

Prospectus

- This is a Prospectus & Sales Literature which meets the regulatory requirements specified in the IRDAI (Protection of Policyholders' Interests) Regulations 2017 or as amended from time to time and is also compliant with Rule 11 of the Insurance Rule 1939.
- 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 or Benefit 8 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 |
| Entry Age – Minimum | 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 | Individual : Self, Legally married spouse, son, daughter, brother, sister, parents, parents-in-law, grandson, granddaughter, nephew, niece, Son-in-law, Daughter-in-law, Employee 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.

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:

- 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. 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 |

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**

- 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.
- 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.
- 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.
- 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.
- The Co-payment shall be applicable to each and every Claim made, for each Insured Person.

Optional Cover

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 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 | |

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

| 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 fifteen days (30 days in case of distance marketing) 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

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

Refund % to be applied on premium received

| Cancellation date from Policy Period Start Date | Policy Tenure 1 Year | Policy Tenure 2 Year | Policy Tenure 3 Year |
|---|----------------------|----------------------|----------------------|
| Upto 1 month | 75.0% | 87.0% | 91.0% |
| 1 month to 3 months | 50.0% | 74.0% | 82.0% |
| 3 months to 6 months | 25.0% | 61.5% | 73.5% |
| 6 months to 12 months | 0.0% | 48.5% | 64.5% |
| 12 months to 15 months | N.A. | 24.5% | 47.0% |
| 15 months to 18 months | N.A. | 12.0% | 38.5% |
| 18 months to 24 months | N.A. | 0.0% | 30.0% |
| 24 months to 30 months | N.A. | N.A. | 8.0% |
| Beyond 30 months | N.A. | N.A. | 0.0% |

- (ii) 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.
- (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. The premium would be refunded (exclusive of taxes) for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - a. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - b. 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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

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

Migration:

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

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

11. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

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

Grievance Redressal

In case of any grievance the Insured Person may contact the Company through

Website/link: <https://www.careinsurance.com/contact-us.html>

Mobile App: Care Health - Customer App

Tollfree (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/>

Note: The Contact details of the Insurance Ombudsman offices have been provided as Annexure V.

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 CHI 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-imburement

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 referral letter advising Hospitalization;
- (iii) Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;
- (iv) Original bills, receipts and discharge card from the Hospital / Medical Practitioner;
- (v) Original bills from pharmacy / chemists;
- (vi) Original pathological / diagnostic test reports / radiology reports and payment receipts;
- (vii) 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 any claim within 30 days of receipt of all the necessary documents/ information as required for settlement of such claim and sought by Us. We shall provide You an offer of settlement of claim and upon acceptance of such offer by You, We shall make payment within 7 days from the date of receipt of such acceptance.
- (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 Certificate) 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.

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 or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
- (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/BladderCalculi
 - 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 dioptres

Pre-Policy Issuance Medical 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 (tests applicable 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 | | |
|---|-----------------------------------|-----------------------|---------------------------|--------------|
| | | Up to 4 Lac | More than 4 Lac to 10 Lac | Above 10 Lac |
| Sum Insured (Including the Deductible) (in Rs.) / Age | Across all sum insured/deductible | | | |
| 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 |

Renewal of Policy

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

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

Schedule of Discounts

| Sr. # | 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 | Family Discount - This discount shall be applicable if more than one persons of the same family are covered in the same Policy, individually | 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.) | | | | |
| | | | 25K | 50K | 1Lac | 2Lac | 3Lac |
| | | 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 SI (As per Annexure – I) | Up to SI (As per Annexure – I) | Up to SI (As per Annexure – I) | Up to SI (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. 1000 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 |

| 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 Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Above 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 & 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 & 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 SI (As per Annexure – I) | Up to SI (As per Annexure – I) | Up to SI (As per Annexure – I) | Up to SI (As per Annexure – I) | Up to SI (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. 1000 per day; Max. 7 days per Hospitalization covered after 3 days | Rs. 1000 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 SI | 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; 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 | Annually |

| 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 Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Above 70 years of age: increase in co-payment by 10% per claim (optional, though mandatory for first time entrants) | 20% / 30% per claim Above 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 & 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 & every Ailment/Procedure mentioned below:- I. Treatment of Cerebrovascular and Cardiovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications & Disorders 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 | Up to Rs. 3,00,000 |

| | |
|------------------------------------|--|
| Optional Cover – 1 : Good Health+ | I. Up to 8 consultations at Network Service Providers with per consultation limit of Rs. 300 / 600 / 1,000. |
| i. OPD Consultation Benefit | ii. Within Network Service Providers |
| ii. Discounts in pharmacy | iii. Within Network Service Providers |
| iii. 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 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.

Care Health Insurance was awarded 'Best Health Insurance Company of the Year' at the India Insurance Summit & Awards 2023, 'Best Health Insurance Product' and 'Best Health Insurance Agents' at the Insurance Alertss Awards, 2021. The company was also conferred the 'Best Medical/Health Insurance Product Award' at FICCI Healthcare Excellence Awards 2019.

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

Disclaimer: This is only a summary of product care 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.

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

Insurance is a subject matter of solicitation. UAN:23095922 UIN:RHIHLIP21519V022021 CIN:U66000DL2007PLC161503 IRDAI Registration Number - 148

Note:

- The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
- 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.
- Any risk under the Policy shall commence only once We receives the premium (including all taxes and levies thereto).
- 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.
- For full details of this product, please log on to www.careinsurance.com
- The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Annexure 1 - List of Day Care Surgeries

1. **Cardiology Related:**

1. CORONARY ANGIOGRAPHY

2. **Critical Care Related:**

2. INSERT NON-TUNNEL CVCATH

3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)

4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)

5. INSERTION CATHETER, INTRAANTERIOR

6. INSERTION OF PORTACATH

3. **Dental Related:**

7. SPLINTING OF AVULSED TEETH

8. SUTURING LACERATED LIP

9. SUTURING ORAL MUCOSA

10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION

11. FNAC

12. SMEAR FROM ORAL CAVITY

4. **ENT Related:**

13. MYRINGOTOMY WITH GROMMET INSERTION

14. TYMpanoplasty (CLOSURE OF AN EAR DRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)

15. REMOVAL OF A TYMPANIC DRAIN

16. KERATOSIS REMOVAL UNDER GA

17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)

18. TYMpanoplasty (CLOSURE OF AN EAR DRUM PERFORATION/ RECONSTRUCTION OF THE AUDITORY OSSICLES)

19. REMOVAL OF KERATOSIS OBTURANS

20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR

21. REVISION OF A STAPEDECTOMY

22. OTHER OPERATIONS ON THE AUDITORY OSSICLES

23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMpanoplasty)

24. FENESTRATION OF THE INNER EAR

25. REVISION OF A FENESTRATION OF THE INNER EAR

26. PALATOPLASTY

27. TRANSORAL INCISION AND DRAINAGE OF APHARYNGEAL ABSCESS

28. TONSILLECTOMY WITHOUT ADENOIDECTOMY

29. TONSILLECTOMY WITH ADENOIDECTOMY

30. EXCISION AND DESTRUCTION OF A

LINGUAL TONSIL

31. REVISION OF A TYMpanoplasty

32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR

33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR

34. MASTOIDECTOMY

35. RECONSTRUCTION OF THE MIDDLE EAR

36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR

37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR

38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR

39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE

40. OTHER OPERATIONS ON THE NOSE

41. NASAL SINUS ASPIRATION

42. FOREIGN BODY REMOVAL FROM NOSE

43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS

44. ADENOIDECTOMY

45. LABYRINTHECTOMY FOR SEVERE VERTIGO

46. STAPEDECTOMY UNDER GA

47. STAPEDECTOMY UNDER LA

48. TYMpanoplasty (TYPE IV)

49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE

50. TURBINECTOMY

51. ENDOSCOPIC STAPEDECTOMY

52. INCISION AND DRAINAGE OF PERICHONDRITIS

53. SEPTOPLASTY

54. VESTIBULAR NERVE SECTION

55. THYROPLASTY TYPE I

56. PSEUDOCYST OF THE PINNA - EXCISION

57. INCISION AND DRAINAGE - HAEMATOMA AURICLE

58. TYMpanoplasty (TYPE II)

59. REDUCTION OF FRACTURE OF NASAL BONE

60. THYROPLASTY TYPE II

61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATOPHARYNGOPLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. Gastroenterology Related:

71. CHOLECYSTECTOMY AND CHOLEDOCHOJEJUNOSTOMY/DUODENOSTOMY/GASTROSTOMY/ EXPLORATION COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/ DIATHERMY OF BLEEDING LESIONS
73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
74. RF ABLATION FOR BARRETT'S OESOPHAGUS
75. ERCP AND PAPILOTOMY
76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77. EUS+ SUBMUCOSAL RESECTION
78. CONSTRUCTION OF GASTROSTOMY TUBE
79. EUS+ ASPIRATION PANCREATIC CYST
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81. COLONOSCOPY, LESION REMOVAL
82. ERCP
83. COLONOSCOPY STENTING OF STRICTURE
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP+ PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W/ STENT
92. EUS+ COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING

ULCERS

6. General Surgery Related:

94. INCISION OF A PILONIDAL SINUS / ABSCESS
95. FISSURE IN ANO SPHINCTEROTOMY
96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97. ORCHIDOPEXY
98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99. SURGICAL TREATMENT OF ANAL FISTULAS
100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101. EPIDIDYMECTOMY
102. INCISION OF THE BREAST ABSCESS
103. OPERATIONS ON THE NIPPLE
104. EXCISION OF SINGLE BREAST LUMP
105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106. SURGICAL TREATMENT OF HEMORRHOIDS
107. OTHER OPERATIONS ON THE ANUS
108. ULTRASOUND GUIDED ASPIRATIONS
109. SCLEROTHERAPY, ETC.
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/ LIVER/ LYMPH NODE BIOPSY
111. THERAPEUTIC LAPAROSCOPY WITH LASER
112. APPENDICECTOMY WITH/ WITHOUT DRAINAGE
113. INFECTED KELOID EXCISION
114. AXILLARY LYMPHADENECTOMY
115. WOUND DEBRIDEMENT AND COVER
116. ABSCESS-DECOMPRESSION
117. CERVICAL LYMPHADENECTOMY
118. INFECTED SEBACEOUS CYST
119. INGUINAL LYMPHADENECTOMY
120. INCISION AND DRAINAGE OF ABSCESS
121. SUTURING OF LACERATIONS
122. SCALP SUTURING

123. INFECTED LIPOMA EXCISION
 124. MAXIMAL ANAL DILATATION
 125. PILES
 126. A) INJECTION SCLEROTHERAPY
 127. B) PILES BANDING
 128. LIVER ABSCESS- CATHETER DRAINAGE
 129. FISSURE IN ANO- FISSURECTOMY
 130. FIBROADENOMA BREAST EXCISION
 131. OESOPHAGEAL VARICES SCLEROTHERAPY
 132. ERCP - PANCREATIC DUCT STONE REMOVAL
 133. PERIANAL ABSCESS I&D
 134. PERIANAL HEMATOMA EVACUATION
 135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
 136. BREAST ABSCESS I&D
 137. FEEDING GASTROSTOMY
 138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
 139. ERCP- BILE DUCT STONE REMOVAL
 140. ILEOSTOMY CLOSURE
 141. COLONOSCOPY
 142. POLYPECTOMY COLON
 143. SPLENIC ABSCESES LAPAROSCOPIC DRAINAGE
 144. UGI SCOPY AND POLYPECTOMY STOMACH
 145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
 146. FEEDING JEJUNOSTOMY
 147. COLOSTOMY
 148. ILEOSTOMY
 149. COLOSTOMY CLOSURE
 150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
 151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
 152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
 153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
 154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
 155. ZADEK'S NAIL BED EXCISION
 156. SUBCUTANEOUS MASTECTOMY
 157. EXCISION OF RANULA UNDER GA
 158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
 159. EVERSION OF SAC
 160. UNILATERAL
 161. ILATERAL
 162. LORD'S PLICATION
 163. JABOULAY'S PROCEDURE
 164. SCROTOPLASTY
 165. CIRCUMCISION FOR TRAUMA
 166. MEATOPLASTY
 167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
 168. PSOAS ABSCESS INCISION AND DRAINAGE
 169. THYROID ABSCESS INCISION AND DRAINAGE
 170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
 171. ESOPHAGEAL GROWTH STENT
 172. PAIR PROCEDURE OF HYDATID CYST LIVER
 173. TRUCUT LIVER BIOPSY
 174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
 175. EXCISION OF CERVICAL RIB
 176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
 177. MICRODOCHECTOMY BREAST
 178. SURGERY FOR FRACTURE PENIS
 179. SENTINEL NODE BIOPSY
 180. PARASTOMAL HERNIA
 181. REVISION COLOSTOMY
 182. PROLAPSED COLOSTOMY- CORRECTION
 183. TESTICULAR BIOPSY
 184. LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
 185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
 186. LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)
7. **Gynecology Related:**
187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
 188. INCISION OF THE OVARY

189. INSUFFLATIONS OF THE FALLOPIAN TUBES
 190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
 191. DILATATION OF THE CERVICAL CANAL
 192. CONISATION OF THE UTERINE CERVIX
 193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY
 194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
 195. OTHER OPERATIONS ON THE UTERINE CERVIX
 196. INCISION OF THE UTERUS (HYSTERECTOMY)
 197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
 198. INCISION OF VAGINA
 199. INCISION OF VULVA
 200. CULDOTOMY
 201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
 202. ENDOSCOPIC POLYPECTOMY
 203. HYSTEROSCOPIC REMOVAL OF MYOMA
 204. D&C
 205. HYSTEROSCOPIC RESECTION OF SEPTUM
 206. THERMAL CAUTERISATION OF CERVIX
 207. MIRENA INSERTION
 208. HYSTEROSCOPIC ADHESIOLYSIS
 209. LEEP
 210. CRYOCAUTERISATION OF CERVIX
 211. POLYPECTOMY ENDOMETRIUM
 212. HYSTEROSCOPIC RESECTION OF FIBROID
 213. LLETZ
 214. CONIZATION
 215. POLYPECTOMY CERVIX
 216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
 217. VULVAL WART EXCISION
 218. LAPAROSCOPIC PARA OVARIAN CYST EXCISION
 219. UTERINE ARTERY EMBOLIZATION
 220. LAPAROSCOPIC CYSTECTOMY
 221. HYMENECTOMY (IMPERFORATE HYMEN)
 222. ENDOMETRIAL ABLATION
 223. VAGINAL WALL CYST EXCISION
 224. VULVAL CYST EXCISION
 225. LAPAROSCOPIC PARATUBAL CYST EXCISION
 226. REPAIR OF VAGINA (VAGINAL ATRESIA)
 227. HYSTEROSCOPY, REMOVAL OF MYOMA
 228. TURBT
 229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
 230. VAGINAL MESH FOR POP
 231. LAPAROSCOPIC MYOMECTOMY
 232. SURGERY FOR SUI
 233. REPAIR RECTO-VAGINA FISTULA
 234. PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR)
 235. URS+LL
 236. LAPAROSCOPIC OOPHORECTOMY
 237. NORMAL VAGINAL DELIVERY AND VARIANTS
- 8. Neurology Related:**
238. FACIAL NERVE PHYSIOTHERAPY
 239. NERVE BIOPSY
 240. MUSCLE BIOPSY
 241. EPIDURAL STEROID INJECTION
 242. GLYCEROL RHIZOTOMY
 243. SPINAL CORD STIMULATION
 244. MOTOR CORTEX STIMULATION
 245. STEREOTACTIC RADIOSURGERY
 246. PERCUTANEOUS CORDOTOMY
 247. INTRATHECAL BACLOFEN THERAPY
 248. ENTRAPMENT NEUROPATHY RELEASE
 249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
 250. VP SHUNT
 251. VENTRICULOATRIAL SHUNT
- 9. Oncology Related:**
252. RADIOTHERAPY FOR CANCER
 253. CANCER CHEMOTHERAPY
 254. IV PUSH CHEMOTHERAPY
 255. HBI-HEMIBODY RADIOTHERAPY
 256. INFUSIONAL TARGETED THERAPY
 257. SRT-STEREOTACTIC ARC THERAPY
 258. SC ADMINISTRATION OF GROWTH FACTORS

259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO+RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT- IMAGE GUIDED RADIOTHERAPY
265. IMRT- STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT- DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. S B R T - S T E R E O T A C T I C B O D Y RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOSURGERY
275. X-KNIFE SRS
276. GAMMAKNIFE SRS
277. TBI- TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESIUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY
285. INTERSTITIAL BRACHYTHERAPY
286. INTRACAVITY BRACHYTHERAPY
287. 3D BRACHYTHERAPY
288. IMPLANT BRACHYTHERAPY
289. INTRAVESICAL BRACHYTHERAPY
290. ADJUVANT RADIOTHERAPY
291. A F T E R L O A D I N G C A T H E T E R BRACHYTHERAPY
292. CONDITIONING RADIOTHERAPY FOR BMT
293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294. RADICAL CHEMOTHERAPY
295. NEOADJUVANT RADIOTHERAPY
296. LDR BRACHYTHERAPY
297. PALLIATIVE RADIOTHERAPY
298. RADICAL RADIOTHERAPY
299. PALLIATIVE CHEMOTHERAPY
300. TEMPLATE BRACHYTHERAPY
301. NEOADJUVANT CHEMOTHERAPY
302. ADJUVANT CHEMOTHERAPY
303. INDUCTION CHEMOTHERAPY
304. CONSOLIDATION CHEMOTHERAPY
305. MAINTENANCE CHEMOTHERAPY
306. HDR BRACHYTHERAPY
- 10. Operations on the salivary glands & salivary ducts:**
307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309. RESECTION OF A SALIVARY GLAND
310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
- 11. Operations on the skin & subcutaneous tissues:**
312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
317. FREE SKIN TRANSPLANTATION, DONOR SITE
318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
319. REVISION OF SKIN PLASTY
320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
321. CHEMOSURGERY TO THE SKIN.
322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES

323. RECONSTRUCTION OF DEFORMITY / DEFECT IN NAIL BED
324. EXCISION OF BURSI TIS
325. TENNIS ELBOW RELEASE
- 12. Operations on the Tongue:**
326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
327. PARTIAL GLOSSECTOMY
328. GLOSSECTOMY
329. RECONSTRUCTION OF THE TONGUE
330. OTHER OPERATIONS ON THE TONGUE
- 13. Ophthalmology Related:**
331. SURGERY FOR CATARACT
332. INCISION OF TEAR GLANDS
333. OTHER OPERATIONS ON THE TEAR DUCTS
334. INCISION OF DISEASED EYELIDS
335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341. INCISION OF THE CORNEA
342. OPERATIONS FOR PTERYGIUM
343. OTHER OPERATIONS ON THE CORNEA
344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348. CORRECTION OF EYELID PTOSIS BY FASCIALATA GRAFT (BILATERAL)
349. DIATHERMY / CRYOTHERAPY TO TREAT RETINAL TEAR
350. ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
351. ENUCLEATION OF EYE WITHOUT IMPLANT
352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
354. BIOPSY OF TEAR GLAND
355. TREATMENT OF RETINAL LESION
- 14. Orthopedics Related:**
356. SURGERY FOR MENISCUS TEAR
357. INCISION ON BONE, SEPTIC AND ASEPTIC
358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360. REDUCTION OF DISLOCATION UNDER GA
361. ARTHROSCOPIC KNEE ASPIRATION
362. SURGERY FOR LIGAMENT TEAR
363. SURGERY FOR HEMOARTHROSIS / PYOARTHROSIS
364. REMOVAL OF FRACTURE PINS / NAILS
365. REMOVAL OF METAL WIRE
366. CLOSED REDUCTION ON FRACTURE, LUXATION
367. REDUCTION OF DISLOCATION UNDER GA
368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
369. EXCISION OF VARIOUS LESIONS IN COCCYX
370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371. CLOSED REDUCTION OF MINOR FRACTURES
372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373. TENDON SHORTENING
374. ARTHROSCOPIC MENISCECTOMY - KNEE
375. TREATMENT OF CLAVICLE DISLOCATION
376. HAEMARTHROSIS KNEE - LAVAGE
377. ABSCESS KNEE JOINT DRAINAGE
378. CARPAL TUNNEL RELEASE
379. CLOSED REDUCTION OF MINOR DISLOCATION
380. REPAIR OF KNEE CAPTENDON

381. ORIF WITH K WIRE FIXATION- SMALL BONES
382. RELEASE OF MIDFOOT JOINT
383. ORIF WITH PLATING- SMALL LONG BONES
384. IMPLANT REMOVAL MINOR
385. K WIRE REMOVAL
386. POP APPLICATION
387. CLOSED REDUCTION AND EXTERNAL FIXATION
388. ARTHROTOMY HIP JOINT
389. SYME'S AMPUTATION
390. ARTHROPLASTY
391. PARTIAL REMOVAL OF RIB
392. TREATMENT OF SESAMOID BONE FRACTURE
393. SHOULDER ARTHROSCOPY / SURGERY
394. ELBOW ARTHROSCOPY
395. AMPUTATION OF METACARPAL BONE
396. RELEASE OF THUMB CONTRACTURE
397. INCISION OF FOOT FASCIA
398. CALCANEUM SPUR HYDROCORT INJECTION
399. GANGLION WRIST HYALASE INJECTION
400. PARTIAL REMOVAL OF METATARSAL
401. REPAIR / GRAFT OF FOOT TENDON
402. REVISION/REMOVAL OF KNEE CAP
403. AMPUTATION FOLLOW-UP SURGERY
404. EXPLORATION OF ANKLE JOINT
405. REMOVE/GRAFT LEG BONE LESION
406. REPAIR/GRAFT ACHILLES TENDON
407. REMOVE OF TISSUE EXPANDER
408. BIOPSY ELBOW JOINT LINING
409. REMOVAL OF WRIST PROSTHESIS
410. BIOPSY FINGER JOINT LINING
411. TENDON LENGTHENING
412. TREATMENT OF SHOULDER DISLOCATION
413. LENGTHENING OF HAND TENDON
414. REMOVAL OF ELBOW BURSA
415. FIXATION OF KNEE JOINT
416. TREATMENT OF FOOT DISLOCATION
417. SURGERY OF BUNION
418. INTRAARTICULAR STEROID INJECTION
419. TENDON TRANSFER PROCEDURE
420. REMOVAL OF KNEE CAP BURSA
421. TREATMENT OF FRACTURE OF ULNA
422. TREATMENT OF SCAPULA FRACTURE
423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
424. REPAIR OF RUPTURED TENDON
425. DECOMPRESS FOREARM SPACE
426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
427. LENGTHENING OF THIGH TENDONS
428. TREATMENT FRACTURE OF RADIUS & ULNA
429. REPAIR OF KNEE JOINT
- 15. Other operations on the mouth & face:**
430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
431. INCISION OF THE HARD AND SOFT PALATE
432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
434. OTHER OPERATIONS IN THE MOUTH
- 16. Pediatric surgery Related:**
435. EXCISION OF FISTULA-IN-ANO
436. EXCISION JUVENILE POLYPS RECTUM
437. VAGINOPLASTY
438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
439. PRESACRAL TERATOMAS EXCISION
440. REMOVAL OF VESICAL STONE
441. EXCISION SIGMOID POLYP
442. STERNOMASTOID TENOTOMY
443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
445. MEDIASTINAL LYMPH NODE BIOPSY
446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
447. EXCISION OF CERVICAL TERATOMA
448. RECTAL-MYOMECTOMY
449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
450. DETORSION OF TORSION TESTIS

451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
452. CYSTIC HYGROMA - INJECTION TREATMENT
- 17. Plastic Surgery Related:**
453. CONSTRUCTION SKIN PEDICLE FLAP
454. GLUTEAL PRESSURE ULCER-EXCISION
455. MUSCLE-SKIN GRAFT, LEG
456. REMOVAL OF BONE FOR GRAFT
457. MUSCLE-SKIN GRAFT DUCT FISTULA
458. REMOVAL CARTILAGE GRAFT
459. MYOCUTANEOUS FLAP
460. FIBRO MYOCUTANEOUS FLAP
461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
462. SLING OPERATION FOR FACIAL PALSY
463. SPLIT SKIN GRAFTING UNDER RA
464. WOLFE SKIN GRAFT
465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
- 18. Thoracic surgery Related:**
466. THORACOSCOPY AND LUNG BIOPSY
467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
468. LASER ABLATION OF BARRETT'S OESOPHAGUS
469. PLEURODESIS
470. THORACOSCOPY AND PLEURAL BIOPSY
471. EBUS + BIOPSY
472. THORACOSCOPY LIGATION THORACIC DUCT
473. THORACOSCOPY ASSISTED EMPYEMA DRAINAGE
- 19. Urology Related:**
474. HAEMODIALYSIS
475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
476. EXCISION OF RENAL CYST
477. DRAINAGE OF PYONEPHROSIS / PERINEPHRIC ABSCESS
478. INCISION OF THE PROSTATE
479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
482. RADICAL PROSTATOVESICULECTOMY
483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
484. OPERATIONS ON THE SEMINAL VESICLES
485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
486. OTHER OPERATIONS ON THE PROSTATE
487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
488. OPERATION ON A TESTICULAR HYDROCELE
489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
491. INCISION OF THE TESTES
492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
493. UNILATERAL ORCHIDECTOMY
494. BILATERAL ORCHIDECTOMY
495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
496. RECONSTRUCTION OF THE TESTIS
497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
498. OTHER OPERATIONS ON THE TESTIS
499. EXCISION IN THE AREA OF THE EPIDIDYMIS
500. OPERATIONS ON THE FORESKIN
501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502. AMPUTATION OF THE PENIS
503. OTHER OPERATIONS ON THE PENIS
504. CYSTOSCOPICAL REMOVAL OF STONES
505. CATHETERISATION OF BLADDER
506. LITHOTRIPSY
507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
508. EXTERNAL ARTERIO-VEINOUS SHUNT
509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY

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

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

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

| Sr. No. | List - II - Items that are to be subsumed into Room Charges | Sr. No. | List III – Items that are to be subsumed into Procedure Charges |
|----------------|--|----------------|--|
| 1 | Baby Charges (unless Specified/indicated) | 1 | Hair Removal Cream |
| 2 | Hand Wash | 2 | Disposables Razors Charges (for Site Preparations) |
| 3 | Shoe Cover | 3 | Eye Pad |
| 4 | Caps | 4 | Eye Sheild |
| 5 | Cradle Charges | 7 | Camera Cover |
| 6 | Comb | 6 | Dvd, Cd Charges |
| 7 | Eau-de-cologne / Room Freshners | 7 | Gause Soft |
| 8 | Foot Cover | 8 | Gauze |
| 9 | Gown | 9 | Ward And Theatre Booking Charges |
| 10 | Slippers | 10 | Arthroscopy And Endoscopy Instruments |
| 11 | Tissue Paper | 11 | Microscope Cover |
| 12 | Tooth Paste | 12 | Surgicalblades, Harmonicscalpel, Shaver |
| 13 | Tooth Brush | 13 | Surgical Drill |
| 14 | Bed Pan | 14 | Eye Kit |
| 15 | Face Mask | 15 | Eye Drape |
| 16 | Flexi Mask | 16 | X-ray Film |
| 17 | Hand Holder | 17 | Boyles Apparatus Charges |
| 18 | Sputum Cup | 18 | Cotton |
| 19 | Disinfectant Lotions | 19 | Cotton Bandage |
| 20 | Luxury Tax | 20 | Surgical Tape |
| 21 | Hvac | 21 | Apron |
| 22 | House Keeping Charges | 22 | Torniquet |
| 23 | Air Conditioner Charges | 23 | Orthobundle, Gynaec Bundle |
| 24 | Im Iv Injection Charges | | |
| 25 | Clean Sheet | | |
| 26 | Blanket/warmer Blanket | | |
| 27 | Admission Kit | | |
| 28 | Diabetic Chart Charges | | |
| 29 | Documentation Charges / Administrative 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 | | |
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| Sr. No. | List IV – Items that are to be subsumed into costs of treatment |
|----------------|--|
| 1 | Admission/registration Charges |
| 2 | Hospitalisation For Evaluation/ Diagnostic Purpose |
| 3 | Urine Container |
| 4 | Blood Reservation Charges And Ante Natal Booking Charges |
| 5 | Bipap Machine |
| 6 | Cpap/ Capd Equipments |
| 7 | Infusion Pump– Cost |
| 8 | Hydrogen Peroxide\spirit\ Disinfectants Etc |
| 9 | Nutrition Planning Charges - Dietician Charges- Diet Charges |
| 10 | HIV Kit |
| 11 | Antiseptic Mouthwash |
| 12 | Lozenges |
| 13 | Mouth Paint |
| 14 | Vaccination Charges |
| 15 | Alcohol Swabs |
| 16 | Scrub Solution/sterillium |
| 17 | Glucometer & Strips |
| 18 | Urine Bag |

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

| S.No. | HOSPITAL NAME | ADDRESS | ZONE |
|-------|---|---|-------|
| 1 | Nulife Hospital and Maternity Centre | 1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi | North |
| 2 | Taneja Hospital | Q-Block, South City-2, Sohna Road, Main Sector-47, Preet Vihar, New Delhi | North |
| 3 | Shri Komal Hospital & Dr. Saxena's Nursing Home | Silver Plaza Complex, Opposite Rupali Cinema, Rander Road, Rewari, Haryana | North |
| 4 | Sona Devi Memorial Hospital & Trauma Centre | Sohna Road, Badshahpur, Badshahpur, Gurgaon, Haryana | North |
| 5 | Amar Hospital | Sector-70, S.A.S. Nagar, Mohali, Sector 70, Mohali, Punjab | North |
| 6 | Brij Medical Centre | Sec-6, Jain Narayan Vyas Colony, Kavi Nagar Industrial Area Sec.-17, Ghaziabad, U.P. | North |
| 7 | Famliy Medicare | A-55, Sector 61, Rajat Vihar Sector 62, Noida, U.P. | North |
| 8 | Jeevan Jyoti Hospital | 162, Lowther Road, Bai Ka Bagh, Allahabad, U.P. | North |
| 9 | City Hospital & Trauma Centre | C-1, Cinder Dump Complex, Opposite Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P. | North |
| 10 | Dayal Maternity & Nursing Home | No.953/23, D.C.F.Chowk, DLF Colony, Rohtak, Haryana | North |
| 11 | Metas Adventist Hospital | No.24, Ring-Road, Athwalines, Surat, Gujarat | West |
| 12 | Surgicare Medical Centre | Sai Dwar Oberoi Complex, S.A.B.T.V. Lane Road, Lokhandwala, Andheri, Mumbai, Maharashtra | West |
| 13 | Paramount General Hospital & I.C.C.U. | 42-1, Chettipalayam Road, Palladam, Andheri, Mumbai, Maharashtra | West |
| 14 | Gokul Hospital | Battan Lal Road, District Fatehgarh Sahib, Kandivali East, Mumbai, Maharashtra | West |
| 15 | Shree Sai Hospital | Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra | West |
| 16 | Shreedevi Hospital | Akash Arcade, Bhanu Nagar, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra | West |
| 17 | Saykhedkar Hospital And Research Centre Pvt. Ltd. | Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra | West |
| 18 | Arpan Hospital And Research Centre | No.151/2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh | West |
| 19 | Ramkrishna Care Hospital | Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No 43, Raipur, Chhattisgarh | East |
| 20 | Gupta Multispeciality Hospital | Mezzanine Floor, Shakuntal B, Near Sanghvi Tower, Gujrat, Gas Circle, Adajan Road, Vivek Vihar, Delhi | North |
| 21 | R.K.Hospital | 3C/59, BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana | North |
| 22 | Prakash Hospital | D -12, 12A, 12B, Noida, Sector 33, Noida, Uttar Pradesh | North |
| 23 | Aryan Hospital Pvt. Ltd. | Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana | North |
| 24 | Medilink Hospital Research Centre Pvt. Ltd. | Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat | West |
| 25 | Mohit Hospital | Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra | West |
| 26 | Scope Hospital | 628, Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh | North |
| 27 | Agarwal Medical Centre | E-234, -, Greater Kailash 1, New Delhi | North |
| 28 | Oxygen Hospital | Bhiwani Stand, Durga Bhawan, Rohtak, Haryana | North |
| 29 | Prayag Hospital & Research Centre Pvt. Ltd. | J-206 A/1, Sector 41, Noida, Uttar Pradesh | North |
| 30 | Karnavati Superspeciality Hospital | Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat | West |
| 31 | Palwal Hospital | Old G.T. Road, Near New Sohna Mod, Palwal, Haryana | North |
| 32 | B.K.S. Hospital | No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka | South |
| 33 | East West Medical Centre | No.711, Sector 14, Sector 14, Gurgaon, Haryana | North |
| 34 | Jagtap Hospital | Anand Nagar, Singhood Road, Anandnagar, Pune, Maharashtra | West |
| 35 | Dr. Malwankar's Romeen Nursing Home | No 14, Cunningham Road, Sheriffs Chamber, Vikhroli East, Mumbai, Maharashtra | West |
| 36 | Noble Medical Centre | C.K. Emerald No., N.S. Palya, Kaveriappa Industrial Area, Borivali West, Mumbai, Maharashtra | West |
| 37 | Rama Hospital | Sonepat Road, Bahalgarh, Bahalgarh, Sonipat, Haryana | North |
| 38 | S.B.Nursing Home & ICU | Lake Bloom 16 to 18 Opp. Solaris Estate, L.T. Gate No.6, Tunga Gaon, Powai, Mumbai, Maharashtra | West |

| S.No. | HOSPITAL NAME | ADDRESS | ZONE |
|-------|---|--|-------|
| 39 | Saraswati Hospital | 103-106, Vrurel Appt., Opp. Navjivan Post Office, Ajwa Road, Malad West, Mumbai, Maharashtra | West |
| 40 | Shakuntla Hospital | 3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh | North |
| 41 | Mahaveer Hospital & Trauma Centre | Plot No-25,B/H Old Mount Carmel School, Near Lokmat Square, Panki, Kanpur, Uttar Pradesh | North |
| 42 | Eashwar Lakshmi Hospital | Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh | South |
| 43 | Amrapali Hospital | Plot No. NH-34,P-2, Omega -1, Greater Noida, Noida, Uttar Pradesh | North |
| 44 | Hardik Hospital | 29C, Budh Bazar, Vikas Nagar, New Delhi, Delhi | North |
| 45 | Jabalpur Hospital & Research Centre Pvt. Ltd. | Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh | West |
| 46 | Panvel Hospital | Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra | West |
| 47 | Santosh Hospital | L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh | North |
| 48 | Sona Medical Centre | 5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh | North |
| 49 | City Super Speciality Hospital | Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana | North |
| 50 | Navjeevan Hospital & Maternity Centre | 753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana | North |
| 51 | Abhishek Hospital | C-12, New Azad Nagar, Kanpur, Uttar Pradesh | North |
| 52 | Raj Nursing Home | 23-A, Park Road, Allahabad, Uttar Pradesh | North |
| 53 | Sparsh Medicare and Trauma Centre | Shakti Khand - III/54 , Indirapuram, Ghaziabad, Uttar Pradesh | North |
| 54 | Saras Healthcare Pvt. Ltd. | K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh | North |
| 55 | Getwell Soon Multispeciality Institute | S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh | North |
| 56 | Shivalik Medical Centre Pvt. Ltd. | A-93 , Sector 34, Noida, Uttar Pradesh | North |
| 57 | Aakanksha Hospital | 126, Aaradhnanagar Soc., B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat | West |
| 58 | Abhinav Hospital | Harsh Apartment, Nr Jamna Nagar Bus Stop, God Dod Road, Surat, Gujarat | West |
| 59 | Adhar Ortho Hospital | Dawer Chambers, Nr. Sub Jail, Ring Rd., Surat, Gujarat | West |
| 60 | Aris Care Hospital | A 223-224, Mansarovar Soc, 60 Feet , Godadara Road, Surat, Gujarat | West |
| 61 | Arzoo Hospital | Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat | West |
| 62 | Auc Hospital | B-44 Gujarat Housing Board ,Nandeshara, Surat, Gujarat | West |
| 63 | Dharamjivan General Hospital | Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Trauma Centre, Gujarat | West |
| 64 | Dr. Santosh Basotia Hospital | Bhatar Road, Surat, Gujarat | West |
| 65 | God Father Hospital | 344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat | West |
| 66 | Govind-Prabha Arogya Sankool | Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat | West |
| 67 | Hari Milan Hospital | L H Road, Surat, Gujarat | West |
| 68 | Jaldhi Ano-Rectal Hospital | 103, Payal Apt., Nxt To Rander Zone Office, Tadvadi, Surat, Gujarat | West |
| 69 | Jeevan Path Gen. Hospital | 2nd Floor, Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat | West |
| 70 | Kalrav Children Hospital | Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat | West |
| 71 | Kanchan General Surgical Hospital | Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujrat | West |
| 72 | Krishnavati General Hospital | Bamroli Road, Surat, Gujarat | West |
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| S.No. | HOSPITAL NAME | ADDRESS | ZONE |
|--------------|--|---|-------------|
| 73 | Niramayam Hosptial & Prasutigruah | Shraddha Raw House, Near Natures Park, Surat, Gujarat | West |
| 74 | Patna Hospital | 25, Ashapuri Soc - 2, Bamroli Road, Surat, Surat, Gujarat | West |
| 75 | Poshia Children Hospital | Harekrishan Shoping Complex 1St Floor, Varachha Road, Surat, Gujarat | West |
| 76 | R.D. Janseva Hospital | 120 Feet Bamroli Road, Pandesara, Surat, Gujarat | West |
| 77 | Radha Hospital & Maternity Home | 239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat | West |
| 78 | Santosh Hospital | L H Road, Surat, Gujarat | West |
| 79 | Sparsh Multy Specality Hospital & Trauma Care Center | G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat | West |

Notes:

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

Annexure IV – Benefit / Premium illustration

Illustration 1

| 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.) |
| 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 members of family is Rs.18742, 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.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 shall be standard premium rates without considering any 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 Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu |
| BENGALURU | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, BENGALURU - 560 078. Tel.: 080-22222049 / 22222048 Email: bimalokpal.bengaluru@cioins.co.in | Karnataka |
| BHOPAL | Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 003. Tel.: 0755-2769201 / 9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@cioins.co.in | Madhya Pradesh & Chhattisgarh |
| BHUBANESHWAR | Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674 - 2596461 / 2596455, Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@cioins.co.in | Orissa |
| CHANDIGARH | Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172 - 2706196 / 2706468, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@cioins.co.in | Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh |
| CHENNAI | Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@cioins.co.in | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry) |
| DELHI | Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@cioins.co.in | Delhi, Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh |
| GUWAHATI | Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@cioins.co.in | Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura |
| HYDERABAD | Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 23312122 E-mail : bimalokpal.hyderabad@cioins.co.in | Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry |

| Office of the Ombudsman | Contact Details | Jurisdiction of Office (Union Territory, District) |
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| JAIPUR | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel. : 0141-2740363 Email : Bimalokpal.jaipur@cioins.co.in | Rajasthan |
| ERNAKULAM | Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel. : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.ernakulam@cioins.co.in | Kerala, Lakshadweep, Mahe – a part of Pondicherry |
| KOLKATA | Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@cioins.co.in | West Bengal, Andaman & Nicobar Islands, Sikkim |
| LUCKNOW | Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@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, Santkabiragar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| MUMBAI | Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in | Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane |
| NOIDA | Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 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, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffamagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur |

| Office of the Ombudsman | Contact Details | Jurisdiction of Office (Union Territory, District) |
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| PATNA | Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in | Bihar, Jharkhand |
| PUNE | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@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'
Secretary General/Secretary,
3rd Floor, Jeevan Seva Annexe,
S.V. Road, Santacruz(W),
Mumbai - 400 054.
Tel : 022-69038801/03/04/05/06/07/08/09
Email - inscoun@cioins.co.in