

Prospectus

1. ELIGIBILITY CRITERIA

Entry Age – Minimum	Individual : 5 years Floater : 91 Days with at least 1 Insured Person of age 18 years or above
Entry Age – Maximum	Lifelong
Exit Age	No Exit age
Age of Proposer	18 Years or above
Policy Term	1/2/3 Years
How can You cover Yourself	Individual basis
Floater combinations	1Adult + 1Child / 1Adult + 2Children / 1Adult + 3Children / 1Adult + 4Children / 2Adults / 2Adults + 1Child / 2Adults + 2Children / 2Adults + 3Children / 2Adults + 4Children
Who are covered (Relationship with respect to the Proposer)	<ol style="list-style-type: none"> 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. 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. 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.

Notes:

- 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.
- 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.
- 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.

2. SCOPE OF COVER

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

- 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 Limited” and “You” or “Your/Yours” represents the “Proposer” or “Insured Person(s)”
- Benefits / Optional Covers (if opted) shall be available to you, only if the particular Benefit / Optional Cover is specifically opted.
- The maximum, total and cumulative liability of us in respect of you for any and all Claims arising under this Policy during the Policy Year shall not exceed the Sum Insured as mentioned against that benefit for you.
 - On Floater Basis, our maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all of you, shall not exceed the 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, No Claims Bonus Super and Additional Sum Insured for Accidental Hospitalization.
 - All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and waiting periods of the Policy and subject to availability of the Sum Insured.
- The Co-payment proportion (if applicable) as specified in the Policy Schedule 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 3(Ambulance Cover), Benefit 4(Organ Donor Cover), Optional Cover 2(Air Ambulance Cover) and Optional Cover 10(Additional Sum Insured for Accidental Hospitalization).
- At the time of issue of the first Policy with us, if Age of Insured Person or eldest Insured Person (in case of Floater) is 61 Years or above, such Insured Person or all Insured Persons (in case of Floater) shall bear a mandatory Co-payment of 20% per Claim (over & above any other

co-payment, if any) and our liability shall be restricted to the payment of the balance amount subject to the available Sum Insured against that benefit.

- I. Option to opt Co-payment (over & above any other co-payment, if any) for all the customers whose entry age is below 61 years and who have been issued a policy before attaining 61 years of age. The Premium will be adjusted accordingly.
 - II. Option to opt for waiver of mandatory Co-payment of 20% for those customers whose entry age is 61 Years or above. The Premium will be adjusted accordingly.
7. Deductible (if opted) is applicable on the Benefits namely Benefit 1(Hospitalization Expenses), Benefit 2(Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Benefit 3(Ambulance Cover), Benefit 4 (Organ Donor Cover), Optional Cover 2 (Air Ambulance Cover) and Optional Cover 10 (Additional Sum Insured for Accidental Hospitalization).
 8. Any Claim paid for Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Ambulance Cover), Benefit 4 (Organ Donor), Optional Cover 9 (Daily Allowance) shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
 9. 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 (Ambulance Cover), Benefit 4 (Organ Donor Cover), Optional Cover 2 (Air Ambulance Cover), Optional Cover 9 (Daily Allowance) and the event giving rise to a Claim under Benefit “Hospitalization Expenses” shall be within the Policy Period for the Claim of such Benefit to be accepted.
 10. If you 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.
 11. Hospitalization or Medical Expenses which are 'Medically Necessary' only shall be admissible under the Policy.
 12. Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or child birth. Additional differential premium will be calculated on a pro rata basis.
 13. Coverage amount for Optional Cover 2 'Air Ambulance Cover' Optional Cover 10 'Additional Sum Insured for Accidental Hospitalization' is over and above the 'Sum Insured'.
 14. Optional covers opted are available for all members in a floater policy.

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 due to Illness or Injury , which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, 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 doesn'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 through Cashless or Reimbursement Facility for all such day care treatments as per Annexure-I to Prospectus, maximum up to Sum Insured.

(iii) Advance Technology Methods:

We will indemnify you 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 (as per specified amount/limit) 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 (as per specified amount/limit) incurred by You for a period of 60 days immediately after the date of Discharge of Your admissible Hospitalization.

Note: Payment under this benefit will only be on re-imburement basis

2.3 **Benefit 3: 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 your health condition.

2.4 **Benefit 4: 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.

2.5 **Benefit 5: 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'. Accrued 'No Claims Bonus' can only be utilized for base benefits under the policy. 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).

2.6 **Benefit 6: 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 base sum insured immediately, once in the policy year.

In case of a floater policy, all Insured Person will be eligible to utilize the Recharged amount for any illness or injury pertaining to that Policy Year.

1. Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
2. Please note that No Claims Bonus (Benefit – 5) and No Claims Bonus Super (Optional Cover – 1) shall not be considered while calculating 'Automatic Recharge'.
3. Recharge amount cannot be used for same claim (including Any one Illness).
4. A Claim will be admissible under the Recharge only if the Claim is admissible under Benefit 1 (Hospitalization Expenses);
5. The Sum Insured available under Automatic Recharge can only be utilized for Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3(Ambulance Cover) and Optional Cover 9 (Daily Allowance).

3. **OPTIONAL COVERS:**

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

3.1 **Optional Cover 1: 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 – 5). 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 – 5), 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. 'Automatic Recharge & Unlimited Automatic Recharge' shall not be considered while calculating 'No Claims Bonus Super'. Accrued 'No Claims Bonus Super' can only be utilized for base Benefits under the policy. 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).

3.2 Optional Cover 2: 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.

3.3 Optional Cover 3: 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

Sr. No	Sum Insured	Deductible	Claim 1	Claim 1	Claim 1	Claim 1	Claim 1	Claim 1
1.	25,00,000	10,00,000	750,000	12,50,000	10,00,000	-	10,00,000	10,00,000
2.	25,00,000	10,00,000	750,000	15,00,000	30,00,000	-	12,50,000	12,50,000
3.	25,00,000	10,00,000	12,50,000	40,00,000	40,00,000	2,50,000	22,50,000	Claim not payable as SI is exhausted

3.4 Optional Cover 4: Smart Select:

This Optional Cover provides you a discount in the premium you pay!

By choosing this Optional Cover and thereby getting a discount on the total premium (except premium of Optional Cover-2 Air Ambulance, Optional Cover-7 Annual Health Check-up, Optional Cover-9 Daily Allowance) payable as specified, 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.

3.5 Optional Cover 5: 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 (i), 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 and only for the Sum Insured chosen at that time.

3.6 Optional Cover 6: Co-Payment

A. Co-Pay Option:

By choosing this Optional Cover, you will have an option of Co-payment- If your entry age is below 61 years or if you have been issued a policy before attaining 61 years of age, you will have an option to bear a Co-payment of 5%/10%/15%/20% per claim (Over & Above any other co-pay, if any) and Our liability shall be restricted to the balance amount payable.

B. Co-Pay Waiver:

By choosing this Optional Cover, If your entry age is 61 years or above, you will have an option to opt for waiver of mandatory Co-payment of 20%.

3.7 Optional Cover 7: 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 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 75 Lakh Rupees for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows :-

List of Medical Tests covered as a part of Annual Health Check-up	Sum Insured
Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	25L,50L&75L

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

Complete Blood Count(CBC) <ul style="list-style-type: none"> • ESR • ABO Group & Rh Type • Urine Routine • Stool Routine 	Cholesterol <ul style="list-style-type: none"> • LDL • HDL • Triglycerides • VLDL
Liver Function Test <ul style="list-style-type: none"> • S Bilirubin (Total/Direct) • SGPT • SGOT • GGT • Alkaline Phosphatase • Total Protein • Albumin : Globulin 	Kidney Function Test <ul style="list-style-type: none"> • Creatinine • HDL • Blood Urea Nitrogen • Uric Acid
Lung Function Markers <ul style="list-style-type: none"> • Lung Function Test) 	Diabetes Markers <ul style="list-style-type: none"> • Hba1c
Cardiac Markers <ul style="list-style-type: none"> • Treadmill Test • ECG 	Imaging Tests <ul style="list-style-type: none"> • 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 Sum Insured, 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)

Note: Mid-term addition is allowed for this Optional Cover after payment of full premium for this Optional Cover.

3.8 Optional Cover 8: Room Rent Modification:

This Optional Cover provides you a discount in the premium you pay!

By choosing this Optional Cover, The Room Rent/Room Category which is “No Limit” shall be limited to “Single Private Room” Room Rent/Room Category.

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 Daily Allowance - a fixed lump sum amount as specified, for each completed day (24 hours) of hospitalization, payable for a maximum of 30 days of Hospitalization during a policy year, so that you can meet these expenses without a bother and as suits you best.

Transit period from one hospital to another will not be considered as Hospitalization.

Note: Mid-term addition is allowed under this Optional Cover whereas premium will be charged on pro-rata basis.

3.10 Optional Cover 10: 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 this Optional Cover 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;

The 'additional Sum Insured for Accidental Hospitalization' shall be applied only once during the Policy Period.

3.11 Optional Cover 11: Unlimited Automatic Recharge:

This Optional Cover is an extension to Benefit – 6, “Automatic Recharge”. Through this Optional Cover, your base 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 base sum insured unlimited times in a policy year.

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

4. EXCLUSIONS

4.1 Waiting Periods:

(i) Pre-Existing Diseases - 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 you.

(ii) Specified disease/procedure 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, as may be the case after the date of inception of the first policy with us. 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 Degenerative Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Spinal Disorders(unless caused by accident), Prolapse inter Vertebral Disc (unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
 - 2. Cataract and age related eye ailments
 - 3. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
 - 4. Surgery of Genito-urinary system unless necessitated by malignancy
 - 5. All types of Hernia & Hydrocele
 - 6. All External & Internal Benign tumours, cysts, skin tumours, nodules, polyps including breast lumps (each of any kind) unless malignant

7. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy
8. Varicose veins and varicose ulcers
9. Genetic disorders
10. Treatment of fibroid of uterus/adenomyosis or Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy.
11. 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.
12. Parkinson's or Alzheimer's disease or Dementia, Essential tremor, Dystonia and Epilepsy.
13. Diseases of immune system including but not limited to (Rheumatoid arthritis, Crohns Disease, Ulcerative disease, SLE) and Multiple Sclerosis.
14. Age-related macular degeneration (ARMD), Diabetic retinopathy and Retinal vein occlusion.
15. Benign Prostatic Hypertrophy

(iii) 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 you have Continuous Coverage for more than twelve months.
 - c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- (iv)** The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each of you and Claims shall be assessed accordingly.
- (v)** If Coverage for Benefits (in case of change in Product Plan) or Optional Covers (if applicable) 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.

4.2 Permanent Exclusions:

Any Claim in respect of any of you 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 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- Excl14)
 13. Refractive Error: (Code- Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
 14. Unproven Treatments: (Code- Excl16)
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- Excl17)
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 Excl18)
 - 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. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.

18. 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.
19. 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
20. 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.
21. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
22. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
23. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
24. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
25. All preventive care (except eligible and entitled for Optional Cover – 7: Annual Health Check-up), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
26. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
27. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
28. 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.
29. 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.
30. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
31. 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.
32. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.
33. 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.
34. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
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. 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.
37. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1(iv).
38. Hormone replacement therapy.
39. 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.

5. CLAIMS PROCEDURE AND MANAGEMENT

This section explains about procedures involved to file a valid Claim by you and related processes involved to manage the Claim by us.

5.1 Pre-requisite for admissibility of a Claim:

Any claim being made by You or attendant of Yours during Hospitalization on behalf of You should comply with the following conditions:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. 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 the Us as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

5.2 Claim settlement - Facilities

(a) Cashless Facility

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

- (i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to 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) **Approval:** We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) **Authorization:**
 - a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by 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 the Insured Person, if any, as applicable.
 - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request 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 the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 5.4 and 5.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) **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 the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) **Network Provider related:** 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, the Insured Person 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.

(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 states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 5.4 and Clause 5.5 shall be submitted to us at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.
- (ii) We shall give an acknowledgment 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 (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.'
- (v) Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

5.3 Duties of a Claimant/ Insured Person in the event of Claim

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

- (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
- (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 5 (Claims Procedure and Management) of the Policy.
- (iv) If we request you to submit 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 the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (vi) We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

5.4 Claims Intimation

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to 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 the Our call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non- hospitalization benefits.

Note: 5.4 (i) and 5.4 (ii) are precedent to admission of liability under the policy.

- (iii) The following details are to be disclosed to 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 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.
- (v) In case of an Planned Hospitalization, We shall be notified either at Our call center or in writing at least 48 hours prior to planned date of admission to Hospital

5.5 Documents to be submitted for filing a valid Claim

The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 5 in respect of all Claims:

1. Duly filled and signed Claim form by the Insured Person;
2. Copy of Photo ID of Insured Person;
3. Medical Practitioner's referral letter advising Hospitalization;
4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
6. Original bills from pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theatre Notes(if applicable);
9. Indoor case papers(if applicable);
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. MLC/FIR report, Post Mortem Report if applicable and conducted;
12. Ambulance Receipt;
13. Any other document as required by us to assess the Claim, in case fraud is suspected.

Notes:

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

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

5.6 Claim Assessment

- (a) 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) 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.
 - (ii) Co-payment (if applicable) shall be applicable on the admissible claim amount payable by us.
 - (iii) If any sub-limits on Room Rent/Category for Medical Expenses are applicable as specified the Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
- (c) The Claim amount assessed in Clause 5.6 (b) above would be deducted from the following amounts in the following progressive order:
 - (i) Sum Insured;
 - (ii) Additional Sum Insured for Accidental Hospitalization (if applicable);
 - (iii) No Claims Bonus (if applicable);

- (iv) No Claim Bonus Super (if applicable);
- (v) Automatic Recharge (if applicable).
- (vi) Unlimited Automatic Recharge (if applicable).
- (d) All claims incurred in India are dealt by the Company directly.

5.7 Payment Terms

- (a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- (b) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum Insured for that Insured Person is exhausted.
- (c) We shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by us. We shall provide the Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person 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 the insurer, it shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines from the date of receipt of last necessary document to the date of payment of claim, 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 the Policyholder / Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

6. SALIENT FEATURES

6.1 Multiple Policies

- (a) In case any Policyholder/Insured Person is covered under more than one indemnity insurance policies, with us or with other insurers, the Policyholder/Insured Person shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the Sum Insured of such Policy.
- (b) In case the Claim amount under a single policy exceeds the Sum Insured, then Policyholder/Insured Person shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Person shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.
- (c) Policyholder/Insured Persons shall also have the right to prefer claims from other policy / policies for the balance claim or 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.

6.2 Free Look Period

- (a) The Policyholder may, within 15 days (30 days in case of distance marketing) from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- (b) If no Claim has been made under the Policy, 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.

6.3 Underwriting Loading:

Based on the Underwriter's assessment of the extra risk on account of medical or any other 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 Insured person for their consent before issuance of the Policy. Criteria for such loading are objectively mentioned in the Underwriting Manual (in line with Our Underwriting Policy)

In case the Policyholder requires further clarification pertaining to Underwriting Loading, he/she may contact Us

6.4 Renewal Terms

- (a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach to 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) The policy will be renewed except on grounds of misrepresentation / Non-disclosure of material fact as declared in the proposal form and at the time of claim, fraud committed / moral hazard or non-cooperation of the insured.
- (e) We may carry out underwriting in accordance with its Board approved underwriting policy in relation to any request for change in Sum Insured or Deductible at the time of renewal of the Policy.
- (f) This product may be withdrawn / modified by us after due approval from the Authority (IRDAI). 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 the Authority (IRDAI). We shall duly intimate the Policyholder at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.
- (g) We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the Authority's (IRDAI) rules and regulations as applicable from time to time. Change in rates will be applicable only post approval by the Authority and be effective from the date of launch of the revised Product and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.
- (h) Renewal shall be offered lifelong. The Insured Person shall be given an option to port this Policy into any other health insurance product of the Company and credit shall be given for number of years of continuous coverage under this Policy for the standard waiting periods.
 - (i) No loading based on individual claim experience shall be applicable on renewal premium payable.

6.5 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, 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'.
- (b) Grace Period for the Policies with Installment option would be as under:

Installment option	Grace 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 Grace Period, this Policy shall cease to operate from the unpaid installment due date and we shall not be liable under this Policy for any Claim occurring thereafter, nor shall any refund of premium become due under the Policy
- (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) Grace Period for Installment options 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 us and we shall not be liable for any Claims incurred from the due date of installment till the date due installment is paid. However claims reported in the Grace period will be adjudicated provided claim has occurred when the Policy was active

6.6 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, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address and We shall have no liability to make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by us.
- (b) The Policyholder 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 (exclusive of taxes) 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%	91.70%
1 month to 3 months	50.0%	75.0%	83.30%
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%	41.70%
18 months to 24 months	N.A.	0.0%	33.30%
24 months to 30 months	N.A.	N.A.	8.30%
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 (exclusive of taxes) 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:
- I. Written notice in this regard is given to us before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies Our criteria applies to become the Policyholder.

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

6.7 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).

6.8 Portability and Continuity Benefits

- (i) Insured(s) have an option to port from their existing health insurance policy of any other Indian non-life insurer/standalone health insurer to any other similar policy with us, at the time of renewal, provided the previous policy/policies has been maintained without any break and the policy holder shall apply to us at least 45 days before, but not earlier than 60 days from the policy renewal date of his or her existing policy in prescribed format
- (ii) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the sum insured and the deductible under the expiring health insurance policy.
- (iii) The Waiting Periods under Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.

- (iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (v) Credit for the sum insured of the expiring policy shall additionally be available as under:
 - a) If the Insured Person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with 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 the Policyholder has opted to switch to any other insurer under portability and the outcome of acceptance of the portability is awaited from the new insurer on the date of renewal:
 - a) We may at the request of the Policyholder, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
 - b) In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the extended Policy Period part of Policy, as applicable. In such cases, Policyholder shall be liable to pay the premium for the balance period and continue with us for that Policy year

Note: Such Portability is allowed as per the Guideline as amended from time to time.

6.9 Migration

Insured(s) has an option to migrate from their existing Health Insurance Policy to any other Individual Health Insurance Policy or a Family Floater Policy or a Group Health Insurance Policy (only if the member complies with the norms relating to the Health Insurance coverage under the concerned Group Insurance Policy) with us.

- (i) The insured(s) should initiate the action to approach us to exercise migration option at least 30 days before the renewal date to avoid any break in the policy coverage.
- (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 to the extent of the sum insured and the deductible under the expiring health insurance policy.
- (iii) The Waiting Periods under Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy.
- (iv) The Waiting Periods as defined in Clauses 4.1(i), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (v) Credit for the sum insured of the expiring policy shall additionally be available as under:
 - a) If the Insured Person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with the Company, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.
 - b) In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.

Note: Such migration is allowed as per the Guideline as amended from time to time.

6.10 Fraud

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

Any amount already paid against claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

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

We shall not repudiate the policy on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries

6.11 GRIEVANCES

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

- (a) If 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

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.

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

- (b) If 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,

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

Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurgaon, Haryana – 122001

If you / Insured Person is not satisfied with the our redressal of the Policyholder's / Insured Person's grievance through one of the above methods, 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.irdaindia.org, or on the Company's website at www.careinsurance.com

7. PRE-POLICY ISSUANCE MEDICAL CHECK-UP

We may ask the Insured Person to undergo requisite pre-policy Medical Check-up based on the 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.

Age/Sum Insured including Deductible	25 Lakhs	50 Lakhs & 75 Lakhs	100 Lakhs and above
Up to 17 years	No Medical Tests if no Pre-Existing declared	No Medical Tests if no Pre-Existing declared	No Medical Tests if no Pre-Existing declared
18 to 24 years			
25 to 45 years			
46 to 50 Years			
51 Years to 60 Years		Tele followed by Set 2	Tele followed by Set 3
61 Years and above	Set 1	Tele followed by Set 2	Tele followed by Set 3

The Pre-policy issuance medical check-up test grid is as under:

Category	Medical Tests
Set 1	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine
Set 2	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, HBsAg, RFT, USG abdomen/pelvis (M&F), PSA (M), 2D ECHO, TMT
Set 3	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, HBsAg, RFT, USG abdomen/pelvis (M&F), CEA, PSA (M), PAP (F), Chest - X Ray, PFT, TSH, 2D ECHO, TMT

8. SCHEDULE OF DISCOUNTS/LOADING

Sr. No			
1	Discount for Employees and / or their dependents of :	-	15.00%
	CHIL		
	CHIL's Promoters		
2	Tenure Discount	Policy Tenure	
		2 years	7.5%
		3 years	10%

Notes: – Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible and Co-payment) 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 25% of the Premium)

9. SCHEDULE OF BENEFITS:

Base Sum Insured (SI) – on annual basis (in Rs.)	25 L/50 L / 75 L/100 L / 200 L / 300 L / 600 L
Base Benefits	
Benefit 1 - Hospitalization Expenses	
- In-Patient Care	Up to SI
- Day Care Treatment	Up to SI
Benefit 2 - Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI
Benefit 3 - Ambulance Cover	Up to SI
Benefit 4 - Organ Donor Cover	Up to SI
Benefit 5 - No Claims Bonus (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)
Benefit 6 - Automatic Recharge	Up to SI (Once in a Policy Year)
OPTIONAL COVERS	
Optional Cover 1 - No Claims Bonus Super (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)
Optional Cover 2 - Air Ambulance Cover	Up to Rs 5 Lacs
Optional Cover 3 - Deductible Option– on an aggregate basis per Policy Year (in Rs.)	3L/5L/10L
Optional Cover 4 - Smart Select	For listed Hospitals : Up to SI; Other Hospitals : Up to SI with an additional co-payment of 20% per claim
Optional Cover 5 - Reduction in PED Wait Period	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years
Optional Cover 6 A - Co-Payment Option (Please refer to clause 2 A(6) for further details)	Option to opt 5%/10%/15%/20% per claim, for all customers whose entry age is below 61 years

Optional Cover 6 B - Co-Payment Waiver (Please refer to clause 2 A(6) for further details)	Option to waive off the mandatory 20% co-pay per claim for customers whose entry age is 61 years and above.
Optional Cover 7 - Annual Health Check-up	Annual
Optional Cover 8 - Room Rent Modification	Single Private room category
Optional Cover 9 - Daily Allowance	Up to Rs. 10,000 (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)
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
Optional Cover 11 - Unlimited Automatic Recharge	Up to SI (unlimited times)
Wait Periods	
30 Days Initial Waiting Period	Yes
24 Months Specific Diseases Waiting Period	Yes
48 Months Pre-existing Diseases Waiting Period	Yes
Sub-limits	
Room Rent / Room Category	No Sub-limit
ICU Charges	No Sub-limit
Tenure	1 Year / 2 Years / 3 Years
Premium Payment Term	Single/Monthly/Quarterly/Half-yearly

Contact details for Claims & Policy Servicing

Correspondence address	Care Health Insurance Limited (Formerly known as Religare Health Insurance Company Limited) Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram-122001 (Haryana)
Contact no.	1800-102-4488 1800-102-6655
E-mail ID for Claims	claims@careinsurance.com
E-mail ID for Policy servicing	customerfirst@careinsurance.com
Website	www.careinsurance.com

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)

Disclaimer: This is only a summary of features of 'Care Advantage'. 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 provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

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 receive 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 IRDAI approval and health insurance regulations and standardization guidelines.

Insurance is a subject matter of solicitation.

Unique Advertisement number: 20094105

IRDA Registration Number - 148

CIN : U66000DL2007PLC161503

UIN : RHIHLIP21015V012021

Annexure I - List of Day Care Surgeries

1. CARDIOLOGY RELATED:

1. CORONARY ANGIOGRAPHY

2. CRITICAL CARE RELATED:

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

3. DENTAL RELATED:

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

4. ENT RELATED:

13. MYRINGOTOMY WITH GROMMET INSERTION
14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
15. REMOVAL OF A TYMPANIC DRAIN
16. KERATOSIS REMOVAL UNDER GA
17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19. REMOVAL OF KERATOSIS OBTURANS
20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21. REVISION OF A STAPEDECTOMY
22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24. FENESTRATION OF THE INNER EAR
25. REVISION OF A FENESTRATION OF THE INNER EAR
26. PALATOPLASTY
27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
29. TONSILLECTOMY WITH ADENOIDECTOMY
30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31. REVISION OF A TYMPANOPLASTY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33. INCISION OF THE MASTOID PROCESS AND MIDDLE

EAR

34. MASTOIDECTOMY
35. RECONSTRUCTION OF THE MIDDLE EAR
36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40. OTHER OPERATIONS ON THE NOSE
41. NASAL SINUS ASPIRATION
42. FOREIGN BODY REMOVAL FROM NOSE
43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44. ADENOIDECTOMY
45. LABYRINTHECTOMY FOR SEVERE VERTIGO
46. STAPEDECTOMY UNDER GA
47. STAPEDECTOMY UNDER LA
48. TYMPANOPLASTY (TYPE IV)
49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50. TURBINECTOMY
51. ENDOSCOPIC STAPEDECTOMY
52. INCISION AND DRAINAGE OF PERICHONDRIITIS
53. SEPTOPLASTY
54. VESTIBULAR NERVE SECTION
55. THYROPLASTY TYPE I
56. PSEUDOCYST OF THE PINNA - EXCISION
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
58. TYMPANOPLASTY (TYPE II)
59. REDUCTION OF FRACTURE OF NASAL BONE
60. THYROPLASTY TYPE II
61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. GASTROENTEROLOGY RELATED:

71. CHOLECYSTECTOMY AND CHOLEDOCHOJEJUNOSTOMY/

- DUODENOSTOMY/GASTROSTOMY/EXPLORATION
COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY,
DUODENOSCOPY WITH POLYPECTOMY /
REMOVAL OF FOREIGN BODY/DIATHERMY OF
BLEEDING LESIONS
 73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
 74. RF ABLATION FOR BARRETT'S OESOPHAGUS
 75. ERCP AND PAPILOTOMY
 76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
 77. EUS + SUBMUCOSAL RESECTION
 78. CONSTRUCTION OF GASTROSTOMY TUBE
 79. EUS + ASPIRATION PANCREATIC CYST
 80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
 81. COLONOSCOPY, LESION REMOVAL
 82. ERCP
 83. COLONOSCOPY STENTING OF STRICTURE
 84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
 85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
 86. ERCP AND CHOLEDOCHOSCOPY
 87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
 88. ERCP AND SPHINCTEROTOMY
 89. ESOPHAGEAL STENT PLACEMENT
 90. ERCP + PLACEMENT OF BILIARY STENTS
 91. SIGMOIDOSCOPY W / STENT
 92. EUS + COELIAC NODE BIOPSY
 93. UGI SCOPY AND INJECTION OF ADRENALINE,
SCLEROSANTS BLEEDING ULCERS
- 6. GENERAL SURGERY RELATED:**
94. INCISION OF A PILONIDAL SINUS / ABSCESS
 95. FISSURE IN ANO SPHINCTEROTOMY
 96. SURGICAL TREATMENT OF A VARICOCELE AND A
HYDROCELE OF THE SPERMATIC CORD
 97. ORCHIDOPEXY
 98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
 99. SURGICAL TREATMENT OF ANAL FISTULAS
 100. DIVISION OF THE ANAL SPHINCTER
(SPHINCTEROTOMY)
 101. EPIDIDYMECTOMY
 102. INCISION OF THE BREAST ABSCESS
 103. OPERATIONS ON THE NIPPLE
 104. EXCISION OF SINGLE BREAST LUMP
 105. INCISION AND EXCISION OF TISSUE IN THE
PERIANAL REGION
 106. SURGICAL TREATMENT OF HEMORRHOIDS
 107. OTHER OPERATIONS ON THE ANUS
 108. ULTRASOUND GUIDED ASPIRATIONS
 109. SCLEROTHERAPY, ETC.
 110. LAPAROTOMY FOR GRADING LYMPHOMA WITH
SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
 111. THERAPEUTIC LAPAROSCOPY WITH LASER
 112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
 113. INFECTED KELOID EXCISION
 114. AXILLARY LYMPHADENECTOMY
 115. WOUND DEBRIDEMENT AND COVER
 116. ABSCESS-DECOMPRESSION
 117. CERVICAL LYMPHADENECTOMY
 118. INFECTED SEBACEOUS CYST
 119. INGUINAL LYMPHADENECTOMY
 120. INCISION AND DRAINAGE OF ABSCESS
 121. SUTURING OF LACERATIONS
 122. SCALP SUTURING
 123. INFECTED LIPOMA EXCISION
 124. MAXIMAL ANAL DILATATION
 125. PILES
 126. A) INJECTION SCLEROTHERAPY
 127. B) PILES BANDING
 128. LIVER ABSCESS- CATHETER DRAINAGE
 129. FISSURE IN ANO- FISSURECTOMY
 130. FIBROADENOMA BREAST EXCISION
 131. OESOPHAGEAL VARICES SCLEROTHERAPY
 132. ERCP - PANCREATIC DUCT STONE REMOVAL
 133. PERIANAL ABSCESS I&D
 134. PERIANAL HEMATOMA EVACUATION
 135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
 136. BREAST ABSCESS I&D
 137. FEEDING GASTROSTOMY
 138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH
OESOPHAGUS
 139. ERCP - BILE DUCT STONE REMOVAL
 140. ILEOSTOMY CLOSURE
 141. COLONOSCOPY
 142. POLYPECTOMY COLON
 143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
 144. UGI SCOPY AND POLYPECTOMY STOMACH
 145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
 146. FEEDING JEJUNOSTOMY
 147. COLOSTOMY
 148. ILEOSTOMY
 149. COLOSTOMY CLOSURE
 150. SUBMANDIBULAR SALIVARY DUCT STONE
REMOVAL
 151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
 152. VARICOSE VEINS LEGS - INJECTION
SCLEROTHERAPY
 153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON

- SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
 155. ZADEK'S NAILBED 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. GAMMA KNIFE SRS
277. TBI- TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESIUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY
285. INTERSTITIAL BRACHYTHERAPY
286. INTRACAVITY BRACHYTHERAPY
287. 3D BRACHYTHERAPY
288. IMPLANT BRACHYTHERAPY
289. INTRAVESICAL BRACHYTHERAPY
290. ADJUVANT RADIOTHERAPY
291. 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. INTRAARTICULAR STEROID INJECTION
- 419. TENDON TRANSFER PROCEDURE
- 420. REMOVAL OF KNEE CAP BURSA
- 421. TREATMENT OF FRACTURE OF ULNA
- 422. TREATMENT OF SCAPULA FRACTURE
- 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
- 424. REPAIR OF RUPTURED TENDON
- 425. DECOMPRESS FOREARM SPACE
- 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
- 427. LENGTHENING OF THIGH TENDONS
- 428. TREATMENT FRACTURE OF RADIUS & ULNA
- 429. REPAIR OF KNEE JOINT
- 15. OTHER OPERATIONS ON THE MOUTH & FACE:**
- 430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
- 431. INCISION OF THE HARD AND SOFT PALATE
- 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
- 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
- 434. OTHER OPERATIONS IN THE MOUTH
- 16. PEDIATRIC SURGERY RELATED:**
- 435. EXCISION OF FISTULA-IN-ANO
- 436. EXCISION JUVENILE POLYPS RECTUM
- 437. VAGINOPLASTY
- 438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
- 439. PRESACRAL TERATOMAS EXCISION
- 440. REMOVAL OF VESICAL STONE
- 441. EXCISION SIGMOID POLYP
- 442. STERNOMASTOID TENOTOMY
- 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
- 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
- 445. MEDIASTINAL LYMPH NODE BIOPSY
- 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
- 447. EXCISION OF CERVICAL TERATOMA
- 448. RECTAL-MYOMECTOMY
- 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
- 450. DETORSION OF TORSION TESTIS
- 451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
- 452. CYSTIC HYGROMA - INJECTION TREATMENT
- 17. PLASTIC SURGERY RELATED:**
- 453. CONSTRUCTION SKIN PEDICLE FLAP
- 454. GLUTEAL PRESSURE ULCER-EXCISION
- 455. MUSCLE-SKIN GRAFT, LEG
- 456. REMOVAL OF BONE FOR GRAFT
- 457. MUSCLE-SKIN GRAFT DUCT FISTULA
- 458. REMOVAL CARTILAGE GRAFT
- 459. MYOCUTANEOUS FLAP
- 460. FIBRO MYOCUTANEOUS FLAP
- 461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
- 462. SLING OPERATION FOR FACIAL PALSY
- 463. SPLIT SKIN GRAFTING UNDER RA
- 464. WOLFE SKIN GRAFT
- 465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
- 18. THORACIC SURGERY RELATED:**
- 466. THORACOSCOPY AND LUNG BIOPSY
- 467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
- 468. LASER ABLATION OF BARRETT'S OESOPHAGUS

469. PLEURODESIS
470. THORACOSCOPY AND PLEURAL BIOPSY
471. EBUS + BIOPSY
472. THORACOSCOPY LIGATION THORACIC DUCT
473. THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE
- 19. UROLOGY RELATED:**
474. HAEMODIALYSIS
475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
476. EXCISION OF RENAL CYST
477. DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
478. INCISION OF THE PROSTATE
479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
482. RADICAL PROSTATOVESICULECTOMY
483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
484. OPERATIONS ON THE SEMINAL VESICLES
485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
486. OTHER OPERATIONS ON THE PROSTATE
487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
488. OPERATION ON A TESTICULAR HYDROCELE
489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
491. INCISION OF THE TESTES
492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
493. UNILATERAL ORCHIDECTOMY
494. BILATERAL ORCHIDECTOMY
495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496. RECONSTRUCTION OF THE TESTIS
497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498. OTHER OPERATIONS ON THE TESTIS
499. EXCISION IN THE AREA OF THE EPIDIDYMIS
500. OPERATIONS ON THE FORESKIN
501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502. AMPUTATION OF THE PENIS
503. OTHER OPERATIONS ON THE PENIS
504. CYSTOSCOPICAL REMOVAL OF STONES
505. CATHETERISATION OF BLADDER
506. LITHOTRIPSY
507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
508. EXTERNAL ARTERIO-VEIN SHUNT
509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY
516. CYSTOSCOPY AND REMOVAL OF POLYP
517. SUPRAPUBIC CYSTOSTOMY
518. PERCUTANEOUS NEPHROSTOMY
519. CYSTOSCOPY AND "SLING" PROCEDURE.
520. TUNA- PROSTATE
521. EXCISION OF URETHRAL DIVERTICULUM
522. REMOVAL OF URETHRAL STONE
523. EXCISION OF URETHRAL PROLAPSE
524. MEGA-URETER RECONSTRUCTION
525. KIDNEY RENOSCOPY AND BIOPSY
526. URETER ENDOSCOPY AND TREATMENT
527. VESICO URETERIC REFLUX CORRECTION
528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529. ANDERSON HYNES OPERATION
530. KIDNEY ENDOSCOPY AND BIOPSY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE- CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB

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

Sr. No.	LIST - I - OPTIONAL ITEMS	Sr. No.	LIST - I - OPTIONAL ITEMS
1	BABY FOOD		ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
2	BABY UTILITIES CHARGES		
3	BEAUTY SERVICES	55	ECG ELECTRODES
4	BELTS/ BRACES	56	GLOVES
5	BUDS	57	NEBULISATION KIT
6	COLD PACK/HOT PACK	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
7	CARRY BAGS		
8	EMAIL / INTERNET CHARGES		
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	59	KIDNEY TRAY
10	LEGGINGS	60	MASK
11	LAUNDRY CHARGES	61	OUNCE GLASS
12	MINERAL WATER	62	OXYGEN MASK
13	SANITARY PAD	63	PELVIC TRACTION BELT
14	TELEPHONE CHARGES	64	PAN CAN
15	GUEST SERVICES	65	TROLLEY COVER
16	CREPE BANDAGE	66	UROMETER, URINE JUG
17	DIAPER OF ANY TYPE	67	AMBULANCE
18	EYELET COLLAR	68	VASOFIX SAFETY
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		
53	SUGAR FREE TABLETS		
54	CREAMS POWDERS LOTIONS (TOILETRIES		

Sr. No.	LIST - II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES	Sr. No.	List III – ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	1	HAIR REMOVAL CREAM
2	HAND WASH	2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	SHOE COVER	3	EYE PAD
4	CAPS	4	EYE SHEILD
5	CRADLE CHARGES	5	CAMERA COVER
6	COMB	6	DVD, CD CHARGES
7	EAU-DE-COLOGNE / ROOM FRESHNERS	7	GAUSE SOFT
8	FOOT COVER	8	GAUZE
9	GOWN	9	WARD AND THEATRE BOOKING CHARGES
10	SLIPPERS	10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	TISSUE PAPER	11	MICROSCOPE COVER
12	TOOTH PASTE	12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	TOOTH BRUSH	13	SURGICAL DRILL
14	BED PAN	14	EYE KIT
15	FACE MASK	15	EYE DRAPE
16	FLEXI MASK	16	X-RAY FILM
17	HAND HOLDER	17	BOYLES APPARATUS CHARGES
18	SPUTUM CUP	18	COTTON
19	DISINFECTANT LOTIONS	19	COTTON BANDAGE
20	LUXURY TAX	20	SURGICAL TAPE
21	HVAC	21	APRON
22	HOUSE KEEPING CHARGES	22	TORNIQUET
23	AIR CONDITIONER CHARGES	23	ORTHO BUNDLE, GYNAEC BUNDLE
24	IM IV INJECTION CHARGES		
25	CLEAN SHEET		
26	BLANKET/WARMER BLANKET		
27	ADMISSION KIT		
28	DIABETIC CHART CHARGES		
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES		
30	DISCHARGE PROCEDURE CHARGES		
31	DAILY CHART CHARGES		
32	ENTRANCE PASS / VISITORS PASS CHARGES		
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE		
34	FILE OPENING CHARGES		
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)		
36	PATIENT IDENTIFICATION BAND / NAME TAG		
37	PULSE OXYMETER CHARGES		

SR. NO.	LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

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

<i>Hospital Name</i>	<i>Address</i>
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, Opp. Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.
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 & 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 No43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar, New Delhi, Delhi
R.K.Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana
Prakash Hospital	D -12, 12A, 12B, Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat
Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra
Scope Hospital	628, Niti Khand-I, Indirapuram, Ghaziabad, Uttar Pradesh
Agarwal Medical Centre	E-234, Greater Kailash 1, New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, 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, Sonapat , 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 Multi Speciality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

<i>Hospital Name</i>	<i>Address</i>
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
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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
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
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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. , Vthane , Maharashtra
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Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
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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

Notes:

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

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

<i>Hospital Name</i>	<i>Address</i>
Chaudhry Eye Centre & Lazer Vision	No.4802, No.24,Bharat Ram Road,Ansari Road,Daryaganj,New Delhi-110002,Delhi
Sanjeevan Medical Research Centre Pvt. Ltd.	4869/24,Ansari Road, Daryaganj,New Delhi-110002,Delhi
Shree Jeewan Hospital	67/1, New Rohtak Road,Karol Bagh,New Delhi-110005,Delhi
Fortis Jessa Ram Hospital	R.B.Seth Jessa Ram Hospital, West Extension Area,Karol Bagh,New Delhi-110005,Delhi
Jeewan Hospital & Nursing Home Pvt. Ltd.	150, Gate No 1Jeevan Nagar,New Delhi-110014,Delhi
Handa Nursing Home	57,Near Swadeshi Motor, Raja Garden,New Delhi-110015,Delhi
Khetarpal Hospital	F-95 Bali Nagar, Bali Nagar,New Delhi-110015,Delhi
Sawan Neelu Angel'S Nursing Home	J-293, Near Main Road,Saket,New Delhi-110017,Delhi
M.K.W.Hospital	T-Block Community Centre, Rajouri Garden,Rajouri Garden,New Delhi-110027,Delhi
Behl Hospital	B-128, Naraina Vihar,New Delhi-110028,Delhi
Kuber Hospital	No.12, Chanderlok Enclave,Pitampura,New Delhi-110034,Delhi
Satyabhama Hospital Pvt. Ltd.	RZ-10,Naresh Park Najafgarh Road,Nangloi,New Delhi-110041,Delhi
Bhagat Chandra Hospital	R.Z.F.1/1, Near Dwarka Flyover,Palam Davri Road,Mahavir Enclave,New Delhi-110045,Delhi
Ashok Nursing Home	F-3/15-16, Vijay Chowk,Krishna Nagar,New Delhi-110051,Delhi
Ganesh Ortho Trauma & Medical Centre	F-15/7, Near BSES Office,Krishna Nagar,New Delhi-110051,Delhi
Panchsheel Hospitals Pvt. Ltd.	C3/64 A, Yamuna Vihar,New Delhi-110053,Delhi
Amar Leela Hospital Pvt. Ltd.	B-1/6,Main Najafgarh Road, Nearby East Metro Station,Janakpuri,New Delhi-110058,Delhi
Genesis Hospital Pvt. Ltd.	C-1/130, Near Mata Chanan Devi Hospital,Janakpuri,New Delhi-110058,Delhi
Orchid Hospital	C-3/91,92, Janakpuri,New Delhi-110058,Delhi
Pawan Gandhi Health Care Pvt. Ltd.	C-5D-51, Om Vihar,Uttam Nagar,New Delhi-110059,Delhi
Sehgal Neo Hospital	R-364,Meera Bagh, Outer Ring Road,Paschim Vihar,New Delhi-110063,Delhi
Jeewan Hospital And Nursing Home	150, Gate No 2Jeevan Nagar,New Delhi-110014,Delhi
Samvit Health Care	Plot No.1,Sohna Road,Islampur, Near Rajiv Chowk,Islampur,Gurgaon-122001,Haryana
Saraswati Hospital	299/2,Old Delhi Road, Gurgaon,Gurgaon-122001,Haryana
Sethi Hospital Pvt. Ltd.	No.301-302/4, Model Town,Basai Road,Gurgaon-122001,Haryana
Kriti Hospital	Plot No.196, Sec-56,Behind Jalvayu Towers,Saraswati Vihar,Gurgaon-122002,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

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

<i>Hospital Name</i>	<i>Address</i>
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	Bunglow Plot No-8, Pandu Nagar,Parpar Ganj Road,Off Mother Dairy,Patparganj,New Delhi-110091,Delhi
Shreya Eye Centre	D-163, Surajmal Vihar,New Delhi-110092,Delhi
Malik Radix Health Care	C-218, Nirmal Vihar,Vikas Marg,Dayanand Vihar,New Delhi-110092,Delhi
Dr.M.L.Gupta Memorial Centre	5E/4 B.P.Railway Road, New Industrial Township 1,Faridabad-121001,Haryana
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 1,Faridabad-121001,Haryana
Ashwani Hospital	No.8-D-1, 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 1,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 1,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.	PlotNo.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,Quatab Institutional Area, Ber Sarai,New Delhi-110016,Delhi

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

<i>Hospital Name</i>	<i>Address</i>
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
Surya Ortho & Trauma Centre	No.5,R/5, New Industrial Township 1, 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
Vision Eye Centre	No.12/27, Near Arya Samaj Mandir, Patel Nagar, New Delhi-110008, Delhi
Ahuja Laser Eye Centre	No.212, Paramanand Colony, GTB Nagar, New Delhi-110009, Delhi
Vasan Eye Care Hospital	No.36-B, Parvtesh Tower, Pusa Road, Opposite Metro Pillar No.125, Karol Bagh, New Delhi-110005, 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-110026, 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-110017, Delhi
Holy Family Hospital	Okhla Road, Okhla Vihar, New Delhi-110025, Delhi
Mata Chanan Devi Hospital	C-1, Janakpuri, Rajouri Garden, New Delhi-110058, Delhi
Rescue Hospital India Pvt. Ltd.	S-5, Vishwas Park, Behind Sector-3 Petrol Pump, Dwarka, New Delhi-110059, 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-110059, Delhi
Vasan Eye Care Hospital	A-120, Janakpuri, New Delhi-110058, Delhi
Visitech Eye Hospital	R-13, Greater Kailash 1, New Delhi-110048, Delhi
Bhagat Hospitals Pvt Ltd	D-2, 48/49, Janakpuri, New Delhi-110058, Delhi
Rockland Hospitals Ltd	H.A.F, Pocket-B, Sector-12, Dwarka, New Delhi-110075, Delhi
Vasan Eye Care Hospital	Plot 500, Opp metro pillar 345, Pitampura, New Delhi-110034, Delhi
Vasan Eye Care Hospital	Sco-379 & 380, Sector-29, Near Iffco Chowk, Gurgaon, Gurgaon-122001, Haryana

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

<i>Hospital Name</i>	<i>Address</i>
Pushpanjali Medical Centre	A-15,Pushpanjali, Vikas Marg Extn,Preet Vihar,New Delhi-110092,Delhi
Vasan Eye Care Hospital	E-16, Greater Kailash-1, Opposite HSBC Bank,Greater Kailash,New Delhi-110048,Delhi
Karuna Hospital	D-62, Dilshad Colony,New Delhi-110095,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-110092,Delhi
Krishna Hospital & Trauma Centre	J 85, Patel Nagar - I,Ghaziabad,Ghaziabad-201001,Uttar Pradesh
Mahajan Eye Centre	AD-21DA, Outer Ring Road,Pitampura,New Delhi-110034,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-110087,Delhi
Sarvodaya Hospital & Research Centre	KJ-7, Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Dr. Shroffs Charity Eye Hospital	5027, Kedarnath Road,Daryaganj,New Delhi-110002,Delhi
Sarvodaya Superspeciality Hospital and Heart Centre	D-3, Kavi Nagar,Ghaziabad-201002,Uttar Pradesh
Medicheck Hospital	1-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 Mohan Swarup Hospital	Basement & 1st Floor, NS-3 AD Block,East of Shalimar Bagh,New Delhi-110088,Delhi 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-110058,Delhi
Uttam Hospital	E-230, Sector-9,New Vijay Nagar,Ghaziabad-201009,Uttar Pradesh
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-110059
Vision Eye Hospital	F-24/136, Sector-7,Rohini,New Delhi-110085,Delhi
Park Hospital	J-Block, Near Court,Sector - 10,Faridabad-121004,Haryana
J.P. Memorial Hospital	F-189, Dilshad Colony,New Delhi-110095,Delhi
Kathuria Hospital	19/8,Model Town, Opp. S.D. School,Khandsa Road,Gurgaon-122001,Haryana
Foresight Eye Clinic	106,RPS Flats, Sheikh Sarai - 1,Opp. Apeejay School,Malviya Nagar,New Delhi-110017,Delhi
Roopali Medical Centre Pvt Ltd	C/477A, Yamuna Vihar,Yamuna Vihar,New Delhi-110053,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-110024,Delhi
Kalyani Hospital Pvt Ltd	354/2, Mehravli,Gurgaon Road,Gurgaon-122001,Haryana
Mata Roop Rani Mngo & Mahindru Hospital	C-9, Om Vihar,Phase-1,Uttamnagar,New Delhi-110059,Delhi

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

<i>Hospital Name</i>	<i>Address</i>
Gautam Nursing home & Maternity Centre	D-2/148, Jeevan Park, Pankha Road, New Delhi-110059, Delhi
Shri Daya Dutt Vashist Hospital	J-34, Ganga Ram Vatika, Near Raj Cinema, Chowkhandi, Tilak Nagar, New Delhi-110018, 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-110009, Delhi
Vasan Eye Care Hospital	# A-6/A, First and Second Floor, Nehru Ground, New Industrial Township 1, Industrial Township, Haryana Neelam Batta Road, Faridabad-121001, Haryana
Nav Drishti Eye Centre	B-5/351, Yamuna Vihar, Opp. Maharaja Agarsen Park, New Delhi-110053, Delhi
Save Sight Centre	A-14, G.T karnal Road, Adarsh Nagar, New Delhi-110033, Delhi
Ahooja Eye & Dental Institute	560/1, Dayanand Colony, New Railway Road, Gurgaon-122001, Haryana
M. R Hospital & Orthopaedic Centre	C1-3, Rama Park Near Dwarka Mor Metro Station, Opp. Pillar No. 772, New Delhi-110059
Chopra Eye Hospital	H.No-3, Pkt-C-8, Sec-7, Rohini, New Delhi-110085, Delhi
Hi-Tech Eye Centre	A-12, 1st Floor, Vikas Puri, New Delhi-110018, Delhi
Holy Child Nursing Home	C-43-44, East Krishna Nagar, New Delhi-110051, 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-110075, Delhi
Patel Hospital	U-158, Main Vikas Marg, Shakarpur, New Delhi-110092, Delhi
Cygnus Orthocare Hospital	C-5/29, Opp. IIT Gate, Safdarjung Development Area, New Delhi-110016, Delhi
Agrawal Eye Institute	A-235, Shivalik, Malviya Nagar, New Delhi-110017, Delhi
Pushpawati Singhanian Research Institute	Press Enclave Marg, Sheikh Sarai Phase 2, New Delhi-110017, 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-110054, Delhi
Lotus Hospital	389-3, Mata Road, Prem Nagar 2, Gurgaon-122001, Haryana
Yashomati Hospital Pvt. Ltd.	No.237 1,3, 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
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

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

<i>Hospital Name</i>	<i>Address</i>
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. Therasas 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 Sai Northside Hospital	No.8, G Block,60 Feet Road, Sahakaranagar Bangalore -560092 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	53/1 (45),Shalini, Susheela Road,Lalbagh, Upparahalli Bangalore -560004 Karnataka
Soukya Hospital	No.17, NTI Layout,Vidyaranyapura 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
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, Lakshmipura Main Road, Opp. Lakshmipura Lake, Vidyaranyapura 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

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

<i>Hospital Name</i>	<i>Address</i>
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
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
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 1, 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
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

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

<i>Hospital Name</i>	<i>Address</i>
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 1 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
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

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

<i>Hospital Name</i>	<i>Address</i>
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 1, 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 Gutthalli, 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
Family Health Providers Pvt Ltd	No. 423/2,60 Feet Road,1st Main, 1st Stage,1st Phase,Behind SBM Gokula, Mathikere Bangalore -560054 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	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.

Annexure V –Basis of treatment of Optional Covers

Optional Covers	Pay-out Basis	Individual / Floater	Sum Insured and Impact on Basic / Medical Sum Insured
1. No Claims Bonus Super	Indemnity	Individual / Floater	50% increase in Basic / Medical SI per Policy Year in case of claim-free year; Max up to 100% of SI.
2. Air Ambulance Cover	Indemnity	Individual / Floater	Separate SI - claim doesn't impact the Basic / Medical SI
3. Deductible Option	Indemnity	Individual / Floater	Not Applicable
4. Smart Select	Indemnity	Individual / Floater	Coverage up to Basic / Medical SI applicable in listed hospitals (coverage to non-listed hospitals with a co-payment)
5. Reduction in PED Wait Period	Indemnity	Individual / Floater	Applicable PED Wait Period of 4 Years, will be reduced to 2 Years
6.A Co-Payment Options	Indemnity	Individual / Floater	Not Applicable
6.B Co-Payment Waiver	Indemnity	Individual / Floater	Not Applicable
7. Annual Health Check-up	Benefit	Individual / Floater	Not Applicable
8. Room Rent Modification	Indemnity	Individual / Floater	'No Limit' applicable on the Room Category /Rent, will be limited to Single Private Room
9. Daily Allowance	Benefit	Individual / Floater	Separate SI- Claim reduces the Basic / Medical SI
10. Additional Sum Insured for Accidental Hospitalization	Indemnity	Individual / Floater	Additional (separate) SI of up to 100% of Basic / Medical SI
11.Unlimited Automatic Recharge	Indemnity	Individual / Floater	SI as per the Original Basic / Medical SI is recharged Unlimited times