencement of next Cover Year, but in no case shall the Total Coverage Amount be reduced than the Coverage Amount. Further, if Claim has been reported in expiring Cover year but No Claims Bonus has been made available by the Company in the next Cover Year and if such Claim is ultimately paid in the next Cover Year, the No Claims Bonus which is made available for that Cover Year will be retrieved
  - x. In case Coverage Amount under the Policy is reduced at the time of renewal, the applicable No Claims Bonus shall also be reduced in proportion to the Coverage Amount.
  - xi. In case Coverage Amount under the Policy is increased at the time of renewal, the No Claims Bonus shall be calculated on the Coverage

Amount applicable on the last completed Cover Year:

- xii. Accrued 'No Claims Bonus' under this Policy can be utilized for Optional Benefit 3 (Smart Hospi-Care Plus) and its Optional Covers namely Optional Cover 1 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Optional Cover 3 (Maternity Expenses), Optional Cover 4 (Organ Donor Cover), Optional Cover 9 (Smart Flexi Care) if opted for.
- xiii. In case no claim is made in a particular Cover Year, No Claims Bonus would be credited automatically to the subsequent Cover year, even in case of multi-year Policies
- xiv. All conditions applicable to Smart Hospi-Care Plus (Optional Benefit 3) will be applicable for this Optional Cover

### 2.3.16 Optional Cover 16: Annual Health Check-up

- (i) On the Policyholder's / Insured Member's request, through Cashless Facility, the Company will arrange for the Insured Member's Annual Health Check-up for the list of medical tests specified below at its Network Provider or other Service Providers specifically empanelled with the Company to provide the services, in India, as specified against this Optional Cover in the Certificate of Insurance, subject to the conditions specified below:
  - a) This Benefit shall be available only once during a Cover Year per Insured Member; and
  - b) This benefit does not reduce the Coverage Amount.
- (ii) Medical Tests covered under Annual Health Check-up, applicable for Insured Members who are of Age 18 years or above on the Cover Start Date, are as follows:

Set No.	List of Medical Tests covered as a part of Annual Health Check-up
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test

- (iii) Medical Tests covered under Annual Health Check-up, applicable for Insured Members who are of Age below 18 years on the Cover Start Date, are as follows:-



**List of Medical Tests covered as a part of Annual Health Check-up**

Physical Examination (Height, Weight and Body Mass Index (BMI)), Eye Examination, Dental Examination and Scoring, Growth Charting, Doctor Consultation, Urine Examination (Routine and Microscopic)

**2.4. OPTIONAL BENEFIT 4 : SMART HOSPI-CASH**

The Company will pay a fixed amount, as specified against this Optional Benefit in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalization of an Insured Member, subject to the conditions specified below:

- (i) The Company shall not be liable to make payment under this Optional Benefit for initial 1 day of hospitalization
- (ii) The Company is liable to make payment under this Optional Benefit up to a maximum defined number of days (as specified in the Certificate of Insurance) in a Cover Year.
- (iii) This Benefit is valid only during the Cover Year and only for Medically Necessary In-patient Hospitalization of that Insured Member.

**2.4.1 Optional Cover 1: 'Deductible' Modification**

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to modify the deductible of 1 day proposed against 'Optional Benefit 4: Smart Hospi-Cash Benefit' (defined in Clause 2.4(i)) to the deductible as specified in the Certificate of Insurance.

**2.4.2 Optional Cover 2: 'Pre-Existing Diseases' Modification**

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to modify the Wait Period of 48 months for 'Pre-existing diseases' (defined in Clause 4.2©) to the Wait Period as specified against this Optional Cover in the Certificate of Insurance

**2.4.3 Optional Cover 3: 'Named Ailments' Modification**

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Company agrees to modify the Wait Period of 24 months for 'Specific Wait Period for Named Ailments' (defined in Clause 4.2(b)) to the Wait Period as specified against this Optional Cover in the Certificate of Insurance

**2.4.4 Optional Cover 4: Maternity Benefit**

The Company will pay a specified amount per day to an Insured Member as specified against this Optional Cover in the Certificate of Insurance, for the

Maternity Expenses incurred in respect of the Hospitalization of that Insured Member, for the delivery of the child, subject to the following conditions:

- i. This Optional Cover is available for all Insured Members of age 18 years or above.
- ii. Coverage is available only if the delivery occurs after the completion of the wait period (specified in Certificate of Insurance) where Wait period will apply once the Insured Member attains age 18 years or above
- iii. Claims under this Optional Cover will be admissible only after the completion of applicable Maternity Wait Period, as specified in the Certificate of Insurance; and
- iv. Only first 2 deliveries per an Insured Member's lifetime will be admissible under one Policy; and
- v. The company shall be liable to make payment in respect of any hospitalization arising due to lawful medical termination of pregnancy during the policy period, as per MTP Act, 1971 (amended) and other applicable laws and rules.
- vi. Payment under this benefit is not admissible in case the Insured Member's age is greater than 40 years; and
- vii. Clause 4.3 (a) (4) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

**2.4.5 Optional Cover 5: ICU Cash Benefit**

Under this Optional Cover, the Company will pay twice the amount opted under Smart Hospi-Cash (Optional Benefit 4) or Rs.50,000, whichever is lower as specified in the Certificate of Insurance, for each continuous and completed period of 24 hours of Intensive Care Unit (ICU) Stay during Hospitalization of an Insured Member, subject to the conditions specified below:

- i. The Company shall not be liable to make payment under this Optional Cover for a specified number of days (deductible) which will be same as opted under Smart Hospi-Cash (Optional Benefit 4); for each period of ICU Stay during Hospitalization arising from Any One Illness or Injury; and
- ii. The Company is liable to make payment under this Optional Benefit up to a maximum defined number of days (as specified in the Certificate of Insurance) in a Cover Year)
- iii. This Optional Cover is valid only during the Cover Year and only for Medically Necessary ICU Stay during Hospitalization of that Insured Member.

### 3. Optional Covers available for Multiple Optional Benefits

#### 1. Optional Cover A: Flexible Recovery Benefit

- (a) If the Insured Member undergoes Medically Necessary Hospitalization, during the Cover Year, then Company will pay the amount specified against this Optional Cover in the Certificate of Insurance, for every completed period (which has defined number of days, as specified in the Certificate of Insurance) of hospitalization for each Claim provided that:
  - (i) The Company shall be liable to make payment under this benefit for any Claim in respect of the Insured Member only when the Deductible on that Claim is exhausted.
  - (ii) This Benefit will be payable for a maximum of 2 times in a Cover Year (for different injury causing events leading to Hospitalization) and maximum 3 payments per hospitalization.
  - (iii) Period of Hospitalization can be opted from either 1/2/3/4/5 days.
- (b) This Optional Cover can be chosen with only one of the following Optional benefits:
  - (i) Smart Criti-Care (Optional Benefit 1) or
  - (ii) Smart Acci-Care (Optional Benefit 2) or
  - (iii) Smart Hospi-Care Plus (Optional Benefit 3) or
  - (iv) Smart Hospi-Cash (Optional Benefit 4)
- (c) If this Optional Cover is opted with Smart Acci-Care (Optional Benefit 2), then Coverage under this Optional Cover is provided only in case of Accidental Hospitalization

#### 2. Optional Cover B: Child Education

If a Claim for any Insured Event under Smart Criti-Care (Optional Benefit 1) or Accidental Death (Optional Benefit 2 (I)) or Permanent Total Disablement (Optional Benefit 2 (ii)) of the Policy has been admitted, then in addition to any amount payable under that Optional Benefit, the Company will pay the amount specified in the Certificate of Insurance against this Optional Cover, for the education of the Insured Member's child subject to following conditions:

- (a) This Optional Cover can be chosen only with the following Optional benefits:
  - (i) Smart Criti-Care (Optional Benefit 1) and / or
  - (ii) Smart Acci-Care (Optional Benefit 2)
- (b) A valid document establishing the Age of child and relationship between the child and the Insured

Member is submitted.

- (c) For the purpose of this Optional Cover, "Child" means a child (natural or legally adopted), who is:
  - (i) Financially dependent on the Insured Member;
  - (ii) Does not have his independent sources of income; and
  - (iii) Has not attained 25 years of Age at Cover Start date

#### 3. Optional Cover C: Loss of Employment

##### (a) This Optional Cover can be chosen with only one of the following Optional benefits:

- (i) Smart Criti-Care (Optional Benefit 1) or
- (ii) Smart Acci-Care (Optional Benefit 2)

##### (b) Claim under this Optional Cover is available only on:

- (i) Admission of claim under Optional Benefit 1: Smart Criti Care or Optional Benefit 2.(ii): Permanent Total Disablement or Optional Benefit 2.(iii): Permanent Partial Disablement; and
- (ii) Termination of Insured Member from his full time employment which results into no salary pay -out(part/full) is a prerequisite for admissibility of claim under this Optional Benefit

Based on above two conditions fulfilled, the Company will pay a fixed amount maximum upto 6 times of EMI, as specified in the Certificate of Insurance with in a Cover Year.

##### (c) Exclusions Applicable to Optional Cover C:

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of: a) Self-employed persons; b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer; c) Any voluntary unemployment; d) Unemployment at the time of inception of the Cover Year or arising within the first 90 days of

- inception of the Cover Year:
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
  4. Any suspension from employment on account of any pending enquiry being conducted by the employer/Public Authority
  5. Any unemployment due to resignation, retirement whether voluntary or otherwise
  6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

#### 4. **Optional Cover D: Accidental Hospitalization Cash**

- (a) If an Insured Member undergoes Medically Necessary In-Patient Hospitalization, due to an Injury which is suffered during the Cover Year, the Company will pay the amount specified against this Optional Cover in the Certificate of Insurance, for each continuous and completed period of 24 hours of such Hospitalization of the Insured Member, provided that:
  - (i) The amount assessed by the Company on each admitted Claim for the Insured Member under this Optional Cover shall be reduced by a Deductible on number of days as specified in the Certificate of Insurance. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured Member only when the Deductible on that Claim is exhausted.
  - (ii) The Company is liable to make payment under this Optional Cover maximum up to 90 days in a Cover Year.
- (b) This Optional Cover can be chosen with only one of the following Optional benefits:
  - (i) Smart Acci-Care (Optional Benefit 2) or
  - (ii) Smart Hospi-Cash (Optional Benefit 4)
- (c) If this Optional Cover is opted with Smart Hospi-Cash (Optional Benefit 4), and if claim triggers under this Optional Cover, then claim is admissible only under this 'Accidental Hospitalization Cash (Optional Cover D)' and not under Smart Hospi-Cash (Optional Benefit 4)

## 4. **EXCLUSIONS**

### 4.1. **Wait Period** (applicable to Smart Criti-Care (Optional Benefit 1) and its Optional Covers):

#### a. **90-Day Initial wait period**

- (i) The Company shall not be liable to make any payment under Optional Benefit 1 and its Optional Covers in respect of any Insured Event whose signs or symptoms first occur within 90 days of the Cover Start Date.
- (ii) This exclusion shall not apply for subsequent Cover Years provided that there is no break in insurance cover for that Insured Member and that the Policy has been renewed with the Company for that Insured Member within the Grace Period and for the same or lower Coverage Amount.

### 4.2. **Wait Periods** (applicable to Smart Hospi-Care Plus (Optional Benefit 3), Smart Hospi-Cash (Optional Benefit 4) and its Optional Covers):

#### a. **Initial wait period Code- Excl03**

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

#### b. **Specific Wait Period for Named Ailments Code- Excl02:**

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

- vi. List of specific diseases/procedures:
    1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders (unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
    2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
    3. Benign Prostatic Hypertrophy
    4. Cataract
    5. Dilatation and Curettage
    6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
    7. Surgery of Genito-urinary system unless necessitated by malignancy
    8. All types of Hernia & Hydrocele
    9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
    10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
    11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
    12. Myomectomy for fibroids
    13. Varicose veins and varicose ulcers
    14. Genetic disorders.
  - c. **Pre-Existing Diseases: Code- Excl01**
    - i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
    - ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
    - iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
  - iv. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
  - d. The Wait Periods as defined in Clauses 4.2(a), 4.2(b) and 4.2(c) shall be applicable individually for each Insured Member and Claims shall be assessed accordingly.
  - e. If Coverage for Benefits or Optional Covers is added afresh at the time of renewal of this Policy, the Wait Periods as defined above in Clauses 4.2(a), 4.2(b) and 4.2(c) shall be applicable afresh to the newly added Benefits or Optional Covers, from the time of such renewal
- 4.3. Permanent Exclusions:**
- Any Claim in respect of any Insured Member for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions.
- a) **The following list of permanent exclusions is applicable to all the Optional Benefits and Optional Covers:**
    1. **Excluded Providers: (Code- Excl I I)**

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

**Note:** Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.
    2. Treatments rendered by a Doctor who shares the same residence as an Insured Member or who is a member of an Insured Member's family,
    3. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.
    4. **Maternity: (Code Excl I 8)**
      - (i) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- 5. Sterility and Infertility: (Code- Excl I 7)**
- Expenses related to sterility and infertility. This includes:
- (i) Any type of contraception, sterilization
  - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
  - (iii) Gestational Surrogacy
  - (iv) Reversal of sterilization
6. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
7. Charges incurred (or Treatment undergone) in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
8. Unproven Treatments: (Code- Excl I 6)
- Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
9. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.3 (g)
10. Any expenses related to instruments used in treatment of sleep disorder or sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
11. Rest Cure, rehabilitation and respite care: (Code-Excl05)
- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
    - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
    - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
12. Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
13. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
14. Cosmetic or plastic Surgery: (Code- Excl08)
- Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner
15. Change-of-Gender treatments: (Code- Excl07)
- Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
16. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
17. All preventive care (except eligible and entitled for Optional Cover 16: Annual Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment),) and tonics.
18. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
19. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
20. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
21. Breach of law: (Code- Excl I 0)
- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
22. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.

23. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
- Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
  - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
  - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
24. Impairment of an Insured Member's intellectual faculties by abuse of stimulants or depressants, unless prescribed by a medical practitioner.
25. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
26. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
27. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
28. Hazardous or Adventure sports: (Code- Excl09)
- Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving
29. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
30. Remicade, Avastin or similar injectable treatment not part of In-patient care hospitalization or Day care treatment.
31. Investigation & Evaluation: (Code- Excl04)
- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
  - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
32. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
33. Obesity/ Weight Control: (Code- Excl06)
- Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
- Surgery to be conducted is upon the advice of the Doctor
  - The surgery/Procedure conducted should be supported by clinical protocols
  - The member has to be 18 years of age or older and
  - Body Mass Index (BMI);
    - greater than or equal to 40 or
    - greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
      - Obesity-related cardiomyopathy
      - Coronary heart disease
      - Severe Sleep Apnea
      - Uncontrolled Type2 Diabetes
34. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
35. Refractive Error: (Code- Excl15)
- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres
- b) Additional Exclusions applicable to any Claim under the Optional Benefit 2 'Smart Acci-Care':**
- Any Claim in respect of any Insured Member for, arising out of or directly or indirectly due to any of

the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

1. Any pre-existing injury or disability;
2. The Insured Member operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
3. The Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
4. Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanor;
5. The Insured Member engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
6. The Insured Member working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography;
7. Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport;
8. Any change of profession after inception of the Policy which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the Policy Schedule or Certificate of Insurance;
9. Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover Year;
10. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound);
11. As a result of any curative treatments or interventions that the Insured Member has carried out or have carried out on the Insured Member's body.

**Note** to 'Permanent Exclusions': In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

## 5. CLAIMS INTIMATION, ASSESSMENT AND MANAGEMENT

### 5.1 Claims Intimation

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, all of the following shall be undertaken:

- (i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Company's call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization benefits.

**Note:** 5.1 (i) and 5.1 (ii) are precedent to admission of liability under the policy.

- (iii) The following details are to be disclosed to the Company at the time of intimation of Claim:

1. Policy Number;
2. Name of the Primary Insured Member;
3. Name of the Insured Member in respect of whom the Claim is being made;
4. Nature of Illness or Injury or contingency for which Claim has been made and the Benefit under which the Claim is being made;
5. Name and address of the attending Medical Practitioner and Hospital, if applicable;
6. Date and place of Injury or Death and/or Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization, if applicable;
7. Any other necessary information, documentation or details requested by the Company.

- (iv) In case of an Emergency Hospitalization, the Company shall be notified either at the Company's call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Member's discharge from Hospital.

- (v) In case of an Planned Hospitalization, the Company shall be notified either at the Company's call center or in writing at least 48 hours prior to planned date of admission to Hospital

### 5.2 Claims Procedure

#### (a) Cashless Facility

The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the



Insured Member at a Network Provider. For this purpose, the Insured Member will be issued a "Health card" at the time of Policy purchase, which has to be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

- (i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available on the Company's Website or with the Network Provider, has to be duly filled and signed by the Insured Member and the treating Medical Practitioner, as applicable, which has to be submitted electronically by the Network Provider to the Company for approval. Only upon due approval from the Company, Cashless Facility can be availed at any Network Hospital.
- (ii) **Identification Documents:** The "Health card" provided by the Company under this Policy, along with one Valid Photo Identification Proof of the Insured Member are to be produced at the Network Provider; photocopies of which shall be forwarded to the Company for authentication purposes. Valid Photo Identification Proof documents which will be accepted by the Company are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by the Company.
- (iii) **Company's Approval:** The Company will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Member's Hospitalization.
- (iv) **Company's Authorization:**
  - a) If the request for availing Cashless Facility is authorized by the Company, then payment for the Medical Expenses incurred in respect of the Insured Member shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility.
  - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Member, if any, as applicable.
  - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request the Company for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. The Company will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) **Event of Discharge from Hospital:** All original bills

and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member and all other information and documentation specified under Clauses 5.1 and 5.3 shall be submitted by the Network Provider immediately and in any event before the Insured Member's discharge from Hospital.

- (vi) **Company's Rejection:** If the Company does not authorize the Cashless Facility due to insufficient Coverage Amount or insufficient information provided to the Company to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Member to the Network Provider; following which a Claim for reimbursement may be made to the Company which shall be considered subject to the Insured Member's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Member can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) **Network Provider related:** The Company may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Member may refer to the list of Network Providers available on the Company's website or at the call center.
- (viii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (ix) **Claims incurred outside India:** The Company's Assistance Service Provider should be intimated for availing 'International Second Opinion' (Optional Cover 5) under 'Smart Hospi-Care Plus' (Optional Benefit 3).
- (b) **Re-imbursment Facility**
  - (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or the Company specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 5.1 and Clause 5.3 shall be submitted to the Company at Insured Member's own expense, immediately and in any event within 30 days of Insured Member's discharge from Hospital.
  - (ii) The Company shall give an acknowledgement of

collected documents. However, in case of any delayed submission, the Company may examine and relax the time limits mentioned upon the merits of the case.

- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, the Company will pay the Insured Member. In the event of death of the Insured Member, the Company will pay the nominee (as named in the Certificate of Insurance) and in case of no nominee, to the legal heirs or legal representatives of the Insured Member whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) 'Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

### **5.3 Documents to be submitted for filing a valid Claim**

- a) **The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 5 in respect of all Claims:**
  - 1. Duly filled and signed Claim form by the Insured Member;
  - 2. Copy of Photo ID of Insured Member;
  - 3. Medical Practitioner's referral letter advising Hospitalization;
  - 4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
  - 5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
  - 6. Original bills from pharmacy/chemists;
  - 7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
  - 8. Operation Theatre Notes;
  - 9. Indoor case papers;
  - 10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
  - 11. Ambulance Receipt;
  - 12. MLC/FIR report, Post Mortem Report if

applicable and conducted;

- 13. Any other document as required by the Company to assess the Claim.

#### **Notes:**

- (i) The Company may give a waiver to one or few of the above mentioned documents depending upon the case.
- (ii) Additional documents as specified against any benefit shall be submitted to the company.
- (iii) The Company will accept bills/invoices which are made in the Insured Member's name only.
- (iv) The company may seek any other document as required to assess the Claim.
- (v) Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, the company will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

#### **b) Additional Claim documents for Smart Criti-Care (Optional Benefit 1)**

It is a condition precedent to the Company's liability under this Benefit that the following information and documentation shall be submitted to the Company immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- 1. Certificate from the attending Medical Practitioner of the Insured Member confirming that the Claim does not relate to any Pre-Existing Illness or any Illness or Injury which was diagnosed or existed within the first ninety (90) days of the Cover Start Date.
- 2. Original investigation test reports, indoor case papers and medical documents as specified under the respective Critical Illness, Covered Surgical Procedure or Covered Medical Event.
- 3. Certificate from Bank for outstanding amount of loan

#### **c) Additional Claim documents for Smart Acci-Care (Optional Benefit 2):**

It is a condition precedent to the Company's liability under these Benefits that the following information and documentation shall be submitted to the Company immediately and in any event within 30

days of the event giving rise to the Claim under these Benefits:

1. Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided, Admission and Death Summary, Accident Report
2. Original Death Certificate; if applicable
3. Disability Certificate issued by CMO (Chief Medical Officer) as appointed by the Hospital Authorities; if applicable
4. A newspaper cutting about accident (if available)
5. Certificate from Bank for outstanding amount of loan

#### **5.4 POLICYHOLDER'S OR INSURED MEMBER'S OR CLAIMANT'S DUTY AT THE TIME OF CLAIM**

It is agreed and understood that as a condition precedent for a Claim to be considered under this Policy:

- a. The Insured Member shall check the updated list of Network Provider before availing Cashless Facility
- b. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- c. Intimation of the claim, notification of the claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy and the specific procedures and timeframes specified under the Benefit under which the Claim is being made.
- d. The Insured Member will, at the request of the Company, submit himself / herself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- e. The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Member's medical and hospitalization records and to investigate the facts and examine the Insured Member.
- f. The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

#### **5.5 Claim Assessment**

- a. The Company shall scrutinize the Claim and

supportive documents, once received. In case of any deficiency, the Company may call for any additional documents or information as required, based on the circumstances of the Claim.

- b. All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
  - (i) If a Room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than the eligible limit as applicable for that Insured Member as specified in the Certificate of Insurance, then the Variable Medical Expenses payable shall be pro-rated as per the applicable limits as specified in the Certificate of Insurance.
  - (ii) If any sub-limits on Medical Expenses are applicable as specified in the Certificate of Insurance, the Company's liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
  - (iii) Co-payments and Deductibles, if any, shall be applicable on the amount payable by the Company after applying Clause 5.5.(b)(l), (ii).

- c. The Claim amount assessed in Clause 5.5 (b) above would be deducted from the following:
  - i) Coverage Amount of respective Optional Benefit or Optional Cover.
  - ii) No Claims Bonus (if applicable)
- d. All claims incurred in India are dealt by the Company directly

#### **5.6 Payment Terms**

- a. All admissible Claims under this Policy shall be assessed by the company. The Claim amount assessed would be deducted from the Coverage Amount of respective Optional Benefit or Optional Cover.
- b. The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Member during the Cover Year, once the applicable Coverage Amount under respective Optional Benefit or Optional Cover for that Insured Member is exhausted.
- c. All payments under this Policy shall be made in Indian Rupees and within India.
- d. For Reimbursement Claims, the Company will make payment to the Insured Member unless specified otherwise in the Certificate of Insurance. In the event of Primary Insured Member's death, the Company will make payment to the Nominee (as named in

Certificate of Insurance) and in case of no Nominee to the legal heir of the Primary Insured Member whose discharge shall be treated as full and final discharge of the Company's liability under the Policy.

- e. On payment of renewal premium, the Insured Member shall give written notice to the company of any disease, physical defect or infirmity or change in occupation or profession, with respect to the Insured Member.
- f. If the Insured Member suffers a relapse within 45 days from the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim.
- g. The Company shall settle any Claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such Claim and sought by the Company. The Company shall provide the Insured Member an offer of settlement of Claim and upon acceptance of such offer by the Insured Member the Company shall make payment within 7 days from the date of receipt of such acceptance. . However, if a claim warrants an investigation in the opinion of the Company, then the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- h. The Claim shall be paid only for the Cover Year in which the Insured event which gives rise to a Claim under this Policy occurs.

## **6. GENERAL TERMS AND CONDITIONS**

### **6.1 Disclosure to Information Norm**

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld, or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder, the Insured Member or any one acting on his or their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company on cancellation of the Policy. or the Company may adjust the scope of cover and/or the premium paid or payable, accordingly.

### **6.2 Observance of Terms and Conditions**

The due observance and fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Member, shall be condition precedent to the Company's liability under the Policy.

### **6.3 Material Change**

It is a condition precedent to the Company's liability under the Policy that the Policyholder/ Insured Member shall immediately notify the Company in writing of any material change in the risk on account of change in occupation or business of any Insured Member at his own expense. The Company may adjust the scope of cover and / or the premium paid or payable, accordingly.

### **6.4 Records to be maintained**

The Policyholder and Insured Member shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Member shall furnish such information as the Company may require under this Policy at any time during the Policy Period or Cover Year or until final adjustment (if any) and resolution of all Claims under this Policy.

### **6.5 No constructive Notice**

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Member which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

### **6.6 Complete Discharge**

Payment made by the Company to the Policyholder or Insured Member or the Nominee or the legal heir of the Insured Member, as the case may be, under the Policy shall in all cases be complete and construed as an effectual discharge in favor of the Company.

### **6.7 Multiple Policies**

- a. In case any Insured Member is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder/Insured Member shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the Coverage Amount of such Policy.
- b. In case the Claim amount under a single policy

exceeds the Coverage Amount, then Policyholder/Insured Member shall have the right to choose the companies with whom the Claim is to be settled. Further, policy holder or insured member shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms and conditions of chosen policy.

- c. This clause shall not apply to any Benefit offered on a fixed benefit basis.

#### **6.8 Free Look Period**

- a. The Policyholder/Insured Member may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- b. If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- c. Provision for Free look period is not applicable and available at the time of renewal of the Policy.

#### **6.9 Policy Disputes**

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

#### **6.10 Renewal Notice**

- a. The Coverage will automatically terminate on the Cover End Date. All renewal applications and requisite premium shall be given to the company on or before the Cover End Date provided the policy is in force and in any event before the expiry of the Grace Period. The Policyholder shall give the company written notice along with the renewal application of any material changes to the risk insured under the Policy. If no such written notice is received by the company along with the renewal application, it shall be deemed that there is no material change to the risk.

For the purpose of this provision, Grace Period means a period of 30 days immediately following the Cover End Date during which a payment can be made to renew this Policy without loss

of continuity benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period. This Clause is applicable at member level.

- b. The company will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation or non-co-operation by the Insured. This policy can be renewed subject to Master Policy renewability based on agreed terms.
- c. The Company may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable only post approval by the Authority and be effective from the date of launch of the revised product and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.
- d. Renewal shall be offered lifelong. The Insured Member shall be given an option to port this Policy into any other health insurance product of the Company and credit shall be given for number of years of continuous coverage under this Policy for the standard wait periods.
- e. This product may be withdrawn / modified by the company after due approval from the IRDAI. In case this product is withdrawn / modified by the company, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI subject to Underwriting. The company shall duly intimate Policyholder atleast three months prior to the date of such withdrawal / modification of this product and the options available to Insured Member at the time of renewal of this policy.
- f. No loading based on individual claim experience shall be applicable on renewal premium payable.

#### **6.11 Cancellation / Termination**

- a. The Company may at any time, cancel this Policy on grounds as specified in Clause 6.1 and the Company shall have no liability to make payment of any claims and the premium paid shall be forfeited to the Company and no refund of premium shall be effected by the company, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder or Insured Member at his last known address.
- b. The Policyholder may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy; in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy

at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received

Cancellation date from Cover Start Date	Policy Tenure – 1 Year	Policy Tenure – 2 Years	Policy Tenure – 3 Years	Policy Tenure – 4 Years	Policy Tenure – 5 Years
Upto 1 month	75.00%	86.50%	91.00%	93.00%	94.00%
1 month to 3 months	50.00%	73.00%	81.50%	86.00%	88.00%
3 months to 6 months	25.00%	60.00%	72.00%	79.00%	82.00%
6 months to 12 months	0.00%	50.00%	66.00%	73.00%	78.00%
12 months to 15 months	NA	25.00%	49.00%	60.00%	67.00%
15 months to 18 months	NA	12.50%	40.00%	54.00%	62.00%
18 months to 24 months	NA	0%	33.00%	48.00%	57.00%
24 months to 30 months	NA	NA	8.00%	29.00%	42.00%
30 months to 36 months	NA	NA	0%	18.00%	33.00%
36 months to 42 months	NA	NA	NA	10.00%	26.00%
42 months to 48 months	NA	NA	NA	0.00%	15.00%
48 months to 54 months	NA	NA	NA	NA	6.00%
Beyond 54 months	NA	NA	NA	NA	0.00%

- c. In case of demise of the Primary Insured Member,
- i. Where the Policy covers only the Primary Insured Member; this Policy shall stand null and void from the date and time of demise of the Primary Insured Member.
  - ii. Where the Policy covers other Insured Members, this Policy shall continue till the end of Cover Year for the other Insured Members. If the other Insured Members wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a Primary Insured Member provided that:
    - I. Written notice in this regard is given to the Company before the Cover End Date; and
    - II. A Person who satisfies the Company's criteria to become a Primary Insured Member. The criteria being:
      - (a) He / She should become a member of the Group against whom the Master policy is issued.
      - (b) He / She should satisfy the age limit criteria as mentioned in the product.
- d. The Primary Insured Member may also give 15 days' notice in writing, to the Company, for the cancellation of the Certificate of Insurance, in which case the Company shall from the date of receipt of the notice, cancel the Certificate of Insurance and refund the premium for the unexpired Cover Year on short period scales basis.

## 6.12 Limitation of liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder/Insured Member proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond its /his control.

## 6.13 Communication

- a. Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule / Certificate of Insurance. Any communication meant for the Policyholder or Insured Member will be sent by the Company to his last known address or the address as shown in the Policy Schedule / Certificate of Insurance.
- b. All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule / Certificate of Insurance. Agents are not authorized to receive notices and declarations on the Company's behalf.
- c. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

## 6.14 Alterations in the Policy

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

- 6.15 Out of all the details of the various benefits provided in the policy terms and conditions, only the details pertaining to benefits chosen by policy holder as per policy Schedule shall be consider relevant.

## 6.16 Electronic Transactions

The Policyholder and Insured Member agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms shall constitute legally binding and valid transactions when done in adherence

to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Any terms and conditions related to electronic transactions shall be within the approved Policy terms and conditions.

### **6.17 Portability and Migration**

The company will grant continuity of benefits which were available to the Insured Members under a group insurance policy in the immediately preceding Cover Year provided that:

- i. The company shall be liable to provide continuity of only those benefits ( for e.g; Initial wait period, wait period of Specific Diseases etc) which are applicable under the Policy;
- ii. The Insured Members to whom continuity benefits will be provided should be covered under the group insurance policy;
- iii. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by the company and the credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by the company. Application for this Policy is made within 45 days before, but not earlier than 60 days from the expiry of that group insurance policy
- iv. Insured Member can apply only at the time of renewal of the group Policy.

### **6.18 Nominee**

The Primary Insured Member can at the inception or at any time before the expiry of the Policy make the nomination for the purpose of payment of Claims.

Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement to the Policy is made by the company.

In case of any Insured Member other than the Primary Insured Member under the Policy, for the purpose of payment of Claims in the event of death, the default nominee would be the Primary Insured Member.

### **6.19 Obligation in respect to minor**

If an Insured Member is less than 18 years of age, the Primary Insured Member shall be responsible for ensuring compliance with all terms and conditions of this Policy on behalf of that Insured Member.

### **6.20 Grievances**

The Company has developed proper procedures and effective mechanism to address complaints by the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

- (a) If the Policyholder / Insured Member has a grievance that the Policyholder / Insured Member wishes the Company to redress, the Policyholder / Insured Member may contact the Company with the details of the grievance through:

Website: [www.careinsurance.com](http://www.careinsurance.com)

Email: [customerfirst@careinsurance.com](mailto:customerfirst@careinsurance.com)

Contact No.:1800-102-6655, 1800-102-4488

Courier: Any of Our Branch Office or corporate office

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

Exclusively for Senior Citizens, the Company has a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast track internal escalations leading to lesser Turn-Around-Time (TAT) for request / grievance addressal

- (b) If the Policyholder / Insured Member is not satisfied with the Company's redressal of the Policyholder's / Insured Member's grievance through one of the above methods, the Policyholder / Insured Member may contact the Company's Head of Customer Service at:

Head – Customer Services,

Care Health Insurance Limited,

(Formerly known as Religare Health Insurance Company Limited)

Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)

<https://www.careinsurance.com/customer-grievance-redressal.html>

- (c) If the Policyholder / Insured Member is not satisfied with the Company's redressal of the Policyholder's / Insured Member's grievance through one of the above methods, the Policyholder / Insured Member may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsmen offices are mentioned on next page:



Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi–110 002. Tel.: 011 - 23232481 / 23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr: Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	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	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratappur, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Orayya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg, 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDA: [www.irda.gov.in](http://www.irda.gov.in), on the website of General Insurance Council: [www.gicouncil.org.in](http://www.gicouncil.org.in), on the Company's website [www.careinsurance.com](http://www.careinsurance.com) or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council -

Office of the 'Governing Body of Insurance Council'

Secretary General/Secretary,  
3rd Floor, Jeevan Seva Annexe,  
S.V. Road, Santacruz(W),  
Mumbai - 400 054.  
Tel: 022-26106245/889/671  
Fax: 022-26106949  
Email - [inscoun@gbic.co.in](mailto:inscoun@gbic.co.in)

## Annexure I - List of Day Care Surgeries

### 1. Cardiology Related:

1. CORONARY ANGIOGRAPHY

### 2. 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

### 3. 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

### 4. ENT Related:

13. MYRINGOTOMY WITH GROMMET INSERTION
14. TYMPANOPLASTY (CLOSURE OF AN EAR DRUM 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 EAR DRUM 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 (POST-AURA/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

**5. Gastroenterology Related:**

71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/  
DUODENOSTOMY/GASTROSTOMY/  
EXPLORATION 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

OEESOPHAGUS

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

**6. 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, ETC.
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111. THERAPEUTIC LAPAROSCOPY WITH LASER
112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
113. INFECTED KELOID EXCISION
114. AXILLARY LYMPHADENECTOMY
115. WOUND DEBRIDEMENT AND COVER
116. ABSCESS-DECOMPRESSION
117. CERVICAL LYMPHADENECTOMY
118. INFECTED SEBACEOUS CYST
119. INGUINAL LYMPHADENECTOMY
120. INCISION AND DRAINAGE OF ABSCESS
121. SUTURING OF LACERATIONS
122. SCALP SUTURING
123. INFECTED LIPOMA EXCISION
124. MAXIMAL ANAL DILATATION
125. PILES
126. A) INJECTION SCLEROTHERAPY
127. B) PILES BANDING
128. LIVER ABSCESS- CATHETER DRAINAGE
129. FISSURE IN ANO- FISSURECTOMY
130. FIBROADENOMA BREAST EXCISION
131. OESOPHAGEAL VARICES SCLEROTHERAPY
132. ERCP - PANCREATIC DUCT STONE REMOVAL
133. PERIANAL ABSCESS I&D
134. PERIANAL HEMATOMA EVACUATION
135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136. BREAST ABSCESS I&D
137. FEEDING GASTROSTOMY
138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139. ERCP - BILE DUCT STONE REMOVAL
140. ILEOSTOMY CLOSURE
141. COLONOSCOPY
142. POLYPECTOMY COLON
143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
144. UGI SCOPY AND POLYPECTOMY STOMACH
145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146. FEEDING JEJUNOSTOMY
147. COLOSTOMY
148. ILEOSTOMY
149. COLOSTOMY CLOSURE
150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155. ZADEK'S NAIL BED EXCISION
156. SUBCUTANEOUS MASTECTOMY
157. EXCISION OF RANULA UNDER GA
158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159. EVERSION OF SAC
160. UNILATERAL
161. ILATERAL
162. LORD'S PPLICATION
163. JABOULAY'S PROCEDURE
164. SCROTOPLASTY
165. CIRCUMCISION FOR TRAUMA
166. MEATOPLASTY

- 167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
- 168. PSOAS ABSCESS INCISION AND DRAINAGE
- 169. THYROID ABSCESS INCISION AND DRAINAGE
- 170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
- 171. ESOPHAGEAL GROWTH STENT
- 172. PAIR PROCEDURE OF HYDATID CYST LIVER
- 173. TRUCUT LIVER BIOPSY
- 174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
- 175. EXCISION OF CERVICAL RIB
- 176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
- 177. MICRODOCHETOMY BREAST
- 178. SURGERY FOR FRACTURE PENIS
- 179. SENTINEL NODE BIOPSY
- 180. PARASTOMAL HERNIA
- 181. REVISION COLOSTOMY
- 182. PROLAPSED COLOSTOMY-CORRECTION
- 183. TESTICULAR BIOPSY
- 184. LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
- 185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
- 186. LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)

**7. Gynecology Related:**

- 187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
- 188. INCISION OF THE OVARY
- 189. INSUFFLATIONS OF THE FALLOPIAN TUBES
- 190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
- 191. DILATATION OF THE CERVICAL CANAL
- 192. CONISATION OF THE UTERINE CERVIX
- 193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY/
- 194. LASER THERAPY OF CERVIX FOR VARIOUS

- LESIONS OF UTERUS
- 195. OTHER OPERATIONS ON THE UTERINE CERVIX
- 196. INCISION OF THE UTERUS (HYSTERECTOMY)
- 197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
- 198. INCISION OF VAGINA
- 199. INCISION OF VULVA
- 200. CULDOTOMY
- 201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
- 202. ENDOSCOPIC POLYPECTOMY
- 203. HYSTEROSCOPIC REMOVAL OF MYOMA
- 204. D&C
- 205. HYSTEROSCOPIC RESECTION OF SEPTUM
- 206. THERMAL CAUTERISATION OF CERVIX
- 207. MIRENA INSERTION
- 208. HYSTEROSCOPIC ADHESIOLYSIS
- 209. LEEP
- 210. CRYOCAUTERISATION OF CERVIX
- 211. POLYPECTOMY ENDOMETRIUM
- 212. HYSTEROSCOPIC RESECTION OF FIBROID
- 213. LLETZ
- 214. CONIZATION
- 215. POLYPECTOMY CERVIX
- 216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
- 217. VULVAL WART EXCISION
- 218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
- 219. UTERINE ARTERY EMBOLIZATION
- 220. LAPAROSCOPIC CYSTECTOMY
- 221. HYMENECTOMY (IMPERFORATE HYMEN)
- 222. ENDOMETRIAL ABLATION
- 223. VAGINAL WALL CYST EXCISION
- 224. VULVAL CYST EXCISION
- 225. LAPAROSCOPIC PARATUBAL CYST

- EXCISION
- 226. REPAIR OF VAGINA (VAGINAL ATRESIA)
  - 227. HYSTEROSCOPY, REMOVAL OF MYOMA
  - 228. TURBT
  - 229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
  - 230. VAGINAL MESH FOR POP
  - 231. LAPAROSCOPIC MYOMECTOMY
  - 232. SURGERY FOR SUI
  - 233. REPAIR RECTO- VAGINA FISTULA
  - 234. PELVIC FLOOR REPAIR( EXCLUDING FISTULA REPAIR)
  - 235. URS + LL
  - 236. LAPAROSCOPIC OOPHORECTOMY
  - 237. NORMAL VAGINAL DELIVERY AND VARIANTS

**8. Neurology Related:**

- 238. FACIAL NERVE PHYSIOTHERAPY
- 239. NERVE BIOPSY
- 240. MUSCLE BIOPSY
- 241. EPIDURAL STEROID INJECTION
- 242. GLYCEROL RHIZOTOMY
- 243. SPINAL CORD STIMULATION
- 244. MOTOR CORTEX STIMULATION
- 245. STEREOTACTIC RADIOSURGERY
- 246. PERCUTANEOUS CORDOTOMY
- 247. INTRATHECAL BACLOFEN THERAPY
- 248. ENTRAPMENT NEUROPATHY RELEASE
- 249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
- 250. VP SHUNT
- 251. VENTRICULOATRIAL SHUNT

**9. Oncology Related:**

- 252. RADIOTHERAPY FOR CANCER
- 253. CANCER CHEMOTHERAPY
- 254. IV PUSH CHEMOTHERAPY
- 255. HBI-HEMIBODY RADIOTHERAPY
- 256. INFUSIONAL TARGETED THERAPY
- 257. SRT-STEREOTACTIC ARC THERAPY

- 258. SC ADMINISTRATION OF GROWTH FACTORS
- 259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
- 260. INFUSIONAL CHEMOTHERAPY
- 261. CCRT-CONCURRENT CHEMO + RT
- 262. 2DRADIOTHERAPY
- 263. 3D CONFORMAL RADIOTHERAPY
- 264. IGRT- IMAGE GUIDED RADIOTHERAPY
- 265. IMRT-STEP & SHOOT
- 266. INFUSIONAL BISPSPHONATES
- 267. IMRT-DMLC
- 268. ROTATIONAL ARC THERAPY
- 269. TELE GAMMA THERAPY
- 270. FSRT-FRACTIONATED SRT
- 271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
- 272. SBRT-STEREOTACTIC BODY RADIO THERAPY
- 273. HELICAL TOMOTHERAPY
- 274. SRS-STEREOTACTIC RADIOSURGERY
- 275. X-KNIFE SRS
- 276. GAMMA KNIFE SRS
- 277. TBI- TOTAL BODY RADIOTHERAPY
- 278. INTRALUMINAL BRACHYTHERAPY
- 279. ELECTRON THERAPY
- 280. TSET-TOTAL ELECTRON SKIN THERAPY
- 281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
- 282. TELECOBALT THERAPY
- 283. TELECESIUM THERAPY
- 284. EXTERNAL MOULD BRACHYTHERAPY
- 285. INTERSTITIAL BRACHYTHERAPY
- 286. INTRACAVITY BRACHYTHERAPY
- 287. 3D BRACHYTHERAPY
- 288. IMPLANT BRACHYTHERAPY
- 289. INTRAVESICAL BRACHYTHERAPY
- 290. ADJUVANT RADIOTHERAPY
- 291. AFTER LOADING CATHETER



BRACHYTHERAPY

- 292. CONDITIONING RADIOTHERAPY FOR BMT
- 293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
- 294. RADICAL CHEMOTHERAPY
- 295. NEOADJUVANT RADIOTHERAPY
- 296. LDR BRACHYTHERAPY
- 297. PALLIATIVE RADIOTHERAPY
- 298. RADICAL RADIOTHERAPY
- 299. PALLIATIVE CHEMOTHERAPY
- 300. TEMPLATE BRACHYTHERAPY
- 301. NEOADJUVANT CHEMOTHERAPY
- 302. ADJUVANT CHEMOTHERAPY
- 303. INDUCTION CHEMOTHERAPY
- 304. CONSOLIDATION CHEMOTHERAPY
- 305. MAINTENANCE CHEMOTHERAPY
- 306. HDR BRACHYTHERAPY

**10. Operations on the salivary glands & salivary ducts:**

- 307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
- 308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
- 309. RESECTION OF A SALIVARY GLAND
- 310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
- 311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

**11. Operations on the skin & subcutaneous tissues:**

- 312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND

SUBCUTANEOUS TISSUES

- 317. FREE SKIN TRANSPLANTATION, DONOR SITE
- 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
- 319. REVISION OF SKIN PLASTY
- 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
- 321. CHEMOSURGERY TO THE SKIN.
- 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
- 323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
- 324. EXCISION OF BURSITIS
- 325. TENNIS ELBOW RELEASE

**12. Operations on the Tongue:**

- 326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
- 327. PARTIAL GLOSSECTOMY
- 328. GLOSSECTOMY
- 329. RECONSTRUCTION OF THE TONGUE
- 330. OTHER OPERATIONS ON THE TONGUE

**13. Ophthalmology Related:**

- 331. SURGERY FOR CATARACT
- 332. INCISION OF TEAR GLANDS
- 333. OTHER OPERATIONS ON THE TEAR DUCTS
- 334. INCISION OF DISEASED EYELIDS
- 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
- 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
- 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
- 338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
- 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
- 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
- 341. INCISION OF THE CORNEA

- 342. OPERATIONS FOR PTERYGIUM
- 343. OTHER OPERATIONS ON THE CORNEA
- 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
- 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
- 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
- 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
- 348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
- 349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
- 350. ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY/CYCLOCRYOTHERAPY/ GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
- 351. ENUCLEATION OF EYE WITHOUT IMPLANT
- 352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
- 353. LASER PHOTOCOAGULATION TO TREAT RATIONAL TEAR
- 354. BIOPSY OF TEAR GLAND
- 355. TREATMENT OF RETINAL LESION

**14. Orthopedics Related:**

- 356. SURGERY FOR MENISCUS TEAR
- 357. INCISION ON BONE, SEPTIC AND ASEPTIC
- 358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
- 359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
- 360. REDUCTION OF DISLOCATION UNDER GA
- 361. ARTHROSCOPIC KNEE ASPIRATION
- 362. SURGERY FOR LIGAMENT TEAR
- 363. S U R G E R Y F O R HEMOARTHROSIS/PYOARTHROSIS
- 364. REMOVAL OF FRACTURE PINS/NAILS
- 365. REMOVAL OF METAL WIRE
- 366. CLOSED REDUCTION ON FRACTURE,

- LUXATION
- 367. REDUCTION OF DISLOCATION UNDER GA
- 368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
- 369. EXCISION OF VARIOUS LESIONS IN COCCYX
- 370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
- 371. CLOSED REDUCTION OF MINOR FRACTURES
- 372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
- 373. TENDON SHORTENING
- 374. ARTHROSCOPIC MENISCECTOMY - KNEE
- 375. TREATMENT OF CLAVICLE DISLOCATION
- 376. HAEMARTHROSIS KNEE- LAVAGE
- 377. ABSCESS KNEE JOINT DRAINAGE
- 378. CARPAL TUNNEL RELEASE
- 379. CLOSED REDUCTION OF MINOR DISLOCATION
- 380. REPAIR OF KNEE CAPTENDON
- 381. ORIF WITH K WIRE FIXATION- SMALL BONES
- 382. RELEASE OF MIDFOOT JOINT
- 383. ORIF WITH PLATING- SMALL LONG BONES
- 384. IMPLANT REMOVAL MINOR
- 385. K WIRE REMOVAL
- 386. POP APPLICATION
- 387. CLOSED REDUCTION AND EXTERNAL FIXATION
- 388. ARTHROTOMY HIP JOINT
- 389. SYME'S AMPUTATION
- 390. ARTHROPLASTY
- 391. PARTIAL REMOVAL OF RIB
- 392. TREATMENT OF SESAMOID BONE FRACTURE
- 393. SHOULDER ARTHROSCOPY / SURGERY
- 394. ELBOW ARTHROSCOPY
- 395. AMPUTATION OF METACARPAL BONE
- 396. RELEASE OF THUMB CONTRACTURE
- 397. INCISION OF FOOT FASCIA
- 398. CALCANEUM SPUR HYDROCORT INJECTION

- 399. GANGLION WRIST HYALASE INJECTION
- 400. PARTIAL REMOVAL OF METATARSAL
- 401. REPAIR/ GRAFT OF FOOT TENDON
- 402. REVISION/REMOVAL OF KNEE CAP
- 403. AMPUTATION FOLLOW-UP SURGERY
- 404. EXPLORATION OF ANKLE JOINT
- 405. REMOVE/GRAFT LEG BONE LESION
- 406. REPAIR/GRAFT ACHILLES TENDON
- 407. REMOVE OF TISSUE EXPANDER
- 408. BIOPSY ELBOW JOINT LINING
- 409. REMOVAL OF WRIST PROSTHESIS
- 410. BIOPSY FINGER JOINT LINING
- 411. TENDON LENGTHENING
- 412. TREATMENT OF SHOULDER DISLOCATION
- 413. LENGTHENING OF HAND TENDON
- 414. REMOVAL OF ELBOW BURSA
- 415. FIXATION OF KNEE JOINT
- 416. TREATMENT OF FOOT DISLOCATION
- 417. SURGERY OF BUNION
- 418. INTRA ARTICULAR STEROID INJECTION
- 419. TENDON TRANSFER PROCEDURE
- 420. REMOVAL OF KNEE CAP BURSA
- 421. TREATMENT OF FRACTURE OF ULNA
- 422. TREATMENT OF SCAPULA FRACTURE
- 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
- 424. REPAIR OF RUPTURED TENDON
- 425. DECOMPRESS FOREARM SPACE
- 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
- 427. LENGTHENING OF THIGH TENDONS
- 428. TREATMENT FRACTURE OF RADIUS & ULNA
- 429. REPAIR OF KNEE JOINT

**15. Other operations on the mouth & face:**

- 430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
- 431. INCISION OF THE HARD AND SOFT PALATE

- 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
- 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
- 434. OTHER OPERATIONS IN THE MOUTH

**16. Pediatric surgery Related:**

- 435. EXCISION OF FISTULA-IN-ANO
- 436. EXCISION JUVENILE POLYPS RECTUM
- 437. VAGINOPLASTY
- 438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
- 439. PRESACRAL TERATOMAS EXCISION
- 440. REMOVAL OF VESICAL STONE
- 441. EXCISION SIGMOID POLYP
- 442. STERNOMASTOID TENOTOMY
- 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
- 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
- 445. MEDIASTINAL LYMPH NODE BIOPSY
- 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
- 447. EXCISION OF CERVICAL TERATOMA
- 448. RECTAL-MYOMECTOMY
- 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
- 450. DETORSION OF TORSION TESTIS
- 451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
- 452. CYSTIC HYGROMA - INJECTION TREATMENT

**17. Plastic Surgery Related:**

- 453. CONSTRUCTION SKIN PEDICLE FLAP
- 454. GLUTEAL PRESSURE ULCER-EXCISION
- 455. MUSCLE-SKIN GRAFT, LEG
- 456. REMOVAL OF BONE FOR GRAFT
- 457. MUSCLE-SKIN GRAFT DUCT FISTULA
- 458. REMOVAL CARTILAGE GRAFT
- 459. MYOCUTANEOUS FLAP
- 460. FIBROMYOCUTANEOUS FLAP
- 461. BREAST RECONSTRUCTION SURGERY

- AFTER MASTECTOMY
- 462. SLING OPERATION FOR FACIAL PALSY
  - 463. SPLIT SKIN GRAFTING UNDER RA
  - 464. WOLFE SKIN GRAFT
  - 465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA

**18. Thoracic surgery Related:**

- 466. THORACOSCOPY AND LUNG BIOPSY
- 467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
- 468. LASER ABLATION OF BARRETT'S OESOPHAGUS
- 469. PLEURODESIS
- 470. THORACOSCOPY AND PLEURAL BIOPSY
- 471. EBUS + BIOPSY
- 472. THORACOSCOPY LIGATION THORACIC DUCT
- 473. THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE

**19. Urology Related:**

- 474. HAEMODIALYSIS
- 475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
- 476. EXCISION OF RENAL CYST
- 477. D R A I N A G E O F PYONEPHROSIS/PERINEPHRIC ABSCESS
- 478. INCISION OF THE PROSTATE
- 479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
- 481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 482. RADICAL PROSTATOVESICULECTOMY
- 483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 484. OPERATIONS ON THE SEMINAL VESICLES
- 485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
- 486. OTHER OPERATIONS ON THE PROSTATE
- 487. INCISION OF THE SCROTUM AND TUNICA

- VAGINALIS TESTIS
- 488. OPERATION ON A TESTICULAR HYDROCELE
- 489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
- 490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 491. INCISION OF THE TESTES
- 492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
- 493. UNILATERAL ORCHIDECTOMY
- 494. BILATERAL ORCHIDECTOMY
- 495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
- 496. RECONSTRUCTION OF THE TESTIS
- 497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
- 498. OTHER OPERATIONS ON THE TESTIS
- 499. EXCISION IN THE AREA OF THE EPIDIDYMIS
- 500. OPERATIONS ON THE FORESKIN
- 501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
- 502. AMPUTATION OF THE PENIS
- 503. OTHER OPERATIONS ON THE PENIS
- 504. CYSTOSCOPICAL REMOVAL OF STONES
- 505. CATHETERISATION OF BLADDER
- 506. LITHOTRIPSY
- 507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
- 508. EXTERNAL ARTERIO-VENOUS SHUNT
- 509. AV FISTULA - WRIST
- 510. URSL WITH STENTING
- 511. URSL WITH LITHOTRIPSY
- 512. CYSTOSCOPIC LITHOLAPAXY
- 513. ESWL
- 514. BLADDER NECK INCISION
- 515. CYSTOSCOPY & BIOPSY
- 516. CYSTOSCOPY AND REMOVAL OF POLYP
- 517. SUPRAPUBIC CYSTOSTOMY
- 518. PERCUTANEOUS NEPHROSTOMY

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

**Annexure II - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy**

Sr. No.	List - I - Optional Item	Sr. No.	List - I - Optional Item
1	Baby Food	47	Lumbo Sacral Belt
2	Baby Utilities Charges	48	Nimbus Bed Or Water Or Air Bed Charges
3	Beauty Services	49	Ambulance Collar
4	Belts/ Braces	50	Ambulance Equipment
5	Buds	51	Abdominal Binder
6	Cold Pack/hot Pack	52	Private Nurses Charges- Special Nursing Charges
7	Carry Bags	53	Sugar Free Tablets
8	Email / Internet Charges	54	Creams Powders Lotions (toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)
9	Food Charges (other Than Patient's Diet Provided By Hospital)	55	Ecg Electrodes
10	Leggings	56	Gloves
11	Laundry Charges	57	Nebulisation Kit
12	Mineral Water	58	Any Kit With No Details Mentioned [delivery Kit, Orthokit, Recovery Kit, Etc]
13	Sanitary Pad	59	Kidney Tray
14	Telephone Charges	60	Mask
15	Guest Services	61	Ounce Glass
16	Crepe Bandage	62	Oxygen Mask
17	Diaper Of Any Type	63	Pelvic Traction Belt
18	Eyelet Collar	64	Pan Can
19	Slings	65	Trolley Cover
20	Blood Grouping And Cross Matching Of Donors Samples	66	Urometer, Urine Jug
21	Service Charges Where Nursing Charge Also Charged	67	Ambulance
22	Television Charges	68	Vasofix Safety
23	Surcharges		
24	Attendant Charges		
25	Extra Diet Of Patient (other Than That Which Forms Part Of Bed Charge)		
26	Birth Certificate		
27	Certificate Charges		
28	Courier Charges		
29	Conveyance Charges		
30	Medical Certificate		
31	Medical Records		
32	Photocopies Charges		
33	Mortuary Charges		
34	Walking Aids Charges		
35	Oxygen Cylinder (for Usage Outside The Hospital)		
36	Spacer		
37	Spirometre		
38	Nebulizer Kit		
39	Steam Inhaler		
40	Armsling		
41	Thermometer		
42	Cervical Collar		
43	Splint		
44	Diabetic Foot Wear		
45	Knee Braces (long/ Short/ Hinged)		
46	Knee Immobilizer/shoulder Immobilizer		

**Annexure II - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy**

Sr. No.	List - II - Items that are to be subsumed into Room Charges	Sr. No.	List III – Items that are to be subsumed into Procedure Charges
1	Baby Charges (unless Specified/ indicated)	1	Hair Removal Cream
2	Hand Wash	2	Disposables Razors Charges (for Site Preparations)
3	Shoe Cover	3	Eye Pad
4	Caps	4	Eye Sheild
5	Cradle Charges	7	Camera Cover
6	Comb	6	Dvd, Cd Charges
7	Eau-de-cologne / Room Freshners	7	Gause Soft
8	Foot Cover	8	Gauze
9	Gown	9	Ward And Theatre Booking Charges
10	Slippers	10	Arthroscopy And Endoscopy Instruments
11	Tissue Paper	11	Microscope Cover
12	Tooth Paste	12	Surgicalblades, Harmonicscalpel, Shaver
13	Tooth Brush	13	Surgical Drill
14	Bed Pan	14	Eye Kit
15	Face Mask	15	Eye Drape
16	Flexi Mask	16	X-ray Film
17	Hand Holder	17	Boyles Apparatus Charges
18	Sputum Cup	18	Cotton
19	Disinfectant Lotions	19	Cotton Bandage
20	Luxury Tax	20	Surgical Tape
21	Hvac	21	Apron
22	House Keeping Charges	22	Torniquet
23	Air Conditioner Charges	23	Orthobundle, Gynaec Bundle
24	Im Iv Injection Charges		
25	Clean Sheet		
26	Blanket/warmer Blanket		
27	Admission Kit		
28	Diabetic Chart Charges		
29	Documentation Charges / Administrative Expenses		
30	Discharge Procedure Charges		
31	Daily Chart Charges		
32	Entrance Pass / Visitors Pass Charges		
33	Expenses Related To Prescription On Discharge		
34	File Opening Charges		
35	Incidental Expenses / Misc. Charges (not Explained)		
36	Patient Identification Band / Name Tag		
37	Pulseoxymeter Charges		

**Annexure II - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy**

Sr. No.	List IV – Items that are to be subsumed into costs of treatment
1	Admission/registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bipap Machine
6	Cpap/ Capd Equipments
7	Infusion Pump– Cost
8	Hydrogen Peroxide\spirit\Disinfectants Etc
9	Nutrition Planning Charges - Dietician Charges- Diet Charges
10	HIV Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabes
16	Scrub Solution/sterillium
17	Glucometer & Strips
18	Urine Bag



**Annexure III –List of Hospitals where Claim will not be admitted**

S. No.	HOSPITAL NAME	ADDRESS
1	NULIFE HOSPITAL AND MATERNITY CENTRE	1616 OUTRAM LINES,KINGSWAY CAMP,GURU TEG BAHADUR NAGAR , NEW DELHI , DELHI
2	TANEJA HOSPITAL	F-15,VIKAS MARG, PREET VIHAR , NEW DELHI , DELHI
3	SHRI KOMAL HOSPITAL & DR.SAXENA'S NURSING HOME	OPP. RADHIKA CINEMA,CIRCULAR ROAD , REWARI , HARYANA
4	SONA DEVI MEMORIAL HOSPITAL & TRAUMA CENTRE	SOHNA ROAD, BADSHAHPUR , GURGAON , HARYANA
5	AMAR HOSPITAL	SECTOR-70,S.A.S.NAGAR, MOHALI, SECTOR 70 , MOHALI , PUNJAB
6	BRIJ MEDICAL CENTRE	K K 54, KAVI NAGAR , GHAZIABAD , UTTAR PRADESH
7	FAMLIY MEDICARE	A-55,SECTOR 61 , RAJAT VIHAR SECTOR 62 , NOIDA , UTTAR PRADESH
8	JEEVAN JYOTI HOSPITAL	162,LOWTHER ROAD, BAI KA BAGH , ALLAHABAD , UTTAR PRADESH
9	CITY HOSPITAL & TRAUMA CENTRE	C-1,CINDER DUMP COMPLEX,OPPOSITE KRISHNA CINEMA HALL,KANPUR ROAD, ALAMBAGH , LUCKNOW , UTTAR PRADESH
10	DAYAL MATERNITY & NURSING HOME	NO.953/23,D.C.F.CHOWK, DLF COLONY , ROHTAK , HARYANA
11	METAS ADVENTIST HOSPITAL	NO.24,RING-ROAD,ATHWALINES, SURAT , SURAT , GUJARAT
12	SURGICARE MEDICAL CENTRE	SAI DWAR OBEROI COMPLEX,S.A.B.TV.LANE ROAD,LOKHANDWALA,NEAR LAXMI INDUSTRIAL ESTATE, ANDHERI , MUMBAI , MAHARASHTRA
13	PARAMOUNT GENERAL HOSPITAL & I.C.C.U.	LAXMI COMMERCIAL PREMISES,ANDHERI KURLA ROAD , ANDHERI , MUMBAI, MAHARASHTRA
14	GOKUL HOSPITAL	THAKUR COMPLEX , KANDIVALI EAST , MUMBAI , MAHARASHTRA
15	SHREE SAI HOSPITAL	GOKUL NAGRI I,THANKUR COMPLEX,WESTERN EXPRESS HIGHWAY, KANDIVALI EAST , MUMBAI , MAHARASHTRA
16	SHREEDEVI HOSPITAL	AKASH ARCADE,BHANU NAGAR,NEAR BHANU SAGAR THEATRE,DR.DEEPAK SHETTY ROAD, KALYAN D.C. , THANE , MAHARASHTRA
17	SAYKHEDKAR HOSPITAL AND MAHARASHTRA	TRIMURTHY CHOWK,KAMATWADA ROAD,CIDCO COLONY , NASHIK ,
18	ARPAN HOSPITAL AND RESEARCH CENTRE	NO.151/2,IMLI BAZAR,NEAR RAJWADA, IMLI BAZAR , INDORE , MADHYA PRADESH
19	RAMKRISHNA CARE HOSPITAL	AUROBINDO ENCLAVE,PACHPEDHI NAKA,DHAMTRI ROAD,NATIONAL HIGHWAY NO 43, RAIPUR , CHHATTISGARH
20	GUPTA MULTISPECIALITY HOSPITAL	B-20, VIVEK VIHAR , NEW DELHI , DELHI
21	R.K.HOSPITAL	3C/59,BP,NEAR METRO CINEMA, NEW INDUSTRIAL TOWNSHIP I, FARIDABAD, HARYANA
22	PRAKASH HOSPITAL	D -12,12A,12B,NOIDA, SECTOR 33 , NOIDA , UTTAR PRADESH
23	ARYAN HOSPITAL PVT. LTD.	OLD RAILWAY ROAD, NEAR NEW COLONY, NEW COLONY, GURGAON, HARYANA
24	MEDILINK HOSPITAL RESEARCH	NEAR SHYAMAL CHAR RASTA,132, RING ROAD, SATELLITE, AHMEDABAD, GUJARAT
25	MOHIT HOSPITAL	KHOYA B-WING,NEAR NATIONAL PARK,BORIVALI(E), KANDIVALI WEST , MUMBAI , MAHARASHTRA
26	SCOPE HOSPITAL	628,NITI KHAND-I, INDIRAPURAM , GHAZIABAD , UTTAR PRADESH
27	AGARWAL MEDICAL CENTRE	E-234,- , GREATER KAILASH I , NEW DELHI , DELHI

**Annexure III –List of Hospitals where Claim will not be admitted**

S. No.	HOSPITAL NAME	ADDRESS
28	OXYGEN HOSPITAL	BHIWANI STAND, DURGA BHAWAN , ROHTAK , HARYANA
29	PRAYAG HOSPITAL & RESEARCH CENTRE PVT. LTD.	J-206 A/I, SECTOR 41 , NOIDA , UTTAR PRADESH
30	KARNAVATI SUPERSPECIALITY HOSPITAL	OPPOSITE SAJPUR TOWER, NARODA ROAD , AHMEDABAD , GUJARAT
31	PALWAL HOSPITAL	OLD G.T. ROAD,NEAR NEW SOHNA MOD, PALWAL , HARYANA
32	B.K.S. HOSPITAL	NO.18,1ST CROSS,GANDHI NAGAR, ADYAR , BELLARY , KARNATAKA
33	EAST WEST MEDICAL CENTRE	NO.71 I,SECTOR 14, SECTOR 14 , GURGAON , HARYANA
34	JAGTAP HOSPITAL	ANAND NAGAR,SINHGHOOD ROAD , ANANDNAGAR , PUNE , MAHARASHTRA
35	DR. MALWANKAR'S ROMEEEN NURSING HOME	GANESH MARG,TAGORE NAGAR, VIKHROLI EAST, MUMBAI, MAHARASHTRA
36	NOBLE MEDICAL CENTRE	SVP ROAD, BORIVALI WEST , MUMBAI , MAHARASHTRA
37	RAMA HOSPITAL	SONEPAT ROAD,BAHALGARH, SONIPAT , HARYANA
38	S.B.NURSING HOME & ICU	LAKE BLOOM 16,17,18 OPPOSITE SOLARIS ESTATE, L.T.GATE NO.6,TUNGA GAON, SAKI-VIHAR ROAD, POWAI , MUMBAI , MAHARASHTRA
39	SARASWATI HOSPITAL	DIVYA SMRUTI BUILDING, 1ST FLOOR, OPP TOYOTA SHOWROOM, MALAD LINK ROAD, MALAD WEST , MUMBAI , MAHARASHTRA
40	SHAKUNTLA HOSPITAL	3-B TASHKANT MARG,NEAR ST. JOSEPH COLLAGE, ALLAHABAD , UTTAR PRADESH
41	MAHAVEER HOSPITAL & TRAUMA CENTRE	76-E,STATION ROAD, PANKI , KANPUR , UTTAR PRADESH
42	EASHWAR LAKSHMI HOSPITAL	PLOT NO. 9,NEAR SUB REGISTRAR OFFICE, GANDHI NAGAR , HYDERABAD , ANDHRA PRADESH
43	AMRAPALI HOSPITAL	PLOT NO. NH-34,P-2,OMEGA -1, GREATER NOIDA , NOIDA , UTTAR PRADESH
44	HARDIK HOSPITAL	29C,BUDH BAZAR, VIKAS NAGAR , NEW DELHI , DELHI
45	JABALPUR HOSPITAL & RESEARCH CENTRE PVT LTD	RUSSEL CROSSING,NAPTIER TOWN, JABALPUR , MADHYA PRADESH
46	PANVEL HOSPITAL	PLOT NO. 260A,URAN NAKA, OLD PANVEL , NAVI MUMBAI , MAHARASHTRA
47	SANTOSH HOSPITAL	L-629/63 I,HAPUR ROAD, SHASTRI NAGAR , MEERUT , UTTAR PRADESH
48	SONA MEDICAL CENTRE	5/58,NEAR POLICE STATION, VIKAS NAGAR , LUCKNOW , UTTAR PRADESH
49	CITY SUPER SPECIALITY HOSPITAL	NEAR MOHAN PETROL PUMP,GOHANA ROAD, ROHTAK , HARYANA
50	NAVJEEVAN HOSPITAL & MATERNITY CENTRE	753/2 I,MADANPURI ROAD, NEAR PATAUDI CHOWK , GURGAON , HARYANA
51	ABHISHEK HOSPITAL	C-12,NEW AZAD NAGAR, KANPUR , KANPUR , UTTAR PRADESH
52	RAJ NURSING HOME	23-A. PARK ROAD , ALLAHABAD . UTTAR PRADESH
53	SPARSH MEDICARE AND TRAUMA CENTRE	SHAKTI KHAND - III/54 ,BEHIND CAMBRIDGE SCHOOL , INDIRAPURAM, GHAZIABAD , UTTAR PRADESH
54	SARAS HEALTHCARE PVT LTD.	K-1 I2, SEC-12 ,PRATAP VIHAR , GHAZIABAD , UTTAR PRADESH
55	GETWELL SOON MULTISPECIALITY INSTITUTE PVT LTD	S-19, SHALIMAR GARDEN EXTN. , NEAR DAYANAND PARK, SAHIBABAD , GHAZIABAD , UTTAR PRADESH
56	SHIVALIK MEDICAL CENTRE PVT LTD	A-93, SECTOR 34 , NOIDA , UTTAR PRADESH

**Annexure III –List of Hospitals where Claim will not be admitted**

S. No.	HOSPITAL NAME	ADDRESS
57	AAKANKSHA HOSPITAL	126, AARADHNANAGAR SOC.B/H. BHULKABHAVAN SCHOOL, AANAND-MAHAL RD. , ADAJAN , SURAT , GUJARAT
58	ABHINAV HOSPITAL	HARSH APARTMENT,NR JAMNA NAGAR BUS STOP, GODDOD ROAD , SURAT , GUJARAT
59	ADHAR ORTHO HOSPITAL	DAWER CHAMBERS,NR. SUB JAIL, RING ROAD , SURAT , GUJARAT
60	ARIS CARE HOSPITAL	A 223-224, MANSAROVAR SOC,60 FEET, GODADARA ROAD , SURAT , GUJARAT
70	ARZOO HOSPITAL	OPP. L.B. CINEMA, BHATAR RD. , SURAT , GUJARAT
71	AUC HOSPITAL	B-44, GUJARAT HOUSING BOARD, PANDESHARA , SURAT , GUJARAT
72	DHARAMJIVAN GENERAL HOSPITAL & TRAUMA CENTRE	KARMAYOGI - 1, PLOT NO. 20/21, NEAR PIYUSH POINT, PANDESARA , SURAT, GUJARAT
73	DR. SANTOSH BASOTIA HOSPITAL	BHATAR ROAD , BHATAR ROAD , SURAT , GUJARAT
74	GOD FATHER HOSP.	344, NANDVAN SOC., B/H. MATRUSHAKTI SOC. , PUNA GAM , SURAT , GUJARAT
75	GOVIND-PRABHA AROGYA SANKOOL	OPP. RATNA-SAGAR VIDHYALAYA,KAJI MEDAN, GOPIPURA , SURAT , GUJARAT
76	HARI MILAN HOSPITAL	L H ROAD , SURAT , GUJARAT
77	JALDHI ANO-RECTAL HOSPITAL	103, PAYAL APT., NXT TO RANDEK ZONE OFFICE, TADWADI , SURAT , GUJARAT
78	JEEVAN PATH GEN. HOSPITAL	2ND. FL., DWARDKESH NAGRI, NR. LAXMI FARSAN, SAYAN , SURAT , GUJARAT
79	KALRAV CHILDREN HOSPITAL	YASHKAMAL COMPLEX, NR. JIVAN JYOT, UDHNA , SURAT , GUJARAT
80	KANCHAN GENERAL SURGICAL HOSPITAL	PLOT NO. 380, ISHWARNAGAR SOC, BHAMROLI-BHATAR, PANDESARA , SURAT , GUJARAT
81	KRISHNAVATI GENERAL HOSPITAL	BAMROLI ROAD , SURAT , GUJARAT
82	NIRAMAYAM HOSPITAL & PRASUTIGRUHAH	SHRADDHA RAW HOUSE, NEAR NATURES PARK , SURAT , GUJARAT
83	PATNA HOSPITAL	25, ASHAPURI SOC - 2, BAMROLI ROAD, SURAT , GUJARAT
84	POSHIA CHILDREN HOSPITAL	HAREKRISHAN SHOPING COMPLEX 1ST FLOOR, VARACHHA ROAD , SURAT , GUJARAT
85	R.D JANSEVA HOSPITAL	120 FEET BAMROLI ROAD, PANDESARA , SURAT , GUJARAT
86	RADHA HOSPITAL & MATERNITY HOME	239/240 BHAGUNAGAR SOCIETY, OPP HANS SOCIETY, L H ROAD, VARACHHA ROAD, SURAT , GUJARAT
87	SANTOSH HOSPITAL	L H ROAD , VARACHHA , SURAT , GUJARAT
88	SPARSH MULTY SPECIALITY HOSPITAL & TRAUMA CARE CENTER	G.I.DC ROAD, NR UDHANA CITIZAN CO-OP.BANK , SURAT , GUJARAT

**Notes:**

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

**Annexure IV –List of Hospitals where Co-Payment of 20% is not applicable under Optional Cover “Smart Select”**

S. No.	HOSPITAL NAME	ADDRESS
1	CHAUDHRY EYE CENTRE & LAZER VISION	NO.4802, NO.24,BHARAT RAM ROAD,ANSARI ROAD,DARYAGANJ,NEW DELHI-I 10002,DELHI
2	SANJEEVAN MEDICAL RESEARCH CENTRE PVT. LTD.	4869/24,ANSARI ROAD, DARYAGANJ,NEW DELHI-I 10002,DELHI
3	SHREE JEEWAN HOSPITAL	67/1, NEW ROHTAK ROAD,KAROL BAGH,NEW DELHI-I 10005,DELHI
4	FORTIS JESSA RAM HOSPITAL	R.B.SETH JESSA RAM HOSPITAL, WEST EXTENSION AREA,KAROL BAGH,NEW DELHI-I 10005,DELHI
5	JEEWAN HOSPITAL & NURSING HOME PVT. LTD.	150, GATE NO 1JEEVAN NAGAR,NEW DELHI-I 10014,DELHI
6	HANDA NURSING HOME	57,NEAR SWADESHI MOTOR, RAJA GARDEN,NEW DELHI-I 10015,DELHI
7	KHETARPAL HOSPITAL	F-95 BALI NAGAR, BALI NAGAR,NEW DELHI-I 10015,DELHI
8	SAWAN NEELU ANGEL'S NURSING HOME	J-293, NEAR MAIN ROAD,SAKET,NEW DELHI-I 10017,DELHI
9	M.K.W.HOSPITAL	T-BLOCK COMMUNITY CENTRE, RAJOURI GARDEN,RAJOURI GARDEN,NEW DELHI-I 10027,DELHI
10	BEHL HOSPITAL	B-128, NARAINA VIHAR,NEW DELHI-I 10028,DELHI
11	KUBER HOSPITAL	NO.12, CHANDERLOK ENCLAVE,PITAMPURA,NEW DELHI-I 10034,DELHI
12	SATYABHAMA HOSPITAL PVT. LTD	RZ-10,NARESH PARK NAJAFGARH ROAD,NANGLOI,NEW DELHI,I 10041,DELHI
13	BHAGAT CHANDRA HOSPITAL	R.Z.F.1/1, NEAR DWARKA FLYOVER, PALAM DAVRI ROAD, MAHAVIR ENCLAVE,NEW DELHI-I 10045,DELHI
14	ASHOK NURSING HOME	F-3/15-16, VIJAY CHOWK,KRISHNA NAGAR,NEW DELHI-I 10051,DELHI
15	GANESH ORTHO TRAUMA & MEDICAL CENTRE	F-15/7, NEAR BSES OFFICE,KRISHNA NAGAR,NEW DELHI-I 10051,DELHI
16	PANCHSHEEL HOSPITALS PVT. LTD.	C3/64 A, YAMUNA VIHAR,NEW DELHI-I 10053,DELHI
17	AMAR LEELA HOSPITAL PVT. LTD.	B-1/6,MAIN NAJAFGARH ROAD, NEARBY EAST METRO STATION, JANAKPURI, NEW DELHI-I 10058,DELHI
18	GENESIS HOSPITAL PVT. LTD.	C-1/130, NEAR MATA CHANAN DEVI HOSPITAL, JANAKPURI, NEW DELHI-I 10058,DELHI
19	ORCHID HOSPITAL	C-3/91,92, JANAKPURI,NEW DELHI-I 10058,DELHI
20	PAWAN GANDHI HEALTH CARE PVT. LTD.	C-5D-51, OM VIHAR,UTTAM NAGAR,NEW DELHI-I 10059,DELHI
21	SEHGAL NEO HOSPITAL	R-364,MEERA BAGH, OUTER RING ROAD, PASCHIM VIHAR, NEW DELHI-I 10063,DELHI
22	JEEWAN HOSPITAL AND NURSING HOME	150, GATE NO 2JEEVAN NAGAR,NEW DELHI-I 10014,DELHI
23	SAMVIT HEALTH CARE	PLOT NO.1,SOHNA ROAD,ISLAMPUR, NEAR RAJIV CHOWK, ISLAMPUR, GURGAON-122001,HARYANA
24	SARASWATI HOSPITAL	299/2,OLD DELHI ROAD, GURGAON,GURGAON-I 22001,HARYANA
25	SETHI HOSPITAL PVT. LTD.	NO.301-302/4, MODEL TOWN,BASAI ROAD,GURGAON-122001,HARYANA
26	KRITI HOSPITAL	PLOT NO.196, SEC-56, BEHIND JALVAYU TOWERS, SARASWATI VIHAR, GURGAON-I 22002,HARYANA
27	GANESH HOSPITALS PVT. LTD.	LI-C/3, NEAR KALAGIRI CHOWK, NEHRU NAGAR, GHAZIABAD-201001, UTTAR PRADESH

S. No.	HOSPITAL NAME	ADDRESS
28	PUSHPANJALI CROSSLAY HOSPITAL	W-3,SECTOR-1, VAISHALI,GHAZIABAD-201010,UTTAR PRADESH
29	AMBAY HOSPITAL - A UNIT OF NAVODYA HOSPITAL & RESEARCH	NO 1,NEAR ST.THOMAS SCHOOL, SAHIBABAD, LAJPAT NAGAR 4, GHAZIABAD-201005,UTTAR PRADESH
30	GARGI HOSPITAL - UNIT OF KAUSHALYA MEDICAL & RESEARCH CENTRE PVT. LTD.	R-9,182, NEAR ALT CENTRE, NEAR SECTOR-10 MARKET, RAJ NAGAR, GHAZIABAD-201002, UTTAR PRADESH
31	BHATIA NURSING HOME	PUNJABI MOHALLA, NEAR GUPTA HOTEL, MOHNA ROAD, PUNJABI MOHALLA, GHAZIABAD-201010,UTTAR PRADESH
32	PARAS HOSPITAL	130 SECTOR 4, VAISHALI,GHAZIABAD-201010,UTTAR PRADESH
33	I-CARE EYE HOSPITAL	E-3A, SECTOR 26,NOIDA-201301,UTTAR PRADESH
34	SAMVEDANA HEALTH SERVICES PVT.LTD.	B 206 A, SECTOR- 48,SECTOR 48,NOIDA-201301,UTTAR PRADESH
35	NAVIN HOSPITALS PVT. LTD.	N.H.3,POCKET 2, GREATER NOIDA,ALPHA 2,NOIDA-201308,UTTAR PRADESH
36	RAM LAL KUNDAN LAL ORTHOPAEDIC HOSPITAL	BUNGLOW PLOT NO-8, PANDAV NAGAR, PARPAR GANJ ROAD, OFF MOTHER DAIRY, PATPARGANJ, NEW DELHI-110091,DELHI
37	SHREYA EYE CENTRE	D-163, SURAJMAL VIHAR,NEW DELHI-110092,DELHI
38	MALIK RADIX HEALTH CARE	C-218, NIRMAN VIHAR, VIKAS MARG, DAYANAND VIHAR, NEW DELHI-110092,DELHI
39	DR.M.L.GUPTA MEMORIAL CENTRE	5E/4 B.PRAILWAY ROAD, NEW INDUSTRIAL TOWNSHIP 1, FARIDABAD-121001,HARYANA
40	AGGARWAL MEDICAL CENTRE	JIWAN NAGAR GAUNCHI, SECTOR 55-F,JIWAN NAGAR GAUNCHI, FARIDABAD-121001,HARYANA
41	C.K.MEMORIAL KAPOOR HOSPITAL	NO.3B/8A, DAV COLLEGE ROAD,NEAR EROS INSTITUTE,NEAR CHIMNI BAI DHARAMSHALA,NEW INDUSTRIAL TOWNSHIP 1,FARIDABAD-121001,HARYANA
42	ASHWANI HOSPITAL	NO.8-D-1, SECTOR 11,NEAR H.U.DA.MARKET,SECTOR 11,FARIDABAD-121001,HARYANA
43	SHIVMANI HOSPITAL	5E/9,B.P.N.I.T, NEAR NEELAM CHOWK,NEW INDUSTRIAL TOWNSHIP 1,FARIDABAD-121001,HARYANA
44	ANUJ HOSPITAL	NO.2159-2161,NEAR OLD MARKET, OLD FARIDABAD,SECTOR 16,FARIDABAD-121002,HARYANA
45	GUPTA NURSING HOME	HOUSE NO: 160,SECTOR 16-A, NEAR CAPITAL BUS STAND,SECTOR 16,FARIDABAD-121002,HARYANA
46	SIROHI MEDICAL CENTRE PVT.LTD.	CLINIC PLOT NO.4&5, SECTOR 3,FARIDABAD-121004,HARYANA
47	LOHAN CHILDREN HOSPITAL	5 C,B.P. N.I.T,SECTOR 14,FARIDABAD-121007,HARYANA
48	NATIONAL INSTITUTE OF MEDICAL SCIENCES	SECTOR 23-A, NEAR SECTOR-23 MARKET,NEAR NAVCHETNA HOSPITAL, SECTOR 23, FARIDABAD-121005,HARYANA
49	GHAI HOSPITAL	PLOT NO 29, SECTOR 9,FARIDABAD-121006,HARYANA
50	GEETA HOSPITAL	NEAR H.U.DA.MARKET, NEAR WATER TANK, SECTOR 28, FARIDABAD-121008,HARYANA
51	JAIPUR GOLDEN HOSPITAL	2,INSTITUTIONAL AREA, SECTOR 3,ROHINI ,NEW DELHI-110085,DELHI
52	LALL EYE CARE CENTRE	NEW RAILWAY ROAD, CIVIL LINES,GURGAON-122001,HARYANA
53	MAMTA HOSPITAL	877/2,MATA ROAD, NEAR WORKSHOP, CIVIL LINES, GURGAON-122001,HARYANA
54	METRO HEART INSTITUTE - METRO SPECIALITY HOSPITALS	SECTOR -16 A, SECTOR 16A,FARIDABAD-121002,HARYANA

S. No.	HOSPITAL NAME	ADDRESS
	PVT. LTD.	
55	NARINDER MOHAN HOSPITAL AND HEART CENTER	NEAR MOHAN NAGAR CHOWK, NEAR POLICE STATION, OPPOSITE P.N.B.BANK, MOHAN NAGAR, GHAZIABAD-201007, UTTAR PRADESH
56	PARAS HOSPITALS	C-1, SUSHANT LOK, SUSHANT LOK PHASE 1, GURGAON, GURGAON-122009, HARYANA
57	ST. STEPHEN'S HOSPITAL	ST. STEPHEN'S HOSPITAL MARG, NAWAB GANJ, OPPOSITE TIS HAZARI METRO STATION, TIS HAZARI, NEW DELHI-110054, DELHI
58	TIRUPATI STONE CENTRE AND HOSPITAL	6, GAGAN VIHAR, NEAR KARKARDOOMA COURT, VIKAS MARG, NEW DELHI, NEW DELHI-110051, DELHI
59	VIRMANI HOSPITAL PVT. LTD.	PLOT NO.8, COMMERCIAL COMPLEX, L.S.C., MAYUR VIHAR PHASE 2, NEW DELHI-110091, DELHI
60	NAVJYOTI EYE CENTRE	NO.90, NEAR GOLCHA CINEMA, DARYAGANJ, NEW DELHI-110002, DELHI
61	JEEWAN MALA HOSPITAL PVT. LTD.	67/1, NEW ROHTAK ROAD, KAROL BAGH, NEW DELHI-110005, DELHI
62	BHARTI EYE FOUNDATION	NO.1/3, NEAR METRO STATION, PATEL NAGAR (E), NEW DELHI-110008, DELHI
63	ROCKLAND HOSPITALS LTD	B-33-34, QUTAB INSTITUTIONAL AREA, BER SARAI, NEW DELHI-110016, DELHI
64	DR PATNAIK'S LASER EYE INSTITUTE	C2, NEAR MOOLCHAND HOSPITAL, LAJPAT NAGAR 2, NEW DELHI-110024, DELHI
65	BAJAJ EYE CARE CENTRE	NO.101, VIKAS SURYA PLOT NO.7, DDA COMMUNITY CENTRE, ROAD NO 44, PITAMPURA, NEW DELHI-110034, DELHI
66	KHANDELWAL HOSPITAL AND UROLOGY CENTRE	B-16, MAIN ROAD EAST KRISHNA NAGAR, KRISHNA NAGAR, NEW DELHI-110051, DELHI
67	B M GUPTA NURSING HOME PVT. LTD.	H-11, 15, ARYA SAMAJ ROAD, UTTAM NAGAR, NEW DELHI-110059, DELHI
68	MOHAN EYE INSTITUTE	11-B, GANGA RAM HOSPITAL MARG, OLD RAJENDRA NAGAR, NEW DELHI-110060, DELHI
69	EYE Q SUPER SPECIALITY EYE HOSPITAL	4306, DLF PHASE 4, SARASWATI VIHAR, GURGAON-122002, HARYANA
70	AYUSHMAN HOSPITAL	PLOT NO-2, H.L.GALLERIA, SECTOR 12, DWARKA, NEW DELHI-110075, DELHI
71	SANTOM HOSPITAL PVT. LTD.	D-5-6, OUTER RING ROAD, PRASHANT VIHAR, NEW DELHI-110085, DELHI
72	AASTHA EYE CENTRE	NO.5-R/5, BEHIND NEELAM PETROL PUMP, NEW INDUSTRIAL TOWNSHIP 1, FARIDABAD-121001, HARYANA
73	SURYA ORTHO & TRAUMA CENTRE	NO.5,R/5, NEW INDUSTRIAL TOWNSHIP 1, FARIDABAD-121001, HARYANA
74	AAR PEE HOSPITAL	1276-P, NEAR BARKAL CHOWK, SECTOR 28, FARIDABAD-121008, HARYANA
75	PERFECT WELLNESS PVT. LTD.,	PLOT NO.7, SECTOR 27 A, MAIN MATHURA ROAD, NEAR BADKHAL ROAD, SECTOR 27A, FARIDABAD-121011, HARYANA
76	DR NAND LAL SHARMA MEMORIAL HOSPITAL	701, SECTOR-8, SECTOR 6, FARIDABAD-121006, HARYANA
77	EYE CARE CENTRE	1368-B, 14/15, DIVIDING ROAD, SECTOR 14, FARIDABAD-121007, HARYANA
78	VISION EYE CENTRE	NO.12/27, NEAR ARYA SAMAJ MANDIR, PATEL NAGAR, NEW DELHI-110008, DELHI
79	AHUJA LASER EYE CENTRE	NO.212, PARAMANAND COLONY, GTB NAGAR, NEW DELHI-110009, DELHI
80	VASAN EYE CARE HOSPITAL	NO.36-B, PARVTESH TOWER, PUSA ROAD, OPPOSITE METRO PILLAR NO.125, KAROL BAGH, NEW DELHI-110005, DELHI
81	SUMITRA HOSPITAL	A-119A, NEAR PRAKASH HOSPITAL, SECTOR 35, NOIDA-201301, UTTAR PRADESH

S. No.	HOSPITAL NAME	ADDRESS
82	MAHARAJA AGRASEN HOSPITAL	N.H.-10, WEST PUNJABI BAGH,PUNJABI BAGH,NEW DELHI-I 10026,DELHI
83	SARVODAYA HOSPITAL AND RESEARCH CENTRE	SECTOR-8, YMCA ROAD, NEAR E.S.I.HOSPITAL, SECTOR 8, FARIDABAD-121002,HARYANA
84	AAKASH HOSPITAL	NO.90/43, OPPOSITE GREEN FIELDS SCHOOL,MALVIYA NAGAR,NEW DELHI-I 10017,DELHI
85	HOLY FAMILY HOSPITAL	OKHLA ROAD, OKHLA VIHAR,NEW DELHI-I 10025,DELHI
86	MATA CHANAN DEVI HOSPITAL	C-1, JANAKPURI,RAJOURI GARDEN,NEW DELHI-I 10058,DELHI
87	RESCUE HOSPITAL INDIA PVT. LTD.	S-5,VISHWAS PARK, BEHIND SECTOR-3 PETROL PUMP,DWARKA,NEW DELHI-I 10059,DELHI
88	DRISHTI EYE CENTRE	20-21, FRUIT GARDEN,NEW INDUSTRIAL TOWNSHIP 1,FARIDABAD-121001,HARYANA
89	MAHINDRU HOSPITAL	E-1,KIRAN GARDEN, UTTAM NAGAR,NEW DELHI-I 10059,DELHI
90	VASAN EYE CARE HOSPITAL	A-120, JANAKPURI,NEW DELHI-I 10058,DELHI
91	VISITECH EYE HOSPITAL	R-13, GREATER KAILASH 1,NEW DELHI-I 10048,DELHI
92	BHAGAT HOSPITALS PVT LTD	D-2,48/49, JANAKPURI,NEW DELHI-I 10058,DELHI
93	ROCKLAND HOSPITALS LTD	H.A.F, POCKET-B,SECTOR-12,DWARKA,NEW DELHI-I 10075,DELHI
94	VASAN EYE CARE HOSPITAL	F 14,OPPOSITE METRO PILLAR NO. 94, NEAR METRO STATION GATE NO. 2, PREET VIHAR, NEW DELHI-I 10092,DELHI
95	VASAN EYE CARE HOSPITAL	PLOT 500, OPP METRO PILLAR 345,PITAMPURA,NEW DELHI-I 10034,DELHI
96	VASAN EYE CARE HOSPITAL	SCO-379 & 380, SECTOR-29,NEAR IFFCO CHOWK,GURGAON,GURGAON-122001,HARYANA
97	PUSHPANJALI MEDICAL CENTRE	A-15,PUSHPANJALI, VIKAS MARG EXTN,PREET VIHAR,NEW DELHI-I 10092,DELHI
98	VASAN EYE CARE HOSPITAL	E-16, GREATER KAILASH-1, OPPOSITE HSBC BANK,GREATER KAILASH,NEW DELHI-I 10048,DELHI
99	KARUNA HOSPITAL	D-62, DILSHAD COLONY,NEW DELHI-I 10095,DELHI
100	KAILASH HEALTHCARE LTD	H-33, SECTOR 27,NOIDA,NOIDA-201301,UTTAR PRADESH
101	EYE HEALTH CLINIC	E-1, SECTOR 61,NOIDA,NOIDA-201307,UTTAR PRADESH
102	DEEPAK MEMORIAL HOSPITAL	5,INSTITUTIONAL AREA, VIKAS MARG EXTN - II,VIKAS MARG,NEW DELHI-I 10092,DELHI
103	KRISHNA HOSPITAL & TRAUMA CENTRE	J 85, PATEL NAGAR - I,GHAZIABAD,GHAZIABAD-201001,UTTAR PRADESH
104	MAHAJAN EYE CENTRE	AD-21DA, OUTER RING ROAD,PITAMPURA,NEW DELHI-I 10034,DELHI
105	KAILASH HOSPITALS LTD	23 KP-1, GREATER NOIDA,NOIDA-201308,UTTAR PRADESH
106	ETERNITY HOSPITAL	914, NITI KHAND - I,INDIRAPURAM,GHAZIABAD-201014,UTTAR PRADESH
107	SODHI NURSING HOME AND ENT HOSPITAL	455, BHERA ENCLAVE,PASCHIM VIHAR,NEW DELHI-I 10087,DELHI
108	SARVODAYA HOSPITAL & RESEARCH CENTRE	KJ-7, KAVI NAGAR,GHAZIABAD-201002,UTTAR PRADESH
109	DR. SHROFFS CHARITY EYE HOSPITAL	5027, KEDARNATH ROAD,DARYAGANJ,NEW DELHI-I 10002,DELHI
110	SARVODAYA SUPERSPECIALITY HOSPITAL AND HEART CENTRE	D-3, KAVI NAGAR,GHAZIABAD-201002,UTTAR PRADESH
111	MEDICHECK HOSPITAL	I-C,76&53, NEAR IOB BANK,NIT,FARIDABAD-121001,HARYANA
112	EYE Q SUPER SPECIALITY	SHEETLA HOSPITAL, NEW RAILWAY ROAD,GURGAON-122001,HARYANA

S. No.	HOSPITAL NAME	ADDRESS
	EYE HOSPITAL	
113	EYE Q SUPER SPECIALITY EYE HOSPITAL	BASEMENT & 1ST FLOOR, NS-3 AD BLOCK,EAST OF SHALIMAR BAGH,NEW DELHI-110088,DELHI
114	MOHAN SWARUP HOSPITAL	NH 91,GT ROAD, OPP. ELECTRIC STATION,NEAR BABA PEER,DADRI-203207,UTTAR PRADESH
115	SHISHU SADAN MULTISPECIALITY CHILDREN HOSPITAL	A-1/169A, METRO PILLAR NO. 616,JANAK PURI,NEW DELHI-110058,DELHI
116	UTTAM HOSPITAL	E-230, SECTOR-9,NEW VIJAY NAGAR,GHAZIABAD-201009,UTTAR PRADESH
117	ASG HOSPITAL PVT LTD	C-52A, RDC RAJ NAGAR DISTT. CENTRE,RAJ NAGAR,GHAZIABAD-201002,UTTAR PRADESH
118	S.R KRISHNA HOSPITAL PVT LTD	PLOT NO. 23-24,JAIN PARK, OPP. METRO PILLAR NO. 722,723,MATIALA ROAD, NEW DELHI-110059,DELHI
119	VISION EYE HOSPITAL	F-24/136, SECTOR-7,ROHINI,NEW DELHI-110085,DELHI
120	PARK HOSPITAL	J-BLOCK, NEAR COURT,SECTOR - 10,FARIDABAD-121004,HARYANA
121	J.P. MEMORIAL HOSPITAL	F-189, DILSHAD COLONY,NEW DELHI-110095,DELHI
122	KATHURIA HOSPITAL	19/8,MODEL TOWN, OPP. S.D. SCHOOL,KHANDSA ROAD,GURGAON-122001, HARYANA
123	FORESIGHT EYE CLINIC	106,RPS FLATS, SHEIKH SARAI - 1,OPP. APEEJAY SCHOOL,MALVIYA NAGAR, NEW DELHI-110017,DELHI
124	ROOPALI MEDICAL CENTRE PVT LTD	C/477A, YAMUNA VIHAR,YAMUNA VIHAR,NEW DELHI-110053,DELHI
125	ROYALE MULTISPECIALITY HOSPITAL	B-5, CENTRAL GREEN,NIT NH-5,NEAR B.K CHOWK,FARIDABAD-121001, HARYANA
126	EYE7 CHAUDHARY EYE CENTRE	34 GRD FLOOR, LAJPAT NAGAR-IV,MAIN RING ROAD,LAJPAT NAGAR,NEW DELHI-110024,DELHI
127	KALYANI HOSPITAL PVT LTD	354/2, MEHRAVLI,GURGAON ROAD,GURGAON-122001,HARYANA
128	MATA ROOP RANI MGGO & MAHINDRU HOSPITAL	C-9, OM VIHAR,PHASE-I,UTTAMNAGAR,NEW DELHI-110059,DELHI
129	GAUTAM NURSING HOME & MATERNITY CENTRE	D-2/148, JEEWAN PARK,PANKHA ROAD,NEW DELHI-110059,DELHI
130	SHRI DAYA DUTT VASHIST	J-34,GANGA RAM VATIKA, NEAR RAJ CINEMA,CHOWKHANDI,TILAK NAGAR, NEW DELHI-110018,DELHI
131	B R MEMORIAL HOSPITAL	FCA-103, MUKESH COLONY,BALLABGARH,FARIDABAD-121004,HARYANA
132	SUNETRA EYE CENTRE PVT LTD	KC-120, C-BLOCK,C-BLOCK MARKET, KAVI NAGAR, GHAZIABAD-201002, UTTAR PRADESH
133	VASAN EYE CARE HOSPITAL	B-190, DERAWAL NAGAR,MODEL TOWN,NEW DELHI-110009,DELHI
134	VASAN EYE CARE HOSPITAL	# A-6/A, FIRST AND SECOND FLOOR,NEHRU GROUND, NEW INDUSTRIAL TOWNSHIP 1, INDUSTRIAL TOWNSHIP,HARYANA NEELAM BATTI ROAD, FARIDABAD-121001,HARYANA
135	NAV DRISHTI EYE CENTRE	B-5/351, YAMUNA VIHAR,OPP. MAHARAJA AGARSEN PARK,NEW DELHI-110053,DELHI
136	SAVE SIGHT CENTRE	A-14, G.T KARNAL ROAD,ADARSH NAGAR,NEW DELHI-110033,DELHI
137	AHOOJA EYE & DENTAL INSTITUTE	560/1, DAYANAND COLONY,NEW RAILWAY ROAD,GURGAON-122001,HARYANA
138	M. R HOSPITAL & ORTHOPAEDIC CENTRE	C1-3, RAMA PARK NEAR DWARKA MOR METRO STATION,OPP. PILLAR NO. 772, NEW DELHI-110059,DELHI



S. No.	HOSPITAL NAME	ADDRESS
139	CHOPRA EYE HOSPITAL	H.NO-3, PKT-C-8,SEC-7,ROHINI,NEW DELHI-I I 0085,DELHI
140	HI-TECH EYE CENTRE	A-12, 1ST FLOOR,VIKAS PURI,NEW DELHI- I I 0018,DELHI
141	HOLY CHILD NURSING HOME	C-43-44, EAST KRISHNA NAGAR,NEW DELHI- I I 005 I,DELHI
142	JEEVAN HOSPITAL & STONE CENTRE	GT ROAD, NEAR AMBER CINEMA, MODI NAGAR, GHAZIABAD-201201, UTTAR PRADESH
143	DR. NANDA EYE CARE CENTRE	A-200, SECTOR-8,DWARKA,NEW DELHI-I I 0075,DELHI
144	PATEL HOSPITAL	U-158, MAIN VIKAS MARG,SHAKARPUR,NEW DELHI-I I 0092,DELHI
145	CYGNUS ORTHOCARE HOSPITAL	C-5/29, OPP. IIT GATE,SAFDARJUNG DEVELOPMENT AREA,,NEW DELHI- I I 0016,DELHI
146	AGRAWAL EYE INSTITUTE	A-235, SHIVALIK,MALVIYA NAGAR,NEW DELHI-I I 0017,DELHI
147	PUSHPAWATI SINGHANIA RESEARCH INSTITUTE	PRESS ENCLAVE MARG, SHEIKH SARAI PHASE 2,NEW DELHI-I I 0017,DELHI
148	QRG CENTRAL HOSPITAL & RESEARCH CENTRE LTD.	PLOT NO -69,SEC 20 A,NEAR NEELAM FLYOVER, AJRONDA CHOWK, SECTOR 20 A, FARIDABAD-121001,,HARYANA
149	SANT PARMANAND HOSPITAL	18,SHAM NATH MARG, CIVIL LINES,NEW DELHI-I I 0054,DELHI
150	LOTUS HOSPITAL	389-3, MATA ROAD,PREM NAGAR 2,GURGAON- 122001,HARYANA
151	YASHOMATI HOSPITAL PVT. LTD.	NO.237 1.3,HAL AIRPORT, VARTHUR MAIN ROAD, MUNNEKOLALA BANGALORE -560037 KARNATAKA
152	VISHWABHARATHI HOSPITAL PVT LTD	NO.10/4 & 10/5, 3RD MAIN ROAD, HANUMANTHNAGAR BANGALORE - 560019 KARNATAKA
153	VIJAYA ENT CARE CENTRE	NO.1, IX CROSS,HOY ICE CREAM CAMP, MALLESHWARAM BANGALORE - 560003 KARNATAKA
154	VASAN EYE CARE HOSPITAL	NO.5,20TH CROSS,MALAGALA UNDER PASS, RING ROAD,NAGARBHAVI 2ND STAGE, NAGARBHAVI BANGALORE -560091 KARNATAKA
155	VASAN EYE CARE HOSPITAL	DPS TOWERS,NO.40,FIRST FLOOR, ICICI BANK LTD,AREKERE, BANNERGHATTA ROAD BANGALORE -560076 KARNATAKA
156	VASAN EYE CARE HOSPITAL	PLOT NO.2(A-2),A TYPE,BBMP PID NO.57-64-2, SHIVAM ARCADE,41 ST MAIN ROAD, KANAKAPURA MAIN ROAD, J.P. NAGAR BANGALORE -560078 KARNATAKA
157	VASAN EYE CARE HOSPITAL	NO.46,19TH MAIN ROAD,1ST BLOCK, NEAR NAVRANG THEATRE, RAJAJI NAGAR BANGALORE -560010 KARNATAKA
158	VASAN EYE CARE HOSPITAL	NO.205-4C,4TH CROSS,3RD BLOCK, H.R.B.R.LAYOUT,NEXT TO HENNUR BUS DEPO, BANASWADI BANGALORE -560043 KARNATAKA
159	VAGUS SUPER SPECIALITY HOSPITAL PVT LTD	# 6,7&8,4TH MAIN, 8TH CROSS, MALLESHWARAM BANGALORE -560003 KARNATAKA
160	UNITY LIFE LINE HOSPITAL INDIA PVT. LTD.	NO.-193,2ND BLOCK,2ND STAGE, 0 NAGARBHAVI BANGALORE -560072 KARNATAKA
161	TRINITY HOSPITAL AND HEART FOUNDATION	NO.27,SRI RAM MANDIR ROAD, NEAR R.V.TEACHER'S COLLEGE CIRCLE, BASAVANAGUDI BANGALORE -560004 KARNATAKA
162	THE PULSE MULTISPECIALITY HOSPITAL	5/8/1,20TH MAIN ROAD, 50 FT ROAD,MUNESHWARA BLOCK, GIRINAGAR BANGALORE -560085 KARNATAKA
163	TAMARA HOSPITAL & IVF CENTRE	NO. 34/3, 10TH CROSS, 1ST 'N' BLOCK, RAJAJINAGAR, BANGALORE BANGALORE -560010 KARNATAKA
164	SYAMALA HOSPITAL	# 17/4, CAMBRIDGE ROAD, HALASUR BANGALORE -560008 KARNATAKA
165	SUNDAR HOSPITAL	I & 2, HENNUR ROAD CROSS, LINGARAJPURAM BANGALORE -560084 KARNATAKA

S. No.	HOSPITAL NAME	ADDRESS
166	SUMATHI NURSING & MATERNITY HOME	426/12, 2ND CROSS, MATHIKERE LAY-OUT BANGALORE -560054 KARNATAKA
167	SUGUNA NARAYANA HEART CENTRE	1A/87,DR RAJKUMAR ROAD, 4TH N BLOCK, RAJAJINAGAR BANGALORE - 560010 KARNATAKA
168	ST. THERESAS HOSPITAL	DR. RAJKUMAR ROAD, 1ST BLOCK, RAJAJINAGAR BANGALORE -560010 KARNATAKA
169	SRIDEVI NURSING HOME	#726,23RD CROSS, BSK 2ND STAGE,KR ROAD,BEHIND UPAHARA SAGAR, BANGALORE -560070 KARNATAKA
170	SRI VINAYAKA MULTI SPECIALITY HOSPITAL & TRAUMA CENTRE	MYLANAHALLI, B.K. HALLI POST, JALA HOBLI BANGALORE -562149 KARNATAKA
171	SRI SAI RAM HOSPITAL	#6,JC INDUSTRIAL AREA, YELECHENAHALLI NEAR METRO,KANAKAPURA MAIN ROAD, BANGALORE BANGALORE -560060 KARNATAKA
172	SRI SAI NORTHSIDE HOSPITAL	NO.8, G BLOCK,60 FEET ROAD, SAHAKARANAGAR BANGALORE -560092 KARNATAKA
173	SRI SAI KRUPA HOSPITAL	19/A, MATHIKERE MAIN ROAD, OPP. LIC BANGALORE -560054 KARNATAKA
174	SRI RAM HOSPITAL	NO. 107/2,NISHVASAHA CENTRE, OPP. TRAFFIC POLICE,OLD MADRAS ROAD, K. R. PURAM BANGALORE -560036 KARNATAKA
175	SRI LAKSHMI MULTISPECIALITY HOSPITAL	# 127/1,SRI GANDHADA KAVAL, MAGADI MAIN ROAD, SUNKADAKATTE BANGALORE -560091 KARNATAKA
176	SRI KANCHI KAMAKOTI MEDICAL TRUST - SANKARA EYE HOSPITAL	VARTHUR MAIN ROAD, KUNDALAHALLI GATE, BANGALORE BANGALORE - 560037 KARNATAKA
177	SOUTH CITY HOSPITAL	53/1 (45),SHALINI, SUSHEELA ROAD,LALBAGH, UPPARAHALLI BANGALORE - 560004 KARNATAKA
178	SOUKYA HOSPITAL	NO.17, NTI LAYOUT,VIDYARANYAPURA MAIN ROAD, BANGALORE BANGALORE -560097 KARNATAKA
179	SMT. SHANTHA & SRI J.A. NARAYANA RAO FOUNDATION FOR MEDICAL SCIENCES	# 878,879, 1ST 'A' MAIN ROAD, KENGERI SATELLITE TOWN BANGALORE - 560060 KARNATAKA
180	SHREYA HOSPITAL	73,3RD MAIN,6TH CROSS, 0 KENGERI SATELLITE TOWN BANGALORE -560060 KARNATAKA
181	SHIRDI SAI HOSPITAL PVT. LTD.	519,2ND MAIN, NETHRAVATHI STREET,NEWBEL ROAD, DEVASANDRA BANGALORE -560054 KARNATAKA
182	SHEKHAR HOSPITAL	81,BULL TEMPLE ROAD, BASAVANGUDI, BASAVANGUDI BANGALORE -560019 KARNATAKA
183	SHAKER NURSING HOME	260,NEAR 17TH CROSS, SAMPIGE ROAD, MALLESHWARAM BANGALORE - 560003 KARNATAKA
184	SAPTHAGIRI HOSPITAL	# 15, HESARAGHATTA MAIN ROAD, CHIKKASANDRA BANGALORE -560090 KARNATAKA
185	RAJALAKSHMI HOSPITAL	NO.21/1, LAKSHMIPURA MAIN ROAD, OPP. LAKSHMIPURA LAKE, VIDYARANYAPURA POST BANGALORE -560097 KARNATAKA
186	RADHAKRISHNA MULTISPECIALITY HOSPITAL	NO. 3-4, SUNRISE TOWERS,J.P. ROAD, GIRINAGAR BANGALORE - 560085 KARNATAKA
187	PUNYA HOSPITALS INDIA PVT LTD	#52/10,80 FEET ROAD, KHB COLONY, BASAVESHWARANAGAR BANGALORE -560079 KARNATAKA
188	PRISITNE HOSPITAL	NO.877,MODI HOSPITAL ROAD, WEST OF CHORD ROAD,2ND STAGE EXTENSION, BASAVESHWARANAGAR BANGALORE -560079 KARNATAKA
189	PREMIER SANJEEVINI HOSPITAL	NO.6/2,NH4, 0 DASARAHALLI BANGALORE -560057 KARNATAKA

S. No.	HOSPITAL NAME	ADDRESS
190	PRASHANTH HOSPITAL	NO.90,D,HOSUR MAIN ROAD, BOMMANAHALLI CIRCLE, HOSUR BANGALORE -560068 KARNATAKA
191	PRAGATHI NURSING HOME	674/A,10TH CROSS, 5TH MAIN II STAGE, WEST OF CHORD ROAD, BANGALORE BANGALORE -560086 KARNATAKA
192	PANACEA HOSPITAL PVT. LTD.	NO.334, 8TH MAIN, 3RD STAGE, 4TH BLOCK, BASAVESHWARANAGAR BANGALORE -560079 KARNATAKA
193	P.D.HINDUJA SINDHI HOSPITAL	S.R.NAGAR, 0 SAMPANGIRAMNAGAR BANGALORE -560027 KARNATAKA
194	OM SHAKTHI HOSPITAL	#1 & 2, BALAJI HOMES, 1ST MAIN KEMPEGOWDA INTERNATIONAL AIRPORT ROAD, BAGALUR CROSS, YELAHANKA, ANAND NAGAR BANGALORE -560063 KARNATAKA
195	NRR HOSPITAL	NO.3&3A, HESARAGHATTA MAIN ROAD, CHIKKABANAVARA, CHIKKASENDRA BANGALORE -560090 KARNATAKA
196	NMPC HEALTH CARE PVT LTD	NO.66, 9TH MAIN ROAD, JAYARAM REDDY LAYOUT, HORAMAVU MAIN ROAD, BANASWADI BANGALORE -560043 KARNATAKA
197	NEW AKSHAY MALLYA HOSPITAL	#93/1, 565, SRINIVASA COMPLEX, VARTHUR MAIN ROAD, MARTHAHALLI MAIN ROAD BANGALORE -560037 KARNATAKA
198	NEIGHBOURHOOD HOSPITAL PVT LTD	#9, WGBCS, NEAR BRIGADE MILLINIUM, KOTHNUR MAIN ROAD, 7TH PHASE, J.P NAGAR BANGALORE -560078 KARNATAKA
199	NEHA PRAKASH HOSPITAL	NO.8 V PHASE, 6TH CROSS, NEW TOWN, YELAHANKA BANGALORE -560064 KARNATAKA
200	NARAYANA HRUDAYALAYA	NO.258/A, BOMMASANDRA INDUSTRIAL AREA, ANEKAL TALUK, BOMMASANDRA BANGALORE -560099 KARNATAKA
201	NAMRATHA NURSING & MATERNITY HOME	NO.158, 6TH MAIN, 2ND PHASE, WEST OF CHORD ROAD, 2ND STAGE, BANGALORE BANGALORE -560086 KARNATAKA
202	N.D. R HOSPITAL	#2118, MIG HOUSE, 12TH MAIN 'B SECTOR', BEHIND SHANTHI SAGAR, NEAR MOTHER DAIRY CIRCLE, YELAHANKA NEW TOWN, BANGALORE BANGALORE -560106 KARNATAKA
203	MGMI HOSPITALS INDIA PVT LTD	5/2, 13TH CROSS, HOSUR ROAD, NEAR BRAND FACTORY, WILSON GARDEN BANGALORE -560027 KARNATAKA
204	MEDISCOPE HOSPITAL	NO.111, 3RD STAGE, PILLANNA GARDEN, KADUGONDANA HALLI STAGE 1, KADUGONDANA HALLI BANGALORE -560045 KARNATAKA
205	MANJUSHREE HOSPITAL	#91, KAVALBYRASANDRA, R.T NAGAR POST, BANGALORE BANGALORE -560032 KARNATAKA
206	MANJUNATHA MATERNITY HOME & SURGICAL CENTRE	90/1, WEST PARK ROAD, BETWEEN 17TH & 18TH CROSS, MALLESHWARAM BANGALORE -560055 KARNATAKA
207	MANASA HOSPITAL	G. CHANDRANNA BUILDING, DEVANAHALLI OLD BUS STOP, DEVANAHALLI BANGALORE -562110 KARNATAKA
208	MANASA HOSPITAL	NO. 107, 6TH MAIN, 2ND CROSS, VIJAYANAGAR BANGALORE -560040 KARNATAKA
209	MANASA HOSPITAL	#189, SHIVA COMPLEX, M DALAPALYA, NEAR VIJAYA BANK, SHIVANAND NAGAR BANGALORE -560072 KARNATAKA
210	MALLYA HOSPITAL	#2, VITTAL MALLYA ROAD, BANGALORE BANGALORE -560001 KARNATAKA
211	MAHARAJA AGRASEN HOSPITAL	15TH MAIN ROAD, BANASHANKARI, 17TH CROSS, 2ND STAGE, PADMANABH NAGAR BANGALORE -560070 KARNATAKA
212	MAHANTH HOSPITAL	NO.8, 1ST CROSS, N.G.R LAYOUT, ROOPENA AGRAHA, BANGALORE BANGALORE -560068 KARNATAKA
213	LIVE 100 HOSPITAL PVT. LTD.	104/1, HOSUR MAIN ROAD, SINGASANDRA BANGALORE -560068 KARNATAKA

S. No.	HOSPITAL NAME	ADDRESS
214	LAKSHMI HOSPITAL	2ND CROSS, JUDGES COLONY, GANGA NAGAR BANGALORE -560006 KARNATAKA
215	KAVERI SPECIALITY HOSPITAL	15/2,4TH CROSS, HOSUR MAIN ROAD, MADIVALA BANGALORE -560068 KARNATAKA
216	KARTHIK NETRALAYA INSTITUTE OF OPHTHALMOLOGY PVT. LTD.	89.6TH CROSS,NR COLONY,ASHOK NAGAR,STAGE I NEAR KATHABHAVANA BUILDNG, BSK 1ST STAGE, BANASHANKARI BANGALORE - 560050 KARNATAKA
217	K.R.PURAM SUPER SPECIALITY HOSPITAL	3RD MAIN ROAD, OLD EXTENSION, K. R. PURAM BANGALORE -560036 KARNATAKA
218	K K HOSPITAL	NO. 9,A1,A2,OPP. MEC SCHOOL, A SECTOR,NEW COLONY, YELAHANKA BANGALORE -560064 KARNATAKA
219	JEEVIKA HOSPITALS PVT LTD	#95/3, MARTHAHALLI OUTER RING ROAD, DODDANEKUNDI BANGALORE -560037 KARNATAKA
220	JAYASHREE MULTISPECIALITY HOSPITAL	NO. 25/26/27, 1ST CROSS, B BLOCK,VISHWAPRIYA NAGAR, BEGUR BANGALORE -560068 KARNATAKA
221	ISIS MEDICARE & RESEARCH CENTRE PVT LTD	NO. 18,UNIVERSAL HOUSE, BELLARY ROAD, SADASHIVNAGAR BANGALORE - 560080 KARNATAKA
222	HEALTH COTTAGE HOSPITAL	#289, 1ST CROSS, CAMBRIDGE LAYOUT,OPP. SALAPURIA RESIDENCY, HALASUR BANGALORE -560008 KARNATAKA
223	H.K HOSPITAL	106/2, MYSORE ROAD,NEAR RAINBOW BRIDGE, KENGERI BANGALORE - 560060 KARNATAKA
224	GAYATHRI HOSPITAL PVT. LTD.	NO.9 I ,MAGADI CHORD ROAD, 0 VIJAYANAGAR BANGALORE -560040 KARNATAKA
225	GARDEN CITY HOSPITAL	#132/18, 3RD BLOCK, 22ND CROSS, JAYANAGAR BANGALORE -560011 KARNATAKA
226	GANGOTHRI HOSPITAL	# 27,100 FEET RING ROAD, KUVEMPUNA, BTM LAYOUT BANGALORE -560076 KARNATAKA
227	FAMILY HEALTH PROVIDERS PVT LTD	NO. 423/2,60 FEET ROAD, 1ST MAIN, 1ST STAGE, 1ST PHASE,BEHIND SBM GOKULA, MATHIKERE BANGALORE -560054 KARNATAKA
228	DR. NATESH ENT & SURGICAL CARE CENTRE	#8/45,80 FEET ROAD, BANASHANKARI 1ST STAGE,S.B.M COLONY, BANASHANKARI BANGALORE -560050 KARNATAKA
229	DR. B.R AMBEDKAR MEDICAL COLLEGE HOSPITAL	NO.24, 0 KADUGONDANAHALLI BANGALORE -560045 KARNATAKA
230	DIVINE SPECIALITY HOSPITAL	NO.110,6TH MAIN, ITI LAYOUT, BENSON TOWN BANGALORE -560046 KARNATAKA
231	DIVAKARS SPECIALITY HOSPITAL	NO. 220, 9TH CROSS,2ND PHASE, J.P. NAGAR BANGALORE -560078 KARNATAKA
232	DHANUSH HOSPITAL	63,2ND MAIN, NAGARABHAVI MAIN ROAD, BYRAVESHWARA NAGAR BANGALORE -560072 KARNATAKA
233	DEEKSHA HOSPITAL	#387/347,YELAHANKA OLD TOWN, NEXT TO POST OFFICE,B.B ROAD, NEHRU NAGAR BANGALORE -560064 KARNATAKA
234	CLOUDNINE - KIDS CLINIC INDIA PVT. LTD.	#1533, 9TH MAIN,3RD BLOCK, JAYANAGAR BANGALORE -560011 KARNATAKA
235	CLOUDNINE - KIDS CLINIC INDIA PVT. LTD.	#115, KODIHALLI OLD AIRPORT ROAD, OPP. TOTAL MALL BANGALORE - 560017 KARNATAKA
236	CLOUDNINE - KIDS CLINIC INDIA PVT. LTD.	# 47, 17TH CROSS, 11TH MAIN, MALLESHWARAM BANGALORE -560055 KARNATAKA
237	CHINMAYA NARAYANA	CMH COMPLEX, CMH ROAD, INDIRANAGAR BANGALORE -560038

S. No.	HOSPITAL NAME	ADDRESS
	HRUDAYALAYA KARNATAKA	
238	CHINMAYA MISSION HOSPITAL	1/1, CMH ROAD, INDIRANAGAR BANGALORE -560038 KARNATAKA
239	CHAYA HOSPITAL	NO.66-335,4TH MAIN ROAD,6TH CROSS, O.M.B.R.LAYOUT,HRBR LAYOUT BLOCK I, KALYAN NAGAR BANGALORE -560043 KARNATAKA
240	CHAITANYA HOSPITAL	NO.80,3RD CROSS, P & T COLONY, RT NAGAR BANGALORE -560032 KARNATAKA
241	C.R MEDICAL CENTRE	#6/2, BRIGADE CHAMPAK,UNION STREET,INFANTRY ROAD, BANGALORE BANGALORE -560001 KARNATAKA
242	BLOSSOM MULTISPECIALITY HOSPITALS & DAY CARE CENTRE PVT LTD	# 1141,BMS PLAZA, MANGAMMANAPALYA MAIN ROAD, BOMMANAHALLI BANGALORE -560068 KARNATAKA
243	BLOSSOM MULTISPECIALITY HOSPITALS & DAY CARE CENTRE PVT LTD	#1023, POST-SINGASANDRA,HOSA ROAD, CHANNAKESHAVANAGAR BANGALORE -560100 KARNATAKA
244	BILVA HOSPITAL	#21-22, 2ND MAIN ROAD,PALACE GUTTAHALLI, BANGALORE BANGALORE - 560003 KARNATAKA
245	BHAANU NURSING HOME	69/5B,HOSUR MAIN ROAD, NEAR CENTRAL SILK BOARD, BOMMANAHALLI BANGALORE -560068 KARNATAKA
246	BELLEVUES CAMBRIDGE HOSPITAL	NO 18/17, CAMBRIDGE ROAD, ULSOOR BANGALORE -560008 KARNATAKA
247	BEAMS HOSPITALS PVT LTD	640,12TH MAIN, 80 FT. ROAD,4TH BLOCK, KORAMANGALA BANGALORE - 560034 KARNATAKA
248	AXON SPECIALITY HOSPITAL - UNIT OF SAPNA MEDICAL SCIENCES LTD.	BUILDING NO.321, 6TH MAIN,HAL 2ND STAGE, INDIRANAGAR BANGALORE -560038 KARNATAKA
249	ABHAYA HOSPITAL	NO.17,DR.M.H.MARI GOWDA, HOSUR ROAD,OPPOSITE PARK AREA,RAJA RAM MOHAN ROY EXTENSION WILSON GARDEN BANGALORE BANGALORE - 560027 KARNATAKA
250	RAKSHA MULTISPECIALITY HOSPITAL	NO.141/142,1ST MAIN, KRISHNANANDNAGAR, KBH COLONY, POLICE QUARTERS, NANDINI LAYOUT, BANGALORE - 560096 KARNATAKA
251	ST. JOHNS MEDICAL COLLEGE HOSPITAL	JOHN NAGAR, SARJAPUR ROAD, KORAMANGALA, BANGALORE - 560034 KARNATAKA
252	VASAN EYE CARE HOSPITAL	NO.897/C,80 FEET ROAD,6TH BLOCK, OPPOSITE I.B.L.PETROL BUNK, KORAMANGALA BANGALORE -560095 KARNATAKA
253	VASAN EYE CARE HOSPITAL	NO.28&29,7TH MAIN, DIAGONAL ROAD,4TH BLOCK, JAYANAGAR BANGALORE -560011 KARNATAKA
254	VASAN EYE CARE HOSPITAL	SRI MURTHY COMPLEX,NO.43,GARVEY BHAV PALYA, HONGASANDRA VILLAGE BEGUR,HOBLI,HOSUR MAIN ROAD, BOMMANAHALLI BANGALORE - 560068 KARNATAKA
255	VASAN EYE CARE HOSPITAL	NO.25/5-D, OUTER RING ROAD, MARATHALLI, BANGALORE -560037 KARNATAKA
256	VASAN EYE CARE HOSPITAL	NO.483,16TH CROSS, 8TH MAIN ROAD, RAJARAJESHWARI NAGAR BANGALORE -560098 KARNATAKA
257	VASAN EYE CARE HOSPITAL	NO-533,108B CIRCLE, VIJAYALAKSHMI ARCADE,GANGA NAGAR BUS STAND, R. T. NAGAR BANGALORE -560032 KARNATAKA
258	VASAN EYE CARE HOSPITAL	1127/A,7TH SECTOR, NEAR BDA COMPLEX, HSR LAYOUT BANGALORE - 560102 KARNATAKA

**Notes:** For an updated list of Hospitals, please visit the Company's website.

## SERVICE REQUEST FORM

### For Change in Occupation / Nature of Job

(Refer Clause 6.3 of Policy Terms and Conditions)

PLEASE NOTE:

1. To be filled in by Policyholder in CAPITAL LETTERS only.
2. If there is insufficient space, please provide further details on a separate sheet. All attached documents form part of this service request.
3. This form has to be filled in and submitted to the company whenever the nature of job / occupation of any insured covered under the Policy changes subsequent to the issuance of the Policy.

#### Policyholder Details

Mr.  Ms.  M/S.  Policy No :   
Name :   
(First Name) (Middle Name) (Last Name)

#### Details of the Insured Persons for whom details are to be updated

Mr.  Ms.  M/S.   
Name :   
(First Name) (Middle Name) (Last Name)  
Occupation :

#### Declaration

I hereby declare, on my behalf and on behalf of all persons insured, that the above statement(s), answer(s) and / or particular(s) given by me are true and complete in all respects to the best of my knowledge and that I am authorized to provide / request for updation of the details on behalf of Insured Persons.

Date :  /  /  (DD/MM/YYYY)

Place :

Signature of the Policyholder \_\_\_\_\_

(On behalf of all the persons insured under the Policy)

Note: The Company shall update its record with respect to the information provided above. Subsequently, the Company may review the risk involved and may alter the coverage and / or premium payable accordingly.



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HEALTH INSURANCE

*Health ki Guarantee*

**Care Health Insurance Limited**

(Formerly known as Religare Health Insurance Company Limited)

Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019

Correspondence Office: Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39,  
Gurugram -122001 (Haryana)

CIN: U66000DL2007PLC161503 UIN: RHIHLGP21405V032021

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