

CARE FREEDOM PROSPECTUS AND SALES LITERATURE

- The Eligibility Criteria & Key Benefits shown in this Prospectus & Sales Literature form part of the coverage provided under the Policy which is in addition to the specific conditions towards Floater/ Co-payment/ Optional Cover.
- Any Claim paid under Benefit 1, Benefit 4 to Benefit 6, Benefit 8 and Benefit 10 shall reduce the Sum Insured for that Policy Year and only the balance Sum Insured after payment of the Claim amounts admitted shall be available for all future Claims arising in that Policy Year.
- Co-payment is applicable on all the Benefits/ Optional Covers except Benefit 2, Benefit 3, Benefit 5, Benefit 7, Benefit 9, Optional Cover 2 & Optional Cover 3.
- Deductible is applicable on all the Benefits except Benefit 7 & Benefit 9.

ELIGIBILITY CRITERIA

| | |
|-----------------------------------|--|
| Entry Age – Minimum | Care Freedom Plan - 1 Adult: 18 years Child: 90 Days |
| | Care Freedom Plan - 2 Individual - 46 years Floater - Eldest Insured Person: 46 years Other Adult: 18 years Child: 90 Days |
| Entry Age – Maximum | Adult: Lifelong Child: 24 years |
| Exit Age | Lifelong |
| Age of Proposer | 18 Years or above |
| How can You cover Yourself | Individual basis (maximum up to 6 Persons having equal Sum Insured) or Floater basis |
| Floater combinations | 2 Adults/ 2 Adults + 1 Child/ 2 Adults + 2 Children/ 2 Adults + 3 Children/ 2 Adults + 4 Children/ 1 Adult + 1 Child/ 1 Adult + 2 Children/ 1 Adult + 3 Children/ 1 Adult + 4 Children |
| Who are covered | 1. Individual: Self, Legally married spouse, son, daughter, brother, sister, parents, parents-in-law, grandson, granddaughter, nephew, niece, Son-in-law, Daughter-in-law, Employee 2. Family Floater: Self, Legally married Spouse, Children, Parents, Employee and his/ her dependents (Legally married Spouse, Children & Parents) |

Note:

Child would be ported to an **individual policy (having separate Sum Insured)** and treated as adult upon attaining age of 25 at the time of renewal.

1. KEY BENEFITS

1. Benefit 1: Hospitalization Expenses

(i) In-patient Care

We indemnify for the Medical Expenses necessarily incurred incase Hospitalization is for a minimum period of 24 consecutive hours. We will indemnify for the medical expenses incurred during Hospitalization like room charges, nursing expenses and Intensive Care Unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc. Please refer to the Schedule of Benefits for limits/ sub-limits.

(ii) Day Care Treatment

We indemnify for the Medical Expenses if the Insured Person undergo a Day Care Treatment as specified in Annexure – I at a Hospital or a Day Care Centre that requires Hospitalization for less than 24 hours.

(iii) Advance Technology Methods

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

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

2. Benefit 2: Consumable Allowance

We will pay a specified amount per day for each day of Hospitalization for the Insured Person admitted to a Hospital for treatment of any Injury or Illness during the Period of Insurance, for a period of maximum up to 7 consecutive days per Any One Illness or Accident, as long as it involves medical treatment for a period exceeding 3 consecutive days and had actually merited Hospitalization. We will not make any payment under this Benefit in respect of the first 3 consecutive days of Hospitalization.

3. Benefit 3: Companion Benefit

We will pay a lump sum amount if the Insured Person is admitted to a Hospital for treatment of any One Illness or Injury arising from an Accident during the Policy Period once the Hospitalization exceeds 10 consecutive days. We shall not be liable to make payment under this Benefit more than once in a Policy Year.

4. Benefit 4: Pre-hospitalization Medical Expenses & Post Hospitalization Medical Expenses

We will indemnify You for:

- (i) The Medical Expenses incurred by You immediately before Insured Person's Hospitalization valid from the Policy Start Date; and
- (ii) The Medical Expenses incurred by You immediately after Insured Person's discharge from Hospital valid till 30 days beyond the Policy End Date.

Provided that the Medical Expenses relate to the Illness/Injury for which We have accepted the Insured Person's Claim.

5. Benefit 5: Ambulance Cover

We will indemnify You for expenses incurred on an ambulance service offered by the Hospital or any Ambulance service provider, in an Emergency situation.

6. Benefit 6: Domiciliary Hospitalization

Despite suffering from an Illness/ Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are in no condition to be moved to a Hospital, or a room may not be available.

Under Our Domiciliary Hospitalization Benefit, We will indemnify for the Medical Expenses incurred by You during Your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days and had actually merited Hospitalization.

Any Medical Expenses incurred under Pre-hospitalization Medical Expenses and Post Hospitalization Medical Expenses shall be payable in respect of a claim made under this Benefit.

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

- i. Asthma;
- ii. Bronchitis;
- iii. Chronic Nephritis and Chronic Nephritic Syndrome;
- iv. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
- v. Diabetes Mellitus and Insipidus;
- vi. Epilepsy;
- vii. Hypertension;
- viii. Influenza, cough or cold;
- ix. All Psychiatric or Psychosomatic Disorders;
- x. Pyrexia of unknown origin;
- xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
- xii. Arthritis, Gout and Rheumatism.

7. Benefit 7: Recharge of Sum Insured

If, due to claims made, You ever run out of/exhaust Your Sum Insured, We will reinstate the entire Sum Insured once in the Policy Year. This re-instated amount can be used for future claims, not related to the Illness/Injury for which the claim has been made during the same year.

For any single claim during a Policy Year the maximum claim amount payable shall be the Sum Insured.

During a Policy Period, the aggregate claim amount payable, subject to admissibility of the claim, shall not exceed the sum of:

- Sum Insured;
- Recharge of Sum Insured;

Any unutilized Recharge of Sum Insured cannot be carried forward to any subsequent Policy Period.

This Benefit is not applicable to Optional Covers.

8. Benefit 8: Dialysis Cover

We will indemnify You Rs. 1,000 per sitting payable up to 24 consecutive months for the dialysis expenses incurred by You.

We will not make any payment under this benefit with respect to kidney disease which occurred and was diagnosed as a Chronic Condition prior to the Policy Start Date.

9. Benefit 9: Annual Health Check-up

We provide an annual health check-up for all Insured Persons above the Age of 18 except those Insured Persons who are covered under the Policy as a child at Our Network Provider or any other Service Providers empanelled with the Company to provide the services, in India, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Member. You can avail the following set of tests:-

Medical Tests

- Complete Blood Count with ESR
- Urine Routine
- Blood Group
- Fasting Blood Sugar
- Lipid Profile
- Kidney Function Test
- ECG

10. Benefit 9: AYUSH Treatments

It has been observed at times that a combination of conventional medical treatment and AYUSH therapies quicken & aid the process of recovery. Therefore, we will pay You up to sum insured for medical expenses incurred by You towards Your in-patient admission at any AYUSH Hospitals or health care facilities, which administers treatment related to the disciplines of medicine namely Ayurveda, Yoga, Naturopathy Unani, Sidha and Homeopathy. Clause 6 (xx) under Exclusions, is superseded to the extent covered under this Benefit.

2. SPECIAL CONDITIONS

1. Floater Cover

Under the Floater plan, You can cover any member of Your immediate family (Yourself or spouse, parents and children) and employee and his/her dependents (Legally married Spouse, Children & Parents) for the Sum Insured under a single policy.

2. Co-payment

- i. You will bear a Co-payment of 20% / 30% per claim of final amount payable by Us and Our liability shall be restricted to the balance amount, subject to the availability of the Sum Insured.
- ii. The applicable Co-payment will increase by 10% per Claim in the Policy Year following the Insured Person (or eldest Insured Person in the case of a Floater cover) attaining Age 71. If an Insured Person (or eldest Insured Person in the case of a Floater cover) attains age 71 years during the Policy Period, additional 10% co-payment will be applicable to the Policy only at the time of subsequent renewal.
- iii. However, if Your age or eldest Insured Person (in case of Floater) at the time of issue of the first Policy with the Company is 70 years or below, then You may opt for the waiver of the aforesaid additional 10% Co-payment condition upon payment of extra premium.
- iv. If You opt for the waiver of the aforesaid additional 10% Co-payment condition, there will be a Co-payment loading applicable at the rate of 7.5% on the premium payable.
- v. The Co-payment shall be applicable to each and every Claim made, for each Insured Person.

3. OPTIONAL COVERS

Following Optional covers can be opted either at the inception of the policy or at the time of renewal:-

1. Optional cover 1: Good Health+

We understand that the healthcare needs are not only limited to Hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate cure of routine illnesses. We value this need and if the option is chosen by You We provide up to 8 consultations with Our Network Service Providers up to a limit with a Co-payment as per the base plan.

You shall be able to avail discounts at the pharmacies of the Network Service Providers and wellness centers of the Network Service Providers empanelled with Us. For an updated list of the Network Service Provider and wellness centres empanelled with the Company and the discounts available, please visit our website.

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

2. Optional cover 2: Home Care

We will indemnify for the expenses incurred towards hiring a Qualified Nurse with the purpose of providing care and convenience to the Insured Person to perform his daily activities, which facilitate his activities of daily living and are recommended by a Medical Practitioner in writing, provided that We will not indemnify for the expenses incurred for more than 7 consecutive days arising from Any One Illness or an Injury and for the first day of hiring the Qualified Nurse subject to a maximum of 45 days in a Policy Year per Insured Person.

3. Optional cover 3: Health Check+

We provide You an option to get Your Benefit—Annual Health Check—up upgraded to either Diabetes Health Check—up or Cardiac Health Check—up. You can avail the following set of tests under the upgraded annual health check-up:

| Diabetes Health Check – up | Cardiac Health Check – up |
|-------------------------------|-------------------------------|
| Complete Blood Count with ESR | Complete Blood Count with ESR |
| Urine RE | Urine RE |
| Blood Group | Blood Group |
| Fasting & PP Blood Sugar | Fasting & PP Blood Sugar |
| TMT | TMT |
| Lipid Profile | Lipid Profile |
| Kidney Function test | Kidney Function test |
| Liver Function test | Liver Function test |
| TSH | TSH |
| Medical Examination Report | Medical Examination Report |
| Hb A 1 C | Hbs Ag |
| Urine for Micro Albuminuria | Chest X Ray |
| Hbs Ag | |

4. SALIENT FEATURES

1. Policy Term

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

2. Deductible

Deductible is the claim amount 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

(Amount in Rs.)

| Sr. # | Sum Insured | Deductible | Claim 1 | Claim 2 | Claim 3 | Payable 1 | Payable 2 | Payable 3 |
|-------|-------------|------------|---------|---------|---------|-----------|-----------|-----------|
| 1 | 500,000 | 200,000 | 75,000 | 125,000 | 100,000 | - | - | 100,000 |
| 2 | 500,000 | 200,000 | 75,000 | 250,000 | 300,000 | - | 125,000 | 300,000 |
| 3 | 500,000 | 200,000 | 250,000 | 400,000 | 400,000 | 50,000 | 400,000 | 50,000 |

3. Underwriting Loading (Applicable to Care Freedom Plan – 2 only)

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

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

4. Tax Benefit

You can avail tax benefit on the premium You pay towards your 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 Your tax advisor for more details).

5. Cashless Facility

With Cashless Facility, You no longer need to run around paying off hospital bills and then follow up for a reimbursement. All You now need to do is get admitted to any of Our Network Providers and concentrate only on Your recovery. Leave the bill payment arrangements to Us, except for any non-medical expenses as specified in Annexure – II that You incur at the Hospital.

6. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- (i) A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- (ii) Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- (iii) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

7. Premium

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

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

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

8. Cancellation/ Termination

The policyholder may cancel this policy by giving 7 days 'written notice and in such an event, the Company shall refund proportionate premium for the unexpired policy .

- (i) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (ii) If the risk under the Policy has already commenced, or only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then the expenses such as pre- policy medical examination etc. incurred by the Company will also be deducted before refunding of premium.
- (iii) The Company may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

In case of Your demise,

- (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 and the Company shall refund proportionate premium for unexpired Policy Period subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:

- I. Written notice in this regard is given to the Company before the Policy Period End Date; and
- II. A person over Age 18 who satisfies the Company's criteria applies to become the Policyholder..

9. Multiple Policies

- i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

10. Portability & Migration

Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits as per IRDAI guidelines on portability.

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

Migration

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

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

11. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of intimation on receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of intimation to the date of payment of claim at a rate 2% above the bank rate .
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of intimation on receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of intimation on receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of intimation to the date of payment of claim.

Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due

12. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have a one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product or the option to migrate to similar health insurance product available with the

Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

13. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company may revise or modify the terms of the policy including the premium rates. The insured person shall be notified before the changes are affected.

5. GRIEVANCE REDRESSAL

In case of any grievance the insured person may contact the company through

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

Mobile App: Care Health- Customer App

Toll free (whatsapp number): 8860402452

Courier: Any of Company's Branch Office or corporate office

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

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or corporate office. For updated details of grievance officer, kindly refer the link <https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

6. CLAIMS MANAGEMENT

We directly process the claims and they are managed in-house. No Third Party Administrator is used for claim management.

We take pride in offering hassle-free clearance and speedy settlements.

Claim Intimation:

- (i) Kindly notify Us in case of occurrence of any event that may give rise to claim with full particulars within 48 hours from the date of occurrence of event either at Our call center or in writing.
- (ii) Claim must be filed within 15 days from the date of discharge from the Hospital.

Note: The above points ((i) & (ii)) are precedent to admission of liability under the policy.

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

However, we will examine & relax the time limit mentioned in the above conditions depending upon the merits of case.

Claim Process

- (i) Any claim under this Policy shall be settled either on cashless or on reimbursement basis as per the Benefit.
- (ii) Please send the duly signed claim form and all the information/documents mentioned therein to Us.
- (iii) Please refer to claim form for complete documentation.
- (iv) If there is any deficiency in the documents/information submitted by You, We will process the claim and communicate the decision to You.
- (v) On receipt of the complete set of claim documents, We will send the cheque for the admissible amount, along with a settlement statement in Your name.

Cashless

The Cashless Facility is available only at Our Network Providers. All You have to do is present the Care Health Card along with a valid photo identification document at Our nation-wide network of leading hospitals and avail of the cashless

service. The updated list of Our Network Providers is available on our website www.careinsurance.com or call at Our call centre.

You need to request for the cashless facility in a prescribed format.

Re-imbbursement

In case of reimbursement of expenses when You use a non-network hospital, all You need to do is notify Us at least 48 hours before Hospitalization in case of a planned hospitalization or within 24 hours in case of an emergency about the claim. Call Us directly, send Us the documents specified below and We will process Your claim.

List of Documents to be submitted for reimbursement claims

- (i) Duly completed and signed claim form, in original;
- (ii) Medical Practitioner's first consultation paper and referral letter advising Hospitalization;
- (iii) Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;
- (iv) Original numbered bills/ receipts and discharge card from the Hospital / Medical Practitioner;
- (v) Original numbered bills from licensed pharmacy / chemists;
- (vi) Original pathological / diagnostic test reports / radiology reports and payment receipts;
- (vii) Emergency Notes, Initial Assessment Sheet and Indoor case papers;
- (viii) Original investigation test reports and payment receipts;
- (ix) Ambulance Receipt;
- (x) Any other document as required by us to assess the claim.

The following details are to be provided to Us at the time of notification of claim

- a) Policy Number;
- b) Name of the Policyholder;
- c) Name of the Insured Person in respect of whom the Claim is being made;
- d) Nature of Illness or Injury;
- e) Name and address of the attending Medical Practitioner and Hospital;
- f) Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
- g) Any other information, documentation or details requested by Us.

Claim Assessment

All claims made under this Policy shall be assessed by Us in the following progressive order:

- (i) If the provisions of the Contribution Clause as mentioned above are applicable, Our liability to make payment under that claims shall first be apportioned accordingly.
- (ii) If a room accommodation has been opted for where the rent or category is higher than the eligible limit as applicable for You under the Policy, then, the Associate Medical Expenses payable shall be pro-rated as per the applicable limits.

‘Associate Medical Expenses’ means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category in a Hospital:

- I. Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
- II. Fees charged by surgeon, anesthetist, Medical Practitioner;

Note: Associate Medical Expenses are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

- (iii) The Deductible shall be applied to the aggregate of all claims that are either paid or payable (and not excluded), under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible.
- (iv) Co-payment shall then be applicable on the amount payable by Us.
- (v) The balance amount, if any, subject to the applicability of sub-limits on expenses on treatment of Named Ailments / Procedures, our liability to make payment shall be limited to such extent as applicable and shall be the claim payable.

The claim amount assessed above would be deducted from the following amounts in the following progressive order:

- (i) Sum Insured;
- (ii) Recharge of Sum Insured (if applicable).

Duties of the Claimant

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

- (i) You shall check the updated list of Network Hospitals before submission of a pre-authorisation 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) Notification of 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 under Claims Management section.
- (iv) You will, at Our request, submit Yourself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
- (v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect Your medical and Hospitalization records and to investigate the facts and examine You.
- (vi) We shall be provided with complete documentation and information which We have requested to establish its liability for the claim, its circumstances and its quantum.

Payment Terms

- (i) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- (ii) 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 of Sum Insured and Recharge of Sum Insured for that Insured Person is exhausted.
- (iii) We shall settle or reject any claim within 15 days of intimation on receipt of all the necessary documents/ information as required for settlement of such claim and sought by Us. We shall provide You an offer of settlement of claim and upon acceptance of such offer by You, We shall make payment within 7 days from the date of receipt of such acceptance.
- (iv) If You or 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.
- (v) For cashless claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (vi) For the Reimbursement Claims, We will pay You. In the event of Your death, We will pay the Nominee (as named in the Policy Schedule) and in case of no Nominee to Your legal heirs whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (vii) The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken or any other expenses triggers under any Benefit during the Policy Period.
- (viii) Under this Policy, the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the Sum Insured unless any additional Sum Insured available or accrued under any Benefit.
- (ix) For diseases or conditions or procedure that have a specified sub-limit then all related expenses shall

be covered up to the sub-limit specified for that disease or condition or procedure. In case there is a specified sub-limit then the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the specified sub-limit subject to the available Sum Insured in the Policy Year.

For example- if the Policy specifies a sub-limit of Rs. 50,000 for a particular disease then all expenses related to the treatment of that disease (including but not limited to pre-hospitalization, hospitalization and post-hospitalization) will be covered up to Rs. 50,000, subject to Sum Insured availability in the Policy Year even if the overall Sum Insured is higher.

7. EXCLUSIONS

1. 30-Day waiting period: (Code-Excl03)

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

2. Specific waiting period: (Code-Excl02)

- a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
- 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:
 - (i) Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
 - (ii) Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders;
 - (iii) Benign Prostatic Hypertrophy;
 - (iv) Cataract;
 - (v) Dilatation and Curettage;
 - (vi) Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Ulcers of Gastro Intestinal tract;
 - (vii) Surgery of Genito urinary system unless necessitated by malignancy;
 - (viii) All types of Hernia, Hydrocele;
 - (ix) Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
 - (x) Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
 - (xi) Kidney Stone/ Ureteric Stone/ Lithotripsy/ Gall Bladder Stone;
 - (xii) Myomectomy for fibroids;
 - (xiii) Varicose veins and varicose ulcers;

- (xiv) Pancreatitis;
 - (xv) End stage liver disease;
 - (xvi) Procedures for Retinal disorders;
 - (xvii) Cerebrovascular accident;
 - (xviii) Renal Failure/ End Stage Renal Disease;
 - (xix) Cardiomyopathies;
 - (xx) Myocardial Infarction;
 - (xxi) Heart Failure;
 - (xxii) Arrhythmia/ Heart blocks;
 - (xxiii) All types of Cancer;
- g. If an Insured Person is suffering from any of the above Illnesses, conditions or Pre-Existing Diseases at the time of commencement of first policy with Us, any Claim in respect of that Illness, condition or Pre-existing Disease shall not be covered until the completion of 24 months of continuous insurance coverage with Us from the first Policy Period Start Date.

3. **Pre-existing Disease: (Code - Excl01)**

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 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 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

- 4. The Waiting Periods as defined in Clauses 4.1(a), 4.1(b) and 4.1(c) of terms and conditions shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- 5. 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 in Clauses 4.1 (a), 4.1(b) and 4.1(c) of terms and conditions shall be applicable afresh to the newly added Benefits or Optional Covers (if applicable), from the time of such renewal.

6. **Permanent Exclusions**

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

- (i) Any condition or treatment as specified in Annexure – II.
- (ii) 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

- (iii) Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.
- (iv) Maternity: **(Code - Excl18)**
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- (v) **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
- (vi) 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.
- (vii) Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and/ or devices whether for diagnosis or treatment.
- (viii) **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.
- (ix) Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 1 (iii).
- (x) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/ thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants & related surgery.
- (xi) **Rest Cure, rehabilitation and respite care: (Code - Excl05)**
 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
- (xii) Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
- (xiii) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
- (xiv) **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.
- (xv) **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.
- (xvi) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (xvii) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.

- (xviii) 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.
- (xix) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- (xx) Non-allopathic treatment.
- (xxi) Any OPD Treatment.
- (xxii) Treatment received outside India.
- (xxiii) 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.
- (xxiv) 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.
- (xxv) 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.
- (xxvi) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.
- (xxvii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xxviii) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (xxix) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- (xxx) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - I Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - II Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - III Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.
- (xxxi) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
- (xxxii) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- (xxxiii) 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.

(xxxiv) Multifocal lens implantation for cataract.

(xxxv) Remicade, Avastin & similar injectable treatment.

(xxxvi) Obesity/ Weight Control: **(Code - Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes.

(xxxvii) Hazardous or Adventure sports: **(Code - Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

(xxxviii) If the Insured Person is suffering from or has been diagnosed with or has been treated for any of the following disorders prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be permanently excluded from coverage under the Policy:-

- I Chronic Bronchitis
- II Esophageal Stricture or stenosis
- III Unoperated Varicose Veins
- IV Deep Vein Thrombosis (DVT)
- V Spondyloarthropathies (Spondylosis/Spondylitis/Spondylolisthesis)
- VI Residual Poliomyelitis
- VII Avascular Necrosis, Idiopathic
- VIII Unoperated Hyperthyroidism
- IX Renal/Ureteric/Bladder Calculi
- X DUB/Endometriosis
- XI Unoperated Fibroid Uterus
- XII Retinal Detachment
- XIII Otosclerosis
- XIV Deafness
- XV Blindness
- XVI Any implant in the body

(xxxix) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

(Code - Excl12)

- (xl) 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)**
- (xli) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code - Excl14)**
- (xlii) Refractive Error: **(Code - Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries
- (xliii) Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.
- (xliv) Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.

8. PRE-POLICY ISSUANCE CHECK-UP

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

Under Care Freedom Plan – 1 you do not have to undergo any Pre-Policy Medical Check-up.

Under Care Freedom Plan – 2 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 member to undergo tele-underwriting which may include specific tests (only in case of Plan – 2), as We may deem fit to evaluate such member, irrespective of the member's age. We shall bear the cost of such medical tests if Your proposal is accepted.

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

| Plan | Care Freedom Plan – 1 | Care Freedom Plan – 2 | | |
|---|-----------------------------------|-----------------------|---------------------------|--------------|
| Sum Insured (Including the Deductible) (in Rs.) / Age | Across all sum insured/deductible | up to 4 Lac | More than 4 Lac to 10 Lac | Above 10 Lac |
| Up to 45 years | No | No | No | No |
| 46 years to 60 years | No | Set 1 | Set 2 | Set 3 |
| 61 years and above | No | Set 2 | Set 3 | Set 3 |

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

| Category | Tests |
|----------|---|
| Set 1 | MER, HbA1c, CBC with ESR, RUA, S Cholesterol, ECG, SGPT, S Creatinine |
| Set 2 | MER, HbA1c, CBC with ESR, RUA, Fasting Lipid Profile, TMT, SGPT, S Creatinine |
| Set 3 | MER, HbA1c, CBC with ESR, RUA, Fasting Lipid Profile, TMT / ECG+2-D Echo, LFT, S Creatinine, USG abdomen/pelvis(Female), PSA (Male) |

The explanation of these tests is:

| Test | Full Form |
|------|--------------------------------------|
| MER | Medical Examination Report |
| RUA | Routine & Microscopic Urine Analysis |
| CBC | Complete Blood Count |

| | |
|-----|--------------------------------|
| ESR | Erythrocyte Sedimentation Rate |
|-----|--------------------------------|

| | |
|----------------------|-------------------------------------|
| HBA1C | Glycosylated Hemoglobin |
| S CHOLESTEROL | Serum Cholesterol |
| ECG | Electro Cardio Gram |
| SGPT | Serum Glutamic Pyruvic Transaminase |
| S CREATININE | Serum Creatinine |
| USG (Abdomen Pelvis) | Ultrasonography |
| TMT | Treadmill Test |
| 2 D Echo | 2D Echocardiography |
| LFT | Liver Function Test |
| PSA | Prostate Specific Antigen |

9. RENEWAL OF POLICY

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or, misrepresentation by you.

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

Schedule of Discounts

| S. No. | Description | Rates (in %) | |
|--------|---|-----------------------|-----------------|
| 1 | Discount for Employees and their dependents of : A. Corporation Bank and its subsidiaries / affiliates B. Union Bank of India and its subsidiaries / affiliates | 15 | |
| 2 | Tenure Discount (on single premium) 2 year rate = Annual Rate x 2 x (1 - Discount applicable) 3 year rate = Annual Rate x 3 x (1 - Discount applicable) | Tenure | Discount |
| | | 2 Year | 7.5 |
| | | 3 Year | 10 |
| 3 | | No. of persons | Discount |
| | | 2 or 3 members | 5 |
| | | 4, 5 or 6 members | 10 |

| | | | | | | | |
|---|---|----------------------|----------------------------|------|-------|-------|-------|
| 4 | Deductible Discount – This discount shall be applicable with respect to the deductible opted. | Sum Insured (in Rs.) | Deductible Amount (in Rs.) | | | | |
| | | | 25 K | 50 K | 1 Lac | 2 Lac | 3 Lac |
| | | 2 Lac | 25.0 | 35.0 | 45.0 | 55.0 | 60.0 |
| | | 3 Lac | 24.0 | 34.0 | 43.5 | 53.0 | 58.0 |
| | | 4 Lac | 23.0 | 33.0 | 42.0 | 51.0 | 56.0 |
| | | 5 Lac | 22.0 | 32.0 | 40.5 | 49.0 | 54.0 |
| | | 7 Lac | 20.5 | 30.5 | 38.5 | 46.5 | 51.5 |
| | | 10 Lac | 18.5 | 28.5 | 36.0 | 43.5 | 48.5 |

Schedule of Benefits

| Plan Name | Care Freedom – Plan 1 | | | |
|---|---|---|---|--|
| Sum Insured – on annual basis (in Rs.) | 2L | 3L | 4L | 5L |
| Deductible – on annual basis (in Rs.) | No deductible /25K / 50K / 1L / 2L / 3L | No deductible /25K / 50K / 1L / 2L / 3L | No deductible /25K / 50K / 1L / 2L / 3L | No deductible /25K / 50K / 1L / 2L / 3L |
| Hospitalization Expenses | | | | |
| In-Patient Care | up to Sum Insured | up to Sum Insured | up to Sum Insured | up to Sum Insured |
| Day Care Treatment | up to Sum Insured (As per Annexure – I) | up to Sum Insured (As per Annexure – I) | up to Sum Insured (As per Annexure – I) | up to Sum Insured (As per Annexure – I) |
| Consumable Allowance | Rs. 500 per day; Max. 7 days per Hospitalization covered after 3 days | Rs. 750 per day; Max. 7 days per Hospitalization covered after 3 days | Rs. 750 per day; Max. 7 days per Hospitalization covered after 3 days | Rs. 1,000 per day; Max. 7 days per Hospitalization covered after 3 days |
| Companion Benefit | Rs. 10,000 if Hospitalization exceeds 10 days | Rs. 10,000 if Hospitalization exceeds 10 days | Rs. 10,000 if Hospitalization exceeds 10 days | Rs. 15,000 if Hospitalization exceeds 10 days |
| Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses | Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. | Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. | Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. | Up to 10% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. |
| Ambulance Cover | Up to Rs 1,000 per Hospitalization | Up to Rs 1,000 per Hospitalization | Up to Rs 1,000 per Hospitalization | Up to Rs 1,000 per Hospitalization |
| Domiciliary Hospitalization | up to 10% of Sum Insured covered after 3 days | up to 10% of Sum Insured covered after 3 days | up to 10% of Sum Insured covered after 3 days | up to 10% of Sum Insured covered after 3 days |
| Recharge of Sum Insured | N.A. | 100% of original SI upon exhaustion of SI | 100% of original SI upon exhaustion of SI | 100% of original SI upon exhaustion of SI |
| Dialysis Cover | Up to Rs. 1,000 per sitting; Limited to 24 consecutive months | Up to Rs. 1,000 per sitting; Limited to 24 consecutive months | Up to Rs. 1,000 per sitting; Limited to 24 consecutive months | Up to Rs. 1,000 per sitting; Limited to 24 consecutive months |
| Annual Health Check-up | Annually | Annually | Annually | Annually |
| AYUSH Treatments | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured |
| Wait Periods | | | | |
| Initial Wait Period | 30 Days | 30 Days | 30 Days | 30 Days |
| Named ailments | 24 months | 24 months | 24 months | 24 months |
| Pre-existing Diseases | 24 months | 24 months | 24 months | 24 months |
| Sub-limits | | | | |

| | | | | |
|--|---|---|---|---|
| Room Rent / Room Category | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room |
| ICU Charges | Up to 2% of SI per day | Up to 2% of SI per day | Up to 2% of SI per day | No limit |
| Co-payment | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) |
| Treatment of Cataract | Up to Rs. 20,000 per eye | Up to Rs. 20,000 per eye | Up to Rs. 20,000 per eye | Up to Rs. 30,000 per eye |
| Treatment of Total Knee Replacement | Up to Rs. 70,000 per knee | Up to Rs. 80,000 per knee | Up to Rs. 80,000 per knee | Up to Rs. 1,00,000 per knee |
| Treatment for each and every Ailment / Procedure mentioned below:- i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system | Up to Rs. 35,000 | Up to Rs. 50,000 | Up to Rs. 55,000 | Up to Rs. 65,000 |
| Treatment for each and every Ailment / Procedure mentioned below:- i. Treatment of Cerebrovascular and Cardiovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders iv. Treatment for breakage of bones | Up to Rs. 1,50,000 | Up to Rs. 2,00,000 | Up to Rs. 2,25,000 | Up to Rs. 2,50,000 |

| Plan Name | Care Freedom – Plan 2 | | | | |
|--|---|---|---|--|--|
| Sum Insured – on annual basis (in Rs.) | 2L | 3L | 4L | 5L | 7L / 10L |
| Deductible – on annual basis (in Rs.) | No deductible /25K / 50K / 1L / 2L / 3L | No deductible /25K / 50K / 1L / 2L / 3L | No deductible /25K / 50K / 1L / 2L / 3L | No deductible /25K / 50K / 1L / 2L / 3L | No deductible /25K / 50K / 1L / 2L / 3L |
| Hospitalization Expenses | | | | | |
| In-Patient Care | up to Sum Insured | up to Sum Insured | up to Sum Insured | up to Sum Insured | up to Sum Insured |
| Day Care Treatment | up to Sum Insured (As per Annexure – I) | up to Sum Insured (As per Annexure – I) | up to Sum Insured (As per Annexure – I) | up to Sum Insured (As per Annexure – I) | up to Sum Insured (As per Annexure – I) |
| Consumable Allowance | Rs. 500 per day; Max. 7 days per Hospitalization covered after 3 days | Rs. 750 per day; Max. 7 days per Hospitalization covered after 3 days | Rs. 750 per day; Max. 7 days per Hospitalization covered after 3 days | Rs. 1,000 per day; Max. 7 days per Hospitalization covered after 3 days | Rs. 1,000 per day; Max. 7 days per Hospitalization covered after 3 days |
| Companion Benefit | Rs. 10,000 if Hospitalization exceeds 10 days | Rs. 10,000 if Hospitalization exceeds 10 days | Rs. 10,000 if Hospitalization exceeds 10 days | Rs. 15,000 if Hospitalization exceeds 10 days | Rs. 15,000 if Hospitalization exceeds 10 days |
| Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses | Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. | Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. | Up to 7.5% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. | Up to 10% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. | Up to 10% of payable Hospitalization expenses valid till 30 days beyond the Policy End Date. |
| Ambulance Cover | Up to Rs 1,000 per Hospitalization | Up to Rs 1,000 per Hospitalization | Up to Rs 1,000 per Hospitalization | Up to Rs 1,000 per Hospitalization | Up to Rs 1,000 per Hospitalization |
| Domiciliary Hospitalization | up to 10% of Sum Insured covered after 3 days | up to 10% of Sum Insured covered after 3 days | up to 10% of Sum Insured covered after 3 days | up to 10% of Sum Insured covered after 3 days | up to 10% of Sum Insured covered after 3 days |
| Recharge of Sum Insured | N.A. | 100% of original SI upon exhaustion of SI | 100% of original SI upon exhaustion of SI | 100% of original SI upon exhaustion of SI | 100% of original SI upon exhaustion of SI |
| Dialysis Cover | Up to Rs. 1,000 per sitting; Limited to 24 consecutive months | Up to Rs. 1,000 per sitting; up to 24 consecutive months | Up to Rs. 1,000 per sitting; Limited up to 24 consecutive months | Up to Rs. 1,000 per sitting; Limited up to 24 consecutive months | Up to Rs. 1,000 per sitting; Limited up to 24 consecutive months |
| Annual Health Check-up | Annually | Annually | Annually | Annually | Annually |
| AYUSH Treatments | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured | Up to Sum Insured |
| Wait Periods | | | | | |
| Initial Wait Period | 30 Days | 30 Days | 30 Days | 30 Days | 30 Days |
| Named ailments | 24 months | 24 months | 24 months | 24 months | 24 months |
| Pre-existing Diseases | 24 months | 24 months | 24 months | 24 months | 24 months |

| Sub-limits | | | | | |
|--|---|---|---|---|---|
| Room Rent / Room Category | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room subject to a maximum of 1% of SI per day | Twin Sharing Room | Single Private Room |
| ICU Charges | Up to 2% of SI per day | Up to 2% of SI per day | Up to 2% of SI per day | No limit | No limit |
| Co-payment | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Beyond 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) |
| Treatment of Cataract | Up to Rs. 20,000 per eye | Up to Rs. 20,000 per eye | Up to Rs. 20,000 per eye | Up to Rs. 30,000 per eye | Up to Rs. 30,000 per eye |
| Treatment of Total Knee Replacement | Up to Rs. 70,000 per knee | Up to Rs. 80,000 per knee | Up to Rs. 80,000 per knee | Up to Rs. 1,00,000 per knee | Up to Rs. 1,20,000 per knee |
| Treatment for each and every Ailment / Procedure mentioned below:- i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system | Up to Rs. 35,000 | Up to Rs. 50,000 | Up to Rs. 55,000 | Up to Rs. 65,000 | Up to Rs. 80,000 |
| | | | | | |
| Treatment for each and every Ailment / Procedure mentioned below:- i. Treatment of Cerebrovascular and Cardiovascular disorders Hysterectomy ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders | Up to Rs. 1,50,000 | Up to Rs. 2,00,000 | Up to Rs. 2,25,000 | Up to Rs. 2,50,000 | Up to Rs. 3,00,000 |

| | | | | | |
|--|--|--|--|--|--|
| iv. Treatment for break- age of bones | | | | | |
|--|--|--|--|--|--|

| | |
|---|---|
| Optional Cover – 1 : Good Health+ | i. Up to 8 consultations at Network Service Providers with per consultation payable claim limit of Rs. 300 / 600 / 1,000. |
| 01. OPD Consultation Benefit | ii. within Network Service Providers |
| 02. Discounts in pharmacy | iii. within Network Service Providers |
| 03. Discounts in wellness centres | |
| Optional Cover – 2 : Home Care | Up to Rs. 1,000 per day; Max. 7 days per Any One Illness/Injury & Max. 45 days per Policy Year per Insured Person covered after a Deductible of 1 day |
| Optional Cover – 3 : Health Check+ | 'Benefit 9 – Annual Health Check-Up' upgraded to either Diabetes Health Check – Up or Cardiac Health Check – Up |

Note – Coverage under Optional Cover is over and above the Sum Insured.

ABOUT US

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Apart from numerous awards since inception, in December 2024 Care Health Insurance was conferred the 'Overall Achievement Award' (SAHI category) at the ASSOCHAM 16th Global Insurance Summit & Awards, and 'Smart Insurer' and 'Sales Champion' awards in Health Insurance category at the 11th ET Now Insurance Summit & Awards 2024. The company was awarded 'Best Health Insurance Plan – Care Plus' at the Global Financial Planner's Summit 2024 held in October'24, and 'Claims Service Leader for the Year' & 'Best Health Insurance Company in Rural Sector' awards at the India Insurance Summit & Awards 2024 in March'24.

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| Registered Office | Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019 |
| Correspondence Office | Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 |
| Tollfree (WhatsApp Number) | 8860402452 |
| E-mail ID for Claims | claims@careinsurance.com |
| Submit Your Queries/Requests | https://www.careinsurance.com/contact-us.html |
| Website | www.careinsurance.com |

Disclaimer: This is only a summary of product carē freedom*. For more details on risk factors, terms and conditions please read sales brochure carefully before concluding a sale. Please seek the advice of your insurance advisor if you require any further information or clarification.

Insurance is a subject matter of solicitation. UAN:25026542 UIN: RHIHLIP21519V022021
CIN:U66000DL2007PLC161503 IRDAI Registration Number - 148

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

Note:

- The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.

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

Annexure - I List of Day Care Surgeries

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| 1. | Cardiology Related: | 25. | Revision of A Fenestration of the Inner Ear |
| 1. | Coronary Angiography | 26. | Palatoplasty |
| 2. | Critical Care Related: | 27. | Transoral Incision and Drainage of A Pharyngeal Abscess |
| 2. | Insert Non- Tunnel CV CATH | 28. | tonsillectomy Without Adenoidectomy |
| 3. | Insert PICC CATH (Peripherally Inserted Central Catheter) | 29. | tonsillectomy With Adenoidectomy |
| 4. | Replace PICC CATH (Peripherally Inserted Central Catheter) | 30. | Excision and Destruction of A Lingual tonsil |
| 5. | Insertion Catheter, Intra Anterior | 31. | Revision of A Tympanoplasty |
| 6. | Insertion of Portacath | 32. | Other Microsurgical Operations on the Middle Ear |
| 3. | Dental Related: | 33. | Incision of the Mastoid Process and Middle Ear |
| 7. | Splinting of Avulsed Teeth | 34. | Mastoidectomy |
| 8. | Suturing Lacerated Lip | 35. | Reconstruction of the Middle Ear |
| 9. | Suturing Oral Mucosa | 36. | Other Excisions of the Middle and Inner Ear |
| 10. | Oral Biopsy In Case of Abnormal Tissue Presentation | 37. | Incision (Opening) and Destruction |
| 11. | FNAC | 38. | (Elimination) of the Inner Ear |
| 12. | SMEAR from Oral Cavity | 39. | Other Operations on the Middle and Inner Ear |
| 4. | ENT Related: | 40. | Excision and Destruction of Diseased Tissue of the Nose |
| 13. | Myringotomy With Grommet Insertion | 41. | Other Operations on the Nose |
| 14. | Tympanoplasty (Closure of An Ear Drum Perforation/ Reconstruction of the Auditory Ossicles) | 42. | Nasal Sinus Aspiration |
| 15. | Removal of A Tympanic Drain | 43. | foreign Body Removal from Nose |
| 16. | Keratoses Removal Under Ga | 44. | Adenoidectomy |
| 17. | Operations on the Turbinates (Nasal Concha) | 45. | Labyrinthectomy for Severe Vertigo |
| 18. | Tympanoplasty (Closure of An Ear Drum Perforation/ Reconstruction of the Auditory Ossicles) | 46. | Stapedectomy Under GA |
| 19. | Removal of Keratoses Obturans | 47. | Stapedectomy Under LA |
| 20. | Stapedotomy to Treat Various Lesions In Middle Ear | 48. | Tympanoplasty (Type IV) |
| 21. | Revision of A Stapedectomy | 49. | Endolymphatic SAC Surgery for Meniere's Disease |
| 22. | Other Operations on the Auditory Ossicles | 50. | Turbinectomy |
| 23. | Myringoplasty (Post- Aura/ Endaural Approach As Well As Simple Type- I Tympanoplasty) | 51. | Endoscopic Stapedectomy |
| 24. | Fenestration of the Inner Ear | 52. | Incision and Drainage of Perichondritis |
| | | 53. | Septoplasty |
| | | 54. | Vestibular Nerve Section |

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| 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 Choledoch- Jejunostomy/ Duodenostomy/ Gastrostomy/ Exploration Common Bile Duct |
| 72. | Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/ Removal of foreign Body/ Diathermy of Bleeding Lesions |
| 73. | Pancreatic Pseudocyst EUS & Drainage |
| 74. | RF Ablation for Barrett's Oesophagus |
| 75. | ERCP and Papillotomy |
| 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 |

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| 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 |

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| 114. | Axillary Lymphadenectomy |
| 115. | Wound Debridement and Cover |
| 116. | Abscess- Decompression |
| 117. | Cervical Lymphadenectomy |
| 118. | Infected Sebaceous Cyst |
| 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 |
| 136. | Breast Abscess I&D Oesophagus |
| 137. | Feeding Gastrostomy |
| 138. | Oesophagoscopy and Biopsy of Growth Oesophagus |

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| 139. | ERCP- Bile Duct Stone Removal |
| 140. | Ileostomy Closure |
| 141. | Colonoscopy |
| 142. | Polypectomy Colon |
| 143. | Splenic Abscesses Laparoscopic Drainage |
| 144. | UGI Scopy and Polypectomy Stomach |
| 145. | Rigid Oesophagoscopy for Fb Removal |
| 146. | Feeding Jejunostomy |
| 147. | Colostomy |
| 148. | Ileostomy |
| 149. | Colostomy Closure |
| 150. | Submandibular Salivary Duct Stone Removal |
| 151. | Pneumatic Reduction of Intussusception |
| 152. | Varicose Veins Legs- Injection Sclerotherapy |
| 153. | Rigid Oesophagoscopy for Plummer Vinson Syndrome |
| 154. | Pancreatic Pseudocysts Endoscopic Drainage |
| 155. | Zadek's Nail Bed Excision |
| 156. | Subcutaneous Mastectomy |
| 157. | Excision of Ranula Under GA |
| 158. | Rigid Oesophagoscopy for Dilation of Benign Strictures |
| 159. | Eversion of SAC |
| 160. | Unilateral |
| 161. | Ilateral |
| 162. | Lord's 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 |

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| 170. | Tips Procedure for Portal Hypertension |
| 171. | Esophageal Growth Stent |
| 172. | Pair Procedure of Hydatid Cyst Liver |
| 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. | Microdocheotomy 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/ Lesions of Uterus |
| 194. | Laser therapy of Cervix for Various |

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| 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 |

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| 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 |

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| 255. | HBI- Hemibody Radiotherapy |
| 256. | Infusional Targeted therapy |
| 257. | SRT- Stereotactic Arc therapy |
| 258. | Sc Administration of Growth Factors |
| 259. | Continuous Infusional Chemotherapy |
| 260. | Infusional Chemotherapy |
| 261. | CCRT- Concurrent Chemo + RT |
| 262. | 2D Radiotherapy |
| 263. | 3D Conformal Radiotherapy |
| 264. | IGRT- Image Guided Radiotherapy |
| 265. | IMRT- Step & Shoot |
| 266. | Infusional Bisphosphonates |
| 267. | IMRT- DMLC |
| 268. | Rotational ARC therapy |
| 269. | Tele Gamma therapy |
| 270. | FSRT- Fractionated SRT |
| 271. | VMAT- Volumetric Modulated ARC therapy |
| 272. | SBRT- Stereotactic Body Radiotherapy |
| 273. | Helical tomotherapy |
| 274. | SRS- Stereotactic Radiosurgery |
| 275. | X- Knife SRS |
| 276. | Gammaknife SRS |
| 277. | TBI- total Body Radiotherapy |
| 278. | Intraluminal Brachytherapy |
| 279. | Electron therapy |
| 280. | TSET- Total Electron Skin therapy |
| 281. | Extracorporeal Irradiation of Blood Products |
| 282. | Telecobalt therapy |
| 283. | Telecesium therapy |
| 284. | External Mould Brachytherapy |
| 285. | Interstitial Brachytherapy |

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| 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 |

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| 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 |

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| 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 Retinal 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 |

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| 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 |

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| 402. | Revision/ Removal of Knee Cap |
| 403. | Amputation Follow- Up Surgery |
| 404. | Exploration of Ankle Joint |
| 405. | Remove/ Graft Leg Bone Lesion |
| 406. | Repair/ Graft Achilles Tendon |
| 407. | Remove of Tissue Expander |
| 408. | Biopsy Elbow Joint Lining |
| 409. | Removal of Wrist Prosthesis |
| 410. | Biopsy Finger Joint Lining |
| 411. | Tendon Lengthening |
| 412. | Treatment of Shoulder Dislocation |
| 413. | Lengthening of Hand Tendon |
| 414. | Removal of Elbow Bursa |
| 415. | Fixation of Knee Joint |
| 416. | Treatment of Foot Dislocation |
| 417. | Surgery of Bunion |
| 418. | INTRA Articular Steroid injection |
| 419. | Tendon Transfer Procedure |
| 420. | Removal of Knee Cap Bursa |
| 421. | Treatment of Fracture of ULNA |
| 422. | Treatment of Scapula Fracture |
| 423. | Removal of Tumor of Arm/ Elbow Under RA/ GA |
| 424. | Repair of Ruptured Tendon |
| 425. | Decompress forearm Space |
| 426. | Revision of Neck Muscle (Torticollis Release) |
| 427. | Lengthening of Thigh Tendons |
| 428. | Treatment Fracture of Radius & ULNA |
| 429. | Repair of Knee Joint |
| 15. | Other Operations on the Mouth & Face |
| 430. | External incision and Drainage in the Region of the Mouth, Jaw and Face |
| 431. | incision of the Hard and Soft Palate |

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| 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 |

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| 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 Thorascopic |
| 468. | Laser Ablation of Barrett's Oesophagus |
| 469. | Pleurodesis |
| 470. | Thoracoscopy and Pleural Biopsy |
| 471. | Ebus + Biopsy |
| 472. | Thoracoscopy Ligation Thoracic Duct |
| 473. | Thoracoscopy Assisted Empyema Drainage |
| 19. | Urology Related: |
| 474. | Haemodialysis |
| 475. | Lithotripsy/ Nephrolithotomy for Renal Calculus |
| 476. | Excision of Renal Cyst |
| 477. | Drainage of Pyonephrosis/ Perinephric Abscess |
| 478. | incision of the Prostate |
| 479. | Transurethral Excision and Destruction of Prostate Tissue |
| 480. | Transurethral and Percutaneous Destruction of Prostate Tissue |
| 481. | Open Surgical Excision and Destruction of Prostate Tissue |
| 482. | Radical Prostatovesiculectomy |
| 483. | Other Excision and Destruction of Prostate Tissue |
| 484. | Operations on the Seminal Vesicles |
| 485. | Incision and Excision of Periprostatic Tissue |
| 486. | Other Operations on the Prostate |
| 487. | incision of the Scrotum and Tunica Vaginalis Testis |
| 488. | Operation on a Testicular Hydrocele |

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|------|--|
| 489. | Excision and Destruction of Diseased Scrotal Tissue |
| 490. | Other Operations on the Scrotum and Tunica Vaginalis Testis |
| 491. | incision of the Testes |
| 492. | Excision and Destruction of Diseased Tissue of the Testes |
| 493. | Unilateral Orchidectomy |
| 494. | Bilateral Orchidectomy |
| 495. | Surgical Repositioning of an Abdominal Testis |
| 496. | Reconstruction of the Testis |
| 497. | Implantation, Exchange and Removal of a Testicular Prosthesis |
| 498. | Other Operations on the Testis |
| 499. | Excision in the Area of the Epididymis |
| 500. | Operations on the foreskin |
| 501. | Local Excision and Destruction of Diseased Tissue of the Penis |
| 502. | Amputation of the Penis |
| 503. | Other Operations on the Penis |
| 504. | Cystoscopical Removal of Stones |
| 505. | Catheterisation of Bladder |
| 506. | Lithotripsy |
| 507. | Biopsy of temporal Artery for Various Lesions |
| 508. | External Arterio- Venous Shunt |
| 509. | AV Fistula- Wrist |
| 510. | URSL with Stenting |
| 511. | URSL with Lithotripsy |
| 512. | Cystoscopic Litholapaxy |
| 513. | ESWL |
| 514. | Bladder Neck incision |
| 515. | Cystoscopy & Biopsy |
| 516. | Cystoscopy and Removal of Polyp |
| 517. | Suprapubic Cystostomy |
| 518. | Percutaneous Nephrostomy |
| 519. | Cystoscopy and 'Sling' Procedure. |

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| 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

List I - Optional Items

| S.No. | Item |
|-------|--|
| 1 | Baby Food |
| 2 | Baby Utilities Charges |
| 3 | Beauty Services |
| 4 | Belts/ Braces |
| 5 | Buds |
| 6 | Cold Pack/ Hot Pack |
| 7 | Carry Bags |
| 8 | Email/ Internet Charges |
| 9 | Food Charges (Other Than Patient's Diet Provided By Hospital) |
| 10 | Leggings |
| 11 | Laundry Charges |
| 12 | Mineral Water |
| 13 | Sanitary Pad |
| 14 | Telephone Charges |
| 15 | Guest Services |
| 16 | Crepe Bandage |
| 17 | Diaper Of Any Type |
| 18 | Eyelet Collar |
| 19 | Slings |
| 20 | Blood Grouping And Cross Matching Of Donors Samples |
| 21 | Service Charges Where Nursing Charge Also Charged |
| 22 | Television Charges |
| 23 | Surcharges |
| 24 | Attendant Charges |
| 25 | Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge) |
| 26 | Birth Certificate |
| 27 | Certificate Charges |
| 28 | Courier Charges |
| 29 | Conveyance Charges |
| 30 | Medical Certificate |
| 31 | Medical Records |
| 32 | Photocopies Charges |
| 33 | Mortuary Charges |
| 34 | Walking Aids Charges |
| 35 | Oxygen Cylinder (For Usage Outside The Hospital) |
| 36 | Spacer |
| 37 | Spirometre |
| 38 | Nebulizer Kit |
| 39 | Steam Inhaler |
| 40 | Armsling |

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|----|--|
| 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 Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable) |
| 55 | Ecg Electrodes |
| 56 | Gloves |
| 57 | Nebulisation Kit |
| 58 | Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc] |
| 59 | Kidney Tray |
| 60 | Mask |
| 61 | Ounce Glass |
| 62 | Oxygen Mask |
| 63 | Pelvic Traction Belt |
| 64 | Pan Can |
| 65 | Trolley Cover |
| 66 | Urometer, Urine Jug |
| 67 | Ambulance |
| 68 | Vasofix Safety |

List II - Items that are to be subsumed into Room Charges

| S.No. | Item |
|-------|--|
| 1 | Baby Charges (Unless Specified/ Indicated) |
| 2 | Hand Wash |
| 3 | Shoe Cover |
| 4 | Caps |
| 5 | Cradle Charges |
| 6 | Comb |
| 7 | Eau-De-Cologne/ Room Freshners |
| 8 | Foot Cover |
| 9 | Gown |
| 10 | Slippers |
| 11 | Tissue Paper |
| 12 | Tooth Paste |

| | |
|----|--|
| 13 | Tooth Brush |
| 14 | Bed Pan |
| 15 | Face Mask |
| 16 | Flexi Mask |
| 17 | Hand Holder |
| 18 | Sputum Cup |
| 19 | Disinfectant Lotions |
| 20 | Luxury Tax |
| 21 | HVAC |
| 22 | House Keeping Charges |
| 23 | Air Conditioner Charges |
| 24 | IM IV Injection Charges |
| 25 | Clean Sheet |
| 26 | Blanket/ Warmer Blanket |
| 27 | Admission Kit |
| 28 | Diabetic Chart Charges |
| 29 | Documentation Charges/ Administrative Expenses |
| 30 | Discharge Procedure Charges |
| 31 | Daily Chart Charges |
| 32 | Entrance Pass/ Visitors Pass Charges |
| 33 | Expenses Related To Prescription On Discharge |
| 34 | File Opening Charges |
| 35 | Incidental Expenses/ Misc. Charges (Not Explained) |
| 36 | Patient Identification Band/ Name Tag |
| 37 | Pulseoxymeter Charges |

List III - Items that are to be subsumed into Procedure Charges

| S.No. | Item |
|-------|--|
| 1 | Hair Removal Cream |
| 2 | Disposables Razors Charges (For Site Preparations) |
| 3 | Eye Pad |
| 4 | Eye Sheild |
| 5 | Camera Cover |
| 6 | DVD, CD Charges |
| 7 | Gause Soft |
| 8 | Gauze |
| 9 | Ward And Theatre Booking Charges |
| 10 | Arthroscopy And Endoscopy Instruments |
| 11 | Microscope Cover |
| 12 | Surgical Blades, Harmonicscalpel, Shaver |
| 13 | Surgical Drill |
| 14 | Eye Kit |
| 15 | Eye Drape |
| 16 | X-Ray Film |
| 17 | Boyles Apparatus Charges |
| 18 | Cotton |

| | |
|----|----------------------------|
| 19 | Cotton Bandage |
| 20 | Surgical Tape |
| 21 | Apron |
| 22 | Torniquet |
| 23 | Orthobundle, Gynaec Bundle |

List IV - Items that are to be subsumed into costs of treatment

| S.No. | Item |
|-------|---|
| 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/ Capo 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 Swabs |
| 16 | Scrub Solutionsterillium |
| 17 | Glucometer & Strips |
| 18 | Urine Bag |

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

| Hospital Name | Address |
|---|--|
| Nulife Hospital And Maternity Centre | 1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar, New Delhi, Delhi |
| Taneja Hospital | F-15,Vikas Marg, Preet Vihar, New Delhi, Delhi |
| Shri Komal Hospital & Dr.Saxena's Nursing Home | Opp. Radhika Cinema,Circular Road, Rewari, Haryana |
| Sona Devi Memorial Hospital & Trauma Centre | Sohna Road, Badshahpur, Gurgaon, Haryana |
| Amar Hospital | Sector-70,S.A.S.Nagar, Mohali, Sector 70, Mohali, Punjab |
| Brij Medical Centre | K K 54, Kavi Nagar, Ghaziabad, Uttar Pradesh |
| Famliy Medicare | A-55,Sector 61, Rajat Vihar Sector 62, Noida, Uttar Pradesh |
| Jeevan Jyoti Hospital | 162,Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh |
| City Hospital & Trauma Centre | C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh, Lucknow, Uttar Pradesh |
| Dayal Maternity & Nursing Home | No.953/23,D.C.F.Chowk, DLF Colony, Rohtak, Haryana |
| Metas Adventist Hospital | No.24, Ring-Road,Athwalines, Surat, Surat, Gujarat |
| Surgicare Medical Centre | Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala,Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra |
| Paramount General Hospital & I.C.C.U. | Laxmi Commercial Premises,Andheri Kurla Road, Andheri, Mumbai, Maharashtra |
| Gokul Hospital | Thakur Complex, Kandivali East, Mumbai, Maharashtra |
| Shree Sai Hospital | Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East, Mumbai, Maharashtra |
| Shreedevi Hospital | Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra |
| Saykhedkar Hospital And Research Centre Pvt. Ltd. | Trimurthy Chowk,Kamatwada Road,Cidco Colony, Nashik, Maharashtra |
| Arpan Hospital And Research Centre | No.151/2,Imli Bazar,Near Rajwada, Imli Bazar, Indore, Madhya Pradesh |
| Ramkrishna Care Hospital | Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur, Chhattisgarh |
| Gupta Multispeciality Hospital | B-20, Vivek Vihar, New Delhi, Delhi |
| R.K.Hospital | 3C/59,BP,Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana |
| 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 |
| 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 |
| Saraswati Hospital | Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West, Mumbai, Maharashtra |
| Shakuntla Hospital | 3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh |
| Mahaveer Hospital & Trauma Centre | 76-E, Station Road, Panki, Kanpur, Uttar Pradesh |
| Eashwar Lakshmi Hospital | Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh |
| Amrapali Hospital | Plot No. NH-34, P-2, Omega -1, Greater Noida, Noida, Uttar Pradesh |
| Hardik Hospital | 29c, Budh Bazar, Vikas Nagar, New Delhi, Delhi |
| Jabalpur Hospital & Research Centre Pvt Ltd | Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh |
| Panvel Hospital | Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra |
| Santosh Hospital | L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh |
| Sona Medical Centre | 5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh |
| City Super Speciality Hospital | Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana |
| Navjeevan Hospital & Maternity Centre | 753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana |
| Abhishek Hospital | C-12, New Azad Nagar, Kanpur, Kanpur, Uttar Pradesh |
| Raj Nursing Home | 23-A, Park Road, Allahabad, Uttar Pradesh |
| Saras Healthcare Pvt Ltd. | K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh |
| Getwell Soon Multispeciality Institute Pvt Ltd | S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh |
| Shivalik Medical Centre Pvt Ltd | A-93, Sector 34, Noida, Uttar Pradesh |
| Aakanksha Hospital | 126, Aaradhnagar Soc, B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat |
| Abhinav Hospital | Harsh Apartment, Nr Jamna Nagar Bus Stop, Goddod Road, Surat, Gujarat |
| Adhar Ortho Hospital | Dawer Chambers, Nr. Sub Jail, Ring Road, Surat, Gujarat |
| Aris Care Hospital | A 223-224, Mansarovar Soc, 60 Feet, Godadara Road, Surat, Gujarat |
| Arzoo Hospital | Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat |
| Auc Hospital | B-44, Gujarat Housing Board, Pandeshara, Surat, Gujarat |
| Dharamjivan General Hospital & Trauma Centre | Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat |
| Dr. Santosh Basotia Hospital | Bhatar Road, Bhatar Road, Surat, Gujarat |
| God Father Hosp. | 344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat |
| Govind-Prabha Arogya Sankool | Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat |
| Hari Milan Hospital | L H Road, Surat, Gujarat |
| Jaldhi Ano-Rectal Hospital | 103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat |
| Jeevan Path Gen. Hospital | 2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat |
| Kalrav Children Hospital | Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat |

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

Note

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 Benefit / Premium illustration

Illustration 1

| Age of mem- bers Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|--|--|-------------------|---|-------------------|-----------------------------------|-------------------|--|---------------------------|-----------------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premi- um after discount (Rs.) | Sum Insured (Rs.) | Premium or con- solidated premium for all members of family (Rs.) | Floater Discount (if any) | Premi- um after discount (Rs.) | Sum Insured (Rs.) |
| 44 | 6,181 | 3,00,000 | 6,181 | 10% | 5,563 | 3,00,000 | 12,351 | NA | 12,351 | 3,00,000 |
| 40 | 5,105 | 3,00,000 | 5,105 | 10% | 4,595 | 3,00,000 | | | | |
| 22 | 4,790 | 3,00,000 | 4,790 | 10% | 4,311 | 3,00,000 | | | | |
| 14 | 2,666 | 3,00,000 | 2,666 | 10% | 2,399 | 3,00,000 | | | | |
| Total Premium for all mem- bers of family is Rs.18742, when each member is cov- ered separately. Sum Insured available for each individual is Rs.3,00,000 | | | Total Premium for all members of fam- ily is Rs.16868 , when they are covered under a single policy Sum Insured available for each family member is Rs.3,00,000 | | | | Total Premium when policy is opted on floater basis is Rs. 12351 Sum Insured of Rs. 3,00,000 is available for entire family | | | |

Illustration 2

| Age of members Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|------------------------|--|-------------------|---|-------------------|------------------------------|-------------------|---|---------------------------|------------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premium after discount (Rs.) | Sum Insured (Rs.) | Premium or consolidated premium for all members of family (Rs.) | Floater Discount (if any) | Premium after discount (Rs.) | Sum Insured (Rs.) |
| 61 | 17,643 | 3,00,000 | 17,643 | 5% | 16,761 | 3,00,000 | 29,279 | NA | 29,279 | 3,00,000 |
| 57 | 12,675 | 3,00,000 | 12,675 | 5% | 12,041 | 3,00,000 | | | | |
| 21 | 4,790 | 3,00,000 | 4,790 | 5% | 4,551 | 3,00,000 | | | | |

| | | |
|---|--|---|
| Total Premium for all members of family is Rs. 35,108, when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000 | Total Premium for all members of family is Rs. 33,353, when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000 | Total Premium when policy is opted on floater basis is Rs. 29,279 Sum Insured of Rs. 3,00,000 is available for entire family |
|---|--|---|

Illustration 3

| Age of members Insured | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family) | | | | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) | | | |
|--|--|-------------------|---|-------------------|------------------------------|-------------------|---|---------------------------|------------------------------|-------------------|
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount (if any) | Premium after discount (Rs.) | Sum Insured (Rs.) | Premium or consolidated premium for all members of family (Rs.) | Floater Discount (if any) | Premium after discount (Rs.) | Sum Insured (Rs.) |
| 74 | 35,650 | 3,00,000 | 35,650 | 5% | 33,868 | 3,00,000 | 55,624 | NA | 55,624 | 3,00,000 |
| 68 | 27,745 | 3,00,000 | 27,745 | 5% | 26,358 | 3,00,000 | | | | |
| Total Premium for all members of family is Rs. 63,395 , when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000 | | | Total Premium for all members of family is Rs. 60,225 , when they are covered under a single policy Sum Insured available for each family member is Rs. 3,00,000 | | | | Total Premium when policy is opted on floater basis is Rs. 55,624 Sum Insured of Rs. 3,00,000 is available for entire family | | | |

Notes:

1. Premium rates (excl taxes) specified in above illustration shell be standard premium rates without considering and loading
2. Premium shown is for Plan 1 with co-pay 20%/ 30%

Annexure - V Office of the Ombudsman

| Office of the Ombudsman | Contact Details | Jurisdiction of Office (Union Territory, District) |
|-------------------------|---|--|
| AHMEDABAD | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash, 6th floor, Tilak Marg, Near S.V College Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 E-mail : bimalokpal.ahmedabad@cioins.co.in | Gujarat , Dadra & Nagar Haveli, Daman and Diu |
| BENGALURU | Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in | Karnataka |
| BHOPAL | Office of the Insurance Ombudsman, LIC of India Zonal Office Building, 1st Floor, South Wing, Jeevan Shikha, opp. Gayatri Mandir, 60-B, Hoshangabad Road, Bhopal-462011 Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: bimalokpal.bhopal@cioins.co.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/ 2596429/ 2596003 Email: bimalokpal.bhubaneswar@cioins.co.in | Orissa |
| CHANDIGARH | Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Building, SCO 20-27, Sector 17-A, Chandigarh – 160 017. Tel.: 0172 – 2706468/ 2707468 Email: bimalokpal.chandigarh@cioins.co.in | Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh |
| CHENNAI | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry) |
| DELHI | Office of the Insurance Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504/ 46013992 Email: bimalokpal.delhi@cioins.co.in | Delhi |
| GUWAHATI | Office of the Insurance Ombudsman, Jeevan Nivesh Building, 5th Floor, Nr. Panbazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 – 2632204/ 2632205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in | Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |

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| HYDERABAD | Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376599/ 23376991/ 23328709/ 23325325 Email: bimalokpal.hyderabad@cioins.co.in | Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry |
| JAIPUR | Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Ambedkar Circle Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in | Rajasthan |
| KOCHI | Office of the Insurance Ombudsman, 10TH Floor, LIC Building, Jeevan Prakash Opp. Maharaj College Ground M. G. Road, Ernakulam - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in | Kerala, Lakshadweep, Mahe – a part of Pondicherry |
| KOLKATA | Office of the Insurance Ombudsman, 7th Floor of Hindusthan Bldg.(Annex), 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in | West Bengal, Andaman & Nicobar Islands, Sikkim |
| LUCKNOW | Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 – 4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in | Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| MUMBAI | Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz West, Mumbai - 400 054. Tel.: 022 –69038800/33 Email: bimalokpal.mumbai@cioins.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane |
| PATNA | Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Baily Road, Patna Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in | Bihar, Jharkhand |

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| NOIDA | Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120- 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in | State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Orayya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur |
| PUNE | Office of the Insurance Ombudsman, Jeevan Darshan- LIC of India Bldg., 3rd Floor, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in | Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

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

Office of the 'Executive Council of Insurers'

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai – 400 054.

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Email- inscoun@ecoi.co.in