

Prospectus

Care - Advantage

Our all new "Care" is designed to take care of every minute requirement of yours, to the fullest. We believe you deserve distinct benefits for choosing "Care", and they come your way in the form of certain thoughtfully designed product features.

Care Highlights*

Service Features

SIMPLE
COMPREHENSIVE
REWARDING
FLEXIBLE

Benefits at a glance

- Hospitalization Expenses
- Daily Allowance
- Organ Donor Cover
- Automatic Recharge
- Alternative Treatments
- Global Coverage (excluding U.S.A.)
- Vaccination Cover
- Maternity Cover
- Pre & Post Hospitalization Medical Expenses
- Ambulance Cover
- Domiciliary Hospitalization
- Second Opinion
- No Claims Bonus
- Annual Health Check-up
- Care Anywhere

Optional Covers

- Global coverage – Total
- No Claims Bonus Super
- Everyday Care
- Travel Plus
- Daily Allowance+
- International Second Opinion
- Reduction in PED Wait Period
- Air Ambulance Cover
- Unlimited Automatic Recharge
- Deductible Option
- Smart Select
- OPD Care
- Personal Accident
- Additional Sum Insured for Accidental Hospitalization
- Extension of Global coverage

Special Features

- Preventive Care through Annual Health Check-up
- Wide Range of Sum Insured Options
- Feature to get discount in Premium by choosing Deductible Option & Smart Select
- Feature to get discount in Premium by choosing Longer Tenure Options
- Feature to reduce PED Wait Period

* The features varies with the plan

Special Conditions

- The Eligibility Criteria, Benefits & Optional Covers mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
- In this document, words like "We", "Us" or "Our/Ours" represents the Insurer i.e., "Care Health Insurance" and "You" or "Your/Yours" represents the "Proposer" or "Insured Person(s)".
- All the Benefits and Optional Covers will be applicable only during the Policy Period considering all the terms, conditions, exclusions, Wait Periods, sub-limits and maximum up to limits specified under the section – 'Schedule of Benefits'.
- Admissibility of a Claim under Benefit 1 (Hospitalization Expenses) is a pre-condition to the admission of a Claim under Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 7 (Automatic Recharge), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 3 (Unlimited Automatic Recharge), Optional Cover 7 (Smart Select), Optional Cover 9 (Daily Allowance+) and Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization) and Optional Cover 15 (Air Ambulance Cover). The event giving rise to a Claim under Benefit 1 shall be within the Policy Period for the Claim of such Benefit to be accepted.
- Our maximum, total and cumulative liability in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.

- On Floater Basis, our maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Total Sum Insured.
 - For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claims Bonus (Benefit 10), No Claims Bonus Super (Optional Cover 4) and Additional Sum Insured for Accidental Hospitalization (Optional Cover 11). (NOTE: This clause is not applicable to Optional Cover 10: Personal Accident).
 - All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
 - Our liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
- Any Claim paid for Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Daily Allowance), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), and Optional Covers namely Optional Cover 1 (Global Coverage – Total), Optional Cover 2 (Travel Plus), Optional Cover 6 ('Everyday Care' except Health Care Services), Optional Cover 7 (Smart Select), Optional Cover 8 (OPD Care), Optional Cover 9 (Daily Allowance+), Optional Cover 14 (Extension of Global Coverage), and Optional Cover 15 (Air Ambulance Cover), shall reduce the Total Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
 - The Co-payment (as applicable) shall be borne by You on each Claim which will be applicable on Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage (excluding U.S.A.)), Benefit 13 (Vaccination Cover), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total), Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).
 - If age of Insured Person or eldest Insured Person (in case of Floater) is 61 years or more we provide an option to Insured Person / Policyholder, to choose for co-payment option of 20% per claim (over & above any other co-payment, if any) which applies to such Insured Person or all Insured Persons (in case of Floater) and thereby get a discount of 20% in Premium to be paid.
 - The Co-payment shall be applicable to each and every Claim made, for each Insured Person.
 - Deductible Option (if opted) is applicable on the Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 4 (Ambulance Cover), Benefit 5 (Organ Donor Cover), Benefit 6 (Domiciliary Hospitalization), Benefit 9 (Alternative Treatments), Benefit 11 (Global Coverage – excluding U.S.A.), Benefit 14 (Care Anywhere), Benefit 15 (Maternity cover), Optional Cover 1 (Global Coverage – Total) and Optional Cover 11 (Additional Sum Insured for Accidental Hospitalization), Optional Cover 14 (Extension of Global Coverage) and Optional Cover 15 (Air Ambulance Cover).
 - Hospitalization or Medical Expenses which are 'Medically Necessary' only shall be admissible under the Policy.

I. Eligibility Criteria

Minimum entry age	Individual - 5 Years Floater - 91 Days with at least 1 Insured Person of age 18 years or above										
Maximum entry age	Lifelong										
Exit age	Lifelong										
Age of proposer	18 Years or above										
How can You cover Yourself	Individual basis (maximum up to 6 Persons having equal Sum Insured) or Floater basis										
Floater combinations	<table border="0"> <tr> <td>1 Adult + 1 Child</td> <td>2 Adults</td> </tr> <tr> <td>1 Adult + 2 Children</td> <td>2 Adults + 1 Child</td> </tr> <tr> <td>1 Adult + 3 Children</td> <td>2 Adults + 2 Children</td> </tr> <tr> <td>1 Adult + 4 Children</td> <td>2 Adults + 3 Children</td> </tr> <tr> <td></td> <td>2 Adults + 4 Children</td> </tr> </table>	1 Adult + 1 Child	2 Adults	1 Adult + 2 Children	2 Adults + 1 Child	1 Adult + 3 Children	2 Adults + 2 Children	1 Adult + 4 Children	2 Adults + 3 Children		2 Adults + 4 Children
1 Adult + 1 Child	2 Adults										
1 Adult + 2 Children	2 Adults + 1 Child										
1 Adult + 3 Children	2 Adults + 2 Children										
1 Adult + 4 Children	2 Adults + 3 Children										
	2 Adults + 4 Children										
Who are covered (Relationship with respect to the Proposer)	<ol style="list-style-type: none"> 1. Individual: Self, Legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest. 2. Family Floater: Self, Legally married spouse, son, daughter, father, mother, employee and his/her dependents (Legally married Spouse, Children & Parents) or any other relationship having an insurable interest. 										

Note:

1. Child would be ported to an individual policy (having a separate Sum Insured) and treated as an adult Insured Person, upon attaining 25 years of age, at the time of renewal.
2. All the Age calculations are as per "Age Last Birthday" as on the date of first issue of Policy and / or at the time of Renewal.
3. Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
4. If Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Covers.

2. Benefits

2.1. Benefit 1: Hospitalization Expenses:

- (i) **In-Patient care:** Hospitalization for at least 24 hours - If you are admitted to a hospital for in-patient care which should be Medically Necessary, for a minimum period of 24 consecutive hours, we will pay, maximum up to Sum Insured, for the medical expenses incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization.
- (ii) **Day Care Treatment:** Hospitalization involving less than 24 hours – Some surgeries don't require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay for all such day care treatments as per Annexure-I to Prospectus, maximum up to Sum Insured.
- (iii) **Advance Technology Methods:** The Company will indemnify the Insured Person up to Sum Insured for expenses incurred under Benefit 1 (Hospitalization Expenses) for treatment taken through following advance technology methods:
 - a. Uterine Artery Embolization and HIFU
 - b. Balloon Sinuplasty
 - c. Deep Brain stimulation
 - d. Oral chemotherapy
 - e. Immunotherapy - Monoclonal Antibody to be given as injection
 - f. Intra vitreal injections
 - g. Robotic surgeries
 - h. Stereotactic radio surgeries
 - i. Bronchical Thermoplasty
 - j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - k. IONM - (Intra Operative Neuro Monitoring)
 - l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

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

- (i) **Pre-Hospitalization Medical Expenses:** Examination, tests and medication - Sometimes the procedures that finally lead you to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (maximum up to Sum Insured) incurred by you for a period of 30 days immediately before the Date of Your Admissible Hospitalization, provided that we shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date.
- (ii) **Post-Hospitalization Medical Expenses:** Back home and till you are back on your feet - The expenses don't end once you are

discharged. There might be follow-up visits to your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (maximum up to Sum Insured) incurred by you for a period of 60 days immediately after the Date of Discharge of Your Admissible Hospitalization.

2.3. Benefit 3: Daily Allowance: It all adds up - A trip to a hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to even foresee. We would pay Daily Allowance - a fixed lump sum amount, for each completed day (24 hours) of hospitalization, payable for a maximum of 5 consecutive days per Hospitalization, so that you can meet these expenses without a bother and as suits you best.

2.4. Benefit 4: Ambulance Cover: It is one of our utmost concerns that you get the medical attention which you require as soon as possible, especially in an emergency. Towards that end, we will pay you up to a specified amount per hospitalization, for expenses that you incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

2.5. Benefit 5: Organ Donor Cover: We care about those who help you as much as we care for you. So, beyond ensuring that your medical needs are met, we will pay you up to a specified amount for medical expenses that are incurred by you towards your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules.

'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect to the donor. Clause 4.2 (25) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.6. Benefit 6: Domiciliary Hospitalization: Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most. Under Our Domiciliary Hospitalization Benefit, We will pay you up to a specified amount, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect of a claim made under this Benefit.

Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:

- | | | |
|---|---|--|
| (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 Diabetes Insipidus | |
| (VI) Epilepsy | (VII) Hypertension | (VIII) Influenza, cough or cold |
| (IX) All Psychiatric or Psychosomatic Disorders | (X) Pyrexia of unknown origin for less than 10 days | |
| (XI) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis | (XII) Arthritis, Gout and Rheumatism | |

2.7. Benefit 7: Automatic Recharge: A refill is always welcome! So your sum insured is reinstated just when you need it the most. If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire sum insured immediately, once in the policy year. This re-instated amount can be used for future claims which are not in relation to any Illness or Injury for which a Claim has already been admitted for that Insured Person during that Policy Year.

- For any single Claim during a Policy Year the maximum Claim amount payable shall be sum of:
 - Sum Insured
 - No Claims Bonus (Benefit – 10)
 - No Claims Bonus Super (Optional Cover – 4)
 - Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)
- During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum of:
 - Sum Insured
 - No Claims Bonus (Benefit – 10)
 - No Claims Bonus Super (Optional Cover – 4)
 - Additional Sum Insured for Accidental Hospitalization (Optional Cover – 11)
 - Automatic Recharge (Benefit – 7)
- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating 'Automatic Recharge'.
- The Recharge is applicable only for Benefit I (Hospitalization Expenses).

2.8. Benefit 8: Second Opinion: We take your illnesses as seriously as you do. If you are suffering from a serious illness (namely Benign Brain Tumor, Cancer, End Stage Lung Failure, Myocardial Infarction, Coronary Artery Bypass Graft, Heart Valve Replacement, Coma, End Stage Renal Failure, Stroke, Major Organ Transplant, Paralysis, Motor Neuron Disease, Multiple Sclerosis, Major Burns & Total Blindness) and feel uncertain about your diagnosis or wish to get a second opinion within India from a doctor on your medical reports for any other reason, we

arrange one for you, free of cost, without any impact on Sum Insured amount. This second opinion is available to every Insured Person, once for each Major Illness / Injury per Policy year.

2.9. Benefit 9: Alternative Treatments: It has been observed at times that a combination of conventional medical treatment and alternative therapies quicken & aid the process of recovery. Therefore, we will pay You up to a specified amount for medical expenses incurred by You towards Your in-patient admission in a Government hospital or in any Institute recognized by Government and / or accredited by Quality Council of India / National Accreditation Board on Health or any other suitable institutions, in India, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy. Clause 4.2 (26) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.10. Benefit 10: No Claims Bonus: If no Claim has been paid by Us in the expiring Policy Year, we raise a cheer to your good health in the form of a bonus for you. You receive a flat increase of 10 per cent in your sum insured for the next Policy year. In any case the No Claims bonus will not exceed 50% of the Sum insured under the policy and in the event there is a claim in a policy year, then the No Claims bonus accrued will be reduced by 10% of the sum insured but in no case shall the Total Sum insured be less than the Sum insured. For every year that you enjoy un-interrupted good health, your bonus keeps building up! It's just our way to tell you that we're there with you in good times and in bad. The Recharge amount ('Automatic Recharge' & 'Unlimited Automatic Recharge') shall not be considered while calculating 'No Claims Bonus'. Along with the Benefits (Base Covers) under the Policy, accrued 'No Claims Bonus' can be utilized for Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for. In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

2.11. Benefit 11: Global Coverage (excluding U.S.A.): Through this benefit, you can avail Hospitalization expenses incurred outside India, anywhere in the world excluding United States of America, maximum up to Sum Insured. A mandatory Co-Payment of 10% per Claim is applicable, which will be in addition to any other co-payment (if any) applicable in the Policy. This Benefit is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year. The Medical expenses payable shall be limited to Maternity Cover and Hospitalization Expenses (i.e., In-Patient Care and Day Care Treatment) only.

2.12. Benefit 12: Annual Health Check-up: Our prime concern is your good health! For this we are providing you preventive care, over and above the amount of Sum Insured!! To pre-empt your ever having to visit a hospital, as a preventive measure, we provide an annual health check-up at our Network Provider or other Service Providers specifically empanelled with us to provide the services, in India, for all the Insured Persons who is covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

(I) Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to Rs.75 Lac for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Plan
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG	Care 2, Care 3 & Care 8
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	Care 4 & Care 9
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	Care 5 & Care 6

(II) Medical Tests covered in the Annual Health Check-up, applicable for Care 7, for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:

Infection Markers

- Complete Blood Count(CBC)
- ESR
- ABO Group & Rh Type
- Urine Routine
- Stool Routine

Liver Function Test

- S Bilirubin (Total/Direct)
- SGPT
- SGOT
- GGT
- Alkaline Phosphatase
- Total Protein
- Albumin : Globulin

Lung Function Markers

- Lung Function Test

Cardiac Markers

- Treadmill Test
- ECG

Lipid Profile

- Cholesterol
- LDL
- HDL
- Triglycerides
- VLDL

Kidney Function Test

- Creatinine
- Blood Urea Nitrogen
- Uric Acid

Diabetes Markers

- HbA1c

Imaging Tests

- X-Ray – Chest
- Ultrasound Abdomen

- (III) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age below 18 years on the Policy Period Start Date for all Plans except Care I, are as follows :-

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

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

- 2.13. Benefit 13: Vaccination Cover:** As they rightly say, Prevention is better than Cure! We too strongly believe in the same! We will pay you up to a specified amount, towards the Vaccination expenses for all the Insured Persons up to 18 years of age, as prescribed in the National Immunization Schedule (NIS) for protection against Diphtheria, Pertussis, Tetanus, Polio, Measles, Hepatitis B and Tuberculosis, which fall under category of Vaccine preventable diseases as follows:

S. No.	Vaccine & its presentation	Protection against
1	BCG (Bacillus Calmette Guerin)-Lyophilized vaccine	Tuberculosis
2	OPV (Oral Polio Vaccine)-Liquid vaccine	Poliomyelitis
3	Hepatitis B-Liquid Vaccine	Hepatitis B
4	DPT (Diphtheria, Pertussis and Tetanus Toxoid)-Liquid vaccine	Diphtheria, Pertussis and Tetanus
5	Measles-Lyophilized vaccine	Measles
6	TT (Tetanus Toxoid)-Liquid vaccine	Tetanus
7	JE vaccination Lyophilized vaccine	Japanese Encephalitis (Brain fever)
8	Hib (given as pentavalent containing Hib + DPT + Hep B)-Liquid vaccine	Hib Pneumonia and Hib meningitis

- 2.14. Benefit 14: Care Anywhere:** After all, it's your health, and we stand by every decision you take in its interest. For specific diseases / ailments (namely Cancer, End Stage Renal Failure, Benign Brain Tumor, Total Blindness, Major Organ Transplant, End Stage Lung Disease, Heart Valve Replacement, Coronary Artery Bypass Graft, Stroke, Myocardial Infarction, Major Burns & Coma) we ensure that You have access to one of the best healthcare services out of India, anywhere in the world! Payment for medical expenses for specific diseases / ailments under this Benefit shall be made only if prior written notice of at least 7 days is given to us.

- 2.15. Benefit 15: Maternity Cover:** Pregnancy is undoubtedly one of the most beautiful and significantly life-altering events in a Women's life! Thus through Maternity Cover, we will pay up to a specified amount, for the Medical Expenses associated with Hospitalization of an Insured Person for the delivery of a child, subject to the conditions specified below:

- Claims will not be admissible for any expenses incurred for diagnosis / treatment related to any Maternity Expenses until 24 months since the inception of the first Policy with us.
- This Benefit is available only under Floater cover type for all Insured Persons of age 18 years or above.
- Clause 4.2 (16) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

3. Optional Covers

You can opt for the following Optional covers either at the inception of the policy or at the time of renewal:-

- 3.1. Optional Cover 1: Global Coverage – Total:** A comprehensive Insurance should not have many restrictions in terms of where to avail the treatment in case of your ill health. So, we thought of offering you a health insurance which has sky as its limit. Through this Optional Cover, you can avail treatment under Maternity Cover and Hospitalization i.e., In-Patient care and Day Care Treatment outside India, anywhere in the world (including United States of America).

This Optional Cover stands as an extension to Benefit 12 – Global Coverage (excluding U.S.A.)

- 3.2. Optional Cover 2: Travel Plus:** A friend in need is a friend indeed! Imagine you visit a foreign land and due to unforeseen circumstances, you fall sick and it becomes a situation of medical emergency or you realize that you misplaced your passport or you suddenly realize that your Baggage is lost after Checking-into the common carrier or may it be Repatriation of Mortal Remains or Medical Evacuation, your health insurance cover will come to your rescue to serve as a protection shield on that foreign land in such contingencies. Having this Policy with you will be as good as taking a friend along, who stands by you, the moment you need a companionship the most. This Optional Cover is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year.

The following is the detailed list of Benefits provided to you under Travel Plus, which are valid outside India.

- 3.2.1. Worldwide In-Patient Cover (for emergency):** If you are out of India, anywhere in the world and suddenly fall sick or suffer an Injury which leads to an emergency medical situation, you will be eligible to avail in-patient care in a 'Single Private Room' in a Hospital through this Policy, maximum up to limits specified. The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim. 'Day Care Treatment', 'Pre-Hospitalization' and 'Post-Hospitalization' expenses are not covered under the purview of this cover.

- 3.2.2. Worldwide OPD Cover:** If you are out of India, anywhere in the world and suddenly fall sick or suffer an Injury, you will be eligible to avail out-patient care through this Policy, maximum up to limits specified. The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each

admitted Claim.

3.2.3. Loss of Passport: If you lose your original passport, and you incur expenses towards obtaining a duplicate or new passport, we will pay you for such incurred expenses, maximum up to the limits specified. The amount assessed by us under this Benefit shall be reduced by the specified Deductible on each admitted Claim.

3.2.4. Loss of Checked-in Baggage: We will pay you up to specified limit for the market value for cost of replacement of the entire baggage and its contents if the entire Checked-In Baggage is lost whilst in custody of the Common Carrier.

In case the market value of any single item of the Contents (excluding Valuables) of a Checked-In Baggage exceeds Rs.5,000/-, Our liability shall be limited to Rs.5,000/- only. If more than one (1) piece of Checked-in Baggage has been checked-in under the same ticket of the Insured Person and all the pieces of Checked-in Baggage are not lost, then our liability shall be restricted to 0.5% of the Sum Insured or Rs. 10,000 (whichever is lesser).

3.2.5. Repatriation of Mortal Remains: We will pay You, up to limits specified, for the costs of repatriation of the mortal remains of the Insured Person back to the Place of Residence or for a local burial or cremation at the place where death has occurred, if your demise happens solely and directly due to an Insurable event.

3.2.6. Medical Evacuation: Even the best-planned trips don't always go as planned!

May it be a quick weekend trip or a well-planned dream Holiday!!

As explained in Emergency Medicine, the golden hour is a time period lasting for one hour following traumatic injury being sustained by a casualty or medical emergency, during which there is the highest likelihood that prompt medical treatment will prevent death. It is well established that the patient's chances of survival are greatest if they receive care within a short period of time after a severe injury.

We will pay you, up to specified limit, for the reasonable cost incurred towards your Medical Evacuation in an Emergency condition through an Ambulance, which includes Air Ambulance or any other transportation and evacuation services to the nearest Hospital. This also includes necessary medical care en-route forming part of the treatment, for any Illness contracted or Injury sustained by you. Payment under this Benefit is subject to a Claim for the same Illness or Injury being admitted by Us under Benefit 3.2.1 (Worldwide In-Patient Cover (for Emergency)).

Note for Deductible under 'Worldwide In-Patient Cover (for emergency)', 'Worldwide OPD Cover' and 'Loss of Passport' of Optional Cover 'Travel Plus' – Once the claimed amount is converted into Indian Rupees, the deductible (in INR) will be applied to calculate the final pay-out to the Claimant.

3.3. Optional Cover 3: Unlimited Automatic Recharge: This Optional Cover is an extension to Benefit – 7, "Automatic Recharge". Through this Optional Cover, your sum insured can be reinstated unlimited times, whenever you need it the most. If, due to claims made, you ever run out of/exhaust your health cover, we reinstate the entire sum insured unlimited times in a policy year. This re-instated amount can be used for future/further claims, not related to the Illness / Injury for which the claim has been made during the same Policy year.

Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.

No Claims Bonus (Benefit – 10) and No Claims Bonus Super (Optional Cover – 4) shall not be considered while calculating 'Unlimited Automatic Recharge'.

3.4. Optional Cover 4: No Claims Bonus Super: For every year that you enjoy un-interrupted good health, your No Claims Bonus Super keeps building up! This Optional Cover serves as an extension to No Claims Bonus (Benefit – 10). In a particular year, if this option is chosen by you and we have not paid any claim, we raise a cheer to your good health in the form of a No Claims Bonus Super for you. You receive an increase of 50 percent flat in your Sum insured, which is over & above the Sum Insured accrued under No Claims Bonus (Benefit – 10), for the next Policy year. In any case the No Claims Bonus Super will not exceed 100% of the Sum insured and in the event there is a claim paid in a policy year, then the No Claims Bonus Super accrued will be reduced by 50% of the Sum insured but in no case shall the Total Sum Insured be reduced than the Sum Insured. The Recharge amount ('Automatic Recharge' & 'Unlimited Automatic Recharge') shall not be considered while calculating 'No Claims Bonus Super'. Along with the Benefits (Base Covers) under the Policy, accrued 'No Claims Bonus Super' can be utilized for Optional Cover 1 (Global Coverage – Total), Optional Cover 9 (Daily Allowance+) and Optional Cover 14 (Extension of Global Coverage), if opted for. In case no claim is made in a particular Policy Year, 'No Claims Bonus Super' would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

3.5. Optional Cover 5: Deductible Option: Win-Win Situation!

We give you an option of choosing a deductible along with your Plan, which will help you reduce the amount of Premium to be paid!!

Deductible is the claim amount (as specified) which is to be borne by You under this Policy. Deductible would apply on an aggregate basis in a Policy Year.

We shall be liable only once the aggregate amount of all the claims exceed the Deductible.

Illustration for applicability of Deductible in the same Policy Year

(Amount in

Rupees)

S.No.	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	500,000	100,000	75,000	125,000	100,000	-	100,000	100,000
2	500,000	100,000	75,000	250,000	300,000	-	225,000	275,000
3	500,000	100,000	250,000	400,000	400,000	150,000	350,000	-

3.6. Optional Cover 6: Everyday Care: We understand that healthcare needs are not only limited to hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate cure of routine illnesses. We value this need and if the option is chosen by you, We will provide the following Everyday Care Services (the "Services") to You during the Policy Year, under this Optional Cover:-

(I) Out Patient consultations: You may avail out-patient treatment at any of our Network Service Provider, up to a maximum limit of 1% of Sum Insured.

For the purpose of this Benefit, a flat Co-payment of 20% per consultation is applicable and no other co-payment mentioned elsewhere in the Policy is applicable.

(II) Diagnostic Examinations: You may avail Diagnostic Examination facilities anywhere within our Network, up to a maximum limit of 1% of Sum Insured, as prescribed by a Medical Practitioner. For the purpose of this Benefit, a flat Co-payment of 20% per Diagnostic Examination is applicable and no other co-payment mentioned elsewhere in the Policy is applicable.

(III) Health Care Services which include only the following:

(I) Doctor Anytime /Free Health Helpline: You may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting Us on the helpline details specified on Our website.

(II) Health Portal: You may access health related information and services available through Our website.

(III) Health & Wellness Offers: You may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Service Providers (which are listed on Our website).

Network Service Provider means any person, organization, institution that has been empanelled with us to provide Services specified under this Optional Cover to the Insured Person.

3.7. Optional Cover 7: Smart Select: This Optional Cover provides you a discount in the premium you pay!

By choosing this Optional Cover and thereby getting a discount of 15% on the Premium payable, you can avail Medical Treatment at any hospital listed under Annexure – IV to the Prospectus.

However, if you avail Medical Treatment in hospitals other than those mentioned under Annexure – IV to the Prospectus, then you shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.

NOTE: For an updated list of Hospitals mentioned under Annexure – IV to the Prospectus, please refer to our Website.

3.8. Optional Cover 8: OPD Care: We understand how trivial but important are bills pertaining to OPD consultations, diagnostics and medicines. Collectively, they can sum-up to cause a major financial impact.

Hence through this Optional Cover, we will pay you, through Reimbursement facility only, maximum up to a specified limit, for the following Out-patient care Services during the Policy Year -

- (I) Out Patient consultations
- (II) Diagnostic Examinations
- (III) Pharmacy

NOTE: Coverage for Optional Cover 'OPD Care' is provided for entire Policy year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable / reimbursed by Us. However, claim can be filed with Us, only twice during that Policy year; as and when that Insured Person may deem fit.

3.9. Optional Cover 9: Daily Allowance+: It all adds up - A trip to a hospital involves more than merely using the doctor's services and hospital facilities. You are bound to run up numerous 'non-medical' expenses such as transportation, attendant's cost and other daily expenses that you may not be able to even foresee. We would pay a fixed lump sum amount (as chosen by You), for each completed day (24 hours) of hospitalization, payable for a maximum of 30 days in a Policy Year, so that you can meet these expenses without a bother and as suits you best.

In case you are hospitalized in an ICU, we would pay twice the amount chosen by You.

The Payment under this Optional Cover will be in addition to any payment made under Benefit 3 (Daily Allowance).

NOTE: At one point of time, an Insured Person cannot stay both in a regular Hospital room as well as in an ICU room. Hence, only either one of the rooms would be considered for pay-out as per the Insured Person's room occupancy in the Hospital.

3.10. Optional Cover 10: Personal Accident: Accidents are never foreseen as they mean! But a stitch in time can save nine!!

A little plan for such unforeseen events can protect the interests of your beneficiaries in a big way.

This Optional Cover can be chosen by You for yourself, Spouse & Dependent children, only if they are insured under this Policy and You (for yourself) have opted for such Cover. (Proposer's Dependent parents are not eligible to for coverage under this Optional Cover 'Personal Accident').

Maximum coverage amount which can be chosen by the Proposer for oneself ranges from 'Sum Insured' to '10 times of the Sum Insured' (subject to a maximum of Rs.3 Crore) in multiples of Lacs only.

NOTE: Sum Insured mentioned here is the Sum Insured pertaining to the base plan

Optionally, if You wish to cover your Spouse or Children under this Optional Cover, the coverage amount is as follows:

- (I) For Spouse:50% of the Coverage amount chosen for You
- (II) Per Child:25% of the Coverage amount chosen for You (If opted for 'Per Child', cover should be taken for all dependent children under this Policy)

This Optional Cover includes two Benefits namely "Accidental Death" and "Permanent Total Disablement" which are explained below and are applicable to events arising worldwide.

3.10.1. Accidental Death: We shall pay 100% of the coverage amount of the Insured Person, in the event of his / her Death on account of an Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period.

3.10.2. Permanent Total Disablement (PTD): We shall pay up to the coverage amount of the Insured Person as specified below in case of his / her permanent total disablement on account of any Accident / Injury, during the Policy Period or within twelve calendar months from the date of occurrence of such Accident / Injury which occurred during Policy Period. The payout of the Sum Insured shall be as per table below:

S. No.	Insured Events	% of coverage amount of the Insured Person under this Optional Cover
1	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
2	Total and irrecoverable loss of (a) use of two hands or two feet, or (b) one hand and one foot, or (c) sight of one eye and use of one hand or one foot	100%
3	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
4	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
5	Paraplegia or Quadriplegia or Hemiplegia	100%

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

For the purpose of this Benefit only:

- (I) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;
- (II) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- (III) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

3.11. Optional Cover I I: Additional Sum Insured for Accidental Hospitalization: In case any Claim is made for Emergency Care of any Injury due to an Accident during the Policy Period, We shall automatically provide an additional Sum Insured equal to the Sum Insured for In-patient Care for that Insured Person who is hospitalized, provided that:

- (I) The 'additional Sum Insured for Accidental Hospitalization' shall be utilized only after the Sum Insured has been completely exhausted;
- (II) The total amount payable under such Claim shall not exceed the sum total of the Sum Insured, No Claims Bonus, No Claims Bonus Super (if opted) and 'additional Sum Insured for Accidental Hospitalization';
- (III) The 'additional Sum Insured for Accidental Hospitalization' shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy;
- (IV) The 'additional Sum Insured for Accidental Hospitalization' shall be applied only once during the Policy Period.

3.12. Optional Cover I 2: International Second Opinion: "International Second Opinion" is an extension to Benefit 8 (Second Opinion) and hence all the provisions stated under the Benefit – 'Second Opinion', holds good for this Optional Cover as well, except that the geographical scope of coverage for this Optional Cover is applicable to worldwide excluding India only.

3.13. Optional Cover I 3: Reduction in PED Wait Period: Choosing this Optional Cover reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.

Hence all the provisions stated under Clause 4.1 (iii), holds good for this Optional Cover as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after just 24 months of continuous coverage has elapsed, since the inception of the first Policy with us.

NOTE: This Optional Cover will be available only at the time of inception of the Policy and only for the Sum Insured chosen at that time.

3.14. Optional Cover I 4: Extension of Global Coverage: There may be times when our heart asks for more!

For those who feel the need for an extended duration of coverage under Benefit 15 'Global Coverage (excluding USA)' and Optional Cover I 'Global Coverage – Total', the duration of coverage will be extended to 90 continuous days in a single trip and maximum 180 days on a cumulative basis, by opting this Optional Cover.

3.15. Optional Cover I 5: Air Ambulance Cover: Through this cover, we will pay you up to the amount specified for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, we will also pay your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing your health condition.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of your Illness or Injury warrants your requirement for the Air Ambulance.

General Note applicable to all the Optional Covers: Coverage amount limits for Optional Cover 2 'Travel Plus', Optional Cover 6 'Everyday Care', Optional Cover 8 'OPD Care', Optional Cover 10 'Personal Accident', Optional Cover 11 'Additional Sum Insured for Accidental Hospitalization' and Optional Cover 15 'Air Ambulance Cover' are covered over and above the 'Sum Insured'. Please refer to Annexure V for more details on 'Basis of treatment of Optional Covers'.

4. Exclusions

4.1. Waiting Periods:

- (I) First 30-Day waiting Period - Code- Excl03
 - a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- (II) Specific Waiting Period - Code- Excl02
 - a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f. List of specific diseases/procedures:
 - 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders (unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
 - 2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
 - 3. Benign Prostatic Hypertrophy
 - 4. Cataract
 - 5. Dilatation and Curettage
 - 6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
 - 7. Surgery of Genito-urinary system unless necessitated by malignancy
 - 8. All types of Hernia & Hydrocele
 - 9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
 - 10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
 - 11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
 - 12. Myomectomy for fibroids
 - 13. Varicose veins and varicose ulcers
 - 14. Parkinson's or Alzheimer's disease or Dementia
- (III) Pre-existing Disease - Code- Excl01
 - a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
 - d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- (iv) The Waiting Periods as defined in Clauses 4.1 (i), 4.1 (ii) and 4.1 (iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (v) If Coverage for Benefits (in case of change in Product Plan) or Optional Covers are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1 (i), 4.1 (ii) and 4.1 (iii) shall be applicable afresh to the newly added Benefits or Optional Covers (if applicable), from the time of such renewal.

- (vi) For specific Covers offered on a global basis namely Benefit 11 'Global Coverage (excluding USA)', Optional Cover 1 'Global Coverage – Total' and Optional Cover 2 'Travel Plus', first 30 day Waiting Period defined as per Clause 4.1 (i) does not apply on the foreign land, in case the Insured Person travels abroad.

4.2. Permanent Exclusions: The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.

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

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
2. 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.
3. 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.
4. 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
5. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
6. 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.
7. 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.
8. 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.
9. Excluded Providers: Code- Excl11

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

Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.
10. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12
11. 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)

12. 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- Excl I 4)
13. Refractive Error: (Code- Excl I 5)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
14. 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.
15. 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
16. 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.
17. 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.
18. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
19. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
20. Treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
21. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability
22. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
23. All preventive care (except eligible and entitled for Benefits – 12: Annual Health Check-up), Vaccination (except eligible and entitled for Benefit – 13: Vaccination Cover), including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
24. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
25. All expenses related to donor treatment including surgery to remove organs from the donor; in case of transplant surgery (This exclusion is only applicable for Care Plan I).
26. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
27. 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.
28. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.
29. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
30. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
31. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head.
32. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

33. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
34. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
35. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
36. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
37. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.
38. Any other exclusion as specified in the Policy Schedule.

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

(I) Additional Exclusions Applicable To 'Travel Plus' (Optional Cover 2):

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Cover unless expressly stated to the contrary elsewhere in the Policy:

- 1) Medical treatment taken outside the Country of Residence if that is the sole reason or one of the reasons for the journey.
- 2) Any treatment, which could reasonably be delayed until the Insured Person's return to the Country of Residence.
- 3) Any treatment of orthopedic diseases or conditions except for fractures, dislocations and / or Injuries suffered during the Policy Period.
- 4) Degenerative or oncological (Cancer) diseases.
- 5) Rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- 6) Any expenses related to services, including Physiotherapy, provided by Chiropractitioner; and the expenses on prostheses / prosthetics (artificial limbs).
- 7) Traveling against the advice of a Medical Practitioner; or receiving, or is supposed to receive, medical treatment; or having received terminal prognosis for a medical condition; Or taking part or is supposed to participate in war like or peace keeping operation.

(II) Additional Exclusions applicable to 'Loss of Checked-in Baggage' under 'Travel Plus' (Optional Cover 2):

Any Claim in respect of the Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible under this Optional Cover unless expressly stated to the contrary elsewhere in the Policy:

- 1) Any partial loss or damage of any items contained in the Checked-In Baggage.
- 2) Any loss arising from any delay, detention, confiscation by customs officials or other public authorities.
- 3) Any loss due to damage to the Checked-In Baggage.
- 4) Any loss of the Checked-In Baggage sent in advance or shipped separately.
- 5) Valuables (Valuables shall mean and include photographic, audio, video, painting, computer and any other electronic equipment, telecommunications and electrical equipment, telescopes, binoculars, antiques, watches, jewelry and gems, furs and articles made of precious stones and metals).

(III) Additional Exclusions applicable to 'Personal Accident' (Optional Cover 10):

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

- 1) Any pre-existing injury or physical condition;
- 2) The Insured Person operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
- 3) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- 4) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanour;
- 5) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
- 6) The Insured Person serving in any branch of the military, navy or air-force or any branch of armed Forces or any paramilitary forces;
- 7) The Insured Person working in or with mines, tunnelling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities;
- 8) Impairment of the Insured Person's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
- 9) Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport.
- 10) Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
- 11) Any change of profession after inception of the Policy which results in the enhancement of Our risk, if not accepted and endorsed by Us on the schedule of Policy Schedule.

(IV) Additional exclusion for Benefits / Optional Covers, which are applicable 'outside India':

Under the Benefits 'Care Anywhere', 'Global Coverage (excluding USA)', Optional Covers 'Global Coverage – Total' and 'Worldwide In-Patient Cover (for Emergency)' of Optional Cover 'Travel Plus', 'Pre-Hospitalization' and 'Post-Hospitalization' expenses are not covered as a part of those respective Benefits / Optional Covers.

5. Portability & Migration

In case Portability has been granted to you under this Policy then:-

- (I) The proposed Insured Person has to be covered without any break in insurance coverage under any similar indemnity health insurance policy from any non-life insurance company or Health Insurance Company registered with the IRDAI or any of Our similar group indemnity health insurance policy; and
- (II) The Waiting Periods as defined in Clauses 4.1 (I), 4.1 (II) and 4.1 (III) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the sum insured and the deductible under the expiring health insurance policy.
- (III) The Waiting Periods under Clauses 4.1 (I), 4.1 (II) and 4.1 (III) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.
- (IV) The Waiting Periods as defined in Clauses 4.1 (I), 4.1 (II) and 4.1 (III) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (V) Credit for the sum insured of the expiring policy shall additionally be available as under:
 - (a) If you are covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with us, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.
 - (b) In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.
- (VI) In case you have opted to switch to any other insurer under portability and the outcome of acceptance of the portability is awaited from the new insurer on the date of renewal:
 - (a) We may at your request, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
 - (b) In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the extended Policy Period part of Policy, as applicable. In such cases, Policyholder shall be liable to pay the premium for the balance period and continue with Us for that Policy year.

6. Claims Procedure and Management

This section explains you about procedures involved to file a valid Claim and related processes involving us to manage the Claim. All the procedures and processes such as pre-requisite for filing an admissible Claim, Duties of a Claimant, Documents to be submitted for filing a valid Claim, Claim Settlement Facilities, You intimating the Claim to us, Progressive order for Assessment of Claims by us, settlement of payable Claim Amount by us to you (in case of Reimbursement Facility) and/or Hospital (in case of Cashless Facility) and related terms of Payment, are explained herein.

6.1. Pre-requisite for admissibility of a Claim: Any claim being made by you or your attendant during Hospitalization on your behalf, should mandatorily comply with the following conditions and in case of non-compliance of any kind, we shall not be bound to accept the Claim:

- (I) The Condition Precedent Clause has to be fulfilled.
- (II) The health damage caused, medical expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify you for any loss other than the covered benefits and any other person who is not accepted by us as an Insured Person except for a Nominee.
- (III) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium Clause by their respective due dates.
- (IV) The Claimant should not be a minor or of unsound mind or on drug administration or influenced by any means of coercion and to exploit us while making the Claim.
- (V) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

6.2. Claim settlement - Facilities:

a.) Cashless Facility: We extend Cashless Facility as a mode to indemnify the medical expenses incurred by you at a Network Provider. For this purpose, you will be issued a "Health card" at the time of first Policy purchase, which has to be preserved and produced at any of Network Provider in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

- (i) Submission of Pre-authorization Form:** A Pre-authorization form as prescribed by IRDAI, which is available on our Website or with the Network Provider, has to be duly filled and signed by you and the treating Medical Practitioner, as applicable, which has to be submitted electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.

- (ii) Identification Documents:** The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider; photocopies of which shall be forwarded to us for authentication purposes.

Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.

- (iii) Our Approval:** We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for your Hospitalization.

(iv) Our Authorization:

- (a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of you 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.
- (b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to you, if any, as applicable.
- (c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

- (v) Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of your Hospitalization and all other information and documentation specified under Clauses 6.4 and 6.5 shall be submitted by the Network Provider immediately and in any event before your discharge from Hospital.

- (vi) Our Rejection:** If we do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by you to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to your Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. You can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.

- (vii) Network Provider related:** We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, you may refer to the list of Network Providers available on our website or at the call center.

- (viii) Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

- (ix) Claims incurred outside India:** Our Assistance Service Provider should be intimated for availing Cashless Facility outside India under Benefit 11 (Global coverage (excluding USA)), Benefit 14 (Care Anywhere), Optional Cover 1 (Global coverage – Total), Optional Cover 2 (Travel Plus) and Optional Cover 12 (International Second Opinion).

b.) Re-imburement Facility:

- (I) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically state that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clauses 6.4 and 6.5, shall be submitted to us at Your own expense, immediately and in any event within 15 days of your discharge from Hospital.
- (II) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, we may examine and relax the time limits mentioned upon the merits of the case.
- (III) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (IV) For Claim settlement under reimbursement, we will pay the Policyholder. In the event of death of the Policyholder, we will pay the nominee and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of our liability under the Policy.

6.3. Duties of a Claimant/ Insured Person in the event of Claim:

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

- (I) You shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
- (II) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (III) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 (Claims Procedure and Management) of the Policy.
- (IV) The Insured Person will, at our request, submit himself / herself for a medical examination by our nominated Medical Practitioner as often as we consider reasonable and necessary. The cost of such examination will be borne by us.
- (V) Our Medical Practitioner and representatives shall be given access and co-operation to inspect your medical and Hospitalization records and to investigate the facts and examine you.
- (VI) We shall be provided with complete necessary documentation and information which we have requested to establish our liability for the Claim, its circumstances and its quantum.

6.4. Claims Intimation :

Upon the 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, all of the following shall be undertaken:

- (I) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, we shall be notified with full particulars within 48 hours from the date of occurrence of event either at Our call center or in writing.
- (II) Claim must be filed within 15 days from the date of discharge from the hospital.

Note: 6.4 (i) and 6.4 (ii) are precedent to admission of liability under the policy.

- (III) The following details are to be disclosed to us at the time of intimation of Claim:
 1. Policy Number;
 2. Name of the Policyholder;
 3. Name of the Insured Person in respect of whom the Claim is being made;
 4. Nature of Illness or Injury;
 5. Name and address of the attending Medical Practitioner and Hospital;
 6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
 7. Any other necessary information, documentation or details requested by us.
- (IV) In case of an Emergency Hospitalization, We shall be notified either at the Our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.

6.5. Documents to be submitted for filing a valid Claim:

(a) The following information and documentation shall be submitted in accordance with the procedures and within the time frames specified in Clause 6 in respect of all Claims:

- (i) Duly filled and signed Claim form by the Insured Person;
- (ii) Copy of Photo ID of Insured Person;
- (iii) Medical Practitioner's referral letter advising Hospitalization;
- (iv) Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
- (v) Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
- (vi) Original bills from pharmacy/chemists;
- (vii) Original pathological/diagnostic test reports/radiology reports and payment receipts;
- (viii) Operation Theatre Notes;
- (ix) Indoor case papers;
- (x) Original investigation test reports and payment receipts supported by Doctor's reference slip;
- (xi) Ambulance Receipt;
- (xii) MLC/FIR report, Post Mortem Report if applicable and conducted;
- (xiii) Any other document as required by us to assess the Claim.

Note: We may give a waiver to one or few of the above or below mentioned documents depending upon the case.

(b) Additional Documents to be submitted for any Claim under 'Loss of Passport' which is a part of 'Travel Plus' (Optional Cover 2):

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Copy of the police report
- (ii) Details of the attempts made to trace the passport;
- (iii) Statement of claim for the expenses incurred;
- (iv) Original receipt for payment of charges to the authorities for obtaining a new or duplicate passport.

(c) Additional Documents to be submitted for any Claim under 'Loss of Checked-in Baggage' which is a part of 'Travel Plus' (Optional Cover 2):

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Property irregularity report issued by the appropriate authority.
- (ii) Voucher of the Common Carrier for the compensation paid for the non-delivery / short delivery of the Checked-In Baggage.

- (iii) Copies of correspondence exchanged, if any, with the Common Carrier in connection with the non-delivery / short delivery of the Checked-In Baggage

(d) Additional Documents to be submitted for any Claim under 'Repatriation of the mortal remains' which is a part of 'Travel Plus' (Optional Cover 2):

It is a condition precedent to Our liability under this Benefit that the following information and documents shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;
- (ii) Copy of the postmortem certificate, if conducted;
- (iii) Documentary proof for expenses incurred towards disposal of the mortal remains;
- (iv) In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

(e) Additional Documents to be submitted for any Claim under 'Medical Evacuation' which is a part of 'Travel Plus' (Optional Cover 2):

It is a condition precedent to Our liability under this Benefit that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of evacuation.
- (ii) Documentary proof for expenses incurred towards the Medical Evacuation.

(f) Additional Documents to be submitted for any Claim under 'Air Ambulance Cover' (Optional Cover 15):

It is a condition precedent to Our liability under this Optional Cover that the following information and documentation shall be submitted to Us or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

- (i) Medical reports and transportation details issued by the air ambulance service provider, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of air ambulance services.
- (ii) Documentary proof for expenses incurred towards availing Air Ambulance services.

(g) We will accept bills/invoices which are made in the Insured Person's name only.

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

6.6. Claim Assessment:

(a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, we may call for any additional documents or information as required, based on the circumstances of the Claim.

(b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:

- (i) If a Room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than your eligible limit, then the Variable Medical Expenses payable shall be pro-rated as per the applicable limits.

'Variable Medical Expenses' means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category or ICU Charges in a Hospital:

1. Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
2. Intensive Care Unit (ICU) charges;
3. Fees charged by surgeon, anesthetist, Medical Practitioner;
4. Investigation Expenses.

- (ii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible where the Claim amount is within the Deductible, we will not apply the Contribution Clause. Similarly, if 'Deductible per claim' is applicable, our liability to make payment shall commence only once the 'Deductible per claim' limit is exceeded and we will not apply the Contribution Clause.

- (iii) Co-payment shall be applicable on the amount payable by us.

(c) The Claim amount assessed in Clause 6.6 (b) above would be deducted from the following amounts in the following progressive order:

- (i) Sum Insured;
- (ii) Additional Sum Insured for Accidental Hospitalization (if applicable);
- (iii) No Claims Bonus (if applicable);
- (iv) No Claims Bonus Super (if applicable);

- (v) Automatic Recharge (if applicable);
- (vi) Unlimited Automatic Recharge (if applicable).

(d) All claims incurred in India are dealt by Us directly.

6.7. Payment Terms:

- (a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- (b) We shall have no liability to make payment of a Claim under the Policy in respect of you during the Policy Period, once your Total Sum Insured is exhausted.
- (c) 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. We shall provide you an offer of settlement of Claim and upon acceptance of such offer by you, we shall make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of us, then we shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines, we shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- (d) If you suffer 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 of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
- (e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs
- (f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

7. Salient Features

7.1. Policy Term: The Policy term can be one, two or three years.

7.2. Premium: The premium charged under the Policy depends upon the Plan opted, Sum Insured, Co-payment, Deductible chosen, Age band, cover type (individual / floater), number of Insured persons in the Policy, Policy Term, optional cover(s) opted and the health status of the individual.

For premium calculation of floater policies, age of eldest Insured Person would be considered.

The premium rates for the plans offered are annexed hereto with the prospectus.

7.3. Underwriting Loading: Based on the Underwriter's assessment of the extra risk on account of medical conditions of the proposed to be insured, the premium (at the time of issuance of the policy and subsequent renewals) may get loaded. Such extra premium shall be communicated to the Policyholder for their consent before issuance of the Policy. Loading will not exceed 100% of Premium (all the applicable loadings are additive in nature). Criteria for such loading are objectively mentioned in the Underwriting Manual.

In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Our call center or visit any of Our branch.

7.4. Tax Benefit: The Insured Person can avail tax benefit on the premium paid towards health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult tax advisor for more details).

7.5. Free Look Period:

- (a) Within 15 days from the receipt of the Policy document, you may return the Policy stating reasons for your objection, if you disagree with any Policy terms and conditions.
- (b) 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. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- (c) Provision for free look period is not applicable and available at the time of renewal of the Policy.

7.6. Renewal Terms:

- (a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach Us on or before the Policy Period End Date.
- (b) The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
- (c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by us and we shall not be liable for any Claims incurred during such period.
- (d) We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation you.
- (e) We may carry out underwriting in relation to any request for change in the Sum Insured or Deductible at the time of renewal of the Policy.
- (f) This product may be withdrawn / modified by us after due approval from the IRDA. In case this product is withdrawn / modified by us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. We shall duly intimate you at least three months prior to the date of such modification / withdrawal of this product and the options available to you at the time of Renewal of this Policy.

- (g) We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.
- (h) Renewal shall be offered lifelong. You shall be given an option to port this policy into any other of our individual health insurance product and credit shall be given for number of years of continuous coverage under this policy for the standard waiting periods.
- (l) No loading based on individual claim experience shall be applicable on renewal premium payable.

7.7. Premium Installment Facility

If the Policy Holder/Insured Person has opted for payment of premium (with additional premium for selected installment mode) on an installment basis, as specified in the Policy Certificate, then this option is subject to following conditions:

- (a) In case of any claim (Cashless/Re-imbursment), an amount equivalent to the balance premium of all the installments payable would be recoverable from the admissible claim amount payable in respect of the Insured Person. This clause will not apply to claims arising under 'Annual Health Check-up', 'Second Opinion', 'Vaccination Cover' and 'International Second Opinion' benefits.
- (b) Relaxation Period for the Policies with Installment option would be as under:

Installment option	Relaxation Period for Premium Payment under Installment option
Half-yearly/Quarterly	15 days for each installment
Monthly	5 days for each installment

- (c) In case of installment premiums not received within the Relaxation Period, this Policy shall cease to operate from the unpaid installment due date and the Company shall not be liable under this Policy for any Claim occurring thereafter; nor shall any refund of premium become due under the Policy.
- (d) Tenure Discount will not be applicable if the Insured Person has opted for Premium Payment on Installment basis.

For the purpose of above:

- (a) **Installment** means Premium amount paid through monthly/quarterly/Half-yearly mode by the Policy Holder/Insured.
- (b) **Relaxation Period** means a period of 15/5 days depending on the Installment Option immediately following the Premium installment due Date during which a payment can be made to renew this Policy without loss of continuity Benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred from the due date of installment till the date due installment is aid. However claims reported in the relaxation period will be adjudicated provided claim has occurred when the Policy was active

7.8. Cancellation / Termination:

- (a) We may at any time, cancel this Policy on grounds of misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld or if a Claim is fraudulently made or any fraudulent means or devices are used by You or any one acting on Your behalf, We shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio and no refund of premium shall be effected by Us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.
- (b) You may also give 15 days' notice in writing, to us, for the cancellation of this Policy, in which case we shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received

Cancellation date from Policy Period Start Date	Policy Tenure- 1 Year	Policy Tenure - 2 Year	Policy Tenure- 3 Year
Upto 1 month	75.0%	87.50%	91.50%
1 month to 3 months	50.0%	75.0%	88.50%
3 months to 6 months	25.0%	62.50%	75.00%
6 months to 12 months	0.0%	50.00%	66.50%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.50%
18 months to 24 months	N.A.	0.0%	33.00%
24 months to 30 months	N.A.	N.A.	8.00%
Beyond 30 months	N.A.	N.A.	0.0%

- (c) In case of demise of the Policyholder,

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy at the short period scales.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, we will renew the Policy subject to the appointment of a policyholder provided that:
 - 1) Written notice in this regard is given to us before the Policy Period End Date; and
 - 2) A person of Age 18 years or above, who satisfies our criteria applies to become the Policyholder.
- (d) In case Premium Installment mode is opted for, then:
 - (a) If Policyholder cancels the Policy after the Free look period or demise of Policyholder where he/she is the only insured in the Policy, then the Company will refund 50% of the installment premium for the unexpired installment period, provided no Claim has been made under the Policy.

7.9 Multiple Policies:

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

7.10 Grievances:

We have developed proper procedures and effective mechanism to address of complaints by the customers. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by IRDA from time to time in this regard.

- (a) If You / Insured Person has a grievance that You / Insured Person wishes Us to redress, You / Insured Person may contact Us with the details of the grievance through:

Website: www.careinsurance.com

Email: customerfirst@careinsurance.com

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

Courier: Any of Our Branch Office or corporate office

You / Insured Person may also approach the grievance cell at any of Our branches with the details of your grievance during Our working hours from Monday to Friday.

To address any claim/grievance raised by Senior Citizens, We have developed the Customer Service channels in such a way that they identify the senior citizens based on their Policy number. Thereby, their claims and grievances are prioritized by Us through various fast track internal escalations by getting serviced through a lesser Turn-Around-Time (TAT).

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

Head – Customer Services,

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

- (c) You / Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irda.gov.in, or on our website at www.careinsurance.com

8. Pre-Policy Issuance Medical Check-up

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the plan, age and the Sum Insured selected. The result of these tests shall be valid for a period of 3 months from the date of tests.

You will be required to undergo Pre-Policy Medical Check-up with respect to the grid mentioned below. The cost of the medical tests would be borne by us in case you opt for a 2 year or 3 year tenure and your proposal is accepted. We shall bear 50% of the cost of medical tests in case you opt for a 1 year tenure and Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, we may ask such Insured Person to undergo tele-underwriting which may include specific tests, as we may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if your proposal is accepted.

The test is to be taken as per the corresponding grid:

(Amount in Rupees)

Age/Sum Insured including Deductible	Up to 5 Lacs	Above 5 Lacs and below 15 Lacs	15 Lacs to 30 Lacs	Above 30 Lacs and below 100 Lacs	100 Lacs and above
Up to 17 years	No Medical Tests	No Medical Tests	Medical Examination Report	Medical Examination Report	For Floater Policy – Medical Examination Report; For Individual Policy – Set 2
18 to 24 years	No Medical Tests	No Medical Tests	Set 1	Set 2	Set 6
25 to 45 years	No Medical Tests	No Medical Tests	Set 5	Set 7	Set 9
46 Years and above	Set 3	Set 4	Set 5	Set 8	Set 10

The Pre-policy Issuance Medical check-up test grid is as follows:

Category	Medical Tests
Set 1	MER, CBC, FBS, RUA, SGPT, S. Creatinine
Set 2	MER, CBC, FBS, RUA, ECG, USG, S. Creatinine
Set 3	MER, CBC &ESR, FBS / HbA1c, T.Cholesterol, ECG, SGPT, S. Creatinine
Set 4	MER, CBC &ESR, FBS / HbA1c, T.Cholesterol, TMT, SGPT, S. Creatinine
Set 5	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine
Set 6	MER, CBC, FBS, RUA, 2DEcho, USG, S. Creatinine
Set 7	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine, USG abd/pelvis (M&F)
Set 8	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M&F), PSA (M)
Set 9	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG abd/pelvis (M&F), CEA, PSA (M), PAP(F)
Set 10	MER, CBC, HbA1c, Lipids, LFT with GGT, RUA, Stress Echo, HBsAg, RFT, USG (M&F), CEA, PSA (M), PAP (F), Chest - X Ray, PFT, TSH

Test	Full Form
MER	Medical Examination Report
CBC with ESR	Complete Blood Count with Erythrocyte Sedimentation Rate
RUA	Routine and Microscopic Urine Analysis
HbA1C	Glycosylated Hemoglobin
S. Cholesterol	Serum Cholesterol
Lipids	Fasting Lipid Profile
ECG	Electro Cardio Gram
SGPT	Serum Glutamic Pyruvic Transaminase
S. Creatinine	Serum Creatinine
TMT	Treadmill Test
2 D Echo	2D Echocardiography
LFT	Liver Function Test
PSA	Prostate Specific Antigen
HBsAg	Hepatitis B Surface Antigen/Australian Antigen
PAP	Papnicolaou Test
USG abd / Pelvis	Ultrasonography abdomen and Pelvis
TSH	Thyroid Stimulating Hormone
PFT	Pulmonary Function Test
CEA	Carcino Embryonic Antigen
RFT	Renal Function Test
T.Cholesterol	Total Cholestrol

9. Schedule of Discounts

S.No.	Description	Parameters	Rates
1	Family Discount - This discount shall be applicable if 2 to 6 persons of the same family are covered in the same policy, on individual Sum Insured basis	No. of persons	Discount
		2 or 3 members 4, 5 or 6 members	5.00% 10.00%
2	Cross Sell / Loyalty Discount (Discount given if you have any continuing retail policy of CHIL for last 6 months)	-	10.00%
3	Discount for multi-year policies (on single premium)	Tenure	Discount
	2 year rate = Annual Rate x 2 x (1 - Discount applicable)	2 Year	7.50%
	3 year rate = Annual Rate x 3 x (1 - Discount applicable)	3 Year	10.00%
4	Discount for Employees and / or their dependents of :	-	15.00%
	A. Corporation Bank & its subsidiaries / affiliates		
	B. Union Bank of India & its subsidiaries / affiliates		

Note: Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible under Optional Cover – 5) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

– All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 35% of the Premium).

10. Schedule of Benefits

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Tenure	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years	1 Year / 2 Years / 3 Years
Benefits									
Hospitalization Expenses (In-Patient Care & Day Care Treatment)									
- In-Patient Care	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI
- Day Care Treatment	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI	up to SI
Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Daily Allowance	Rs. 250 per day; Max. 5 days per hospitalization covered	Rs. 500 per day; Max. 5 days per hospitalization covered	Rs. 500 per day; Max. 5 days per hospitalization covered	X	X	X	X	Rs. 500 per day; Max. 5 days per hospitalization covered	X
Ambulance Cover	Up to Rs 1,000 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 2,000 per hospitalization	Up to Rs 2,500 per hospitalization	Up to Rs 3,000 per hospitalization	Up to Rs 5,000 per hospitalization	Up to Rs 1,500 per hospitalization	Up to Rs 2,000 per hospitalization
Organ Donor Cover	X	Up to Rs 50,000	Up to Rs 50,000	Up to Rs 1 Lac	Up to Rs 2 Lacs	Up to Rs 3 Lacs	Up to Rs 5 Lacs	Up to Rs 50,000	Up to Rs 1 Lacs
Domiciliary Hospitalization	X	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days	Up to 10% of SI if domiciliary hospitalization exceeds 3 days
Automatic Recharge	X	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)	Up to SI (Once in a Policy Year)
Second Opinion	X	X	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year
Alternative Treatments	X	X	Up to Rs 15,000	Up to Rs 20,000	Up to Rs 30,000	Up to Rs 40,000	Up to Rs 50,000	Up to Rs 15,000	Up to Rs 20,000

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
No Claims Bonus (NCB)	X	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)
Global Coverage (excluding USA); Coverage outside India & USA - 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year.	X	X	X	X	X	X	Up to SI for Hospitalization Expenses & up to the limit specified under 'Maternity Cover' towards Maternity expenses; With a 10% co-payment per Claim	X	X
Annual Health Check-up	X	Annual	Annual	Annual	Annual	Annual	Annual	Annual	Annual
Vaccination Cover	X	X	X	X	X	X	Up to Rs. 10,000	X	X
Care Anywhere	X	X	X	X	X	Up to Sum Insured	X	X	X

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Maternity Cover (Available only under Floater Cover Type for all Insured Persons of age 18 years or above with a wait period of 24 months)	X	X	X	X	X	up to Rs 1 Lac	up to Rs 2 Lacs	X	X
Optional Covers									
Global Coverage – Total	X	X	X	X	X	X	Geographic scope of Benefit 'Global Coverage (excluding USA)' is extended to USA also	X	X
Travel Plus (For all the 6 Benefits under 'Travel Plus', duration of coverage is 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year)									
I) Worldwide In-Patient Cover (for emergency)	X	X	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI or Rs. 20 Lacs (whichever is lesser); Deductible of Rs. 5,000 per Claim	Up to Rs. 20 Lacs ; Deductible of Rs. 5,000 per Claim	X	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim
II) Worldwide OPD Cover	X	X	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI or Rs. 20 Lacs (whichever is lesser); Deductible of Rs. 5,000 per Claim	Up to Rs. 20 Lacs; Deductible of Rs. 5,000 per Claim	X	Up to SI ; Deductible of Rs. 5,000 per Claim	Up to SI ; Deductible of Rs. 5,000 per Claim

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
III) Loss of Passport	X	X	up to 1% of SI; Deductible of Rs. 2,500 per Claim	up to 1% of SI; Deductible of Rs. 2,500 per Claim	up to 1% of SI or Rs. 20,000 (whichever is lesser); Deductible of Rs. 2,500 per Claim	up to Rs. 20,000; Deductible of Rs. 2,500 per Claim	X	up to 1% of SI; Deductible of Rs. 2,500 per Claim	up to 1% of SI; Deductible of Rs. 2,500 per Claim
IV) Loss of Checked-in Baggage	X	X	up to 1% of SI	up to 1% of SI	up to 1% of SI or Rs. 20,000 (whichever is lesser)	up to Rs. 20,000	X	up to 1% of SI	up to 1% of SI
V) Repatriation of Mortal Remains	X	X	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	X	Up to SI	Up to SI
VI) Medical Evacuation	X	X	Up to SI	Up to SI	Up to SI or Rs. 20 Lacs (whichever is lesser)	Up to Rs. 20 Lacs	X	Up to SI	Up to SI
Unlimited Automatic Recharge	X	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	Up to SI (unlimited times)	X	Up to SI (unlimited times)	Up to SI (unlimited times)
No Claims Bonus Super (NCBS)	X	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	X	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)	50% increase in SI per Policy Year in case of claim-free year; Max up to 100% of SI (50% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCBS)

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Deductible Option – on an aggregate basis per Policy Year (in Rs.)	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L
Everyday Care (With a flat co-payment of 20% per consultation / diagnostic examination)	X	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services	Up to 2% of SI (1% for consultations & 1% for diagnostic examinations) along with Health Care Services
Smart Select	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim	- For listed Hospitals : Up to SI; - Other Hospitals : Up to SI with an additional co-payment of 20% per claim
OPD Care (Re-imbursment towards claims incurred in a policy year can be claimed only twice during that policy year)	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy	Up to 5K / 10K / 15K / 20K / 25K / 30K / 35K / 40K / 45K / 50K for consultation, diagnostics & pharmacy

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Daily Allowance +	X	X	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	X	X	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)	Up to Rs. 10K (in multiples of 1000) per day; Max. 30 days in a Policy Year (In case of ICU, twice of the above amount chosen will be payable)
Personal Accident This Optional Cover can be chosen by Proposer for oneself, Spouse & Dependent children, only if they are Insured under this Policy and the Proposer (for oneself) has opted for such Cover	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)	- Accidental Death – 100% of the respective coverage amount - Permanent Total Disablement – Up to 100% of the respective coverage amount (As per PTD Table in Optional Cover 10)
Additional Sum Insured for Accidental Hospitalization	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	X	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident	Additional SI of up to 100%, if an Insured is admitted under In-patient Care due to an accident
International Second Opinion	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year

Plan Name	Care 1	Care 2	Care 3	Care 4	Care 5	Care 6	Care 7	Care 8	Care 9
Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Reduction in PED Wait Period	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years
Extension of Global Coverage (Applicable to : -Benefit - 'Global Coverage (excluding USA)'; -Optional Cover – 'Global Coverage – Total')	X	X	X	X	X	X	Duration of Coverage will be extended to 90 continuous days in a single trip and Max. 180 days on a cumulative basis	X	X
Air Ambulance Cover	Up to Rs 5 Lacs	Up to Rs 5 Lacs	Up to Rs 5 Lacs	Up to Rs 5 Lacs	Up to Rs 5 Lacs	Up to Rs 5 Lacs	Up to Rs 5 Lacs	Up to Rs 5 Lacs	Up to Rs 5 Lacs
Wait Periods									
Initial Wait Period	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days
Named ailments	24 months	24 months	24 months	24 months	24 months	24 months	24 months	24 months	24 months
Pre-existing Diseases	48 months	48 months	48 months	48 months	48 months	48 months	48 months	48 months	48 months

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Sub-limits									
Room Rent / Room Category	Up to 1% of SI per day	Up to 1% of SI per day	Up to 1% of SI per day	Single Private Room	Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Single Private Room (upgradable to next level, only if Single Private Room is not available); Refer Note 2 of this Table	Up to 1% of SI per day	Single Private Room (Max. Up to 1% of SI per day)
ICU Charges	Up to 2% of SI per day	Up to 2% of SI per day	Up to 2% of SI per day	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to 2% of SI per day	Up to 2% of SI per day
Treatment of Cataract	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 20,000 per eye	Up to Rs. 30,000 per eye
Treatment of Total Knee Replacement	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 80,000 per knee	Up to Rs. 1 Lac per knee
Treatment for each and every Ailment / Procedure mentioned below:- I) Surgery for treatment of all types of Hernia II) Hysterectomy III) Surgeries for Benign Prostate Hypertrophy (BPH) IV) Surgical treatment of stones of renal system	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 50,000	Up to Rs. 65,000

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Sum Insured (SI) – on annual basis (in Rs.)	1 L \ 1.5 L	2 L \ 2.5 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L	15 L \ 20 L \ 25 L \ 30 L \ 40 L	50 L \ 60 L \ 75 L	100 L \ 150 L \ 200 L \ 300 L \ 600 L	3 L \ 3.5 L \ 4 L \ 4.5 L	5 L \ 5.5L \ 6L \ 6.5L \ 7L \ 7.5L \ 8L \ 8.5L \ 9L \ 9.5L \ 10 L
Treatment for each and every Ailment / Procedure mentioned below:- I) Treatment of Cerebrovascular and Cardiovascular disorders II) Treatments /Surgeries for Cancer III) Treatment of other renal complications and Disorders IV) Treatment for breakage of bones	No Sub-limit	Xno Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	No Sub-limit	Up to Rs. 2 Lacs	Up to Rs. 2.5 Lacs
Co-payment	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above	Option of 20% per claim, where age of Insured / eldest member is 61 years or above

Notes:

- All the Sum Insured mentioned are on a Policy Year basis.
- If the Room Category/ Room Rent eligibility is 'Single Private Room (upgradable to next level)', it means such up-gradation will trigger only if Single Private Room is not available in the Hospital at the time of admission and our liability will arise only after accepting required documented proof for such Room unavailability. In case such documented proof is not furnished, then the maximum eligible Room Category would be considered as 'Single Private Room' only.
- If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.

About Us

Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited)

Care Health Insurance (CHI) is a specialized Health Insurer offering health insurance services to employees of corporates, individual customers and for financial inclusion as well. With CHI's operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Care Health Insurance currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates. The organization has been adjudged the 'Best Health Insurance Company' at the ABP News-BFSI Awards & 'Best Claims Service Leader of the Year – Insurance India Summit & Awards. Care Health Insurance has also received the 'Editor's Choice Award for Best Product Innovation' at Finnoviti and was conferred the 'Best Medical Insurance Product Award' at The FICCI Healthcare Awards.

Best Health Insurance Company - ABP News – BFSI Awards 2015, Best Claims Service Leader of the Year - Insurance India Summit & Awards 2018, Best Product Innovation - Editor's Choice Award Finnoviti 2013, Best Medical Insurance Product - FICCI Healthcare Awards 2015.

Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited)

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

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

Website: www.careinsurance.com E-mail: customerfirst@careinsurance.com Call: 1800-102-4488 / 1800-102-6655

Disclaimer: This is only a summary of features of carē. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

Statutory Warning: Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation. UAN:20094074

UIN:RHIHLIP21017V052021

CIN:U66000DL2007PLC161503

IRDA Registration Number - 148

carē is a trademark of Care Health Insurance Limited.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receives the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
5. For full details of this product, please log on to www.careinsurance.com
6. The product is in conformity with the IRDA approval and health insurance regulations and standardization guidelines.

Annexure I - List of Day Care Surgeries

- 1. Cardiology Related:**
 1. CORONARY ANGIOGRAPHY
- 2. Critical Care Related:**
 2. INSERT NON-TUNNEL CV CATH
 3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
 4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
 5. INSERTION CATHETER, INTRA ANTERIOR
 6. INSERTION OF PORTACATH
- 3. Dental Related:**
 7. SPLINTING OF AVULSED TEETH
 8. SUTURING LACERATED LIP
 9. SUTURING ORAL MUCOSA
 10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
 11. FNAC
 12. SMEAR FROM ORAL CAVITY
- 4. ENT Related:**
 13. MYRINGOTOMY WITH GROMMET INSERTION
 14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
 15. REMOVAL OF A TYMPANIC DRAIN
 16. KERATOSIS REMOVAL UNDER GA
 17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
 18. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
 19. REMOVAL OF KERATOSIS OBTURANS
 20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
 21. REVISION OF A STAPEDECTOMY
 22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
 23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE-I TYMPANOPLASTY)
 24. FENESTRATION OF THE INNER EAR
 25. REVISION OF A FENESTRATION OF THE INNER EAR
 26. PALATOPLASTY
 27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
 28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
 29. TONSILLECTOMY WITH ADENOIDECTOMY
 30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
 31. REVISION OF A TYMPANOPLASTY
 32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
 33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
 34. MASTOIDECTOMY
 35. RECONSTRUCTION OF THE MIDDLE EAR
 36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
 37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
 38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
 39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
 40. OTHER OPERATIONS ON THE NOSE
 41. NASAL SINUS ASPIRATION
 42. FOREIGN BODY REMOVAL FROM NOSE
 43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
 44. ADENOIDECTOMY
 45. LABYRINTHECTOMY FOR SEVERE VERTIGO
 46. STAPEDECTOMY UNDER GA
 47. STAPEDECTOMY UNDER LA
 48. TYMPANOPLASTY (TYPE IV)
 49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
 50. TURBINECTOMY
 51. ENDOSCOPIC STAPEDECTOMY
 52. INCISION AND DRAINAGE OF 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. UGISCOPY AND POLYPECTOMY OESOPHAGUS
- 136. BREAST ABSCESS I&D
- 137. FEEDING GASTROSTOMY
- 138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
- 139. ERCP - BILE DUCT STONE REMOVAL
- 140. ILEOSTOMY CLOSURE
- 141. COLONOSCOPY
- 142. POLYPECTOMY COLON

- 143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
- 144. UGISCOPY AND POLYPECTOMY STOMACH
- 145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
- 146. FEEDING JEJUNOSTOMY
- 147. COLOSTOMY
- 148. ILEOSTOMY
- 149. COLOSTOMY CLOSURE
- 150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
- 151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
- 152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
- 153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
- 154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
- 155. ZADEK'S NAIL BED EXCISION
- 156. SUBCUTANEOUS MASTECTOMY
- 157. EXCISION OF RANULA UNDER GA
- 158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
- 159. EVERSION OF SAC
- 160. UNILATERAL
- 161. ILATERAL
- 162. LORD'S PLICATION
- 163. JABOULAY'S PROCEDURE
- 164. SCROTOPLASTY
- 165. CIRCUMCISION FOR TRAUMA
- 166. MEATOPLASTY
- 167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
- 168. PSOAS ABSCESS INCISION AND DRAINAGE
- 169. THYROID ABSCESS INCISION AND DRAINAGE
- 170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
- 171. ESOPHAGEAL GROWTH STENT
- 172. PAIR PROCEDURE OF HYDATID CYST LIVER
- 173. TRU CUT LIVER BIOPSY
- 174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
- 175. EXCISION OF CERVICAL RIB
- 176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
- 177. MICRODOCHECTOMY BREAST
- 178. SURGERY FOR FRACTURE PENIS
- 179. SENTINEL NODE BIOPSY
- 180. PARASTOMAL HERNIA
- 181. REVISION COLOSTOMY
- 182. PROLAPSED COLOSTOMY- CORRECTION
- 183. TESTICULAR BIOPSY
- 184. LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
- 185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
- 186. LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)

7. Gynecology Related:

- 187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
- 188. INCISION OF THE OVARY
- 189. INSUFFLATIONS OF THE FALLOPIAN TUBES
- 190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
- 191. DILATATION OF THE CERVICAL CANAL

192. CONISATION OF THE UTERINE CERVIX
193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY
194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (HYSTERECTOMY)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. HYSTEROSCOPIC REMOVAL OF MYOMA
204. D&C
205. HYSTEROSCOPIC RESECTION OF SEPTUM
206. THERMAL CAUTERISATION OF CERVIX
207. MIRENA INSERTION
208. HYSTEROSCOPIC ADHESIOLYSIS
209. LEEP
210. CRYOCAUTERISATION OF CERVIX
211. POLYPECTOMY ENDOMETRIUM
212. HYSTEROSCOPIC RESECTION OF FIBROID
213. LLETZ
214. CONIZATION
215. POLYPECTOMY CERVIX
216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217. VULVAL WART EXCISION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219. UTERINE ARTERY EMBOLIZATION
220. LAPAROSCOPIC CYSTECTOMY
221. HYMENECTOMY (IMPERFORATE HYMEN)
222. ENDOMETRIAL ABLATION
223. VAGINAL WALL CYST EXCISION
224. VULVAL CYST EXCISION
225. LAPAROSCOPIC PARATUBAL CYST EXCISION
226. REPAIR OF VAGINA (VAGINAL ATRESIA)
227. HYSTEROSCOPY, REMOVAL OF MYOMA
228. TURBT
229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
230. VAGINAL MESH FOR POP
231. LAPAROSCOPIC MYOMECTOMY
232. SURGERY FOR SUI
233. REPAIR RECTO-VAGINA FISTULA
234. PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR)
235. URS + LL
236. LAPAROSCOPIC OOPHORECTOMY
237. NORMAL VAGINAL DELIVERY AND VARIANTS

8. Neurology Related:

238. FACIAL NERVE PHYSIOTHERAPY
239. NERVE BIOPSY
240. MUSCLE BIOPSY
241. EPIDURAL STEROID INJECTION

242. GLYCEROL RHIZOTOMY
243. SPINAL CORD STIMULATION
244. MOTOR CORTEX STIMULATION
245. STEREOTACTIC RADIOSURGERY
246. PERCUTANEOUS CORDOTOMY
247. INTRATHECAL BACLOFEN THERAPY
248. ENTRAPMENT NEUROPATHY RELEASE
249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250. VP SHUNT
251. VENTRICULOATRIAL SHUNT

9. Oncology Related:

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

293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294. RADICAL CHEMOTHERAPY
295. NEOADJUVANT RADIOTHERAPY
296. LDR BRACHYTHERAPY
297. PALLIATIVE RADIOTHERAPY
298. RADICAL RADIOTHERAPY
299. PALLIATIVE CHEMOTHERAPY
300. TEMPLATE BRACHYTHERAPY
301. NEOADJUVANT CHEMOTHERAPY
302. ADJUVANT CHEMOTHERAPY
303. INDUCTION CHEMOTHERAPY
304. CONSOLIDATION CHEMOTHERAPY
305. MAINTENANCE CHEMOTHERAPY
306. HDR BRACHYTHERAPY
- 10. Operations on the salivary glands & salivary ducts:**
307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309. RESECTION OF A SALIVARY GLAND
310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
- 11. Operations on the skin & subcutaneous tissues:**
312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
317. FREE SKIN TRANSPLANTATION, DONOR SITE
318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
319. REVISION OF SKIN PLASTY
320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
321. CHEMOSURGERY TO THE SKIN.
322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
324. EXCISION OF BURSITIS
325. TENNIS ELBOW RELEASE
- 12. Operations on the Tongue:**
326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
327. PARTIAL GLOSSECTOMY
328. GLOSSECTOMY
329. RECONSTRUCTION OF THE TONGUE
330. OTHER OPERATIONS ON THE TONGUE
- 13. Ophthalmology Related:**
331. SURGERY FOR CATARACT
332. INCISION OF TEAR GLANDS
333. OTHER OPERATIONS ON THE TEAR DUCTS
334. INCISION OF DISEASED EYELIDS
335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341. INCISION OF THE CORNEA
342. OPERATIONS FOR PTERYGIUM
343. OTHER OPERATIONS ON THE CORNEA
344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
350. ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
351. ENUCLEATION OF EYE WITHOUT IMPLANT
352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
354. BIOPSY OF TEAR GLAND
355. TREATMENT OF RETINAL LESION
- 14. Orthopedics Related:**
356. SURGERY FOR MENISCUS TEAR
357. INCISION ON BONE, SEPTIC AND ASEPTIC
358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360. REDUCTION OF DISLOCATION UNDER GA
361. ARTHROSCOPIC KNEE ASPIRATION
362. SURGERY FOR LIGAMENT TEAR
363. SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
364. REMOVAL OF FRACTURE PINS/NAILS
365. REMOVAL OF METAL WIRE
366. CLOSED REDUCTION ON FRACTURE, LUXATION
367. REDUCTION OF DISLOCATION UNDER GA
368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
369. EXCISION OF VARIOUS LESIONS IN COCCYX
370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371. CLOSED REDUCTION OF MINOR FRACTURES
372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373. TENDON SHORTENING
374. ARTHROSCOPIC MENISCECTOMY - KNEE
375. TREATMENT OF CLAVICLE DISLOCATION
376. HAEMARTHROSIS KNEE- LAVAGE
377. ABSCESS KNEE JOINT DRAINAGE

378. CARPAL TUNNEL RELEASE
 379. CLOSED REDUCTION OF MINOR DISLOCATION
 380. REPAIR OF KNEE CAP TENDON
 381. ORIF WITH K WIRE FIXATION- SMALL BONES
 382. RELEASE OF MIDFOOT JOINT
 383. ORIF WITH PLATING- SMALL LONG BONES
 384. IMPLANT REMOVAL MINOR
 385. K WIRE REMOVAL
 386. POP APPLICATION
 387. CLOSED REDUCTION AND EXTERNAL FIXATION
 388. ARTHROTOMY HIP JOINT
 389. SYME'S AMPUTATION
 390. ARTHROPLASTY
 391. PARTIAL REMOVAL OF RIB
 392. TREATMENT OF SESAMOID BONE FRACTURE
 393. SHOULDER ARTHROSCOPY / SURGERY
 394. ELBOW ARTHROSCOPY
 395. AMPUTATION OF METACARPAL BONE
 396. RELEASE OF THUMB CONTRACTURE
 397. INCISION OF FOOT FASCIA
 398. CALCANEUM SPUR HYDROCORT INJECTION
 399. GANGLION WRIST HYALASE INJECTION
 400. PARTIAL REMOVAL OF METATARSAL
 401. REPAIR / GRAFT OF FOOT TENDON
 402. REVISION/REMOVAL OF KNEE CAP
 403. AMPUTATION FOLLOW-UP SURGERY
 404. EXPLORATION OF ANKLE JOINT
 405. REMOVE/GRAFT LEG BONE LESION
 406. REPAIR/GRAFT ACHILLES TENDON
 407. REMOVE OF TISSUE EXPANDER
 408. BIOPSY ELBOW JOINT LINING
 409. REMOVAL OF WRIST PROSTHESIS
 410. BIOPSY FINGER JOINT LINING
 411. TENDON LENGTHENING
 412. TREATMENT OF SHOULDER DISLOCATION
 413. LENGTHENING OF HAND TENDON
 414. REMOVAL OF ELBOW BURSA
 415. FIXATION OF KNEE JOINT
 416. TREATMENT OF FOOT DISLOCATION
 417. SURGERY OF BUNION
 418. INTRA ARTICULAR STEROID INJECTION
 419. TENDON TRANSFER PROCEDURE
 420. REMOVAL OF KNEE CAP BURSA
 421. TREATMENT OF FRACTURE OF ULNA
 422. TREATMENT OF SCAPULA FRACTURE
 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
 424. REPAIR OF RUPTURED TENDON
 425. DECOMPRESS FOREARM SPACE
 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
 427. LENGTHENING OF THIGH TENDONS
 428. TREATMENT FRACTURE OF RADIUS & ULNA
 429. REPAIR OF KNEE JOINT

15. Other operations on the mouth & face:

430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
 431. INCISION OF THE HARD AND SOFT PALATE
 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
 434. OTHER OPERATIONS IN THE MOUTH

16. Pediatric surgery Related:

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

17. Plastic Surgery Related:

453. CONSTRUCTION SKIN PEDICLE FLAP
 454. GLUTEAL PRESSURE ULCER-EXCISION
 455. MUSCLE-SKIN GRAFT, LEG
 456. REMOVAL OF BONE FOR GRAFT
 457. MUSCLE-SKIN GRAFT DUCT FISTULA
 458. REMOVAL CARTILAGE GRAFT
 459. MYOCUTANEOUS FLAP
 460. FIBRO MYOCUTANEOUS FLAP
 461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
 462. SLING OPERATION FOR FACIAL PALSY
 463. SPLIT SKIN GRAFTING UNDER RA
 464. WOLFE SKIN GRAFT
 465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA

18. Thoracic surgery Related:

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

Note: This list is not exhaustive, only illustrative. Due to Technological advancement any treatment considered by the Indian Medical Council as Day Care surgery / procedure, such treatments would also be considered for Day care surgeries / procedures.

Hence it is requested to verify Company's website for detailed list of updated Day Care Surgeries / procedures for easy understanding purposes.

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

Sr. No.	List I – Optional Items		
1	BABY FOOD	53	SUGAR FREE TABLETS
2	BABY UTILITIES CHARGES	54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
3	BEAUTY SERVICES		
4	BELTS/ BRACES	55	ECG ELECTRODES
5	BUDS	56	GLOVES
6	COLD PACK/HOT PACK	57	NEBULISATION KIT
7	CARRY BAGS	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
8	EMAIL / INTERNET CHARGES		
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	59	KIDNEY TRAY
		60	MASK
10	LEGGINGS	61	OUNCE GLASS
11	LAUNDRY CHARGES	62	OXYGEN MASK
12	MINERAL WATER	63	PELVIC TRACTION BELT
13	SANITARY PAD	64	PAN CAN
14	TELEPHONE CHARGES	65	TROLLY COVER
15	GUEST SERVICES	66	UROMETER, URINE JUG
16	CREPE BANDAGE	67	AMBULANCE
17	DIAPER OF ANY TYPE	68	VASOFIX SAFETY
18	EYELET COLLAR		
19	SLINGS		
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES		
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED		
22	TELEVISION CHARGES		
23	SURCHARGES		
24	ATTENDANT CHARGES		
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)		
26	BIRTH CERTIFICATE		
27	CERTIFICATE CHARGES		
28	COURIER CHARGES		
29	CONVEYANCE CHARGES		
30	MEDICAL CERTIFICATE		
31	MEDICAL RECORDS		
32	PHOTOCOPIES CHARGES		
33	MORTUARY CHARGES		
34	WALKING AIDS CHARGES		
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)		
36	SPACER		
37	SPIROMETRE		
38	NEBULIZER KIT		
39	STEAM INHALER		
40	ARMSLING		
41	THERMOMETER		
42	CERVICAL COLLAR		
43	SPLINT		
44	DIABETIC FOOT WEAR		
45	KNEE BRACES (LONG/ SHORT/ HINGED)		
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER		
47	LUMBO SACRAL BELT		
48	NIMBUS BED OR WATER OR AIR BED CHARGES		
49	AMBULANCE COLLAR		
50	AMBULANCE EQUIPMENT		
51	ABDOMINAL BINDER		
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES		

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

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road,Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala.Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra
Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township I , Faridabad , Haryana
Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132, Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234,- , Greater Kailash I , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/I, Sector 41 , Noida , Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road , Ahmedabad , Gujarat
Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka
East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No.6,Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

Hospital Name	Address
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -I, Greater Noida , Noida , Uttar Pradesh
Hardik Hospital	29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh
Panvel Hospital	Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
Santosh Hospital	L-629/63 I,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Navjeevan Hospital & Maternity Centre	753/21,Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Sparsh Medicare and Trauma Centre	Shakti Khand - III/54 ,Behind Cambridge School , Indirapuram, Ghaziabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc,B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
Adhar Ortho Hospital	Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc.60 Feet, Godadara Road , Surat , Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - I , Plot No. 20/21 , Near Piyush Point, Pandesara , Surat , Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat
Hari Milan Hospital	L H Road , Surat , Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shopping Complex 1 St Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat

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

Hospital Name	Address
Chaudhry Eye Centre & Lazer Vision	No.4802, No.24,Bharat Ram Road,Ansari Road,Daryaganj,New Delhi-I 10002,Delhi
Sanjeevan Medical Research Centre Pvt. Ltd.	4869/24,Ansari Road, Daryaganj,New Delhi-I 10002,Delhi
Shree Jeewan Hospital	67/1, New Rohtak Road,Karol Bagh,New Delhi-I 10005,Delhi
Fortis Jessa Ram Hospital	R.B.Seth Jessa Ram Hospital, West Extension Area,Karol Bagh,New Delhi-I 10005,Delhi
Jeewan Hospital & Nursing Home Pvt. Ltd.	150, Gate No 1Jeevan Nagar,New Delhi-I 10014,Delhi
Handa Nursing Home	57,Near Swadeshi Motor, Raja Garden,New Delhi-I 10015,Delhi
Khetarpal Hospital	F-95 Bali Nagar, Bali Nagar,New Delhi-I 10015,Delhi
Sawan Neelu Angel'S Nursing Home	J-293, Near Main Road,Saket,New Delhi-I 10017,Delhi
M.K.W.Hospital	T-Block Community Centre, Rajouri Garden,Rajouri Garden,New Delhi-I 10027,Delhi
Behl Hospital	B-128, Naraina Vihar,New Delhi-I 10028,Delhi
Kuber Hospital	No.12, Chanderlok Enclave,Pitampura,New Delhi-I 10034,Delhi
Satyabhama Hospital Pvt. Ltd.	RZ-10,Naresh Park Najafgarh Road,Nangloi,New Delhi-I 10041,Delhi
Bhagat Chandra Hospital	R.Z.F.1/1, Near Dwarka Flyover,Palam Davri Road,Mahavir Enclave,New Delhi-I 10045,Delhi
Ashok Nursing Home	F-3/15-16, Vijay Chowk,Krishna Nagar,New Delhi-I 10051,Delhi
Ganesh Ortho Trauma & Medical Centre	F-15/7, Near BSES Office,Krishna Nagar,New Delhi-I 10051,Delhi
Panchsheel Hospitals Pvt. Ltd.	C3/64 A, Yamuna Vihar,New Delhi-I 10053,Delhi
Amar Leela Hospital Pvt. Ltd.	B-1/6,Main Najafgarh Road, Nearby East Metro Station,Janakpuri,New Delhi-I 10058,Delhi
Genesis Hospital Pvt. Ltd.	C-1/130, Near Mata Chanan Devi Hospital,Janakpuri,New Delhi-I 10058,Delhi
Orchid Hospital	C-3/91,92, Janakpuri,New Delhi-I 10058,Delhi
Pawan Gandhi Health Care Pvt. Ltd.	C-5D-51, Om Vihar,Uttam Nagar,New Delhi-I 10059,Delhi
Sehgal Neo Hospital	R-364,Meera Bagh, Outer Ring Road,Paschim Vihar,New Delhi-I 10063,Delhi
Jeewan Hospital And Nursing Home	150, Gate No 2Jeevan Nagar,New Delhi-I 10014,Delhi
Samvit Health Care	Plot No.1,Sohna Road,Islampur, Near Rajiv Chowk,Islampur,Gurgaon-I 22001,Haryana
Saraswati Hospital	299/2,Old Delhi Road, Gurgaon,Gurgaon-I 22001,Haryana
Sethi Hospital Pvt. Ltd.	No.301-302/4, Model Town,Basai Road,Gurgaon-I 22001,Haryana
Kriti Hospital	Plot No.196, Sec-56,Behind Jalvayu Towers,Saraswati Vihar,Gurgaon-I 22002,Haryana
Ganesh Hospitals Pvt. Ltd.	LI-C/3, Near Kalagiri Chowk,Nehru Nagar,Ghaziabad-201001,Uttar Pradesh
Pushpanjali Crosslay Hospital	W-3,Sector-1, Vaishali,Ghaziabad-201010,Uttar Pradesh
Ambay Hospital-A Unit Of Navodya Hospital & Research	No 1,Near St.Thomas School, Sahibabad,Lajpat Nagar 4,Ghaziabad-201005,Uttar Pradesh
Gargi Hospital-Unit Of Kaushalya Medical & Research Centre Pvt. Ltd.	R-9,182, Near Alt Centre,Near Sector-10 Market,Raj Nagar,Ghaziabad-201002,Uttar Pradesh
Bhatia Nursing Home	Punjabi Mohalla,Near Gupta Hotel, Mohna Road,Punjabi Mohalla,Ghaziabad-201010,Uttar Pradesh
Paras Hospital	130 Sector 4, Vaishali,Ghaziabad-201010,Uttar Pradesh
I-Care Eye Hospital	E-3A, Sector 26,Noida-201301,Uttar Pradesh
Samvedana Health Services Pvt.Ltd.	B 206 A, Sector- 48,Sector 48,Noida-201301,Uttar Pradesh
Navin Hospitals Pvt. Ltd.	N.H.3,Pocket 2, Greater Noida,Alpha 2,Noida-201308,Uttar Pradesh
Ram Lal Kundan Lal Orthopaedic Hospital	Bungalow Plot No-8, Pandu Nagar,Parpar Ganj Road,Off Mother Dairy,Patparganj,New Delhi-I 10091,Delhi
Shreya Eye Centre	D-163, Surajmal Vihar,New Delhi-I 10092,Delhi
Malik Radix Health Care	C-218, Nirmal Vihar,Vikas Marg,Dayanand Vihar,New Delhi-I 10092,Delhi
Dr.M.L.Gupta Memorial Centre	5E/4 B.P.Railway Road, New Industrial Township 1,Faridabad-I 21001,Haryana

Hospital Name	Address
Aggarwal Medical Centre	Jiwan Nagar Gaunchi, Sector 55-F, Jiwan Nagar Gaunchi, Faridabad-121001, Haryana
C.K.Memorial Kapoor Hospital	No.3B/8A, DAV College Road, Near Eros Institute, Near Chimni Bai Dharamshala, New Industrial Township I, Faridabad-121001, Haryana
Ashwani Hospital	No.8-D-I, Sector 11, Near H.U.D.A. Market, Sector 11, Faridabad-121001, Haryana
Shivmani Hospital	5E/9, B.P.N.I.T, Near Neelam Chowk, New Industrial Township I, Faridabad-121001, Haryana
Anuj Hospital	No.2159-2161, Near Old Market, Old Faridabad, Sector 16, Faridabad-121002, Haryana
Gupta Nursing Home	House No: 160, Sector 16-A, Near Capital Bus Stand, Sector 16, Faridabad-121002, Haryana
Sirohi Medical Centre Pvt.Ltd.	Clinic Plot No.4&5, Sector 3, Faridabad-121004, Haryana
Lohan Children Hospital	5 C, B.P, N.I.T, Sector 14, Faridabad-121007, Haryana
National Institute Of Medical Sciences	Sector 23-A, Near Sector-23 Market, Near Navchetna Hospital, Sector 23, Faridabad-121005, Haryana
Ghai Hospital	Plot No 29, Sector 9, Faridabad-121006, Haryana
Geeta Hospital	Near H.U.D.A. Market, Near Water Tank, Sector 28, Faridabad-121008, Haryana
Jaipur Golden Hospital	2, Institutional Area, Sector 3, Rohini, New Delhi-110085, Delhi
Lall Eye Care Centre	New Railway Road, Civil Lines, Gurgaon-122001, Haryana
Mamta Hospital	877/2, Mata Road, Near Workshop, Civil Lines, Gurgaon-122001, Haryana
Metro Heart Institute-Metro Speciality HospitalS Pvt. Ltd.	Sector -16 A, Sector 16A, Faridabad-121002, Haryana
Narinder Mohan Hospital And Heart Center	Near Mohan Nagar Chowk, Near Police Station, Opposite P.N.B. Bank, Mohan Nagar, Ghaziabad-201007, Uttar Pradesh
Paras Hospitals	C-1, Sushantlok, Sushant Lok Phase I, Gurgaon, Gurgaon-122009, Haryana
St.Stephen's Hospital	St.Stephen's Hospital Marg, Nawab Ganj, Opposite Tis Hazari Metro Station, Tis Hazari, New Delhi-110054, Delhi
Tirupati Stone Centre and Hospital	6, Gagan Vihar, Near Karkardooma Court, Vikas Marg, New Delhi, New Delhi-110051, Delhi
Virmani Hospital Pvt. Ltd.	Plot No.8, Commercial Complex, L.S.C., Mayur Vihar Phase 2, New Delhi-110091, Delhi
Navjyoti Eye Centre	No.90, Near Golcha Cinema, Daryaganj, New Delhi-110002, Delhi
Jeewan Mala Hospital Pvt. Ltd.	67/1, New Rohtak Road, Karol Bagh, New Delhi-110005, Delhi
Bharti Eye Foundation	No.1/3, Near Metro Station, Patel Nagar (E), New Delhi-110008, Delhi
Rockland Hospitals Ltd	B-33-34, Qutab Institutional Area, Ber Sarai, New Delhi-110016, Delhi
Dr Patnaik's Laser Eye Institute	C2, Near Moolchand Hospital, Lajpat Nagar 2, New Delhi-110024, Delhi
Bajaj Eye Care Centre	No.101, Vikas Surya Plot No.7, DDA Community Centre, Road No 44, Pitampura, New Delhi-110034, Delhi
Khandelwal Hospital And Urology Centre	B-16, Main Road East Krishna Nagar, Krishna Nagar, New Delhi-110051, Delhi
B M Gupta Nursing Home Pvt. Ltd.	H-11, 15, Arya Samaj Road, Uttam Nagar, New Delhi-110059, Delhi
Mohan Eye Institute	11-B, Ganga Ram Hospital Marg, Old Rajendra Nagar, New Delhi-110060, Delhi
EYE Q Super Speciality Eye Hospital	4306, DLF Phase 4, Saraswati Vihar, Gurgaon-122002, Haryana
Ayushman Hospital	Plot-No 2, H.L.Galleria, Sector 12, Dwarka, New Delhi-110075, Delhi
Santom Hospital Pvt. Ltd.	D-5-6, Outer Ring Road, Prashant Vihar, New Delhi-110085, Delhi
Aastha Eye Centre	No.5-R/5, Behind Neelam Petrol Pump, New Industrial Township I, Faridabad-121001, Haryana
Surya Ortho & Trauma Centre	No.5,R/5, New Industrial Township I, Faridabad-121001, Haryana
Aar Pee Hospital	1276-P, Near Barkal Chowk, Sector 28, Faridabad-121008, Haryana
Perfect Wellness Pvt. Ltd. ,Eye Centre	Plot No.7, Sector 27 A, Main Mathura Road, Near Badkhal Road, Sector 27A, Faridabad-121011, Haryana
Dr Nand Lal Sharma Memorial Hospital	701, Sector-8, Sector 6, Faridabad-121006, Haryana
Eye Care Centre	1368-B, 14/15, Dividing Road, Sector 14, Faridabad-121007, Haryana

Hospital Name	Address
Vision Eye Centre	No.12/27, Near Arya Samaj Mandir,Patel Nagar,New Delhi- I 10008,Delhi
Ahuja Laser Eye Centre	No.212,Paramanand Colony, GTB Nagar,New Delhi- I 10009,Delhi
Vasan Eye Care Hospital	No.36-B,Parvtesh Tower,Pusa Road, Opposite Metro Pillar No.125,Karol Bagh,New Delhi- I 10005,Delhi
Sumitra Hospital	A-119A, Near Prakash Hospital,Sector 35,Noida-201301,Uttar Pradesh
Maharaja Agrasen Hospital	N.H.-10, West Punjabi Bagh,Punjabi Bagh,New Delhi- I 10026,Delhi
Sarvodaya Hospital And Research Centre	Sector-8, YMCA Road,Near E.S.I.Hospital,Sector 8,Faridabad-121002,Haryana
Aakash Hospital	No.90/43, Opposite Green Fields School,Malviya Nagar,New Delhi- I 10017,Delhi
Holy Family Hospital	Okhla Road, Okhla Vihar,New Delhi- I 10025,Delhi
Mata Chanan Devi Hospital	C-1, Janakpuri,Rajouri Garden,New Delhi- I 10058,Delhi
Rescue Hospital India Pvt. Ltd.	S-5,Vishwas Park, Behind Sector-3 Petrol Pump,Dwarka,New Delhi- I 10059,Delhi
Drishti Eye Centre	20-21, Fruit Garden,New Industrial Township 1,Faridabad-121001,Haryana
Mahindru Hospital	E-1,Kiran Garden, Uttam Nagar,New Delhi- I 10059,Delhi
Vasan Eye Care Hospital	A-120, Janakpuri,New Delhi- I 10058,Delhi
Visitech Eye Hospital	R-13, Greater Kailash I,New Delhi- I 10048,Delhi
Bhagat Hospitals Pvt Ltd	D-2,48/49, Janakpuri,New Delhi- I 10058,Delhi
Rockland Hospitals Ltd	H.A.F. Pocket-B,Sector-12,Dwarka,New Delhi- I 10075,Delhi
Vasan Eye Care Hospital	F14,Opposite Metro Pillar No. 94, Near Metro Station Gate No. 2,Preet Vihar,New Delhi- I 10092,Delhi
Vasan Eye Care Hospital	Plot 500, Opp metro pillar 345,Pitampura,New Delhi- I 10034,Delhi
Vasan Eye Care Hospital	Sco-379 & 380, Sector-29,Near Iffco Chowk,Gurgaon,Gurgaon-122001,Haryana
Pushpanjali Medical Centre	A-15,Pushpanjali, Vikas Marg Extn,Preet Vihar,New Delhi- I 10092,Delhi
Vasan Eye Care Hospital	E-16, Greater Kailash-I, Opposite HSBC Bank,Greater Kailash,New Delhi- I 10048,Delhi
Karuna Hospital	D-62, Dilshad Colony,New Delhi- I 10095,Delhi
Kailash Healthcare Ltd	H-33, Sector 27,Noida,Noida-201301,Uttar Pradesh
Eye Health Clinic	E-1, Sector 61,Noida,Noida-201307,Uttar Pradesh
Deepak Memorial Hospital	5,Institutional Area, Vikas Marg Extn - II,Vikas Marg,New Delhi- I 10092,Delhi
Krishna Hospital & Trauma Centre	J85, Patel Nagar - I,Ghaziabad,Ghaziabad-201001,Uttar Pradesh
Mahajan Eye Centre	AD-21DA, Outer Ring Road,Pitampura,New Delhi- I 10034,Delhi
Kailash Hospitals Ltd	23 KP-1, Greater Noida,Noida-201308,Uttar Pradesh
Eternity Hospital	914, Niti Khand - I,Indirapuram,Ghaziabad-201014,Uttar Pradesh
Sodhi Nursing Home and Ent Hospital	455, Bhera Enclave,Paschim Vihar,New Delhi- I 10087,Delhi
Sarvodaya Hospital & Research Centre	KJ-7, Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Dr. Shroffs Charity Eye Hospital	5027, Kedarnath Road,Daryaganj,New Delhi- I 10002,Delhi
Sarvodaya Superspeciality Hospital and Heart Centre	D-3, Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Medicheck Hospital	I-C,76&53, Near IOB Bank,NIT,Faridabad-121001,Haryana
EYE Q Super Speciality Eye Hospital	Sheetla Hospital, New Railway Road,Gurgaon-122001,Haryana
EYE Q Super Speciality Eye Hospital	Basement & 1st Floor, NS-3 AD Block,East of Shalimar Bagh,New Delhi- I 10088,Delhi
Mohan Swarup Hospital	NH 91,GT Road, Opp. Electric Station,Near Baba Peer,Dadri-203207,Uttar Pradesh
Shishu Sadan Multispeciality Children Hospital	A-1/169A, Metro Pillar No. 616,Janak Puri,New Delhi- I 10058,Delhi
Uttam Hospital	E-230, Sector-9,New Vijay Nagar,Ghaziabad-201009,Uttar Pradesh

Hospital Name	Address
ASG Hospital Pvt Ltd	C-52A, RDC Raj Nagar Distt. Centre,Raj Nagar,Ghaziabad-201002,Uttar Pradesh
S.R Krishna Hospital Pvt Ltd	Plot No. 23-24,Jain Park, Opp. Metro Pillar No. 722,723,Matiala Road,New Delhi-I 10059,Delhi
Vision Eye Hospital	F-24/136, Sector-7,Rohini,New Delhi-I 10085,Delhi
Park Hospital	J-Block, Near Court,Sector - 10,Faridabad-121004,Haryana
J.P. Memorial Hospital	F-189, Dilshad Colony,New Delhi-I 10095,Delhi
Kathuria Hospital	19/8,Model Town, Opp. S.D. School,Khandsa Road,Gurgaon-122001,Haryana
Foresight Eye Clinic	106,RPS Flats, Sheikh Sarai - I,Opp. Apeejay School,Malviya Nagar,New Delhi-I 10017,Delhi
Roopali Medical Centre Pvt Ltd	C/477A, Yamuna Vihar,Yamuna Vihar,New Delhi-I 10053,Delhi
Royale Multispeciality Hospital	B-5, Central Green,NIT NH-5,Near B.K Chowk,Faridabad-121001,Haryana
Eye7 Chaudhary Eye Centre	34 Grd Floor, Lajpat Nagar-IV,Main Ring Road,Lajpat Nagar,New Delhi-I 10024,Delhi
Kalyani Hospital Pvt Ltd	354/2, Mehrauli,Gurgaon Road,Gurgaon-122001,Haryana
Mata Roop Rani Mggo & Mahindru Hospital	C-9, Om Vihar,Phase- I,Uttamnagar,New Delhi-I 10059,Delhi
Gautam Nursing home & Maternity Centre	D-2/148, Jeewan Park,Pankha Road,New Delhi-I 10059,Delhi
Shri Daya Dutt Vashist Hospital	J-34,Ganga Ram Vatika, Near Raj Cinema,Chowkhandi,Tilak Nagar,New Delhi-I 10018,Delhi
B R Memorial Hospital	FCA-103, Mukesh Colony,Ballabgarh,Faridabad-121004,Haryana
Sunetra Eye Centre Pvt Ltd	KC-120, C-Block,C-Block Market,Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Vasan Eye Care Hospital	B-190, Derawal nagar,Model Town,New Delhi-I 10009,Delhi
Vasan Eye Care Hospital	# A-6/A, First and Second Floor,Nehru Ground, New Industrial Township I, Industrial Township,Haryana Neelam Batta Road,Faridabad-121001,Haryana
Nav Drishti Eye Centre	B-5/351, Yamuna Vihar,Opp. Maharaja Agarsen Park,New Delhi-I 10053,Delhi
Save Sight Centre	A-14, G.T karnal Road,Adarsh Nagar,New Delhi-I 10033,Delhi
Ahooja Eye & Dental Institute	560/1, Dayanand Colony,New Railway Road,Gurgaon-122001,Haryana
M. R Hospital & Orthopaedic Centre	CI-3, Rama Park Near Dwarka Mor Metro Station,Opp. Pillar No. 772,New Delhi-I 10059,Delhi
Chopra Eye Hospital	H.No-3, Pkt-C-8,Sec-7,Rohini,New Delhi-I 10085,Delhi
Hi-Tech Eye Centre	A-12, 1st Floor,Vikas Puri,New Delhi-I 10018,Delhi
Holy Child Nursing Home	C-43-44, East Krishna Nagar,New Delhi-I 10051,Delhi
Jeevan Hospital & Stone Centre	GT Road, Near Amber Cinema,Modi Nagar,Ghaziabad-201201,Uttar Pradesh
Dr. Nanda Eye Care Centre	A-200, Sector-8,Dwarka,New Delhi-I 10075,Delhi
Patel Hospital	U-158, Main Vikas Marg,Shakarpur,New Delhi-I 10092,Delhi
Cygnus Orthocare Hospital	C-5/29, Opp. IIT Gate,Safdarjung Development Area,,New Delhi-I 10016,Delhi
Agrawal Eye Institute	A-235, Shivalik,Malviya Nagar,New Delhi-I 10017,Delhi
Pushpawati Singhanian Research Institute	Press Enclave Marg, Sheikh Sarai Phase 2,New Delhi-I 10017,Delhi
Qrg Central Hospital & Research Centre Ltd.	Plot No -69,Sec 20 A,Near Neelam Flyover, Ajronda Chowk,Sector 20 A,Faridabad-121001,Haryana
Sant Parmanand Hospital	18,Sham Nath Marg, Civil Lines,New Delhi-I 10054,Delhi
Lotus Hospital	389-3, Mata Road,Prem Nagar 2,Gurgaon-122001,Haryana
Yashomati Hospital Pvt. Ltd.	No.237 I,3,HAL Airport, Varthur Main Road, Munnekolala Bangalore -560037 Karnataka
Vishwabharathi Hospital Pvt Ltd	No.10/4 & 10/5, 3rd Main Road, Hanumanthnagar Bangalore -560019 Karnataka
Vijaya ENT Care Centre	No.1, IX Cross,Hoy Ice Cream Camp, Malleshwaram Bangalore -560003 Karnataka
Vasan Eye Care Hospital	No.5,20th Cross,Malagala Under Pass, Ring Road,Nagarbhavi 2nd Stage, Nagarabhavi Bangalore -560091 Karnataka

Hospital Name	Address
Vasan Eye Care Hospital	DPS Towers,No.40,First Floor, ICICI Bank Ltd,Arekere, Bannerghatta Road Bangalore -560076 Karnataka
Vasan Eye Care Hospital	Plot No.2(A-2),A type,BBMP PID No.57-64-2, Shivam Arcade,41 St Main Road,Kanakapura Main Road, J.P. Nagar Bangalore -560078 Karnataka
Vasan Eye Care Hospital	No.46,19th Main Road,1st Block, Near Navrang Theatre, Rajaji Nagar Bangalore -560010 Karnataka
Vasan Eye Care Hospital	No.205-4C,4th Cross,3rd Block, H.R.B.R.Layout,Next To Hennur Bus Depo, Banaswadi Bangalore -560043 Karnataka
Vagus Super Speciality Hospital Pvt Ltd	# 6,7&8,4th Main, 8th Cross, Malleshwaram Bangalore -560003 Karnataka
Unity Life Line Hospital India Pvt. Ltd.	No.-193,2nd Block,2nd Stage, 0 Nagarbhavi Bangalore -560072 Karnataka
Trinity Hospital And Heart Foundation	No.27,Sri Ram Mandir Road, Near R.V.Teacher's College Circle, Basavanagudi Bangalore -560004 Karnataka
The Pulse Multispeciality Hospital	5/8/1,20th Main Road, 50 ft Road,Muneshwara Block, Girinagar Bangalore -560085 Karnataka
Tamara Hospital & IVF Centre	No. 34/3, 10th Cross, 1st 'N' Block, Rajajinagar, Bangalore Bangalore -560010 Karnataka
Syamala Hospital	# 17/4, Cambridge Road, Halasur Bangalore -560008 Karnataka
Sundar Hospital	1&2, Hennur Road Cross, Lingarajpuram Bangalore -560084 Karnataka
Sumathi Nursing & Maternity Home	426/12, 2nd Cross, Mathikere Lay-out Bangalore -560054 Karnataka
Suguna Narayana Heart Centre	1A/87,Dr Rajkumar Road, 4th N Block, Rajajinagar Bangalore -560010 Karnataka
St. Theresas Hospital	Dr. Rajkumar Road, 1st Block, Rajajinagar Bangalore -560010 Karnataka
Sridevi Nursing Home	#726,23rd Cross, BSK 2nd Stage,KR Road,Behind Upahara Sagar, Bangalore Bangalore -560070 Karnataka
Sri Vinayaka Multi Speciality Hospital & Trauma Centre	Mylanahalli, B.K. Halli Post, Jala Hobli Bangalore -562149 Karnataka
Sri Sai Ram Hospital	#6,JC Industrial Area, Yelechenahalli Near Metro,Kanakapura Main Road, Bangalore Bangalore -560060 Karnataka
Sri Sai Northside Hospital	No.8, G Block,60 Feet Road, Sahakaranagar Bangalore -560092 Karnataka
Sri Sai Krupa Hospital	19/A, Mathikere Main Road, Opp. LIC Bangalore -560054 Karnataka
Sri Ram Hospital	No. 107/2,Nishvasaha Centre, Opp. Traffic police,Old Madras Road, K. R. Puram Bangalore -560036 Karnataka
Sri Lakshmi Multispeciality Hospital	# 127/1,Sri Gandhada Kaval, Magadi Main Road, Sunkadakatte Bangalore -560091 Karnataka
Sri Kanchi kamakoti Medical Trust - Sankara Eye Hospital	Varthur Main Road, Kundalahalli Gate, Bangalore Bangalore -560037 Karnataka
South City Hospital	53/1 (45),Shalini, Susheela Road,Lalbagh, Upparahalli Bangalore -560004 Karnataka
Soukya Hospital	No.17, NTI Layout,Vidyananyapura Main Road, Bangalore Bangalore -560097 Karnataka
Smt. Shantha & Sri J.A. Narayana Rao Foundation for Medical Sciences	# 878,879, 1st 'A' Main Road, Kengeri Satellite Town Bangalore -560060 Karnataka
Shreya Hospital	73,3rd Main,6th Cross, 0 Kengeri Satellite Town Bangalore -560060 Karnataka
Shirdi Sai Hospital Pvt. Ltd.	519,2nd Main, Nethravathi Street,Newbel Road, Devasandra Bangalore -560054 Karnataka
Shekhar Hospital	81,Bull Temple Road, Basavangudi, Basavangudi Bangalore -560019 Karnataka
Shaker Nursing Home	260,Near 17th Cross, Sampige Road, Malleshwaram Bangalore -560003 Karnataka
Sapthagiri Hospital	#15, Hesaraghatta Main Road, Chikkasandra Bangalore -560090 Karnataka
Rajalakshmi Hospital	No.21/1, Lakshmiपुरa Main Road, Opp. Lakshmiपुरa Lake, Vidyananyapura Post Bangalore -560097 Karnataka
Radhakrishna Multispeciality Hospital	No. 3-4, Sunrise Towers,J.P. Road, Girinagar Bangalore -560085 Karnataka
Punya Hospitals India Pvt Ltd	#52/10,80 Feet Road, KHB Colony, Basaveshwaranagar Bangalore -560079 Karnataka
Prisitne Hosptial	No.877,Modi Hospital Road, West Of Chord Road,2nd Stage Extension, Basaveshwaranagar Bangalore -560079 Karnataka
Premier Sanjeevini Hospital	No.6/2,NH4, 0 Dasarahalli Bangalore -560057 Karnataka
Prashanth Hospital	No.90,D,Hosur Main Road, Bommanahalli Circle, Hosur Bangalore -560068 Karnataka
Pragathi Nursing Home	674/A,10th Cross, 5th Main II Stage,West Of Chord Road, Bangalore Bangalore -560086 Karnataka
Panacea Hospital Pvt. Ltd.	No.334, 8th Main,3rd Stage,4th Block, Basaveshwaranagar Bangalore -560079 Karnataka

Hospital Name	Address
P.D.Hinduja Sindhi Hospital	S.R.Nagar, 0 Sampangiramnagar Bangalore -560027 Karnataka
Om Shakthi Hospital	#1 & 2, Balaji Homes, 1st Main Kempegowda International Airport Road,Bagalur Cross,Yelahanka, Anand Nagar Bangalore - 560063 Karnataka
NRR Hospital	No.3&3A,Hesaraghatta Main Road, Chikkabanavara, Chikkasendra Bangalore -560090 Karnataka
NMPC Health Care Pvt Ltd	No.66, 9th Main Road, Jayaram Reddy Layout,Horamavu Main Road, Banaswadi Bangalore -560043 Karnataka
New Akshay Mallya Hospital	#93/1,565, Srinivasa Complex,Varthur Main Road, Marthahalli Main Road Bangalore -560037 Karnataka
Neighbourhood Hospital Pvt Ltd	#9,WGBCS, Near Brigade Millinium,Kothnur Main Road,7th Phase, J,P Nagar Bangalore -560078 Karnataka
Neha Prakash Hospital	No.8 V Phase,6th Cross, New Town, Yelahanka Bangalore -560064 Karnataka
Narayana Hrudayalaya	No.258/A,Bommasandra Industrial Area, Anekal Taluk, Bommasandra Bangalore -560099 Karnataka
Namratha Nursing & Maternity Home	No.158,6th Main,2nd phase, West of Chord Road,2nd Stage, Bangalore Bangalore -560086 Karnataka
N.D. R Hospital	#2118,MIG House,12th Main 'B Sector', Behind Shanthi Sagar,Near Mother Dairy Circle,Yelahanka New Town, Bangalore Bangalore -560106 Karnataka
MGMI Hospitals India Pvt Ltd	5/2,13th Cross, Hosur Road,Near Brand Factory, Wilson Garden Bangalore -560027 Karnataka
Mediscope Hospital	No.11, 3rd Stage,Pillanna Garden,Kadugondana Halli Stage I, Kadugondana Halli Bangalore -560045 Karnataka
Manjushree Hospital	#91, Kavalbyrasandra,R.T Nagar Post, Bangalore Bangalore -560032 Karnataka
Manjunatha Maternity Home & Surgical Centre	90/1, West Park Road, Between 17th & 18th Cross, Malleshwaram Bangalore -560055 Karnataka
Manasa Hospital	G. Chandranna Building, Devanahalli Old Bus Stop, Devanahalli Bangalore -562110 Karnataka
Manasa Hospital	No. 107, 6th Main, 2nd Cross, Vijayanagar Bangalore -560040 Karnataka
Manasa Hospital	#189, Shiva Complex, M Dalapalya,Near Vijaya Bank, Shivanand Nagar Bangalore -560072 Karnataka
Mallya Hospital	#2, Vittal Mallya Road, Bangalore Bangalore -560001 Karnataka
Maharaja Agrasen Hospital	15Th Main Road,Banashankari, 17th Cross,2nd Stage, Padmanabhnagar Bangalore -560070 Karnataka
Mahanth Hospital	No.8,1st Cross, N.G.R Layout,Roopena Agraha, Bangalore Bangalore -560068 Karnataka
Live 100 Hospital Pvt. Ltd.	104/1, Hosur Main Road, Singasandra Bangalore -560068 Karnataka
Lakshmi Hospital	2nd Cross, Judges Colony, Ganga Nagar Bangalore -560006 Karnataka
Kaveri Speciality Hospital	15/2,4th Cross, Hosur Main Road, Madivala Bangalore -560068 Karnataka
Karthik Netralaya Institute Of Ophthalmology Pvt. Ltd.	89,6th Cross,NR Colony,Ashok Nagar,Stage I Near Kathabhavana Buildng,BSK 1St Stage, Banashankari Bangalore -560050 Karnataka
K.R.Puram Super Speciality Hospital	3rd Main Road, OLD Extension, K. R. Puram Bangalore -560036 Karnataka
K K Hospital	No. 9,A1,A2,Opp. MEC School, A Sector,New Colony, Yelahanka Bangalore -560064 Karnataka
Jeevika Hospitals Pvt Ltd	#95/3, Marthahalli Outer Ring Road, Doddanekkundi Bangalore -560037 Karnataka
Jayashree Multispeciality Hospital	No. 25/26/27,1st Cross, B Block,Vishwapriya Nagar, Begur Bangalore -560068 Karnataka
ISIS Medicare & Research Centre Pvt Ltd	No. 18,Universal House, Bellary Road, Sadashivnagar Bangalore -560080 Karnataka
Health Cottage Hospital	#289,1st Cross, Cambridge Layout,Opp. Salapuria Residency, Halasur Bangalore -560008 Karnataka
H.K Hospital	106/2, Mysore Road,Near Rainbow Bridge, Kengeri Bangalore -560060 Karnataka
Gayathri Hospital Pvt. Ltd.	No.91,Magadi Chord Road, 0 Vijayanagar Bangalore -560040 Karnataka
Garden City Hospital	#132/18, 3rd Block, 22nd Cross, Jayanagar Bangalore -560011 Karnataka
Gangothri Hospital	# 27,100 Feet Ring Road, Kuvempuna, BTM Layout Bangalore -560076 Karnataka
Family Health Providers Pvt Ltd	No. 423/2,60 Feet Road,1st Main, 1st Stage,1st Phase,Behind SBM Gokula, Mathikere Bangalore -560054 Karnataka
Dr. Natesh ENT & Surgical Care Centre	#8/45,80 Feet Road, Banashankari 1st Stage,S.B.M Colony, Banashankari Bangalore -560050 Karnataka
Dr. B.R Ambedkar Medical College Hospital	No.24, 0 Kadugondanahalli Bangalore -560045 Karnataka

Hospital Name	Address
Divine Speciality Hospital	No.110,6th Main, ITI Layout, Benson Town Bangalore -560046 Karnataka
Divakars Speciality Hospital	No. 220, 9th Cross,2nd Phase, J.P. Nagar Bangalore -560078 Karnataka
Dhanush Hospital	63,2nd Main, Nagarabhavi Main Road, Byraveshwara Nagar Bangalore -560072 Karnataka
Deeksha Hospital	#387/347,Yelahanka Old Town, Next to Post Office,B.B Road, Nehru Nagar Bangalore -560064 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#1533, 9th Main,3rd Block, Jayanagar Bangalore -560011 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#115, Kodihalli Old Airport Road, Opp. Total Mall Bangalore -560017 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#47, 17th Cross,11th Main, Malleshwaram Bangalore -560055 Karnataka
Chinmaya Narayana Hrudayalaya	CMH Complex, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chinmaya Mission Hospital	1/1, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chaya Hospital	No.66-335,4th Main Road,6th Cross, O.M.B.R.Layout,HRBR Layout Block I, Kalyan Nagar Bangalore -560043 Karnataka
Chaitanya Hospital	No.80,3rd Cross, P & T Colony, RT Nagar Bangalore -560032 Karnataka
C.R Medical Centre	#6/2, Brigade Champak,Union Street,Infantry Road, Bangalore Bangalore -560001 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	#1141,BMS Plaza, Mangammanapalya Main Road, Bommanahalli Bangalore -560068 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	#1023, Post-Singasandra,Hosa Road, Channakeshavanagar Bangalore -560100 Karnataka
Bilva Hospital	#21-22, 2nd Main Road,Palace Guttahalli, Bangalore Bangalore -560003 Karnataka
Bhaanu Nursing Home	69/5B,Hosur Main Road, Near Central Silk Board, Bommanahalli Bangalore -560068 Karnataka
Bellevues Cambridge Hospital	No 18/17, Cambridge Road, Ulsoor Bangalore -560008 Karnataka
Beams Hospitals Pvt Ltd	640,12th main, 80 Ft. Road,4th Block, Koramangala Bangalore -560034 Karnataka
Axon Speciality Hospital-Unit Of Sapna Medical Sciences Ltd.	Building No.321, 6th Main,Hal 2nd Stage, Indiranagar Bangalore -560038 Karnataka
Abhaya Hospital	No.17,Dr:M.H.Mari Gowda, Hosur Road,Opposite Park Area,Raja Ram Mohan Roy Extension Wilson Garden Bangalore Bangalore -560027 Karnataka
Raksha Multispeciality Hospital	No.141/142,1st Main, Krishnanandnagar, KBH Colony, Police Quarters, Nandini Layout, Bangalore – 560096 Karnataka
St. Johns Medical College Hospital	John Nagar, Sarjapur Road, Koramangala, Bangalore – 560034 Karnataka
Vasan Eye Care Hospital	No.897/C,80 Feet Road,6th Block, Opposite I.B.L.Petrol Bunk, Koramangala Bangalore -560095 Karnataka
Vasan Eye Care Hospital	No.28&29,7th Main, Diagonal Road,4th Block, Jayanagar Bangalore -560011 Karnataka
Vasan Eye Care Hospital	Sri Murthy Complex,No.43,Garvey Bhav Palya, Hongasandra Village Begur,Hobli,Hosur Main Road, Bommanahalli Bangalore -560068 Karnataka
Vasan Eye Care Hospital	No.25/5-D, Outer Ring Road, Marathalli, Bangalore -560037 Karnataka
Vasan Eye Care Hospital	No.483,16th Cross, 8th Main Road, Rajarajeshwari Nagar Bangalore -560098 Karnataka
Vasan Eye Care Hospital	No-533,108b Circle, Vijayalakshmi Arcade,Ganga Nagar Bus Stand, R. T. Nagar Bangalore -560032 Karnataka
Vasan Eye Care Hospital	1127/A,7th Sector, Near BDA Complex, HSR Layout Bangalore -560102 Karnataka

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