

Preamble: The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured/Insured Persons (also referred as You) and Religare Health insurance Company Ltd. (also referred as Company/ We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the references to the female; and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

In return for premium paid, the Company will pay the Insured in case a valid claim is made:

In consideration of the premium paid by the Policy Holder, subject to the terms & conditions contained herein, the Company agrees to pay/indemnify the Insured Person(s), the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective Benefit in any Policy Year.

Policy Terms & Conditions

Please check whether the details given by you about the insured persons in the proposal form (a copy of which was provided at the time of issuance of cover for the first time) are incorporated correctly in the policy schedule. If you find any discrepancy, please inform us within 15 days from the date of receipt of the policy, failing which the details relating to the person/s covered would be taken as correct.

So also the coverage details may also be gone through and in the absence of any communication from you within 15 days from the date of receipt of the policy, it would be construed that the policy issued is correct and the claims if any arise under the policy will be dealt with based on proposal /policy details.

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. Definitions

- 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 Person as on his last birthday.
- 1.3 **Alternative treatments** are forms of treatments other than treatment “Allopathy” or “modern medicine” and include Ayurveda, Unani, Sidha and Homeopathy in the Indian Context
Yoga as a form of treatment is not covered under Alternative treatments.
- 1.4 **Ambulance** means a vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
- 1.5 **Annexure** means the document attached and marked as Annexure to this Policy.
- 1.6 **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
- 1.7 **Assistance Service Provider** means the service provider specified in the Policy Schedule appointed by the Company from time to time.
- 1.8 **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.

- 1.9 City of Residence** means and includes any city, town or village in which the Insured Person is currently residing in India and as specified in the Insured Person's corresponding address in the Policy Schedule.
- 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 Person 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 Company (also referred as Insurer/We/Us)** means Religare Health Insurance Company Limited.
- 1.13 Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- 1.14 Congenital Anomaly** refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position :
- a. Internal Congenital Anomaly –
Congenital anomaly which is not in the visible and accessible parts of the body
 - b. External Congenital Anomaly –
Congenital anomaly which is in the visible and accessible parts of the body
- 1.15 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.
- 1.16 Cumulative Bonus** shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 1.17 Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—
- 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 Day Care Treatment is carried out.
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 1.18 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 consecutive 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.
- 1.19 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.
- 1.20 Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery .

- 1.21 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.
- 1.22 Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
- The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - The patient takes treatment at home on account of non-availability of room in a Hospital.
- 1.23 Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.
- 1.24 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 Person's health.
- 1.25 Empanelled Provider** means any qualified diagnostic center, Hospital and Medical Practitioner that has been empanelled with the Company to provide Services under Benefit 8:Cardiac Health Check-up and Optional Benefit 4:Active Health Check-up
- 1.26 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.
- 1.27 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, bobsleighting/ 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.
- 1.28 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:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified Medical Practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;

- e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 1.29 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.
- 1.30 ICU Charges** or (Intensive care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 1.31 Indemnity/Indemnify** means compensating the Insured Person 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.
- 1.32 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:
- It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;
 - It needs ongoing or long-term control or relief of symptoms;
 - It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - It continues indefinitely;
 - It recurs or is likely to recur.
- 1.33 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.
- 1.34 In-patient Care** (not applicable for Overseas Travel Insurance) means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 1.35 Insured Event** means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions.
- 1.36 Insured Person (Insured)** means a person whose name specifically appears under Insured in the Policy Schedule and with respect to whom the premium has been received by the Company.
- 1.37 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.
- 1.38 Maternity expenses** shall include—
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - expenses towards lawful medical termination of pregnancy during the policy period.
- 1.39 Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

- 1.40 Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.41 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.
- 1.42 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 Person;
 - 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.
- 1.43 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.
- 1.44 Newborn baby** means baby born during the Policy Period and is aged up to 90 days.
- 1.45 Nominee** means the person named in the Policy Schedule 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 Person is deceased.
- 1.46 Notification of Claim** means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication.
- 1.47 Non - Network Provider:** Non-Network means any hospital, day care centre or other provider that is not part of the network.
- 1.48 OPD Treatment** is one in which the Insured Person 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.
- 1.49 Policy** means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and Optional Cover (if applicable) which form part of the Policy and shall be read together.
- 1.50 Policy Schedule** is a certificate attached to and forming part of this Policy.
- 1.51 Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof.
- 1.52 Policyholder** (also referred as You) means the person named in the Policy Schedule as the Policyholder.
- 1.53 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.
- 1.54 Policy Period End Date** means the date on which the Policy expires, as specifically appearing in the Policy Schedule.
- 1.55 Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Schedule.

- 1.56 Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 1.57 Post-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
 - ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company.
- 1.58 Pre-existing Disease** (not applicable for Overseas Travel Insurance) means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- 1.59 Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that :
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 1.60 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.
- 1.61 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.
- 1.62 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.
- 1.63 Room Rent** means the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.
- 1.64 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.
- 1.65 Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated with a couch for the attendant 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.
- 1.66 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 Person to recover expenses paid out under the Policy that may be recovered from any other source.
- 1.67 Sum Insured** means the amount specified in the Policy Schedule, for which premium is paid by the Policyholder
- 1.68 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 from suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

- 1.69 Third Party Administrator or TPA** means any person who is licensed under the IRDA (Third Party Administrators-Health Services) Regulations,2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.
- 1.70 Total Sum Insured** is the sum total of Sum Insured and the Sum Insured accrued as No Claims Bonus, Sum Insured reinstated as Automatic Recharge, and/or OPD Benefit (Optional Benefit) and/or Home Care (Optional Benefit). It represents the Company's maximum, total and cumulative liability in respect of the Insured Person for any and all Claims incurred during the Policy Year. If the Policy Period is more than 12 months, then it is clarified that the Sum Insured shall be applied separately for each Policy Year in the Policy Period.
- 1.71 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.
- 1.72 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 Person 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.
- 1.73 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.

2. SCOPE OF COVER

A. GENERAL CONDITIONS APPLICABLE TO ALL THE BENEFITS AND OPTIONAL BENEFITS

1. The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.
 - I. On Floater Basis, the Company's maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Total Sum Insured.

- II. For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claims Bonus, Automatic Recharge, OPD Care (Optional Benefit) and Home Care (Optional Benefit).
 - III. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
 - IV. The Company's liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
2. The Co-payment proportion as specified in the Policy Schedule, shall be borne by the Policyholder / Insured Person on each Claim which will be applicable on Benefit 1(Hospitalization Expenses),Benefit 2(Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Benefit 3(Alternative Treatments), Benefit 4(Ambulance Cover) and Benefit 5(Domiciliary Hospitalization)
 3. Deductible if opted is applicable on the Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3(Alternative Treatments), Benefit 4(Ambulance Cover) and Benefit 5(Domiciliary Hospitalization)
 4. Any Claim paid for Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Alternative Treatments, Ambulance Cover, Domiciliary Hospitalization, shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
 5. Admissibility of a Claim under Benefit "Hospitalization Expenses" is a pre-condition to the admission of a Claim under Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses, Alternative Treatment, Ambulance Cover, Automatic Recharge and Home Care subject to the event giving rise to a Claim under Benefit "Hospitalization Expenses" shall be within the Policy Period for the Claim of such Benefit to be accepted.
 6. If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
 7. Option of Mid-term inclusion of a Person in the Policy will be only upon marriage .Additional differential premium will be calculated on a pro rata basis.
 8. Coverage amount limits for Benefits 'OPD Care' and Home Care' are covered over and above the 'Sum Insured'.
 9. Optional covers opted are available for all members in a floater policy. If Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Benefits.
 10. Any Claims made under the Benefits :Cardiac Health Check -up , OPD Care(Optional Benefit) , International Second Opinion(Optional Benefit) , Active Health Check- up(Optional Benefit) and Home Care(Optional Benefit), will not affect the no claims bonus accrual under the Benefit :No Claims Bonus

B. SPECIFIC CONDITIONS

Specific Conditions shall be applicable only if the Specific Condition is specified to be applicable to the Insured Person in the Policy Schedule.

1. The Policyholder shall bear a Co-payment per Claim (as specified in the Policy Schedule) of the final amount admitted as payable by the Company in accordance with Clause 5.6 and the Company's liability shall be restricted to payment of the balance amount subject to the available Sum Insured.

2. The applicable Co-payment will increase by 10% per Claim in the Policy Year following the Insured Person (or eldest Insured Person in the case of a Floater cover) attaining Age 71. If an Insured Person (or eldest Insured Person in the case of a Floater cover) attains age 71 years during the Policy Period, additional 10% co-payment will be applicable to the Policy only at the time of subsequent renewal.
3. However, if the age of the Insured Person or eldest Insured Person (in case of Floater) at the time of issue of the first Policy with the Company is 70 years or below, then the Insured Person has an option to waive the condition for the additional 10% Co-payment upon payment of extra premium in this regard.
4. The Co-payment shall be applicable to each and every Claim made, for each Insured Person subject to Clause 2 .A.(2)

2.1 Benefit 1 : Hospitalization Expenses

If an Insured Person is diagnosed with an illness or suffers an injury and which requires the Insured Person to be admitted in a Hospital in India which should be Medically Necessary during the Policy Period and while the Policy is in force for:

- (i) **In-patient Care:** The Company will indemnify the Insured Person for Medical Expenses incurred towards Hospitalization through Cashless or Reimbursement Facility, maximum up to the Sum Insured, as specified in the Policy Schedule, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.
- (ii) **Day Care Treatment:** The Company will indemnify the Insured Person for Medical Expenses incurred on Day Care Treatment through Cashless or Reimbursement Facility, maximum up to the Sum Insured, as specified in the Policy Schedule, provided that the Day Care Treatment is listed as per the *Annexure-I to Policy Terms & Conditions* and period of treatment of the Insured Person in the Hospital/Day Care Centre does not exceed 24 hours, which would otherwise require an in-patient admission and such Day Care Treatment was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary
- (iii) **Conditions applicable for Hospitalization Expenses (Benefit 1):**
 - (a) **Room/Boarding and nursing expenses as charged by the Hospital where the Insured Person availed medical treatment (Room Rent / Room Category):**

If the Insured Person is admitted in a Hospital room where the Room Category opted or *Room Rent incurred is higher than the eligible Room Category/ Room Rent* as specified in the Policy Schedule, then,

The Insured Person 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 Policy Schedule or the Room Rent of the entitled Room Category to the Room Rent actually incurred.

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

- 1) **Single Private Room** If the Policy Schedule states 'Single Private Room' as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Person payable by the Company is limited to stay in a Single Private Room.
- 2) If the Policy Schedule states 'up to 1% of the Sum Insured per day' as eligible Room Rent, it means the maximum eligible Room Rent of the Insured Person payable by the Company is limited to 1% of the Sum Insured per day of Hospitalization. Any amount accrued as No Claims Bonus under (Benefit 7) shall not form part of Coverage for Room Rent/Room Category
- 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 Person is admitted in an ICU where the ICU charges incurred are higher than the ICU Charges specified in the Policy Schedule, then the Insured Person shall bear the ratable proportion of the 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 Policy Schedule to the ICU charges actually incurred.

The Policy Schedule 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 Policy Schedule states 'up to 2% of the Sum Insured per day' as eligible ICU Charges per day of Hospitalization, it means the maximum eligible ICU charges of the Insured Person payable by the Company is limited to 2% of the Sum Insured per day of Hospitalization. Any amount accrued as No Claims Bonus (Benefit 7) shall not form part of coverage for ICU Charges
- 2) If the Policy Schedule states the eligibility of ICU Charges of the Insured Person as 'no sub-limit', it means that there is no separate restriction on ICU Charges incurred towards stay in ICU during Hospitalization.

(c) Expenses incurred on treatment for Named Ailments / Procedures

The Company will indemnify the Insured Person for Expenses incurred in respect of the below mentioned Ailments / Procedures up to the amount specified against each and every Ailment / Procedure mentioned in the Policy Schedule in a Policy Year, provided that the treatment was taken on the advice of a Medical Practitioner.

- i. Treatment of Cataract

- ii. Treatment of Total Knee Replacement
- iii. Surgery for treatment of all types of Hernia
- iv. Hysterectomy
- v. Surgeries for Benign Prostate Hypertrophy (BPH)
- vi. Surgical treatment of stones of renal system
- vii. Treatment of Cerebrovascular disorders
- viii. Treatments/Surgeries for Cancer
- ix. Treatment of other renal complications and Disorders
- x. Treatment for breakage of bones

2.2 Benefit 2 : Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

The Company will *indemnify the Insured Person for Medical Expenses incurred which are Medically Necessary*, only through Reimbursement Facility, maximum up to the amount/limit, as specified in the Policy Schedule, provided that the Medical Expenses so incurred are related to the same Illness/Injury for which the Company has accepted the Insured Person's Claim under Benefit 1 (Hospitalization Expenses) and subject to the conditions specified below:

- (i) Under Pre-hospitalization Medical Expenses, *for a period of 30 days immediately prior to the Insured Person'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 Policy Start Date; and
- (ii) Under Post-hospitalization Medical Expenses, *for a period of 60 days immediately after the Insured Person's date of discharge from the Hospital*.
- (iii) If the provisions of Clause 5.7(d)(Payment terms) 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.

2.3 Benefit 3: Alternative Treatments:

The Company will indemnify the Insured Person, through Cashless or Reimbursement Facility, up to the amount/limit specified in the Policy Schedule, towards in-patient Medical Expenses incurred with respect to the Insured Person's Medical treatment undergone at any AYUSH Hospitals or teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine and Central Council of Homeopathy, through any of the alternative treatments namely Ayurveda, Sidha, Unani and Homeopathy, provided that the Medical Expenses so incurred are related to the Illness for which the Company has accepted the

Insured Person's Claim under In-patient Care of Benefit 1 (Hospitalization Expenses) and subject to conditions as specified below:

- (i) For the Purpose of this Benefit AYUSH Hospitals should be registered with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
 - a) Has at least fifteen in-patient beds;
 - b) Has minimum five qualified and registered AYUSH doctors;
 - c) Has qualified paramedical staff under its employment round the clock;
 - d) Has dedicated AYUSH therapy sections;
 - e) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- (ii) Medical Treatment should be rendered from a registered Medical Practitioner who holds a valid practicing license in respect of such Alternative Treatments; and
- (iii) Such treatment taken is within the jurisdiction of India; and
- (iv) Clause 4.2 (20) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.4 Benefit 4: Ambulance Cover

The Company will *indemnify the Insured Person*, through Cashless or Reimbursement Facility, up to the amount specified against this Benefit in the Policy Schedule, provided that the Medical Expenses so incurred are related to the Illness for which the Company has accepted the Insured Person's Claim under Benefit 1 (Hospitalization Expenses) and subject to conditions as specified below:

- (i) Such ambulance transportation is offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation; and
- (ii) Such ambulance transportation is certified by the treating Medical Practitioner; and
- (iii) Such Transportation is from the place of occurrence of Medical Emergency of the Insured person, to the nearest Hospital; and/or
- (iv) Such Transportation is from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Person, following an Emergency.

2.5 Benefit 5: Domiciliary Hospitalization

The Company will *indemnify the Insured Person*, only through Reimbursement Facility, up to the Sum Insured as specified against this Benefit in the Policy Schedule, for the Medical Expenses *incurred towards Domiciliary Hospitalization*, i.e., Coverage extended when Medically Necessary treatment is taken at home (as explained in Definition 1.22), 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 Policy Year;
- (iii) The Medical Expenses are Reasonable and Customary Charges which are necessarily incurred;
- (iv) Any Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses (Benefit 2) shall not be payable under this Benefit;

- (v) 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.

2.6 **Benefit 6: Automatic Recharge:**

If a Claim is payable under the Policy, then the Company agrees to automatically make the reinstatement of up to the Sum Insured once in a policy year which is valid for that Policy Year only, subject to the conditions specified below:

- (i) The Recharge shall be utilized only after the Sum Insured and No Claims Bonus (Benefit – 7) has been completely exhausted in that Policy Year;
- (ii) A Claim will be admissible under the Recharge only if the Claim is admissible under Benefit 1 (Hospitalization Expenses);
- (iii) The Sum Insured available under recharge can only be utilized for Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Alternative Treatments), Benefit 4 (Ambulance Cover), Benefit 5 (Domiciliary Hospitalization)
- (iv) The Recharge shall be available only for all future Claims which are not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during that Policy Year. In case of a floater policy, the insured(s) who has not claimed will be eligible to utilize the Recharged amount for any illness or injury pertaining to that Policy Year.
- (v) No Claims Bonus (Benefit – 7) shall not be considered while calculating 'Automatic Recharge';
- (vi) Any unutilized Recharge cannot be carried forward to any subsequent Policy Year;
- (vii) If the Policy is issued on a Floater basis, then the Recharge will also be available only on Floater basis;
- (viii) For any single Claim during a Policy Year the maximum Claim amount payable shall be sum total of:
 - a) Sum Insured
 - b) No Claims Bonus (Benefit – 7)
- (ix) During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum total of:
 - a) Sum Insured
 - b) No Claims Bonus (Benefit – 7)
 - c) Automatic Recharge (Benefit – 6)

2.7 Benefit 7: No Claims Bonus:

At the end of each Policy Year, the Company will enhance the Sum Insured by 10% flat, on a cumulative basis, as a No Claims Bonus for each completed and continuous Policy Year, provided that no Claim has been paid by the Company in the expiring Policy Year, and subject to the conditions specified below:

- (i) In any Policy Year, the accrued No Claims Bonus, shall not exceed 50% of the Sum Insured available in the renewed Policy;
- (ii) The No Claims Bonus shall not enhance or be deemed to enhance any Conditions as prescribed under Clause 2.1(iii);
- (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 Person during the expiring Policy Year. The No Claims Bonus which is accrued during the claim-free Policy Year will only be available to those Insured Persons who were insured in such claim-free Policy Year and continue to be insured in the subsequent Policy Year;
- (iv) The entire No Claims Bonus will be forfeited if the Policy is not continued / renewed on or before Policy Period 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 Persons in the expiring policy are covered on Individual basis and thus have accumulated the No Claims Bonus for each Insured Person 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 Persons;
- (vii) If the Insured Persons in the expiring policy are covered on a Floater basis and such Insured Persons renew their expiring Policy with the Company by splitting the Floater Sum Insured 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 Sum Insured 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 Policy Year, the accrued No Claims Bonus will be reduced by 10% of the Sum Insured at the commencement of next Policy Year, but in no case shall the Total Sum Insured be reduced than the Sum Insured;
- (x) In case Sum Insured under the Policy is reduced at the time of renewal, the applicable No Claims Bonus shall also be reduced in proportion to the Sum Insured;
- (xi) In case Sum Insured under the Policy is increased at the time of renewal, the No Claims Bonus shall be calculated on the Sum Insured applicable on the last completed Policy Year;
- (xii) The Recharge amount ('Automatic Recharge') shall not be considered while calculating 'No Claims Bonus';
- (xiii) No Claims Bonus' can only be utilized for (Base Covers) under the Policy;
- (xiv) In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year.

2.8 Benefit 8: Cardiac Health Check-up :

On the Insured Person’s request, the Company will arrange for the Insured Person’s Cardiac Health Check-up on a Cashless basis for the set of medical tests specified below as per the Sum Insured (SI) at its Network Provider or any other Empanelled Providers with the Company to provide the services, in India, provided that this Benefit shall be available only once during a Policy Year for each insured covered under the Policy.

- a) Set of Medical Tests Covered in the Cardiac Health Check-up applicable for SI=2L/ 3L /4L /5L

Cardiac Health Check – up set
Complete Blood Count with ESR
Urine RE
Blood Group
HbA1C
TMT
Lipid Profile
Kidney Function test
Liver Function test
TSH
Medical Examination Report
Hbs Ag
Chest X Ray

- b) Set of Medical Tests Covered in the Cardiac Health Check-up applicable for SI=7L/10L

Cardiac Health Check – up set
Complete Blood Count with ESR
Urine RE
Blood Group
HbA1C
TMT
Lipid Profile
Kidney Function test
Liver Function test
TSH
Medical Examination Report
Hbs Ag
Chest X Ray
2D Echo
APTT

3. Optional Benefits:

The Policy provides the following Optional Benefits which can be opted either at the inception of the policy or at the time of renewal. The Policy Schedule will specify the Optional Benefits that are in force for the Insured Persons.

3.1 Optional Benefit 1: OPD Care:

The Company will indemnify the Insured Person, through Reimbursement/Cashless Facility, for availing Out-Patient consultations, Diagnostic Examinations and Pharmacy expenses, up to the amount specified against this Benefit in the Policy Schedule, during the Policy Year, Provided that :

- (i) Coverage for Diagnostics Examinations is limited up to 50% of the coverage amount for 'OPD Care';
- (ii) Coverage for the Benefit 'OPD Care' is provided for entire Policy Year and is available to all the Insured Persons in a Floater Policy type along with Individual Policy type.;
- (iii) All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable by the Company. However, in case of reimbursement, claim can be filed with the Company, only twice during that Policy year, as and when that Insured Person may deem fit.

3.2 Optional Benefit 2:International Second Opinion:

In the event that the Insured Person is diagnosed with any Major Illness / Injury during the Policy Year, then at the Policyholder's / Insured Person's request, the Company shall arrange for a Second Opinion from a Medical Practitioner anywhere in the world

It is agreed and understood that the International 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 Person during the Policy Year;
- (ii) The Insured Person 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 Person's visit or consultation to an independent Medical Practitioner.
- (iv) The Company does not provide a Second Opinion or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person'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 Policyholder or Insured Person 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 Benefit shall not be valid for any medico-legal purposes.
- (viii) The Second Opinion does not entitle the Insured Person to any consultation from or further opinions from that Medical Practitioner.
- (ix) For the purpose of this Benefit only:

Major Illness / Injury means one of the following only:

1. Benign Brain Tumor
2. Cancer
3. End Stage Lung Failure
4. Myocardial Infarction
5. Coronary Artery Bypass Graft
6. Heart Valve Replacement
7. Coma
8. End Stage Renal Failure
9. Stroke
10. Major Organ Transplant
11. Paralysis
12. Motor Neuron Disorder
13. Multiple Sclerosis
14. Major Burns
15. Total Blindness

3.3 Optional Benefit 3:Home Care:

The Company will indemnify the Insured Person for the expenses incurred up to the amount per day as specified in the Policy Schedule only through Reimbursement towards the hiring of a Qualified Nurse with the purpose of providing necessary care and convenience to the Insured Person to perform his Activities of Daily Living, and are recommended and certified by a Medical Practitioner to be necessary in writing that the Insured is unable to perform at least two of the Activities of Daily Living, provided that:

- i. A Claim will be admissible under this Benefit only if a Claim is admissible under Benefit 1 (Hospitalization Expenses) limited to the ailment for which the benefit is required;
- ii. The Company shall not be liable to make payment under this Benefit for the first day of hiring the Qualified Nurse in respect of an Illness/Injury;
- iii. This Benefit can only be availed within 30 days of last Discharge Date from the Hospital.
- iv. The Company shall not be liable to make payment under this Benefit for more than 7 consecutive days arising from Any One Illness or Injury or related ailment or its direct complication; and
- v. The Company shall not be liable to make payment under this Benefit for more than 45 days per Policy Year per Insured Person.
- vi. Exclusion for only Rehabilitation measures, private duty nursing, respite care private duty nursing mentioned in Clause 4.2 (12) under Permanent Exclusions, is superseded to the extent covered under this Benefit

3.4 Optional Benefit 4:Active Health Check-up:

On the Insured Person’s request, the Company will arrange for the Insured Person’s Health Check-up for the set of medical tests specified below irrespective of the Sum Insured at its Network Provider or any other Empanelled Providers with the Company to provide the services on a Cashless basis, in India provided that this Benefit shall be available only thrice (one set at a time) during a Policy Year for each insured covered under the Policy.

Please note that coverage under this Benefit is over and above the coverage for Benefit 8: Cardiac Health Check –up . Set of Medical Tests covered under this Benefit are as below:

Active Health Check-up set
Blood Pressure
Lipid Profile
Fasting & PP Blood Sugar

4. EXCLUSIONS

4.1. Wait Period

(i) Initial Waiting Period

- a) Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days from the Policy Period Start Date shall not be admissible, except those Medical Expenses incurred as a result of an Injury within the Policy Period.
- b) This exclusion shall not apply for subsequent Policy Years provided that there is no Break in Policy for that Insured Person and that the Policy has been renewed with the Company for that Insured Person within the Grace Period and for the same or lower Sum Insured.

(ii) Specific Waiting Period

- (i) Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 (twenty four) consecutive months of coverage of the Insured Person by the Company from the first Policy Period Start Date:
 - I Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
 - II 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;
 - III Benign Prostatic Hypertrophy;
 - IV Cataract;

- V Dilatation and Curettage;
- VI Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Ulcers of Gastro Intestinal tract;
- VII Surgery of Genito urinary systems;
- VIII All types of Hernia, Hydrocele;
- IX Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus;
- X Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps ;
- XI Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone;
- XII Myomectomy for fibroids;
- XIII Varicose veins and varicose ulcers;
- XIV Pancreatitis;
- XV End stage liver disease;
- XVI Procedures for Retinal disorders;
- XVII Cerebrovascular accident;
- XVIII Renal Failure / End Stage Renal Disease;
- XIX Cardiomyopathies;
- XX Myocardial Infarction;
- XXI Heart Failure, Arrhythmia / Heart blocks, ASD/VSD/PDA;
- XXII All types of Cancer;
- XXIII Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair.

- (ii) If an Insured Person is suffering from any of the above Illnesses, conditions or Pre-existing Diseases at the time of commencement of first policy with the Company, any Claim in respect of that Illness, condition or Pre-existing Disease shall not be covered until the completion of 24 months of continuous insurance coverage with the Company from the first Policy Period Start Date.
- (iii) Wait Period for Pre-existing Diseases:** Claims will not be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease until 24 months of continuous coverage has elapsed, since the inception of the first Policy with the Company.
- (iv)** If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods as defined above in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the incremental amount of the Sum Insured only.
- (v)** If the Sum Insured is reduced on any renewal of this Policy, the credit for waiting periods as defined above in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be restricted to the lowest Sum Insured under the previous Policy.
- (vi)** The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (vii)** If coverage for Benefits (in case of change in Product Plan) or Optional Benefits are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1 (i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Benefits or Optional Benefits, from the time of such renewal.

4.2. Permanent Exclusions:

Any Claim in respect of any Insured Person 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.

The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
2. The Company shall not admit any Claim in respect of an Insured Person for which involves treatment/consultation in any of the hospitals as listed in Annexure – III to the Policy Terms & Conditions.
3. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Persons’s family.
4. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
5. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these.
6. Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or assisted reproductive technology.
7. 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.
8. Charges incurred for Treatment/Diagnosis in connection with eye, ear and dental and all other external appliances and/or devices whether for diagnosis or treatment.
9. Unproven/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.
10. Expenses incurred (or Treatment undergone) on High Intensity Focused Ultra Sound, Balloon Sinuplasty, Enhanced External Counter Pulsation Therapy and related therapies. Deep Brain Simulation, Hyperbaric Oxygen Therapy, Robotic Surgery ((whether invasive or non-invasive), Holmium Laser Enucleation of Prostate, KTP Laser surgeries, cyber knife treatment, Femto laser surgeries
11. 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.

12. Any treatment related to general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital
13. Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
14. Treatment of mental illness or psychological disorders or Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness.
15. Cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns.
16. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.
17. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
18. All preventive care (except eligible and entitled for Benefit 8: Cardiac Health Check-up and Optional Benefit 4: Active Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment), vitamins and tonics.
19. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
20. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine. This exclusion will not be applicable for Inpatient Hospitalization of the Insured to the extent covered under the Benefit 3: Alternative Treatments.
21. 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.
22. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
23. 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 ,tobacco(smoking/non -smoking)or hallucinogens.
24. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
25. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.

26. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
27. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions.
28. Stem cell implantation/surgery and storage except for allogeneic bone marrow transplantation
29. All the Hazardous Activities
30. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
31. Remicade, Avastin or similar injectable treatment not requiring 24 hour hospitalization.
32. Oral Chemotherapy
33. Treatment sought for any medical condition, not covered under the Benefit but arising during the Hospitalization for the condition covered under the Benefit.

In-case Insured Person is suffering from or has been diagnosed with or has been treated for any of the following disorders prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be treated as a Pre-existing Disease and will not be covered within first 24 months from the date of first issuance of the Policy

- I Chronic Bronchitis
- II Esophageal Stricture or stenosis;
- III Unoperated Varicose Veins;
- IV Deep Vein Thrombosis (DVT);
- V Spondyloarthropathies (Spondylosis/Spondylitis/Spondylolisthesis);
- VI Residual Poliomyelitis;
- VII Avascular Necrosis, Idiopathic;
- VIII Unoperated Hyperthyroidism;
- IX Renal/Ureteric/BladderCalculi;
- X DUB/Endometriosis;
- XI Unoperated Fibroid Uterus;
- XII Retinal Detachment;
- XIII Otosclerosis;
- XIV Deafness;
- XV Blindness;
- XVI Any implant in the body except Cardiac stents
- XVII Down's Syndrome/Turner's Syndrome/Sickle Cell Anaemia/ Thalassemia Major/G6PD deficiency

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 Procedure and Management

This section explains about procedures involved to file a valid Claim by the Insured Person and related processes involved to manage the Claim by the Company.

5.1 Pre-requisite for admissibility of a Claim:

Any claim being made by an Insured Person or attendant of Insured Person during Hospitalization on behalf of the Insured person, should comply with the following conditions:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. The Company will not be liable to indemnify the Insured Person for any loss other than the covered Benefits and any other person who is not accepted by the Company as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. The Company may call for additional documents wherever required.

5.2 Claim settlement - Facilities

(a) Cashless Facility

The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider. For this purpose, the Insured Person 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 Person 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 Person 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 Person'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 Person 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 Person, 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 Person and all other information and documentation specified under Clauses 5.4 and 5.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) **Company's Rejection:** If the Company does not authorize the Cashless Facility due to insufficient Sum Insured 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 Person to the Network Provider, following which a Claim for reimbursement may be made to the Company which shall be considered subject to the Insured Person'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 Person 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 Person 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.
- (b) **Re-imbusement 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 5.4 and Clause 5.5 shall be submitted to the Company at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person'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 Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (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 Duties of a Claimant/ Insured Person in the event of Claim

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

- (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
- (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (iii) 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 5 (Claims Procedure and Management) of the Policy.
- (iv) The Insured Person 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.
- (v) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (vi) The Company shall be provided with complete necessary documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

5.4 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: 5.4 (i) and 5.4 (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 Policyholder;
 3. Name of the Insured Person in respect of whom the Claim is being made;
 4. Nature of Illness or Injury and Benefit under which the Claim is being made
 5. Name and address of the attending Medical Practitioner and Hospital;
 6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
 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 Person'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

5.5 Documents to be submitted for filing a valid Claim

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 Person;
2. Copy of Photo ID of Insured Person;
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(if applicable);
9. Indoor case papers(if applicable);
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. Ambulance Receipt;
12. Doctor prescription, Nursing invoice and care notes (for Home care benefit)
13. Any other document as required by the Company to assess the Claim, in case fraud is suspected.

Notes:

- The Company may give a waiver to one or few of the above mentioned documents depending upon the case.
- Additional documents as specified against any Benefit shall be submitted to the company.
- The Company will accept bills/invoices which are made in the Insured Person's name only.
- The company may seek any other document as required to assess the Claim.

- 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.

5.6 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 Person as specified in the Policy Schedule, then the Variable Medical Expenses payable shall be pro-rated as per the applicable limits in accordance with Clause 2.1(iii) (a) & (b).
 - (ii) If any sub-limits on Room Rent/Category for Medical Expenses are applicable as specified in the Policy Schedule, the Company's liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
 - (iii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. The Company's liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible. Similarly, if 'Deductible per claim' is applicable, the Company's liability to make payment shall commence only once the 'Deductible per claim' limit is exceeded.
 - (iv) Co-payment (if applicable) shall be applicable on the admissible claim amount payable by the Company
 - (v) The balance amount, if any, subject to the applicability of sub-limits on Expenses in accordance with Clause 2.1 (iii) (c) , the Company's liability to make payment shall be limited to such extent as applicable and shall be the Claim payable.
- c. The Claim amount assessed in Clause 5.6 (b) above would be deducted from the following amounts in the following progressive order:
 - (i) Sum Insured;
 - (ii) No Claims Bonus (if applicable);
 - (iii) Automatic Recharge (if applicable).
- d. All claims incurred in India are dealt by the Company directly.

5.7 Payment Terms

- (a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.

- (b) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum Insured for that Insured Person is exhausted.
- (c) **The Company shall settle or reject 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 Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person 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 from the date of receipt of last necessary document to the date of payment of claim, 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.
- (d) **If the Policyholder / Insured Person suffers a relapse within 45 days** of 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 and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

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 Person 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

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 Person, 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 shall immediately notify the Company in writing of any material change in the risk on

account of change in nature of occupation or business 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 or Insured Person 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 Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or Policy 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 Person 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 Person or the nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of the Company.

6.7 Multiple Policies

- a. In case any Policyholder/Insured Person is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder/Insured Person shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the Sum Insured of such Policy.
- b. In case the Claim amount under a single policy exceeds the Sum Insured, then Policyholder/Insured Person shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Person 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 & conditions of chosen Policy.
- c. Policyholder/Insured Persons shall also have the right to prefer claims from other policy / policies for the amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted.
- d. In case of multiple policies which provide fixed benefits, each insurer shall make the claim payments independent of payments received under other similar polices.

6.8 Free Look Period

- a. The Policyholder 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 Terms

- (a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach the Company on or before the Policy Period End Date.
- (b) The premium payable on renewal shall be paid to the Company on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
- (c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period 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.
- (d) The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non-cooperation of the insured.
- (e) The Company may carry out underwriting in accordance with its Board approved underwriting policy in relation to any request for change in Sum Insured or Deductible at the time of renewal of the Policy.
- (f) This product may be withdrawn / modified by the Company after due approval from the Authority (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 the Authority (IRDAI). The Company shall duly intimate the Policyholder at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.
- (g) The Company may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the Authority's (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.
- (h) Renewal shall be offered lifelong. The Insured Person 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 waiting periods.
- (i) 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 by giving 15 days’ notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by the Company.
- (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 Policy Period Start Date	Policy Tenure – 1 Year	Policy Tenure – 2 Years	Policy Tenure – 3 Years
Up to 1 month	75.00%	87.50%	91.50%
1 month to 3 months	50.00%	75.00%	88.50%
3 months to 6 months	25.00%	62.50%	75.00%
6 months to 12 months	0.00%	50.00%	66.50%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.50%
18 months to 24 months	N.A.	0.00%	33.00%
24 months to 30 months	N.A.	N.A.	8.00%
Beyond 30 months	N.A.	N.A.	0.0%

- (c) In case of demise of the Policyholder,
 - (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy at the short period scales.
 - (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies the Company’s criteria applies to become the Policyholder.

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 proves to the Company’s satisfaction that the delay in reporting of the Claim was for reasons beyond 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. Any communication meant for the Policyholder/ Insured Person will be sent by the Company to his last known address or the address as shown in the Policy Schedule.
- b. All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. 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. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

- 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 policyholder as per Policy Schedule shall be considered relevant

6.16 Electronic Transactions

The Policyholder and /or Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and 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 Continuity Benefits

- (i) Insured(s) have an option to migrate from their existing health insurance policy of any other Indian non-life insurer/standalone health insurer to any other similar policy with the company, at the time of renewal, provided the previous policy/policies has been maintained without any break and the policy holder shall apply to company at least 45 days before, but not earlier than 60 days from the policy renewal date of his or her existing policy in prescribed format.

- (ii) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the sum insured and the deductible under the expiring health insurance policy.
- (iii) The Waiting Periods under Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.
- (iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (v) Credit for the sum insured of the expiring policy shall additionally be available as under:
 - a) If the Insured Person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with the Company, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.
 - b) In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.
- (vi) In case the Policyholder has opted to switch to any other insurer under portability and the outcome of acceptance of the portability is awaited from the new insurer on the date of renewal:
 - a) The Company may at the request of the Policyholder, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
 - b) In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the extended Policy Period part of Policy, as applicable. In such cases, Policyholder shall be liable to pay the premium for the balance period and continue with the Company for that Policy year.

6.18 Assignment

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

5. The transfer or assignment shall not be operative as against an Insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Insurer.

6. The Insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.

7. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

Note: This is only a simplified version of (Assignment or Transfer) for general information purpose only. For full texts of this section please refer to Section 38 of Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

6.19 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 Person has a grievance that the Policyholder / Insured Person wishes the Company to redress, the Policyholder / Insured Person may contact the Company with the details of the grievance through:

Website: www.religarehealthinsurance.com

Email: customerfirst@religarehealthinsurance.com

Contact No: 1800-200-4488; 1860-500-4488

Courier: Any of Our Branch Office or corporate office

The Policyholder/Insured Person 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 Person is not satisfied with the Company's redressal of the Policyholder's / Insured Person's grievance through one of the above methods, the Policyholder / Insured Person's may contact the Company's Head of Customer Service at:

Head – Customer Services,
 Religare Health Insurance Company Limited,
 Vipul Tech Square, Tower C,
 3rd Floor, Golf Course Road, Sector - 43,
 Gurgaon, Haryana – 122009

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

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 : bimalokpal.ahmedabad@gbic.co.in	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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	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: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh

	Email: bimalokpal.chandigarh@gbic.co.in	
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: bimalokpal.chennai@gbic.co.in	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 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	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@gbic.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	West Bengal, Andaman & Nicobar Islands, Sikkim

	Email: bimalokpal.kolkata@gbic.co.in	
LUCKNOW	<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
MUMBAI	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane</p>
PATNA	<p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in</p>	<p>Bihar, Jharkhand</p>
NOIDA	<p>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@gbic.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur,</p>

		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@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irdai.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.religarehealthinsurance.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

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 EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
15. REMOVAL OF A TYMPANIC DRAIN
16. KERATOSIS REMOVAL UNDER GA
17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18. TYMpanoplasty (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19. REMOVAL OF KERATOSIS OBTURANS
20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21. REVISION OF A STAPEDECTOMY
22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
23. MYRINGOPLASTY (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 PERICHONDRIITIS
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 OESOPHAGUS
75. ERCP AND PAPILOTOMY
76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77. EUS + SUBMUCOSAL RESECTION

78. CONSTRUCTION OF GASTROSTOMY TUBE
79. EUS + ASPIRATION PANCREATIC CYST
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81. COLONOSCOPY ,LESION REMOVAL
82. ERCP
83. COLONOSCOPY STENTING OF STRICTURE
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W / STENT
92. EUS + COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS

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 ABSCESES 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 PLICATION
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. TRU CUT LIVER BIOPSY
- 174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
- 175. EXCISION OF CERVICAL RIB
- 176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
- 177. MICRODOCHECTOMY 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. 2D RADIOTHERAPY
- 263. 3D CONFORMAL RADIOTHERAPY
- 264. IGRT- IMAGE GUIDED RADIOTHERAPY
- 265. IMRT- STEP & SHOOT
- 266. INFUSIONAL BISPHOSPHONATES
- 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 RADIOTHERAPY
- 273. HELICAL TOMOTHERAPY
- 274. SRS-STEREOTACTIC RADIOSURGERY
- 275. X-KNIFE SRS
- 276. GAMMAKNIFE 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. AFTERLOADING 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 RATINAL 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. SURGERY FOR 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 CAP TENDON
- 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. FIBRO MYOCUTANEOUS 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. DRAINAGE OF 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-VEIN 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

Sr. No.	Annexure – II List of Expenses Excluded ("Non-medical") in Hospital Indemnity Policy
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
3	BABY FOOD
4	BABY UTILITES CHARGES
5	BABY SET
6	BABY BOTTLES
7	BRUSH
8	COSY TOWEL
9	HAND WASH
10	MOISTURISER PASTE BRUSH
11	POWDER
12	RAZOR
13	SHOE COVER
14	BEAUTY SERVICES
15	BELTS/ BRACES
16	BUDS
17	BARBER CHARGES
18	CAPS
19	COLD PACK/HOT PACK
20	CARRY BAGS
21	CRADLE CHARGES
22	COMB
23	DISPOSABLES RAZORS CHARGES (for site preparations)
24	EAU-DE-COLOGNE / ROOM FRESHNERS
25	EYE PAD
26	EYE SHEILD
27	EMAIL / INTERNET CHARGES
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
29	FOOT COVER
30	GOWN
31	LEGGINGS
32	LAUNDRY CHARGES
33	MINERAL WATER
34	OIL CHARGES
35	SANITARY PAD
36	SLIPPERS
37	TELEPHONE CHARGES
38	TISSUE PAPER
Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
39	TOOTH PASTE
40	TOOTH BRUSH

41	GUEST SERVICES
42	BED PAN
43	BED UNDER PAD CHARGES
44	CAMERA COVER
45	CLINIPLAST
46	CREPE BANDAGE
47	CURAPORE
48	DIAPER OF ANY TYPE
49	DVD, CD CHARGES
50	EYELET COLLAR
51	FACE MASK
52	FLEXI MASK
53	GAUSE SOFT
54	GAUZE
55	HAND HOLDER
56	HANSAPLAST/ ADHESIVE BANDAGES
57	LACTOGEN/ INFANT FOOD
58	SLINGS
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
62	HORMONE REPLACEMENT THERAPY
63	HOME VISIT CHARGES
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES
69	DONOR SCREENING CHARGES
70	ADMISSION/REGISTRATION CHARGES
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
74	STEM CELL IMPLANTATION/ SURGERY and storage

Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
77	MICROSCOPE COVER
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
79	SURGICAL DRILL
80	EYE KIT
81	EYE DRAPE
82	X-RAY FILM
83	SPUTUM CUP
84	BOYLES APPARATUS CHARGES
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
86	SAVLON
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
88	COTTON
89	COTTON BANDAGE
90	MICROPORE/ SURGICAL TAPE
91	BLADE
92	APRON
93	TORNIQUET
94	ORTHOBUNDLE, GYNAEC BUNDLE
95	URINE CONTAINER
ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX
97	HVAC
98	HOUSE KEEPING CHARGES
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
100	TELEVISION & AIR CONDITIONER CHARGES
101	SURCHARGES
102	ATTENDANT CHARGES
103	IM IV INJECTION CHARGES
104	CLEAN SHEET
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
106	BLANKET/WARMER BLANKET
ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT
108	BIRTH CERTIFICATE
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
110	CERTIFICATE CHARGES
111	COURIER CHARGES

112	CONVENYANCE CHARGES
113	DIABETIC CHART CHARGES
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
115	DISCHARGE PROCEDURE CHARGES
116	DAILY CHART CHARGES
117	ENTRANCE PASS / VISITORS PASS CHARGES
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
119	FILE OPENING CHARGES
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
121	MEDICAL CERTIFICATE
122	MAINTAINANCE CHARGES
123	MEDICAL RECORDS
124	PREPARATION CHARGES
125	PHOTOCOPIES CHARGES
126	PATIENT IDENTIFICATION BAND / NAME TAG
127	WASHING CHARGES
128	MEDICINE BOX
129	MORTUARY CHARGES
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)
EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES
132	BIPAP MACHINE
133	COMMODE
134	CPAP/ CAPD EQUIPMENTS
135	INFUSION PUMP - COST
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
137	PULSEOXYMETER CHARGES
138	SPACER
139	SPIROMETRE
140	SPO2 PROBE
141	NEBULIZER KIT
142	STEAM INHALER
143	ARMSLING
144	THERMOMETER
145	CERVICAL COLLAR
146	SPLINT
147	DIABETIC FOOT WEAR
Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
148	KNEE BRACES (LONG/ SHORT/ HINGED)
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
150	LUMBO SACRAL BELT
151	NIMBUS BED OR WATER OR AIR BED CHARGES
152	AMBULANCE COLLAR

153	AMBULANCE EQUIPMENT
154	MICROSHEILD
155	ABDOMINAL BINDER
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
159	SUGAR FREE Tablets
160	CREAMS POWDERS LOTIONS (Toileteries are not payable, only prescribed medical pharmaceuticals payable)
161	Digestion gels
162	ECG ELECTRODES
163	GLOVES
164	HIV KIT
165	LISTERINE/ ANTISEPTIC MOUTHWASH
166	LOZENGES
167	MOUTH PAINT
168	NEBULISATION KIT
169	NOVARAPID
170	VOLINI GEL/ ANALGESIC GEL
171	ZYTEE GEL
172	VACCINATION CHARGES
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD
174	ALCOHOL SWABES
175	SCRUB SOLUTION/STERILLIUM OTHERS
176	VACCINE CHARGES FOR BABY
177	AESTHETIC TREATMENT / SURGERY
178	TPA CHARGES
179	VISCO BELT CHARGES
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
181	EXAMINATION GLOVES
182	KIDNEY TRAY
183	MASK
Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
184	OUNCE GLASS
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
186	OXYGEN MASK
187	PAPER GLOVES
188	PELVIC TRACTION BELT
189	REFERAL DOCTOR'S FEES
190	ACCU CHECK (Glucometry/ Strips)
191	PAN CAN

192	SOFNET
193	TROLLY COVER
194	UROMETER, URINE JUG
195	AMBULANCE
196	TEGADERM / VASOFIX SAFETY
197	URINE BAG
198	SOFTOVAC
199	STOCKINGS

Note: Items mentioned under sub heading “Items payable if supported by a Prescription” will be payable only if supported by Medical Practitioner’s prescription. All other items mentioned are excluded under this Policy.

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

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road,Athwalines, Surat , Surat , Gujarat

Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala,Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra
Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana
Hospital Name	Address
Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132, Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234,- , Greater Kailash 1 , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research	J-206 A/1, Sector 41 , Noida , Uttar Pradesh

Centre Pvt. Ltd.	
Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka
East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
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
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -1, Greater Noida , Noida , Uttar Pradesh
Hardik Hospital	29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh
Panvel Hospital	Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
Santosh Hospital	L-629/631,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh
Hospital Name	Address
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana

Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12, New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 , Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc, B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet, Godadara Road , Surat , Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura , Surat , Gujarat
Hari Milan Hospital	L H Road , Surat , Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat

Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat
Hospital Name	Address
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat
Sparsh Multy Speciality Hospital & Trauma Care Center	G.I.D.C 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.

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.

Place : |_|_|_|_|_|_|_|_|_|_|

Date : |_|_|_|/|_|_|_|/|_|_|_|_|_| (DD/MM/YYYY)

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.*