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HEALTH
INSURANCE

Group carē



Know Your Policy Better

Policy Terms and Conditions

I. Definitions

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, Regulations notified by the Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

- I.1 Accidental/Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- I.2 Age** means the completed age of the Insured Person as on his last birthday.
- I.3 Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- I.4 Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
- I.5 Annexure** means a document attached and marked as Annexure to this Policy.
- I.6 Any One Illness** means a continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment may have been taken;
- I.7 Break in Policy** occurs at the end of the existing Policy term, when the premium due date for Renewal on a given policy is not paid on or before the premium Renewal date or within 30 days thereof.
- I.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 approved.
- I.9 Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of Medical Expenses or Optional Extensions in respect of the Insured Member as covered under the Policy.
- I.10 Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- I.11 Congenital Anomaly** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly** Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly** Congenital anomaly which is in the visible and accessible parts of the body
- I.12 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.
- I.13 Cover End Date** means the date specified in Annexure 'A' for the respective Insured Member on which the Insured Member's cover under the Policy expires.
- I.14 Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure 'A'.
- I.15 Cover Start Date** means the date specified in Annexure 'A' for the respective Insured Member on which the Insured Member's cover under the Policy commences.
- I.16 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 -

- has qualified nursing staff under its employment.
- has qualified Medical Practitioner/s in charge.
- has a fully equipped operation theater of its own where Surgical Procedures are carried out.
- maintains daily records of patients and will make these accessible to the Our authorized personnel.

I.17 Day Care Treatment means medical treatment, and/ or Surgical Procedure which is listed in Annexure 'B' and which is:

- undertaken under general or local anesthesia in a Hospital/ Day Care Centre in less than 24 hours because of technological advancement, and
- 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.

I.18 Dependent means a person who is a member of the Primary Insured Member's family who is legally wedded spouse, natural or legally adopted child, parents and parents in law and who is named in Annexure "A" to the Policy as an Insured Member.

I.19 Deductible means a cost-sharing requirement under a health insurance policy that provides that We 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 Us. A deductible does not reduce the Sum Insured. The Deductible may be applicable on per year, per life or per event basis as specified in Policy Schedule.

I.20 Dental Treatment (Dental Care) means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

I.21 Disclosure to Information Norm means the Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

I.22 Domiciliary Hospitalization means medical treatment for an Illness/disease/Injury which in the normal course would require care or 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 a room in a Hospital.

I.23 Emergency means a medical condition arising out of any Illness or Injury contracted by the Insured Member and declared and certified by the Medical Practitioner, attending to the Insured Member; that immediate treatment is required to save the life of the Insured Member.

I.24 Emergency Care means management for a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Member's health.

I.25 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.

I.26 Hospital 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.
- maintains daily records of patients and makes these accessible to the Our authorized personnel.

I.27 Hospitalization means admission in a Hospital for a minimum period of 24 In-

- patient Care consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- 1.28 ICU Charges** or (Intensive care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges
- 1.29 Illness** means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function which manifests itself during the Cover Period 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.
- 1.30 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.
- 1.31 In-patient Care** means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for a covered event.
- 1.32 Insured Member** means the Primary Insured Member named in the Policy Schedule and those of his Dependents named as Insured Members in the Policy Schedule;
- 1.33 Intensive/Critical 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.
- 1.34 Maternity Expense / Treatment** shall include-
- medical treatment expenses traceable to child birth (including complicated deliveries and caesarean sections incurred during hospitalization).
 - expenses towards lawful medical termination of pregnancy during the Policy Period.
- 1.35 Medical Advice** means any consultation or advice from a Medical Practitioner including issue of any prescription or repeat prescription.
- 1.36 Medical Expenses** means those expenses that an Insured Member has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner; as long as these are no more than would have been payable if the Insured Member had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.37 Medically necessary** means a treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- Is required for the medical management of the Illness or Injury suffered by the Insured Member.
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 1.38 Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
- 1.39 Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- 1.40 Network Provider** means the Hospitals enlisted by Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured Member on payment by a Cashless Facility;
- 1.41 Non-Network** means any Hospital, Day Care Centre or other provider that is not part of the network.
- 1.42 Notification of Claim (Intimation)** is the process of notifying a Claim to the Insurer or TPA through any of the recognized modes of communication;
- 1.43 Out-Patient Treatment (OPD Treatment)** is one in which the Insured Member visits a clinic/Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured Member is not admitted as a day care or in-patient.
- 1.44 Policy** means these Policy Terms & Conditions, Optional Extensions (if any), the Proposal Form / data sheet, Policy Schedule and Annexures which form part of the policy contract and shall be read together;
- 1.45 Policy Schedule** is a certificate attached to and forming part of this Policy.
- 1.46 Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof..
- 1.47 Policyholder** means the person or the entity named in the Policy Schedule as the Policyholder.
- 1.48 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.
- 1.49 Policy Period End Date** means the date on which the Policy expires, as specifically appearing in the Policy Schedule.
- 1.50 Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Schedule.
- 1.51 Post-hospitalization Medical Expenses** means Medical Expenses incurred during predefined number of days immediately after the Insured Person is discharged from the Hospital provided that:
- Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - The inpatient Hospitalization claim for such Hospitalization is admissible by the insurance Company.
- 1.52 Portability** means the right accorded to individual health insurance policyholders (including all members under family cover) to transfer the credit gained for pre-existing conditions and time-bound exclusions, from one insurer to another insurer.
- 1.53 Pre-existing Disease** means any condition, ailment or Injury or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement
- 1.54 Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 1.55 Primary Insured Member** means Your employee or a member of Your group who satisfies and continues to satisfy the eligibility criteria specified in the Policy Schedule and who is named in Annexure "A" to the Policy as an Insured Member.
- 1.56 Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 1.57 Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
- 1.58 Rehabilitation** means assisting an Insured Member who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.

- 1.59 Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
- 1.60 Room Rent** shall mean the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.
- 1.61 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.
- 1.62 Sum Insured** means the amount specified against each Insured Member in the Policy Schedule which represents Our maximum, total and cumulative liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Period.
- 1.63 Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.
- 1.64 TPA** or Third Party Administrator, means a company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services as mentioned under IRDAI (TPA-Health Services) Regulations as amended from time to time;
- 1.65 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.
- 1.66 We/Our/Us** means Care Health Insurance Limited
- 1.67 You/Your** means the Policyholder.
- 1.68. AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such centre which is registered with the local authorities, wherever applicable, and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:
- Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 1.69 AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
- Central or State Government AYUSH Hospital or
 - Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative
- 1.70 Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence
- 1.71. Associate Medical Expenses** means those Medical Expenses as listed

below which vary in accordance with the Room Rent or Room Category applicable in a Hospital:

- Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
 - Fees charged by surgeon, anesthetist, Medical Practitioner;
- Note: Associate Medical Expenses are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

2. Scope of Cover

Benefit : Hospitalization Expenses

If an Insured Member is diagnosed with an Illness or suffers an Injury during the Cover Period and while the Policy is in force that requires:

- 2.1 In-patient Care :** The Insured Member's Hospitalization, then We will indemnify the Medical Expenses incurred on Hospitalization, provided that the Hospitalization was on the written advice of a Medical Practitioner.
- 2.2 Day Care Treatment :** The Insured Member to undergo Day Care Treatment at a Day Care Centre or Hospital, We will indemnify the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was taken on the written advice of a Medical Practitioner.

Our maximum, total and cumulative liability for an Insured Member for any and all Claims incurring under this Policy during the Cover Period in relation to that Insured Member shall not exceed the Sum Insured for that Insured Member. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.

2.3 Sub-limit on Room Rent

- If the Insured Member is admitted in a Hospital room where the Room Rent incurred is higher than the eligible limit, as specified below then the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Schedule in the proportion of the Room Rent actually incurred less Room Rent limit and divided by Room Rent actually incurred, provided that We have admitted a Claim under Clause 2.1 (a).
- Room Rent Limit = one (1%) percent of the Sum Insured per day subject to maximum amount specified in the Policy Schedule.

2.4 Sub-limit on ICU charges

ICU charges Limit = two (2%) percent of the Sum Insured per day subject to maximum amount specified in the Policy Schedule.

2.5 Advanced Technology Methods

The Company will indemnify the Insured Member for expenses incurred under Benefit I (Hospitalization Expenses) for treatment taken through following advance technology methods:

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

3. Exclusions

3.1. Waiting Period

a. 30-Day waiting period- Excl 03

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

b. Specific waiting period- Excl 02

- Expenses related to the treatment of the listed Conditions,

surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage under this Policy, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.

- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase under this Policy.
- iii. If any of the specified disease/procedure falls under the waiting period specified for preExisting diseases, then the longer of the two waiting periods shall apply.
- iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- v. If the Insured Member is continuously covered without any break under this Policy as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- vi. List of specific diseases/procedures under this Policy:
 - I Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal disorders, Joint replacement Surgery;
 - II 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, Gastric and Duodenal Ulcers;
 - VII Surgery of Genito urinary system unless necessitated by malignancy;
 - VIII All types of Hernia, Hydrocele;
 - IX Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
 - X Internal tumors, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
 - XI Kidney Stone/ Ureteric Stone/ Lithotripsy/ Gall bladder Stone;
 - XII Myomectomy for fibroids;
 - XIII Varicose veins and varicose ulcers.
- vii) If an Insured Member is suffering from any of the above Illnesses, conditions or Pre-existing Diseases at the time of commencement of the first Cover Start Date, that Insured Member shall not be covered for any Claim in respect of or related to that Illnesses, condition or Pre-existing Disease until the completion of the period specified in the Policy Schedule but not exceeding 48 months of continuous insurance coverage with Us from the first Cover Start Date under the first Policy with Us.

c. Pre-existing Disease-Excl 01

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer for that Insured Member.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase under this Policy.
- c. If the Insured Member is continuously covered without any break under this Policy as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Company

d. The Waiting Periods as defined in Clauses 3.1.(a), 3.1.(b) and 3.1.(c) shall be applicable individually for each Insured Member and Claims shall be assessed accordingly.

3.2 Permanent Exclusions

Any Claim in respect of any Insured Member for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any condition or treatment as specified in Annexure - C (List of Non-Medical Items)
- ii. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.
- iii. **Maternity: (Code Excl I 8)**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- iv. **Sterility and Infertility: (Code- Excl I 7)**

Expenses related to sterility and infertility. This includes:

- I. Any type of contraception, sterilization
 - II. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - III. Gestational Surrogacy
 - IV. Reversal of sterilization
- v 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.
 - vi Charges incurred in connection with cost of routine eye and ear examinations, dentures, and artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment.
 - vii **Unproven Treatments: (Code- Excl I 6)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
 - viii. **Excluded Providers: (Code- Excl I I)**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However; in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
Note: Refer Annexure – D of the Policy Terms & Conditions for list of excluded hospitals
 - ix Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer / thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
 - x. **Rest Cure, rehabilitation and respite care: (Code- Excl05)**
 - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs
 - xi) Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects..
 - xii) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability
 - xiii) **Cosmetic or plastic Surgery: (Code- Excl08)**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
 - xiv) **Change-of-Gender treatments: (Code- Excl07)**
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 - xv) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
 - xvi) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), and tonics.
 - xvii Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
 - xviii Any travel or transportation expenses including Ambulance charges.
 - xix All expenses related to donor treatment, including surgery to remove

- organs from the donor, in case of transplant surgery.
- xx Non-allopathic treatment.
 - xxi Out-patient Treatment.
 - xxii Treatment received outside India.
 - xxiii Domiciliary Hospitalization or treatment.
 - xxiv **Investigation & Evaluation: (Code- Excl04)**
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 - xxv) 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.
 - xxvi) **Breach of law: (Code- Excl10)**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
 - xxvii) 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 tobacco, intoxicating drugs and alcohol.
 - xxviii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
 - xxix) Personal comfort & convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body/baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
 - xxx) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the Hospital under whatever head.
 - xxxi) 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:
 - I. 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.
 - II. 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.
 - III. 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.

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 shall also be excluded.
 - xxxii Impairment of an Insured Member's intellectual faculties by abuse of stimulants or depressants unless prescribed by Medical Practitioner.
 - xxxiii Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
 - xxxiv Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Schedule.
 - xxxv Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification Centre, sanatorium, home for the aged, remodeling clinic or similar institutions, unless specifically provided for.

- xxxvi. **Obesity/ Weight Control: (Code- Excl06)**
Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
- xxxvii. **Hazardous or Adventure sports: (Code- Excl09)**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving
- xxxviii. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).
- xxxix. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
- xl. Expenses incurred on advanced treatment methods other than as mentioned in clause 2.5
- xli. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14)
- xlii. **Refractive Error: (Code- Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters

4. Claims Intimation, Assessment and Management

- 4.1 Upon occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the You or the Insured Member shall undertake all of the following:
 - a. **Intimation**
 - 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, You or the Insured Member, shall notify Us either at Our call Centre or in writing immediately.
 - ii) If the Insured Member is to undergo planned Hospitalization, You or the Insured Member shall give written intimation to Us of the proposed Hospitalization at least 48 hours prior to the planned date of admission to Hospital.
 - iii) It is agreed and understood that the following details are to be provided to us at the time of intimation of Claim:
 - I. Policy Number.
 - II. Name of Primary Insured Member.
 - III. Name of the Insured Member in whose relation the Claim is being made.
 - IV. Nature of Illness or Injury.
 - V. Name and address of the attending Medical Practitioner and Hospital.
 - VI. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization.
 - VII. Any other information, documentation or details as requested by Us.
- 4.2 **Claims Procedure**
 - a. **Cashless**
Cashless Facility is available only at Network Providers. The Insured Members can avail Cashless Facility at the time of admission into a

Network Provider, by presenting the health card as provided by Us under this Policy, along with a valid photo identification document (like: Voter ID card / Driving License / Passport / PAN Card / any other identification documentation as approved by Us).

- b. In addition to the above, in order to avail Cashless Facility, the following procedure must be followed:

I. Pre-authorization: You or the Insured Member must call Our call centre (1800-102-4488) or Our TPA and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least 48 hours prior before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

II. We will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. We or Our TPA will confirm in writing authorization or rejection of the request to avail Cashless Facility for the Insured Member's Hospitalization.

III. If the request for availing Cashless Facility is authorized by Us or Our TPA, then payment for the Medical Expenses incurred in respect of the Insured Member shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by Us for availing Cashless Facility. Payment in respect of Co-payments (if applicable) or within Deductible (if applicable) or any other costs and expenses not authorized under the Cashless Facility shall be made directly by You or the Insured Member to the Network Provider. All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member and all other information and documentation specified at Clause 4.4 shall be submitted to the Network Provider immediately and in any event before the Insured Member's discharge from Hospital.

IV. If the Company does not authorize the cashless facility due to insufficient Sum Insured or if insufficient information is provided to the Company to determine the admissibility of the Claim, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.

c. The list of updated Network Providers is available with Us or Our TPA and is subject to amendment or modification of the Network Providers and/or the extent of cashless facilities available at particular Network Providers from time to time.

- d. Health card issued by Us shall not be used
- (a) On termination or cancellation of this Policy
 - (b) From Cover End Date
 - (c) On death of Insured Member

e. **Re-imburement:**

i) We shall be given intimation of Hospitalization at Our call Centre or in writing at least 48 hours before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

ii) It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation specified in Clause 4.4. below shall be submitted (at your or the Insured Member's expense) to Us immediately and in any event within 15 days of Insured Member's discharge from Hospital or completion of treatment.

4.3 The Policyholder and Insured Member's duty at the time of Claim

a. You or the Insured Member shall check the updated list of Network Providers before submission of a pre-authorization request for cashless facility; and

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

- i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- ii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy.
- iii) The Insured Member will, at Our request submit himself for a medical examination by Our nominated Medical Practitioner as often as We

consider reasonable and necessary. The cost of such medical examination shall be borne by Us.

iv) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Member's medical and Hospitalization records and to investigate the facts and examine the Insured Member.

v) We shall be provided with complete documentation and information which We have requested to establish Our liability for the Claim, its circumstances and its quantum.

4.4 Claim Documents

a. The following information and documentation shall be submitted to Us in accordance with the procedures and within the timeframes specified in Clause 4 of the Policy in respect of all Claims:

- (i) Duly completed and signed Claim form, in original.
- (ii) Medical Practitioner's referral letter advising Hospitalization.
- (iii) Medical Practitioner's prescription advising drugs/diagnostic tests/consultation.
- (iv) Original bills, receipts and discharge card from the Hospital/Medical Practitioner.
- (v) Original bills from pharmacy/chemists.
- (vi) Original pathological/diagnostic test reports and payment receipts.
- (vii) Indoor case papers.
- (viii) First Information Report/ final police report, if applicable.
- (ix) Post mortem report, if conducted.
- (x) Any other document as required by Us or Our TPA to assess the Claim.

b. Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company or to a reimbursement provider We will accept properly verified photocopies of such documents attested by such other insurance company/reimbursement provider along with an original certificate of the extent of payment received from such insurance company/reimbursement provider.

c. We will only accept bills/invoices which are made in the Insured Member's name.

d. We shall condone delay on merit for delayed Claims where delay is proved to be for reasons beyond Your/Insured Member's control.

4.5 Claim Assessment for Benefit

a. All admissible Claims under this Policy shall be assessed by Us in the following progressive order:

- (i) If the provisions of the Contribution Clause in Clause 5.10 are applicable, Our liability to make payment under that Claim shall first be apportioned accordingly.
- (ii) If a room accommodation has been opted for where the rent or category is higher than the eligible limit for that Insured Member under the Policy, then, the Insured Member shall bear the ratable proportion of the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Schedule in the proportion of the Room Rent actually incurred less Room Rent limit and divided by Room Rent actually incurred.
- (iii) If any sub-limits on Medical Expenses are applicable as specified in the Policy Schedule, Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
- (iv) Co-payments and Deductibles, if any, shall be applicable on the amount payable by Us after applying Clause 4.5.(a)(i), (ii) and (iii).

b. The Claim amount assessed in Clause 4.5(a) above would be deducted from the Sum Insured.

4.6 Payment Terms

a. This Policy covers only medical treatment taken entirely within India.

b. All payments under this Policy shall be made in Indian Rupees and within India.

c. The Sum Insured of the Insured Member shall be reduced by the amount payable or paid under the Policy Terms and Conditions and any Optional Extensions applicable under this Policy and only the balance amount shall be available as the Sum Insured for the unexpired Cover Period.

d. The Claim amount assessed for any Benefit or for any Optional Extensions would be deducted from the Sum Insured and for the unexpired Policy Period balance Sum Insured shall be available.

e. We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Member, once the Sum Insured for that Insured Member is exhausted.

f. If the Insured Member 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.

g. Under cashless facility, the payment of Claims shall be made to the Network Provider and Our discharge would be complete and final.

h. For the Reimbursement Claims, We will pay to the Primary Insured

Member unless specified otherwise in the Policy Schedule. In the event of death of the Primary Insured Member, unless specified otherwise in the Policy Schedule, We will pay the nominee (as named in Annexure A to the Policy) and in case of no nominee to the legal heir of the Primary Insured Member whose discharge shall be treated as full and final discharge of its liability under the Policy.

- i. We shall settle any claim within 30 days of receipt of all the necessary documents/information as required for settlement of such Claim and sought by Us. In case We accept Our liability under any Claim, We shall make the payment within 7 days from the confirmation by You / Insured Member.

5. General Terms and Conditions

5.1 Mid-term Addition/ Deletion of Insured Members

- a. Mid-term addition of the Insured Member
Any person may be added as an Insured Member during the Policy Period provided that his application for cover has been accepted by Us, additional premium, on pro rata basis in respect of such Member has been received by Us and We have issued an endorsement confirming the addition of such person as an Insured Member.
- b. Mid-term deletion of the Insured Member
Name of any Insured Member who is covered under the Policy and whose name specifically appears in Annexure A may be deleted on Your request during the Policy Period. Refund of premium shall be made on pro-rata basis provided that Primary Insured Member or any of his Dependent has not made any Claim during the Cover Period under this Policy.

5.2 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 by the policyholder.

Note:

- a. "Material facts" for the purpose of this clause policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- b. In continuation to the above clause the Company may also adjust the scope of cover and / or the premium paid or payable, accordingly

5.3 Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

5.4 Reasonable Care

The Insured Member shall take all reasonable steps to safeguard against any Illness or Injury that may give rise to a Claim.

5.5 Material Change

It is condition precedents to Our liability under the Policy that You shall at Your own expense immediately notify Us in writing of any material change in the risk on account of change in nature of occupation or business of any Insured Member. We may, in Our discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.

5.6 Records to be maintained

You and the Insured Members shall keep an accurate record containing all relevant medical records and shall allow Us or Our representatives to inspect such records. You or the Insured Member shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy Period End Date, or until final adjustment (if any) and resolution of all Claims under this Policy.

5.7 No constructive Notice

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

5.8 Complete Discharge

Any payment to the policyholder, Insured Person or his/ her nominees or his/ her legal representative or Assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5.9 Multiple Policies

- i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms

of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy

5.10 Policy Disputes

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

- a. The disputes on quantum on payment of losses or any other dispute explained in the paragraph shall be preferred to be dealt and resolved under the alternative dispute resolutions system including Arbitration and Conciliation Act of India.

5.11 Free Look Period

- a. You may, within 15 days from the receipt of the Policy document, return the Policy, if You disagree with any Policy terms and conditions. If no Claim has been made under the Policy, We 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.
- b. It is agreed and understood that this clause cannot be exercised on any renewal of this Policy, if the Policy terms and conditions remain unchanged.

5.12 Renewal Notice

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

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

5.13 Cancellation/Termination

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

Cancellation period upto (x months) from Policy Period Start Date	Refund %
1 month	75
3 months	50
6 months	25
Beyond 6 months	0

- (b) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (c) The Company may cancel the Policy at any time on grounds of misrepresentations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentations, non-disclosure of material facts or fraud.

Notes:

- a) 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 (exclusive of taxes) for the

unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- (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

5.14 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 You or the Insured Member proves to Our satisfaction that the delay in reporting of the Claim was for reasons beyond the Insured Member's control.

5.15 Communication

- a. Any communication meant for Us must be in writing and be delivered to Our address shown in the Policy Schedule. Any communication meant for You or the Insured Member will be sent by Us to Your last known address or the address as shown in the Policy Schedule.
- b. All notifications and declarations for Us must be in writing and sent to the address specified in the Policy Schedule. Intermediaries are not authorized to receive notices and declarations on Our 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.

5.16 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 Us, which approval shall be evidenced by a written endorsement signed and stamped by Us.

- 5.17 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.

5.18 Electronic Transactions

You and Insured Members agree to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, 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 Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

5.19 Portability

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

For Detailed Guidelines on Portability, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>

5.20 Migration

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

For Detailed Guidelines on Migration, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>

5.21 Obligation in respect to minor

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

5.22 Nominee

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

5.23 Withdrawal of Policy

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

5.24 Moratorium Period

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

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

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

5.26 Fraud

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:-

- (a) The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- (b) The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- (c) Any other act fitted to deceive; and
- (d) Any such act or omission as the law specially declares to be fraudulent.

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5.27 Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the

- Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due

5.28. Grievances

In case of any grievance the insured person may contact the company through
Website: www.careinsurance.com
Toll free: 1800-102-4488
E-mail: customerfirst@careinsurance.com
Courier: Any of Company's Branch Office or corporate office

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance .

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

Care Health Insurance Limited,
Unit No. 604 - 607, 6th Floor, Tower C,
Unitech Cyber Park, Sector-39,
Gurgaon, Haryana n 122001
For updated details of grievance officer, kindly refer the link
<https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

- (a) The contact details of Ombudsmen offices are mentioned on next page:

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, BENGALURU - 560 078. Tel.: 080-22222049 / 22222048 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 003. Tel.: 0755-2769201 / 9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674 - 2596461 / 2596455, Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172 - 2706196 / 2706468, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@ecoi.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@ecoi.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 67504123 / 23312122 E-mail : bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel. : 0141-2740363 Email : Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel. : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@ecoi.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.careinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'
Secretary General/Secretary,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai - 400 054.
Tel : 022-26106889/671/980
Fax : 022-26106949
Email - inscoun@ecoi.co.in

Annexure B - List of Day Care Treatments

1. Cardiology Related:

1. CORONARY ANGIOGRAPHY

2. Critical Care Related:

2. INSERT NON-TUNNEL CV CATH
3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5. INSERTION CATHETER, INTRA ANTERIOR
6. INSERTION OF PORTACATH

3. Dental Related:

7. SPLINTING OF AVULSED TEETH
8. SUTURING LACERATED LIP
9. SUTURING ORAL MUCOSA
10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11. FNAC
12. SMEAR FROM ORAL CAVITY

4. ENT Related:

13. MYRINGOTOMY WITH GROMMET INSERTION
14. TYMPANOPLASTY (CLOSURE OF AN EAR DRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
15. REMOVAL OF A TYMPANIC DRAIN
16. KERATOSIS REMOVAL UNDER GA
17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18. TYMPANOPLASTY (CLOSURE OF AN EAR DRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19. REMOVAL OF KERATOSIS OBTURANS
20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21. REVISION OF A STAPEDECTOMY
22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE-I TYMPANOPLASTY)
24. FENESTRATION OF THE INNER EAR
25. REVISION OF A FENESTRATION OF THE INNER EAR
26. PALATOPLASTY
27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
29. TONSILLECTOMY WITH ADENOIDECTOMY
30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31. REVISION OF A TYMPANOPLASTY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34. MASTOIDECTOMY
35. RECONSTRUCTION OF THE MIDDLE EAR
36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40. OTHER OPERATIONS ON THE NOSE
41. NASAL SINUS ASPIRATION
42. FOREIGN BODY REMOVAL FROM NOSE
43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44. ADENOIDECTOMY

45. LABYRINTHECTOMY FOR SEVERE VERTIGO
46. STAPEDECTOMY UNDER GA
47. STAPEDECTOMY UNDER LA
48. TYMPANOPLASTY (TYPE IV)
49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50. TURBINECTOMY
51. ENDOSCOPIC STAPEDECTOMY
52. INCISION AND DRAINAGE OF PERICHONDritis
53. SEPTOPLASTY
54. VESTIBULAR NERVE SECTION
55. THYROPLASTY TYPE I
56. PSEUDOCYST OF THE PINNA - EXCISION
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
58. TYMPANOPLASTY (TYPE II)
59. REDUCTION OF FRACTURE OF NASAL BONE
60. THYROPLASTY TYPE II
61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. Gastroenterology Related:

71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
74. RF ABLATION FOR BARRETT'S 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 PPLICATION
163. JABOULAY'S PROCEDURE
164. SCROTOPLASTY
165. CIRCUMCISION FOR TRAUMA
166. MEATOPLASTY
167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168. PSOAS ABSCESS INCISION AND DRAINAGE
169. THYROID ABSCESS INCISION AND DRAINAGE
170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
171. ESOPHAGEAL GROWTH STENT
172. PAIR PROCEDURE OF HYDATID CYST LIVER
173. 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 PARA OVARIAN 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 BRACHY THERAPY
- 290. ADJUVANT RADIOTHERAPY
- 291. AFTERLOADING CATHETER BRACHY THERAPY
- 292. CONDITIONING RADIOTHERAPY FOR BMT
- 293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
- 294. RADICAL CHEMOTHERAPY
- 295. NEOADJUVANT RADIOTHERAPY
- 296. LDR BRACHY THERAPY
- 297. PALLIATIVE RADIOTHERAPY
- 298. RADICAL RADIOTHERAPY
- 299. PALLIATIVE CHEMOTHERAPY
- 300. TEMPLATE BRACHY THERAPY
- 301. NEOADJUVANT CHEMOTHERAPY
- 302. ADJUVANT CHEMOTHERAPY
- 303. INDUCTION CHEMOTHERAPY
- 304. CONSOLIDATION CHEMOTHERAPY
- 305. MAINTENANCE CHEMOTHERAPY
- 306. HDR BRACHY THERAPY

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-VEINOUS SHUNT

509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY
516. CYSTOSCOPY AND REMOVAL OF POLYP
517. SUPRAPUBIC CYSTOSTOMY
518. PERCUTANEOUS NEPHROSTOMY
519. CYSTOSCOPY AND "SLING" PROCEDURE.
520. TUNA- PROSTATE
521. EXCISION OF URETHRAL DIVERTICULUM
522. REMOVAL OF URETHRAL STONE
523. EXCISION OF URETHRAL PROLAPSE
524. MEGA-URETER RECONSTRUCTION
525. KIDNEY RENOSCOPY AND BIOPSY
526. URETER ENDOSCOPY AND TREATMENT
527. VESICO URETERIC REFLUX CORRECTION
528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529. ANDERSON HYNES OPERATION
530. KIDNEY ENDOSCOPY AND BIOPSY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE- CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB

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

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

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

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

Optional Extensions

Optional Extensions shall be available, subject to Policy Terms and Conditions, only if the same is specifically mentioned in the Policy Schedule or endorsed to this Policy and upon receipt of applicable additional premium (if any) specified in advance by Us. Payment of Claims under any Optional Extension is subject to availability of the Sum Insured under the Policy.

Optional Extension - 1. Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

We will indemnify the Medical Expenses incurred for the Insured Member:

- (a) Pre-hospitalization Medical Expenses : incurred during a period as specified in the Policy Schedule falling immediately prior to the date of the Insured Member's admission to the Hospital; and
- (b) Post-hospitalization Medical Expenses : incurred during a period as specified in the Policy Schedule falling immediately following the date of the Insured Member's discharge from Hospital.

Provided that Our maximum and total liability to make payment under this Optional Extension for Any One Illness shall not exceed the availability of the Sum Insured.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension

For the purposes of this Optional Extension,

Pre-hospitalization Medical Expenses means Medical Expenses incurred immediately before the Insured Member / Dependent is Hospitalized, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's / Dependent's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.

Post-hospitalization Medical Expenses means Medical Expenses incurred immediately after the Insured Member / Dependent is discharged from the Hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's / Dependent Hospitalization was required and
- ii. The inpatient Hospitalization claim for such Hospitalization is admissible by Us.

Optional Extension - 2. Pre-hospitalization Medical Expenses & Post-hospitalization Medical Expenses Benefit

We will indemnify the Medical Expenses incurred for the Insured Member prior to the date of that Insured Member's admission to Hospital and after the Insured Member's discharge from Hospital

Provided that Our maximum and total liability to make payment under this Optional Extension for Any One Illness shall not exceed the percentage specified in the Policy Schedule of the Claim amount assessed under Clause 2 of the Policy Terms & Conditions.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.

For the purposes of this Optional Extension,

Pre-hospitalization Medical Expenses means Medical Expenses incurred immediately before the Insured Member / Dependent is Hospitalized, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's / Dependent's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.

Post-hospitalization Medical Expenses means Medical Expenses incurred immediately after the Insured Member / Dependent is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Member's / Dependent Hospitalization was required and
- ii. The inpatient Hospitalization claim for such Hospitalization is admissible by Us

³Waiting period may be reduced up to zero day.

Optional Extension - 3. Domestic Road Ambulance

We will indemnify up to any sub-limits (if applicable) specified in the Policy Schedule, for the reasonable expenses necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Member's necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be not applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(xviii) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension.

Optional Extension - 4. Maternity Expenses - Delivery Only

We will indemnify for up to any sub-limits (if applicable) specified in the Policy Schedule for the Medical Expenses incurred in connection with Hospitalization of the Insured Member for the delivery of a child, provided that:

- (a) We will be liable to make payment under this Optional Extension only if the Insured Member who has delivered the child is the Primary Insured Member or his spouse.
- (b) the delivery occurs after the completion of the waiting period specified in the Policy Schedule from the first Cover Start Date under this Policy;
- (c) We shall not be liable to make payment under this Optional Extension in respect of the Insured Member more than twice during the Insured Member's lifetime;
- (d) Any maternity period extending over 2 simultaneous Cover Periods shall be treated as a single Claim under which We will assess Our liability to make payment under this Optional Extension under the terms and conditions of the Policy which was applicable to the Cover Period during which conception occurred;
- (e) We shall not be liable to make payment for any Pre- Hospitalization or Post-Hospitalization Medical Expenses for any Claim arising under this Optional Extension;
- (f) We shall not be liable to make payment in respect of any Hospitalization arising in relation to maternity in the pre and post natal periods;

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be not applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(iii) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension

Optional Extension - 5. Maternity Expenses - Comprehensive Benefit

We will indemnify for up to any sub-limits (if applicable) in the Policy Schedule subject to any sub-benefit amounts specified in the Policy Schedule for the Medical Expenses incurred in respect of the Insured Member for Hospitalization for the delivery of a child.

If the Claim for Maternity Benefit is payable in accordance with this this Optional Extension, We will also indemnify for:

- (a) The pre-natal and post-natal Medical Expenses incurred in respect of the Hospitalisation of the Insured Member for the delivery of the child; and
- (b) Medical Expenses incurred in respect of the new born baby of the Insured Member.

It is agreed and understood that:

- (a) We will be liable to make payment under this this Optional Extension only if the Insured Member who has delivered the child is the Primary Insured Member or his spouse.
- (b) We will liable under this this Optional Extension only if the delivery occurs after the completion of the waiting period³ specified in the Policy Schedule from the first Cover Start Date under this Policy;
- (c) We shall not be liable to make payment under this Optional Extension in

respect of the Insured Member more than twice during the Insured Member's lifetime;

- (d) Any maternity period extending over 2 simultaneous Cover Periods shall be treated as a single Claim under which We will assess Our liability to make payment under this Optional Extension under the terms and conditions of the Policy which was applicable to the Cover Period during which conception incurred;
- (e) Any Medical Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Optional Extension;
- (f) Any Claim for Medical Expenses in respect of the New Born Baby shall not be admissible under Clause 2 of the Policy Terms & Conditions if specifically covered under this Optional Extension.

For the purpose of this Optional Extension only, "New Born Baby" means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be not applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(iii) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension.

Optional Extension - 6. Donor Expenses

We will indemnify up to any sub-limits (if applicable) specified in the Policy Schedule for the Medical Expenses incurred in respect of the donor for any organ transplant surgery conducted on the Insured Member during the Cover Period, provided that:

- a) The organ donor is an eligible person in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules.
- b) The organ donated is for the Insured Member's use.
- c) We will not be liable to pay the donor's pre-hospitalization and post hospitalization expenses or any other Medical Expenses in respect of the donor consequent to harvesting.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(xix) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension

Optional Extension - 7. Second opinion

If the Insured Member is diagnosed with any Major Illness specified in the Policy Schedule during the Cover Period, then at the Insured Member's request, We shall arrange for an Second opinion from a Medical Practitioner.

It is agreed and understood that the Second opinion will be based only on the information and documentation provided to Us which will be shared with the Medical Practitioner and is subject to the following:

- (a) This Optional Extension can be availed a maximum of one time by an Insured Member during a Policy Year.
- (b) The Insured Person is free to choose whether or not to obtain the Second - opinion and, if obtained under this Optional Extension, then whether or not to act on it.
- (c) This Optional Extension is for additional information purposes only and does not and should not be deemed to substitute the Insured Member's visit/ consultation to an independent Medical Practitioner.
- (d) We do not provide any Second opinion or make any representation as to the adequacy or accuracy of the same, the Insured Member's or any other person's reliance on the same or the use to which the Second opinion is put.
- (e) We do 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.
- (f) You or the Insured Member shall indemnify Us and hold Us harmless for any loss or damage caused by or arising out of or in relation to any opinion, advise, 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.

- (g) Any Second opinion provided under this Optional Extension shall not be valid for any medico-legal purposes.
- (h) The Second opinion does not entitle the Insured Member to any consultation from or further opinions from that Medical Practitioner.

For the purpose of this Optional Extension only Second opinion means an additional medical opinion obtained by Us from a Medical Practitioner solely on the Insured Member's express request in relation to a major illness which the Insured Member has been diagnosed with during the Cover Period.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.

Optional Extension - 8. OPD Treatment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Schedule for the Medical Expenses incurred by the Insured Members only for OPD Treatment subject to the sub limits specified in the Policy Schedule, if applicable .

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Notwithstanding anything to the contrary to the Policy, following exclusions as specified under Clause 3.2.(v), 3.2.(vii), 3.2.(xxii), 3.2.(xxiii), 3.2.(xxv), 3.2.(xxvi), 3.2.(xxvii), 3.2.(xxix), 3.2.(xxx), 3.2.(xxxiii) and 3.2.(xxxv) of the Policy Terms & Conditions shall be applicable to this Optional Extension.

Optional Extension - 9. Domiciliary Hospitalization

We will indemnify up to the amount specified in the Policy Schedule, for the Medical Expenses incurred during the Cover Period for Domiciliary Hospitalization of the Insured Member, provided that the treatment continues for a period exceeding 3 consecutive days. Any Pre & Post hospitalization expenses of such Domiciliary Hospitalization shall be payable under this Benefit

Any Medical Expenses arising out of the following shall not be payable under this Optional Extension:

- (A) Treatment in relation to any of the following diseases:
 - (i) Asthma
 - (ii) Bronchitis
 - (iii) Chronic Nephritis and Chronic Nephritic Syndrome
 - (iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis
 - (v) Diabetes Mellitus and Insipidus
 - (vi) Epilepsy
 - (vii) Hypertension
 - (viii) Influenza, Cough and Cold
 - (ix) All Psychiatric or Psychosomatic Disorders
 - (x) Pyrexia of unknown origin
 - (xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
 - (xii) Arthritis, Gout and Rheumatism

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(xxiii) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension

Optional Extension - 10. Dental Treatment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Schedule towards expenses incurred for dental procedures and treatments provided that the treatment as specified in the Policy Schedule or procedure is undertaken on the written advice of a qualified and registered dentist

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2 (vi) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension

Optional Extension - 11. Alternative Treatments (IPD basis)

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Schedule towards expenses incurred for the Medical Expenses incurred in respect of the Insured Members only for any of the alternative methods of treatment specified below.

For the purpose of this Optional Extension only, Alternative Treatment means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian Context.

It includes medical consultation, diagnostic tests or medical treatment taken by the Insured Member:

- (a) at the out-patient department of a Hospital which administers treatment related to Alternative Treatments; or
- (b) from a registered Medical Practitioner who holds a valid degree in at least one of the Alternative Treatments

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Notwithstanding anything to the contrary to the Policy, exclusions as specified under Clause 3.2.(v), 3.2.(vii), 3.2.(xxii), 3.2.(xxiii), 3.2.(xxv), 3.2.(xxvi), 3.2.(xxvii), 3.2.(xxxi) and 3.2.(xxxii) of the Policy Terms & Conditions shall be applicable to this Optional Extension.

Optional Extension - 12. Major Diagnostics

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Schedule for the Medical Expenses incurred in respect of the Insured Member for undergoing MRI or CT Scan provided that:

- (a) The treating Medical Practitioner has prescribed such tests;
- (b) Prior approval for the tests has been taken from Us;
- (c) Hospitalization is not required for such tests; and

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.

Optional Extension - 13. Comprehensive STD cover

We will indemnify up to any sub-limits (if applicable) specified in the Policy Schedule, for the reasonable Medical Expenses necessarily incurred by the Insured Member on the treatment of any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice or Trichomoniasis, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind; at a Network Hospital provided that the treatment is certified in writing to be necessary by the treating Medical Practitioner.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.

2. Cashless Facilities can be availed under the Policy for this Optional Extension
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(ii) of the Policy Terms & Conditions stands superseded entirely.

Optional Extension - 14. Patient Care

We will pay the amount as specified in the Policy Schedule per day for up to maximum of the number of days specified in the Policy Schedule for the Insured Member availing the medical services of a Qualified Nurse at the Insured Member's residence, provided that:

- (a) the engagement of such Qualified Nurse is certified as necessary by the treating Medical Practitioner;
- (b) the services of the Qualified Nurse are utilized for taking care of the Insured Member for that Illness or Injury, for which a claim under Clause 2 of the Policy Terms & Conditions was admissible under the Policy.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.

Optional Extension - 15. Durable Medical Equipment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Schedule for the reasonable and customary charges necessarily incurred by the Insured Member, for procuring medically necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to wheelchairs and Hospital beds) which fulfills the Insured Member's basic medical needs, consequent to an Illness or Injury.

For the purpose of this Optional Extension, Durable Medical Equipment or devices must satisfy the following conditions:

- (a) Rent amount must not exceed the allowable purchase price of the durable medical equipment.
- (b) Spectacles contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine are not included in the list of durable medical equipment for the purpose of this Optional Extension.

In addition to the foregoing, We will also indemnify the reasonable repair charges, up to the amount specified in the Policy Schedule, incurred towards the repair of the prosthetic devices or other durable medical equipment originally obtained under this Optional Extension.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension
4. Clause 3.2.(ix) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.

Optional Extension - 16. Maternity Complications

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Schedule, for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member for treatment of any of the complications specified below occurring within the Cover Period and after the completion of the waiting period as specified in the Policy Schedule from the first Cover Start Date under the Policy, provided that We will be liable to make payment under this Optional Extension only if the Insured Member in respect of whom the Claim is made is the Primary Insured Member or his spouse:

S. No	Complication
1	Uterine rupture
2	Post partum haemorrhage
3	Amniotic fluid embolism
4	Placenta previa
5	Placental Abruption
6	Disseminated Intravascular Coagulation(DIC)
7	Still Birth
8	Uterine Inversion

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
3. admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(iii) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.

Optional Extension - 17. Domiciliary Treatment

We will indemnify up to any sub-limits (if applicable) as specified in the Policy Schedule for the Medical Expenses incurred by the Insured Member for Domiciliary Treatment.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.
4. Notwithstanding anything to the contrary to the Policy, following exclusions as specified under Clause 3.2.(vii), 3.2.(xxii), 3.2.(xxv), 3.2.(xxvi), 3.2.(xxvii), 3.2.(xxxi), 3.2.(xxxiii) and 3.2. (xxxv) of the Policy Terms & Conditions shall be applicable to this Optional Extension.

Optional Extension - 18. Cover extended outside India

We will indemnify up to any sub-limits (if applicable) and for ailments as specified in the Policy Schedule for Medical Expenses incurred outside India subject to the following:

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension
4. Scope of Cover under Clause 2 of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension
5. Clause 3.2.(xxii) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.
6. Clause 4.6(a) of the Policy Terms & Conditions shall be superseded to the extent covered under this Optional Extension.
7. The claim payment shall be made in Indian Rupees and currency exchange rate on date of payment of Medical Expenses to the Hospital made by Insured Member shall apply.

Optional Extension - 19. Corporate Floater

We will indemnify up to Corporate Floater Sum Insured as specified in the Policy Schedule for any and all Claims admissible under the Policy in aggregate subject to the following:

Terms for admissibility of Claim under this Optional Extension:

1. The Claim of an Insured Member shall be eligible for payment under the Corporate Floater Sum Insured only if that Insured Member's Sum Insured has been exhausted.
2. The maximum amount payable in aggregate during the Cover Period to an Insured Member from the Corporate Floater Sum Insured for any and all Claims shall be restricted to the amount as specified in Policy Schedule
3. The amount payable under this Optional Extension shall be restricted only to those ailments, or surgeries specified in the Policy Schedule
4. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
5. Cashless Facilities can be availed for this Optional Extension in accordance with the Policy.
6. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is not a pre-condition to the admission of a Claim for this Optional Extension.

Optional Extension - 20. Health Check-up

On the Insured Member's request, We shall either arrange or reimburse the Medical Expenses incurred for a health check-up for the Insured Member or indemnify the Insured

Member for up to the amount as specified in Policy Schedule for the expenses incurred by the Insured Member for the health check-up.

Optional Extension - 21. Alternate Treatments (OPD basis)

Scope of Cover under Clause 2 of the Policy Terms & Conditions is extended to indemnify Medical Expenses incurred for medical treatment taken by the Insured Member under Ayush provided that:

- (a) Our liability for any and all Claims in respect of an Insured Member incurred under this Optional Extension during the Cover Period shall not exceed the amount specified in the Policy Schedule
- (b) If We accept any Claim under this Optional Extension, then We will not admit any for allopathic treatment of the same Illness or Injury under this Policy;
- (c) We will not be liable to pay any pre-hospitalization or post hospitalization expenses for any Claim incurred under this Optional Extension.

For the purpose of this Optional Extension only, Ayush shall be limited to the treatment as advised by the Medical Practitioner under following disciplines of medicines:

- (a) Ayurveda
- (b) Unani
- (c) Siddha
- (d) Homeopathy

For the purposes of this Optional Extension, Medical Practitioner means a person who holds a valid registration from the medical council of any state of India in the following disciplines of medicine

- (a) Ayurveda
- (b) Unani
- (c) Siddha
- (d) Homeopathy

and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall not be applicable to this Optional Extension.
2. Cashless Facilities cannot be availed for this Optional Extension in accordance with the Policy.
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2.(xx) of the Policy Terms & Conditions is superseded to the extent covered under this Optional Extension.

Optional Extension - 22. Additional Services

At Your request, We or Our TPA will arrange for the Insured Member to avail or will facilitate them in availing any of the following services, subject to details as specified in the Policy Schedule, including but not limited to:

- (a) Health Card in physical form
- (b) Doctor On Call
- (c) Other value added services as follows:
 - (i) Diet and nutrition consultation;
 - (ii) Chat with Medical Practitioners
 - (iii) Preferred pricing and discounts on services offered by fitness centers or diagnostic centers or dental clinics or pharmacy's or optical clinics or beauty and skin-clinics
 - (iv) Special discounts on medical equipment's or medicines as provided by service providers
 - (v) Health risk assessment

It is agreed and understood that:

- (a) The Insured Person is free to choose whether or not to obtain the additional services and, if obtained under this Optional Extension, then whether or not to act on it.
- (b) This Optional Extension is for additional information purposes only and does not and should not be deemed to substitute the Insured Member's visit/ consultation to an independent Medical Practitioner.
- (c) We do not provide the services under this Optional Extension or make any representation as to the adequacy or accuracy of the same, the Insured Member's or any other person's reliance on the same or the use to which the services under this Optional Extension are put.

- (d) We do 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 service under this Optional Extension or for any consequences of actions taken or not taken in reliance thereon.
- (e) You or the Insured Member shall indemnify Us and hold Us 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 service provider or for any consequences of any action taken or not taken in reliance thereon.

Terms for admissibility of Claim under this Optional Extension:

1. Claim under this Optional Extension can be claimed only under Cashless Facilities in accordance with the Policy.

Optional Extension - 23. Floater

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed, that Our maximum, total and cumulative liability for any and all Claims incurred during the Cover Period in respect of the Primary Insured Member and all his Dependents, shall not exceed the Sum Insured.

Definition 1.62 of the Policy Terms & Conditions is deleted entirely and replaced with the following:

Sum Insured: The amount specified in the Policy Schedule which represents Our maximum, total and cumulative liability for the Primary Insured Member and all his Dependents for any and all Claims incurred during the Cover Period.

Optional Extension - 24. Sub-Floater

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed, that Our maximum, total and cumulative liability for any and all Claims incurred during the Cover Period in respect of the relationships named in the Policy Schedule amongst the Dependents shall not exceed the amount specified in the Policy Schedule for those Dependents, subject to the availability of the Sum Insured under the Floater.

Optional Extension - 25. Modification of Wait Period

Notwithstanding anything to the contrary in the Policy, it is hereby agreed that the waiting periods specified under Clause 3.1 of the Policy Terms & Conditions are modified as specified below:

Clause No.	Revised Waiting Period ¹
3.1(a)	
3.1(b)	
3.1(c)	

¹ Waiting period for any or all sub Clauses may be reduced up to zero day.

Optional Extension - 26. Premium Installment Facility

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that:

- (a) You shall pay Us the premium and all applicable taxes, levies and charges as specified in the Policy by the due dates specified in the Policy Schedule.
- (b) If any installment of premium is not received by the due date, then You may pay the installment in full to Us before the expiry of the grace period of 7 days from the due date of the premium installment. If the premium is not received in full before the expiry of the grace period, this Policy shall cease to operate from the unpaid installment due date and We shall not be liable under this Policy for any Claim occurring thereafter, nor shall any refund of premium become due under the Policy. We may, at Our sole discretion, re-instate the Policy, provided that:
- (i) The Sum Insured has not been exhausted at the time of the proposed re-instatement; and
 - (ii) You make payment of the due installment before the earlier of the next installment due date or the Policy Period End Date; and
 - (iii) All the other installments payable under the Policy are realized by You by the respective due dates and without any default.
- (c) We shall not be liable for any Claims which are incurred from the due date of installment till the date and time of re-instatement of the Policy.

Optional Extension - 27. Deductible

The amount assessed by Us for the Insured Member made during the Cover Period shall be reduced by the Deductible as specified in the Policy Schedule. We shall be liable to make payment under the Policy for any Claim in respect of the Insured Member only when the Deductible on that Claim is exhausted.

For the purpose of this Optional Extension only, Deductible means a cost-sharing requirement under this Policy that provides that We will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by Us. A Deductible does not reduce the Sum Insured. Deductible is applicable on per year, per life or per event basis as specified in Policy Schedule.

Optional Extension - 28. Network limited to specified geographies

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, the Insured Member can avail cashless facilities only at the Network Hospitals located in the geographical regions as specified in the Policy Schedule.

If any Claim is incurred in a Hospital outside the specified geographical regions, the Insured Member shall bear a maximum of 15% co-payment of the percentage specified in the Policy Schedule of the final Claim amount assessed by Us.

Optional Extension - 29. Network limited to Preferred Providers

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that We will indemnify the Medical Expenses incurred for Hospitalization under Clause 2 of the Policy Terms & Conditions only if the Hospitalization Claim is incurred at a Preferred Providers as specified in the Policy Schedule.

For the purpose of this Optional Extension only, Preferred Provider means the Hospitals empanelled by Us or Our TPA and enlisted within the Preferred Provider Network List specified in the Policy Schedule and as updated by Us from time to time. An updated list of Preferred Providers may be obtained from Our website or from Our call centre.

If any Claim is incurred in a Hospital which is not on the updated Preferred Provider Network List, the Insured Member shall bear a maximum of 15% co-payment of the percentage specified in the Policy Schedule of the final claim amount assessed by Us.

Optional Extension - 30. Sub Limits on Medical Expenses

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that Our maximum liability to make payment for Medical Expenses under any admissible Claim under the Policy shall be limited in accordance with the table below:

S. No.	Medical Expenses	Sub-limit (on a per claim basis per Insured Member)
30(a)	Room rent* which is sum of room, boarding and nursing expenses as charged by the Hospital where the Insured Member has availed medical treatment.	Room rent limit = the percentage specified in the Policy Schedule of the Sum Insured per day subject to a maximum of the amount specified in the Policy Schedule per day. If the Insured Member is admitted in a room where the room rent incurred is higher than the room rent limit specified above, then the Insured Member shall bear the ratable proportion of the Medical Expenses as specified in the Policy Schedule in the proportion of (the room rent actually incurred-room rent limit)/room rent actually incurred. This shall be applicable to the Medical Expenses (including surcharge or taxes thereon) as specified in the Policy Schedule incurred during the stay in the Hospital room.
30(b)	ICU charges* which is the sum of ICU, boarding and nursing expenses as charged by the Hospital where the Insured Member has availed medical treatment.	ICU charges limit = the percentage specified in the Policy Schedule of the Sum Insured per day subject to a maximum of Rs. the amount specified in the Policy Schedule per day.

Note: * This Optional Extension shall supersede Clause 2.3 & 2.4 of the Policy Terms and Conditions.

Optional Extension - 31. Hospital accommodation – Twin Sharing Room

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that the Insured Member's Hospital accommodation for In-patient Care shall be limited to a Twin Sharing Room.

For the purposes of this Optional Extension only, Twin Sharing Room means a Hospital room where at least two patients are accommodated at the same time. Such room shall be the most basic and the most economical of all accommodations available as twin sharing rooms in that Hospital.

If the Insured Member is admitted in a higher category of accommodation than the entitled category, as specified above then he shall bear the ratable proportion of the Medical Expenses as specified in the Policy Schedule in the proportion of:

$$\frac{\{\text{Room rent actually incurred} - \text{Room rent of the entitled room category}\}}{\text{Room rent actually incurred}}$$

This shall be applicable to the entire Medical Expenses as specified in the Policy Schedule

incurred during the stay in Hospital.

Optional Extension - 32. Hospital accommodation – Single Private Room

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that the Insured Member's Hospital accommodation for In-patient Care shall be limited to a Single Private Room.

For the purposes of this Optional Extension only, Single Private Room means a Hospital room where a single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have the provision for accommodating an attendant. Such room shall be the most basic and the most economical of all accommodations available as a single room in that Hospital.

If the Insured Member is admitted in a higher category of accommodation than the entitled category, as mentioned above then he shall bear the ratable proportion of the Medical Expenses as specified in the Policy Schedule in the proportion of the:

$$\frac{\{\text{Room rent actually incurred} - \text{Room rent of the entitled room category}\}}{\text{Room rent actually incurred}}$$

This shall be applicable to the entire Medical Expenses as specified in the Policy Schedule incurred during the stay in Hospital.

Optional Extension - 33. Sub Limits on Illness / Surgeries / Procedures

Notwithstanding anything to the contrary in the Policy, Our maximum, total and cumulative liability for all Claims incurred during the Cover Period in respect of an Insured Member, under all Claims under Clause 2 of the Policy Terms and Conditions and any Optional Extension, in relation to any Illness, or undergoing any medical procedure or Surgical Procedure, shall be limited to the amount specified against that Illness or Surgical Procedure in the Policy Schedule.

Optional Extension - 34. Co-payment

Notwithstanding anything to the contrary in the Policy, it is hereby agreed and declared that the Insured Member will bear a Co-payment as specified in the Policy Schedule accordance with Clause 4.5. of the Policy Terms & Conditions and Our liability shall be restricted to the balance amount payable.

The Co-payment shall be applicable to each and every claim for each Insured Member as defined in the Policy.

Optional Extension - 35. STD Cover

We will indemnify up to any sub-limits (if applicable) specified in the Policy Schedule, for the reasonable Medical Expenses necessarily incurred by the Insured Member on treatment of Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice or Trichomoniasis at a Network Hospital, provided that the treatment is certified in writing to be necessary by the treating Medical Practitioner.

Terms for admissibility of Claim under this Optional Extension:

1. Clause 4.5 of the Policy Terms & Conditions shall be applicable to this Optional Extension.
2. Cashless Facilities can be availed under the Policy for this Optional Extension
3. Admissibility of a Claim under Clause 2 of the Policy Terms and Conditions is a pre-condition to the admission of a Claim for this Optional Extension.
4. Clause 3.2(ii) of the Policy Terms & Conditions stands superseded to the extent covered under this Optional Extension.

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