

Prospectus

1. Eligibility Criteria

Person/either one Person in case of a Floater Policy with 2 Adults, who have been diagnosed with a cardiac ailment/disorder in the past and undergone a Cardiac surgical intervention or procedure for the same.

Entry Age – Minimum	18 Years
Entry Age – Maximum	Lifelong
Exit age	No Exit age
Policy Term	1/2/3 Years
How can You cover Yourself	Individual basis (maximum up to 6 Persons having same/different Sum Insured) or Floater basis
Floater combinations	2 Adults
Who are covered (Relationship with respect to the Proposer)	<ol style="list-style-type: none">1. Individual: Self, Legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest.2. Family Floater: Self, Legally married spouse, son, daughter, father, mother, employee and his/her dependents (Legally married Spouse, Children & Parents) or any other relationship having an insurable interest.

Note:-

- All the Age calculations are as per "Age Last Birthday" as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage .Additional differential premium will be calculated on a pro rata basis.
- Your Eligibility Criteria is Subject to Underwriting Criteria of the Company

2. Scope of Cover

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

1. The Eligibility Criteria, Benefits & Optional Covers mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
2. In this document, words like "We", "Us" or "Our/Ours" represents the Insurer i.e., "Care Health Insurance" and "You" or "Your/Yours" represents the "Proposer" or "Insured Person(s)".
3. The maximum, total and cumulative liability of the Company in respect of You for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.
 - I. On Floater Basis, the Company's maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of You, shall not exceed the Total Sum Insured.
 - II. For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured and No Claims Bonus, Automatic Recharge, OPD Care (Optional Benefit) and Home Care (Optional Benefit).
 - III. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
 - IV. The Company's liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
4. The Co-payment proportion as specified in the Policy Schedule, shall be borne by You on each Claim which will be applicable on Benefit 1(Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Benefit 3 (Alternative Treatments), Benefit 4 (Ambulance Cover) and Benefit 5 (Domiciliary Hospitalization).
5. Deductible if opted is applicable on the Benefits namely Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Alternative Treatments), Benefit 4 (Ambulance Cover) and Benefit 5 (Domiciliary Hospitalization).
6. Any Claim paid for Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Alternative Treatments, Ambulance Cover, Domiciliary Hospitalization, shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
7. Admissibility of a Claim under Benefit "Hospitalization Expenses" is a pre-condition to the admission of a Claim under Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses, Alternative Treatment, Ambulance Cover, Automatic Recharge and Home Care subject to the event giving rise to a Claim under Benefit "Hospitalization Expenses" shall be within the Policy Period for the Claim of such Benefit to be accepted.
8. If You suffer a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
9. Option of Mid-term inclusion of a Person in the Policy will be only upon marriage. Additional differential premium will be calculated on a pro rata basis.
10. Coverage amount limits for Benefits 'OPD Care' and Home Care' are covered over and above the 'Sum Insured'.
11. Optional covers opted are available for all members in a floater policy. If You or any one belonging to the same family of Yours are covered on an Individual basis, then each can opt for different Sum Insured and different Optional Covers.
12. Any Claims made under the Benefits : Cardiac Health Check -up , OPD Care (Optional Benefit) , International Second Opinion (Optional Benefit) Active Health Check-up (Optional Benefit) and Home Care (Optional Benefit) will not affect the no claims bonus accrual under the Benefit :No Claims Bonus.

B. SPECIFIC CONDITIONS

Specific Conditions shall be applicable only if the Specific Condition is specified to be applicable to the Insured Person in the Policy Schedule.

- a) You will bear a Co-payment per Claim (as specified in the Policy Schedule) of the final amount admitted as payable by the Company in accordance with Clause 5.6 and the Company's liability shall be restricted to payment of the balance amount subject to the available Sum Insured.
- b) 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.
- c) However, if your age at the time of issue of the first Policy with the Company is 70 years or below, then the Insured Person has an option to waive the condition for the additional 10% Co-payment upon payment of extra premium in this regard.
- d) The Co-payment shall be applicable to each and every Claim made, for each Insured Person.

2.1 Benefit 1 : Hospitalization Expenses

(i) In-patient Care: Hospitalization for at least 24 hours - If You are admitted to a hospital for in-patient care due to Illness or Injury, which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization. Please refer to the Schedule of Benefits for limits/sub-limits.

(ii) Day Care Treatment: Hospitalization involving less than 24 hours – Some surgeries doesn't require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for Your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments as per Annexure-I to Prospectus, maximum up to Sum Insured.

(iii) Advance Technology Methods:

We will indemnify you for expenses incurred under Benefit 1 (Hospitalization Expenses) for treatment taken through following advance technology methods:

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

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

(i) Pre-Hospitalization Medical Expenses:

Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (as per specified amount/limit) incurred by You for a period of 30 days immediately before the Date of Your Admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date.

(ii) Post-Hospitalization Medical Expenses:

Back home and till You are back on Your feet - The expenses don't end once You are discharged. There might be follow-up visits to Your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (as per specified amount/limit) incurred by You for a period of 60 days immediately after the Date of Discharge of Your Admissible Hospitalization.

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

2.3 Benefit 3: Alternative Treatments

It has been observed at times that a combination of conventional medical treatment and alternative therapies quicken & aid the process of recovery. Therefore, We will pay You through Cashless or Reimbursement Facility up to a specified amount/limit for in-patient medical expenses incurred by You towards Your in-patient admission in a AYUSH Hospital or health care facilities, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy. Clause 4.2 (28) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.4 Benefit 4: Ambulance Cover

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

2.5 Benefit 5: Domiciliary Hospitalization

Despite suffering from an Illness /Injury (which would normally require care and treatment at a Hospital), Hospitalization may not be possible - perhaps Your state of health is such that You are not in a condition to be moved to a Hospital or a Hospital room may not be available when you need the medical treatment the most.

Under Our Domiciliary Hospitalization Benefit, We will pay you up to Sum Insured, for the Medical Expenses incurred during your treatment at home, as long as it involves medical treatment for a period exceeding 3 consecutive days. 'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall also be payable in respect of a claim made under this Benefit.

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

- (I) Asthma;
- (ii) Bronchitis;
- (iii) Chronic Nephritis and Chronic Nephritic Syndrome;
- (iv) Diarrhoea and all types of Dysenteries including Gastro-enteritis;
- (v) Diabetes Mellitus and Diabetes Insipidus;
- (vi) Epilepsy;
- (vii) Hypertension;
- (viii) Influenza, cough or cold;
- (ix) All Psychiatric or Psychosomatic Disorders;
- (x) Pyrexia of unknown origin for less than 10 days;
- (xi) Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
- (xii) Arthritis, Gout and Rheumatism.

2.6 Benefit 6: Automatic Recharge

A refill is always welcome! So your sum insured is reinstated just when you need it the most.

If, due to claims made, you ever utilize the maximum limit of Sum Insured and thereby run out of/exhaust your health cover, we reinstate the entire sum insured immediately, once in the policy year.

This re-instated amount can be used for future claims which are not in relation to any Illness or Injury for which a Claim has already been admitted for You during that Policy Year. In case of a floater policy, the insured(s) who have not claimed will be eligible to utilize the Recharge amount for any illness or injury pertaining to that Policy Year.

- For any single Claim during a Policy Year the maximum Claim amount payable shall be sum of:
 - Sum Insured
 - No Claims Bonus (Benefit – 7)
- During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum of:
 - Sum Insured
 - No Claims Bonus (Benefit – 7)
 - Automatic Recharge (Benefit-6)
- Any unutilized Recharge cannot be carried forward to any subsequent Policy Year.
- Please note that No Claims Bonus (Benefit – 7) shall not be considered while calculating 'Automatic Recharge'.
- A Claim will be admissible under the Recharge only if the Claim is admissible under Benefit 1 (Hospitalization Expenses);
- The Sum Insured available under recharge can only be utilized for Benefit 1 (Hospitalization Expenses), Benefit 2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3 (Alternative Treatments), Benefit 4 (Ambulance Cover), Benefit 5 (Domiciliary Hospitalization).

2.7 Benefit 7: No Claims Bonus:

If no Claim has been paid by Us in the expiring Policy Year, we raise a cheer to your good health in the form of a bonus for you. You receive a flat increase of 10 per cent in your sum insured for the next Policy year. In any case the No Claims bonus will not exceed 50% of the Sum insured under the policy and in the event there is a claim in a policy year, then the No Claims bonus accrued will be reduced by 10% of the sum insured but in no case shall the Total Sum insured be less than the Sum insured. For every year that you enjoy un-interrupted good health, your bonus keeps building up! It's just our way to tell you that we're there with you in good times and in bad. The Recharge amount ('Automatic Recharge') shall not be considered while calculating 'No Claims Bonus'. Accrued 'No Claims Bonus' can only be utilized for Base Benefits. In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year.

2.8 Benefit 8: Cardiac Health Check-up

Our prime concern is Your good health! To pre-empt Your ever having to visit a hospital, as a preventive measure, We provide a Cardiac health check-up on a Cashless basis for the set of medical tests specified below as per the Sum Insured (SI) at Our Network Provider/ Empanelled Provider in India for all the Insured Persons covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

- a) Medical Tests Covered in the Cardiac Health Check-up applicable for SI=2L/ 3L/4L/5L

Cardiac Health Check – up set
Complete Blood Count with ESR
Urine RE
Blood Group
HbA1C
TMT
Lipid Profile

Kidney Function test
Liver Function test
TSH
Medical Examination Report
Hbs Ag
Chest X Ray

b) Medical Tests Covered in the Cardiac Health Check-up applicable for SI=7L/10L

Cardiac Health Check – up set
Complete Blood Count with ESR
Urine RE
Blood Group
HbA1C
TMT
Lipid Profile
Kidney Function test
Liver Function test
TSH
Medical Examination Report
Hbs Ag
Chest X Ray
2D Echo
APTT

3. Optional Benefits

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

3.1 Optional Benefit 1: OPD Care:

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

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

- (a) Out Patient consultations
- (b) Diagnostic Examinations
- © Pharmacy

Note:

Coverage amount for Diagnostics will be 50% of the Coverage amount for OPD Care. Coverage for Optional Cover 'OPD Care' is provided for entire Policy year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by You in a policy year will be payable / reimbursed by Us. However, claim can be filed with Us, only twice during that Policy year, as and when that You may deem fit.

3.2 Optional Benefit 2: International Second Opinion:

We take your illnesses as seriously as you do. If you are suffering from a serious illness (namely Benign Brain Tumor, Cancer, End Stage Lung Failure, Myocardial Infarction, Coronary Artery Bypass Graft, Heart Valve Replacement, Coma, End Stage Renal Failure, Stroke, Major Organ Transplant, Paralysis, Motor Neuron Disease, Multiple Sclerosis, Major Burns & Total Blindness) and feel uncertain about your diagnosis or wish to get a second opinion from a doctor anywhere in the world on your medical reports for any other reason, we arrange one for you without any impact on Sum Insured amount. This second opinion is available to every Insured Person, once for each Major Illness / Injury per Policy year.

3.3 Optional Benefit 3: Home Care:

We will indemnify only through Reimbursement for the expenses incurred towards hiring a Qualified Nurse with the purpose of providing necessary care and

convenience to the Insured Person to perform his Activities of Daily Living, and are recommended by a Medical Practitioner in writing that the Insured is unable to perform at least two of the Activities of Daily Living, provided that the Claim is already admitted under Hospitalization Expenses for the same ailment and 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.

Please note that this Benefit can only be availed within 30 days of last Discharge Date from the Hospital.

Exclusion for only Rehabilitation measures, private duty nursing, respite care private duty nursing mentioned in Clause 4.2 (3) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

3.4 Optional Benefit 4: Active Health Check-up:

On the Insured Person's request, the Company will arrange for the Insured Person's Health Check-up for the set of medical tests specified below irrespective of the Sum Insured at its Network Provider or any other Empanelled Providers with the Company to provide the services on a Cashless basis, in India provided that this Benefit shall be available only thrice (one set at a time) during a Policy Year for each insured covered under the Policy.

Please note that coverage under this Benefit is over and above the coverage for Benefit 8: Cardiac Health Check –up .set of Medical Tests covered under this

Active Health Check-up set
Blood Pressure
Lipid Profile
Fasting & PP Blood Sugar

4. Exclusions

4.1. Wait Period

(i) Pre-Existing Diseases: Code- Excl01

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 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.

(ii) Specific Waiting Period: Code- Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, 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 systems;
 - viii. All types of Hernia, Hydrocele;
 - ix. Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus;
 - x. Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps;
 - 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, Arrhythmia / Heart blocks ,ASD/VSD/PDA;
- xxii. All types of Cancer;
- xxiii. Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair.

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 the Company, 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 the Company from the first Policy Period Start Date.

(iii) 30-day waiting period- (Code- Excl03)

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if 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.

(iv) The Waiting Periods as defined in Clauses 4.1(I), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(v) If Coverage for Benefits (in case of change in Product Plan) or Optional Benefits are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1 (i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Benefits or Optional Benefits (if applicable), from the time of such renewal.

4.2. 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 the Policy terms and conditions.

The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits:

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
2. Investigation & Evaluation: (Code- Excl04)
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
3. Rest Cure, rehabilitation and respite care: (Code- Excl05)
 - a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4. Obesity/ Weight Control: (Code- Excl06)

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

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

5. Change-of-Gender treatments: (Code- Excl07)
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
6. Cosmetic or plastic Surgery: (Code- Excl08)
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
7. Hazardous or Adventure sports: (Code- Excl09)
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
8. Breach of law: (Code- Excl10)
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
9. Excluded Providers: (Code- Excl11)
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website /notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.
10. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
11. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
12. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code- Excl14)
13. Refractive Error: (Code- Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
14. Unproven Treatments: (Code- Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
15. Sterility and Infertility: (Code- Excl17)
Expenses related to sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization.
16. Maternity: (Code Excl18)
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
17. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Person's family.
18. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.
19. 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.
20. Charges incurred for Treatment/Diagnosis in connection with routine eye, ear and denture, artificial teeth and all other similar external appliances and/or devices whether for diagnosis or treatment.
21. Any expenses related to instruments used in treatment of sleep disorder or sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
22. 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.
23. Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
24. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
25. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
26. All preventive care (except eligible and entitled for Benefit 8: Cardiac Health Check-up and Optional Benefit 4: Active Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.
27. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
28. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine. This exclusion will not be applicable for Inpatient Hospitalization of the Insured to the extent covered under the Benefit 3: Alternative Treatments.
29. 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.
30. 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.

31. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol ,tobacco(smoking/non -smoking)or hallucinogens.
32. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
33. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
34. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
35. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
36. Remicade, Avastin or similar injectable treatment not requiring 24 hour hospitalization.
37. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1 (iii).
38. Treatment sought for any medical condition, not covered under the Benefit but arising during the Hospitalization for the condition covered under the Benefit.
39. In-case 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 treated as a Pre-existing Disease and will not be covered within first 24 months from the date of first issuance of 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 except Cardiac stents
 - XVII Down's Syndrome/Turner's Syndrome/Sickle Cell Anaemia/ Thalassemia Major/G6PD deficiency

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

5. Claims Procedure and Management

This section explains about procedures involved to file a valid Claim by the Insured Person and related processes involved to manage the Claim by Us.

5.1 Pre-requisite for admissibility of a Claim:

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

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify the Insured Person for any loss other than the covered benefits and any other person who is not accepted by the Us as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

5.2 Claim settlement - Facilities

(a) **Cashless Facility**

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

- (i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.
- (ii) **Identification Documents:** The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.
- (iii) **Our Approval:** We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) **Our Authorization:**
 - a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.
 - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.
 - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) **Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 5.4 and 5.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) **Our Rejection:** If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) **Network Provider related:** We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on Our website or at the call center.
- (viii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(b) **Re-imbursment Facility**

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 5.4 and Clause 5.5 shall be submitted to us at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.
- (ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, We may examine and relax the time limits mentioned upon the merits of the case.
- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, We will pay the Policyholder. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

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

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

- (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
- (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 5 (Claims Procedure and Management) of the Policy.
- (iv) If We request You to submit for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by us.
- (v) Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (vi) We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its

circumstances and its quantum.

5.4 Claims Intimation

Upon the occurrence of any Illness or Injury that may result in a Claim under this Policy, then as a Condition Precedent to Our liability under the Policy, all of the following shall be undertaken:

- (i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Our call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization benefits.

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

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

5.5 Documents to be submitted for filing a valid Claim

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

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

Notes:

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

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

5.6 Claim Assessment

- (a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.
- (b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:
 - (i) If a Room accommodation has been opted for where the Room Rent or Room Category is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Schedule, 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:

- a) Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
- b) 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.

- (ii) If any sub-limits on Medical Expenses are applicable as specified in the Policy Schedule, the Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
 - (iii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible. Similarly, if 'Deductible per claim' is applicable, Our liability to make payment shall commence only once the 'Deductible per claim' limit is exceeded. Co-payment shall be applicable on the amount payable by us.
 - (iv) Co-payment (if applicable) shall be applicable on the admissible claim 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.
- (c) The Claim amount assessed in Clause 5.6 (b) above would be deducted from the following amounts in the following progressive order:
- (i) Sum Insured;
 - (ii) No Claims Bonus (if applicable);
 - (iii) Automatic Recharge (if applicable).
- (d) All claims incurred in India are dealt by the Company directly.

5.7 **Payment Terms**

- (a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- (b) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Total Sum Insured for that Insured Person is exhausted.
- (c) We shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by us. We shall provide the Policyholder/Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person We shall make payment within 7 days from the date of receipt of such acceptance.
- (d) If the Policyholder / Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- (e) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

6. **Salient Features**

6.1 **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 Provider 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 Network Provider.

6.2 **Reimbursement**

It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documentation as required shall be submitted (at the Insured person's expense) to Us immediately and in any event within 30 days of Insured person's discharge from Hospital or completion of treatment or date of loss, whichever is later.

6.3 **Multiple Policies**

- a. 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.
- b. 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.
- c. 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.
- d. 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.

6.4 **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

- a. 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

- b. 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
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

6.5 Underwriting Loading:

Based on the Underwriter's assessment of the extra risk on account of medical or any other conditions of the proposed to be insured, the premium (at the time of issuance of the policy and subsequent renewals) may get loaded. Such extra premium shall be communicated to the Insured person for their consent before issuance of the Policy. Loading will not exceed 50% of Premium. Criteria for such loading are objectively mentioned in the Underwriting Manual (in line with Our Underwriting Policy).

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

6.6 Renewal of Policy

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

- (a) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- (b) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- (c) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- (d) 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
- (e) No loading shall apply on renewals based on individual claims experience.

6.7 Cancellation / Termination

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

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
Up to 1 month	75.00%	87.50%	91.50%
1 month to 3 months	50.00%	75.00%	88.50%
3 months to 6 months	25.00%	62.50%	75.00%
6 months to 12 months	0.00%	50.00%	66.50%
12 months to 15 months	N.A.	25.00%	50.00%
15 months to 18 months	N.A.	12.50%	41.50%
18 months to 24 months	N.A.	0.00%	33.00%
24 months to 30 months	N.A.	N.A.	8.00%
Beyond 30 months	N.A.	N.A.	0.0%

- (b) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (c) The Company may cancel the Policy at any time on grounds of 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 demise of the Policyholder,

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded (exclusive of taxes) for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

6.8 Pre-Policy Medical Check-up

There are no pre medical tests irrespective of age. The previous medical records including details of treatment needs to be submitted along with the proposal.

6.9 Tax Benefit

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

6.10 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>

6.11 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>

6.12 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.
- v. 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

6.13 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.

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

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

7. Grievances

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/>

8. Schedule of Discounts / Loading

Sr. No.	Description	Parameters	Rates
1	Family Discount - This discount shall be applicable on the Gross Premium of all the members, if 2 to 6 persons of the same family are covered in the same policy, on individual Sum Insured basis	No. of persons	Discount
		2 or 3 members	2.5%
		4, 5 or 6 members	7.5%
2	Discount for Employees and / or their dependents of:	-	15.00%
	CHIL CHIL Promoters		
3	Tenure Discount	Policy Tenure	
		2 years	7.5%
		3 years	10%

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

All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 25% of the Premium)

9. Schedule of Benefits:

Plan Name	Care Heart-Plan Details					
	2L	3L	4L	5L	7L	10L
Sum Insured – on annual basis (in Rs.)	No deductible/ 10K/25K/50K/1L/2L/3L	No deductible/ 10K/25K/50K/1L/2L/3L	No deductible/ 10K/25K/50K/1L/2L/3L	No deductible/ 10K/25K/50K/1L/2L/3L	No deductible/ 10K/25K/50K/1L/2L/3L	No deductible/ 10K/25K/50K/1L/2L/3L
Entry Age – Minimum	Adult : 18 years	Adult : 18 years	Adult : 18 years	Adult : 18 years	Adult : 18 years	Adult : 18 years
Entry Age – Maximum	Life Long	Life Long	Life Long	Life Long	Life Long	Life Long
Exit Age	Lifelong	Lifelong	Lifelong	Lifelong	Lifelong	Lifelong
Cover Type	Individual: Maximum up to 6 Persons Floater : 2A (Self and Spouse)	Individual: Maximum up to 6 Persons Floater : 2A (Self and Spouse)	Individual: Maximum up to 6 Persons Floater : 2A (Self and Spouse)	Individual: Maximum up to 6 Persons Floater : 2A (Self and Spouse)	Individual: Maximum up to 6 Persons Floater : 2A (Self and Spouse)	Individual: Maximum up to 6 Persons Floater : 2A (Self and Spouse)
Pre-policy Issuance Medical Check up	None	None	None	None	None	None
Tenure in Years	1/2/3 Years	1/2/3 Years	1/2/3 Years	1/2/3 Years	1/2/3 Years	1/2/3 Years
Eligibility Criteria	<i>Person/either one Person in case of a Floater Policy with 2 Adults, who have been diagnosed with a cardiac ailment/disorder in the past and undergone a Cardiac surgical intervention or procedure for the same</i>					
Benefits						

Plan Name	Care Heart-Plan Details					
Sum Insured – on annual basis (in Rs.)	2L	3L	4L	5L	7L	10L
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	up to Sum Insured
Day Care Treatment	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured
Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to 5% of SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to 5% of SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to 5% of SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to 5% of SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to 5% of SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to 5% of SI
Alternative Treatments	Up to 25% of Sum Insured	Up to 25% of Sum Insured	Up to 25% of Sum Insured	Up to 25% of Sum Insured	Up to 25% of Sum Insured	Up to 25% of Sum Insured
Ambulance Cover	Up to Rs 2,000 per hospitalization	Up to Rs 2,000 per hospitalization	Up to Rs 2,000 per hospitalization	Up to Rs 2,000 per hospitalization	Up to Rs 3,000 per hospitalization	Up to Rs 3,000 per hospitalization
Domiciliary Hospitalization	up to 100% of Sum Insured covered after 3 days	up to 100% of Sum Insured covered after 3 days	up to 100% of Sum Insured covered after 3 days	up to 100% of Sum Insured covered after 3 days	up to 100% of Sum Insured covered after 3 days	up to 100% of Sum Insured covered after 3 days
Automatic Recharge	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	100% of original SI upon exhaustion of SI	100% of original SI upon exhaustion of SI
No Claims Bonus	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	10% increase in SI per Policy Year in case of claim-free year; Max up to 50% of SI (10% decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)
Cardiac Health Check-up	Annually(Please refer Appendix 1 For details)	Annually(Please refer Appendix 1 For details)	Annually(Please refer Appendix 1 For details)	Annually(Please refer Appendix 1 For details)	Annually(Please refer Appendix 1 For details)	Annually(Please refer Appendix 1 For details)
Wait Periods						
Initial Waiting Period	30 Days	30 Days	30 Days	30 Days	30 Days	30 Days
Specific Waiting Period	24 months	24 months	24 months	24 months	24 months	24 months
Pre-existing Diseases	24 months	24 months	24 months	24 months	24 months	24 months
Co-payment	20% / 30% per claim (Please refer point 4 of Notes for further details)	20% / 30% per claim (Please refer point 4 of Notes for further details)	20% / 30% per claim (Please refer point 4 of Notes for further details)	20% / 30% per claim (Please refer point 4 of Notes for further details)	20% / 30% per claim (Please refer point 4 of Notes for further details)	20% / 30% per claim (Please refer point 4 of Notes for further details)
Sub-limits						
Room Rent / Room Category	Up to 1% of SI per day	Up to 1% of SI per day	Up to 1% of SI per day	Single Private Room	Single Private Room	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	No Limit
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	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	Up to Rs. 1,20,000 per knee
Treatment for each and every Ailment / Procedure mentioned below:- i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system.	Up to Rs 35,000	Up to Rs 50,000	Up to Rs 55,000	Up to Rs 65,000	Up to Rs 80,000	Up to Rs 80,000

Plan Name	Care Heart-Plan Details					
Sum Insured – on annual basis (in Rs.)	2L	3L	4L	5L	7L	10L
Treatment for each and every Ailment / Procedure mentioned below:- i. Treatment of Cerebrovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders iv. Treatment for breakage of bones	Up to Rs 150,000	Up to Rs 200,000	Up to 225,000	Up to 250,000	Up to Rs 300,000	Up to Rs 300,000
Optional Covers						
OPD Care	Up to 2k/3k/5k/7k/10k/15k/20k/25k for consultations/diagnostics /pharmacy; Max. up to 50% of covered amount for diagnostics	Up to 2k/3k/5k/7k/10k/15k/20k/25k for consultations/diagnostics /pharmacy; Max. up to 50% of covered amount for diagnostics	Up to 2k/3k/5k/7k/10k/15k/20k/25k for consultations/diagnostics /pharmacy; Max. up to 50% of covered amount for diagnostics	Up to 2k/3k/5k/7k/10k/15k/20k/25k for consultations/diagnostics /pharmacy; Max. up to 50% of covered amount for diagnostics	Up to 2k/3k/5k/7k/10k/15k/20k/25k for consultations/diagnostics /pharmacy; Max. up to 50% of covered amount for diagnostics	Up to 2k/3k/5k/7k/10k/15k/20k/25k for consultations/diagnostics /pharmacy; Max. up to 50% of covered amount for diagnostics
International Second Opinion	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year	Once per Major Illness / Injury per policy year
Home Care	Up to Rs.1,000 per day; Max. 7 days per occurrence & Max. 45 days per policy year per Insured Person; Covered after a deductible of 1 day	Up to Rs.1,000 per day; Max. 7 days per occurrence & Max. 45 days per policy year per Insured Person; Covered after a deductible of 1 day	Up to Rs.1,000 per day; Max. 7 days per occurrence & Max. 45 days per policy year per Insured Person; Covered after a deductible of 1 day	Up to Rs.1,000 per day; Max. 7 days per occurrence & Max. 45 days per policy year per Insured Person; Covered after a deductible of 1 day	Up to Rs.2,000 per day; Max. 7 days per occurrence & Max. 45 days per policy year per Insured Person; Covered after a deductible of 1 day	Up to Rs.2,000 per day; Max. 7 days per occurrence & Max. 45 days per policy year per Insured Person; Covered after a deductible of 1 day
Active Health Check-up	3 times a year (Refer Appendix 2 for Details)	3 times a year (Refer Appendix 2 for Details)	3 times a year (Refer Appendix 2 for Details)	3 times a year (Refer Appendix 2 for Details)	3 times a year (Refer Appendix 2 for Details)	3 times a year (Refer Appendix 2 for Details)

Appendix 1 (Cardiac Health Check –Up set)

Cardiac Health Check – up (For SI 2L/3L/4L/5L)	Cardiac Health Check-up (For SI 7L/10L)
Complete Blood Count with ESR	Complete Blood Count with ESR
Urine RE	Urine RE
Blood Group	Blood Group
HbA1C	HbA1C
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
Hbs Ag	Hbs Ag
Chest X Ray	Chest X Ray
	2D Echo
	APTT

Appendix 2 (Active Health Check –Up set for all Sum Insured)

Blood Pressure
Lipid Profile
Fasting and PP Blood Sugar

Notes:

1. Coverage under Optional Cover “OPD Care” and “Home Care” is over and above the Sum Insured of the plan opted for.
2. The Co-payment proportion as specified in the Policy Schedule, shall be borne by the Policyholder / Insured Person on each Claim which will be applicable on Benefits :Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Alternative Treatments, Ambulance Cover and Domiciliary Hospitalization
3. Deductible if opted is applicable on the Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Alternative Treatments, Ambulance Cover and Domiciliary Hospitalization
4. 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 the age of the Insured Person 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 the Insured Person has an option to waive the condition for the additional 10% Co-payment upon payment of extra premium in this regard.

NOTES:

1. All the Sum Insured mentioned are on a Policy Year basis..
2. If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.

Contact details for Claims & Policy Servicing

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
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests:	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

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

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

NOTES:

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

About Us

Care Health Insurance Limited

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 'Smart Insurer of the Year' and 'Sales Champion of the Year' at The Economic Times Insurance Summit & Awards 2022. The company was also conferred the 'Best Health Insurance Product' and 'Best Health Insurance Agents' at the Insurance Alertss Awards, 2021, and was adjudged 'Best Medical/Health Insurance Product Award' at FICCI Healthcare Excellence Awards 2019.

Insurance is a subject matter of solicitation. CIN: U66000DL2007PLC161503 UAN:23015564 UIN: RHIHLIP21371V022021

IRDAI Registration Number - 148

Annexure I - List of Day Care Surgeries

1. CARDIOLOGY RELATED:

1. CORONARY ANGIOGRAPHY

2. CRITICAL CARE RELATED:

2. INSERT NON-TUNNEL CVC CATH

3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)

4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)

5. INSERTION CATHETER, INTRA ANTERIOR

6. INSERTION OF PORTACATH

3. DENTAL RELATED:

7. SPLINTING OF AVULSED TEETH

8. SUTURING LACERATED LIP

9. SUTURING ORAL MUCOSA

10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION

11. FNAC

12. SMEAR FROM ORAL CAVITY

4. ENT RELATED:

13. MYRINGOTOMY WITH GROMMET INSERTION

14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)

15. REMOVAL OF ATYMPANIC DRAIN

16. KERATOSIS REMOVAL UNDER GA

17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)

18. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)

19. REMOVAL OF KERATOSIS OBTURANS

20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR

21. REVISION OF A STAPEDECTOMY

22. OTHER OPERATIONS ON THE AUDITORY OSSICLES

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

24. FENESTRATION OF THE INNER EAR

25. REVISION OF A FENESTRATION OF THE INNER EAR

26. PALATOPLASTY

27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS

28. TONSILLECTOMY WITHOUT ADENOIDECTOMY

29. TONSILLECTOMY WITH ADENOIDECTOMY

30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL

31. REVISION OF A TYMPANOPLASTY

32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR

33. INCISION OF THE MASTOID PROCESS AND MIDDLE

EAR

34. MASTOIDECTOMY

35. RECONSTRUCTION OF THE MIDDLE EAR

36. OTHER EXCISIONS OF THE MIDDLE AND INNER

EAR

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

38. OTHER OPERATIONS ON THE MIDDLE AND INNER

EAR

39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE

40. OTHER OPERATIONS ON THE NOSE

41. NASAL SINUS ASPIRATION

42. FOREIGN BODY REMOVAL FROM NOSE

43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS

44. ADENOIDECTOMY

45. LABYRINTHECTOMY FOR SEVERE VERTIGO

46. STAPEDECTOMY UNDER GA

47. STAPEDECTOMY UNDER LA

48. TYMPANOPLASTY (TYPE IV)

49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE

50. TURBINECTOMY

51. ENDOSCOPIC STAPEDECTOMY

52. INCISION AND DRAINAGE OF PERICHONDritis

53. SEPTOPLASTY

54. VESTIBULAR NERVE SECTION

55. THYROPLASTY TYPE I

56. PSEUDOCYST OF THE PINNA - EXCISION

57. INCISION AND DRAINAGE - HAEMATOMA AURICLE

58. TYMPANOPLASTY (TYPE II)

59. REDUCTION OF FRACTURE OF NASAL BONE

60. THYROPLASTY TYPE II

61. TRACHEOSTOMY

62. EXCISION OF ANGIOMA SEPTUM

63. TURBINOPLASTY

64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS

65. UVULO PALATO PHARYNGO PLASTY

66. ADENOIDECTOMY WITH GROMMET INSERTION

67. ADENOIDECTOMY WITHOUT GROMMET INSERTION

68. VOCAL CORD LATERALISATION PROCEDURE

69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS

70. TRACHEOPLASTY

5. GASTROENTEROLOGY RELATED:

71. CHOLECYSTECTOMY AND CHOLEDOCHOJEJUNOSTOMY/

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

- SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
 155. ZADEK'S NAILBED EXCISION
 156. SUBCUTANEOUS MASTECTOMY
 157. EXCISION OF RANULA UNDER GA
 158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
 159. EVERSION OF SAC
 160. UNILATERAL
 161. ILATERAL
 162. LORD'S PLICATION
 163. JABOULAY'S PROCEDURE
 164. SCROTOPLASTY
 165. CIRCUMCISION FOR TRAUMA
 166. MEATOPLASTY
 167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
 168. PSOAS ABSCESS INCISION AND DRAINAGE
 169. THYROID ABSCESS INCISION AND DRAINAGE
 170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
 171. ESOPHAGEAL GROWTH STENT
 172. PAIR PROCEDURE OF HYDATID CYST LIVER
 173. TRU CUT LIVER BIOPSY
 174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
 175. EXCISION OF CERVICAL RIB
 176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
 177. MICRODOCHECTOMY BREAST
 178. SURGERY FOR FRACTURE PENIS
 179. SENTINEL NODE BIOPSY
 180. PARASTOMAL HERNIA
 181. REVISION COLOSTOMY
 182. PROLAPSED COLOSTOMY- CORRECTION
 183. TESTICULAR BIOPSY
 184. LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
 185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
 186. LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)
- 7. GYNECOLOGY RELATED:**
187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
 188. INCISION OF THE OVARY
 189. INSUFFLATIONS OF THE FALLOPIAN TUBES
 190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
 191. DILATATION OF THE CERVICAL CANAL
 192. CONISATION OF THE UTERINE CERVIX
 193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY
 194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
 195. OTHER OPERATIONS ON THE UTERINE CERVIX
 196. INCISION OF THE UTERUS (HYSTERECTOMY)
 197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
 198. INCISION OF VAGINA
 199. INCISION OF VULVA
 200. CULDOTOMY
 201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
 202. ENDOSCOPIC POLYPECTOMY
 203. HYSTEROSCOPIC REMOVAL OF MYOMA
 204. D&C
 205. HYSTEROSCOPIC RESECTION OF SEPTUM
 206. THERMAL CAUTERISATION OF CERVIX
 207. MIRENA INSERTION
 208. HYSTEROSCOPIC ADHESIOLYSIS
 209. LEEP
 210. CRYOCAUTERISATION OF CERVIX
 211. POLYPECTOMY ENDOMETRIUM
 212. HYSTEROSCOPIC RESECTION OF FIBROID
 213. LLETZ
 214. CONIZATION
 215. POLYPECTOMY CERVIX
 216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
 217. VULVAL WART EXCISION
 218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
 219. UTERINE ARTERY EMBOLIZATION
 220. LAPAROSCOPIC CYSTECTOMY
 221. HYMENECTOMY (IMPERFORATE HYMEN)
 222. ENDOMETRIAL ABLATION
 223. VAGINAL WALL CYST EXCISION
 224. VULVAL CYST EXCISION
 225. LAPAROSCOPIC PARATUBAL CYST EXCISION
 226. REPAIR OF VAGINA (VAGINAL ATRESIA)
 227. HYSTEROSCOPY, REMOVAL OF MYOMA
 228. TURBT
 229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
 230. VAGINAL MESH FOR POP
 231. LAPAROSCOPIC MYOMECTOMY
 232. SURGERY FOR SUI
 233. REPAIR RECTO- VAGINA FISTULA
 234. PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR)
 235. URS + LL

236. LAPAROSCOPIC OOPHORECTOMY
237. NORMAL VAGINAL DELIVERY AND VARIANTS
- 8. NEUROLOGY RELATED:**
238. FACIAL NERVE PHYSIOTHERAPY
239. NERVE BIOPSY
240. MUSCLE BIOPSY
241. EPIDURAL STEROID INJECTION
242. GLYCEROL RHIZOTOMY
243. SPINAL CORD STIMULATION
244. MOTOR CORTEX STIMULATION
245. STEREOTACTIC RADIOSURGERY
246. PERCUTANEOUS CORDOTOMY
247. INTRATHECAL BACLOFEN THERAPY
248. ENTRAPMENT NEUROPATHY RELEASE
249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250. VP SHUNT
251. VENTRICULOATRIAL SHUNT
- 9. ONCOLOGY RELATED:**
252. RADIOTHERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT- IMAGE GUIDED RADIOTHERAPY
265. IMRT- STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT- DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOSURGERY
275. X-KNIFE SRS
276. GAMMA KNIFE SRS
277. TBI- TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESIUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY
285. INTERSTITIAL BRACHYTHERAPY
286. INTRACAVITY BRACHYTHERAPY
287. 3D BRACHYTHERAPY
288. IMPLANT BRACHYTHERAPY
289. INTRAVESICAL BRACHYTHERAPY
290. ADJUVANT RADIOTHERAPY
291. AFTERLOADING CATHETER BRACHYTHERAPY
292. CONDITIONING RADIOTHERAPY FOR BMT
293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
294. RADICAL CHEMOTHERAPY
295. NEOADJUVANT RADIOTHERAPY
296. LDR BRACHYTHERAPY
297. PALLIATIVE RADIOTHERAPY
298. RADICAL RADIOTHERAPY
299. PALLIATIVE CHEMOTHERAPY
300. TEMPLATE BRACHYTHERAPY
301. NEOADJUVANT CHEMOTHERAPY
302. ADJUVANT CHEMOTHERAPY
303. INDUCTION CHEMOTHERAPY
304. CONSOLIDATION CHEMOTHERAPY
305. MAINTENANCE CHEMOTHERAPY
306. HDR BRACHYTHERAPY
- 10. OPERATIONS ON THE SALIVARY GLANDS & SALIVARY DUCTS:**
307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
309. RESECTION OF A SALIVARY GLAND
310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
- 11. OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUES:**
312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES

- 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
- 317. FREE SKIN TRANSPLANTATION, DONOR SITE
- 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
- 319. REVISION OF SKIN PLASTY
- 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
- 321. CHEMOSURGERY TO THE SKIN.
- 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
- 323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
- 324. EXCISION OF BURSITIS
- 325. TENNIS ELBOW RELEASE
- 12. OPERATIONS ON THE TONGUE:**
- 326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
- 327. PARTIAL GLOSSECTOMY
- 328. GLOSSECTOMY
- 329. RECONSTRUCTION OF THE TONGUE
- 330. OTHER OPERATIONS ON THE TONGUE
- 13. OPHTHALMOLOGY RELATED:**
- 331. SURGERY FOR CATARACT
- 332. INCISION OF TEAR GLANDS
- 333. OTHER OPERATIONS ON THE TEAR DUCTS
- 334. INCISION OF DISEASED EYELIDS
- 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
- 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
- 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
- 338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
- 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
- 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
- 341. INCISION OF THE CORNEA
- 342. OPERATIONS FOR PTERYGIUM
- 343. OTHER OPERATIONS ON THE CORNEA
- 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
- 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
- 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
- 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
- 348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
- 349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
- 350. ANTERIOR CHAMBER PARACENTESIS /CYCLODIATHERMY/ CYCLOCRYOTHERAPY /GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
- 351. ENUCLEATION OF EYE WITHOUT IMPLANT
- 352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
- 353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
- 354. BIOPSY OF TEAR GLAND
- 355. TREATMENT OF RETINAL LESION
- 14. ORTHOPEDICS RELATED:**
- 356. SURGERY FOR MENISCUS TEAR
- 357. INCISION ON BONE, SEPTIC AND ASEPTIC
- 358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
- 359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
- 360. REDUCTION OF DISLOCATION UNDER GA
- 361. ARTHROSCOPIC KNEE ASPIRATION
- 362. SURGERY FOR LIGAMENT TEAR
- 363. SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
- 364. REMOVAL OF FRACTURE PINS/NAILS
- 365. REMOVAL OF METAL WIRE
- 366. CLOSED REDUCTION ON FRACTURE, LUXATION
- 367. REDUCTION OF DISLOCATION UNDER GA
- 368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
- 369. EXCISION OF VARIOUS LESIONS IN COCCYX
- 370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
- 371. CLOSED REDUCTION OF MINOR FRACTURES
- 372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
- 373. TENDON SHORTENING
- 374. ARTHROSCOPIC MENISCECTOMY - KNEE
- 375. TREATMENT OF CLAVICLE DISLOCATION
- 376. HAEMARTHROSIS KNEE- LAVAGE
- 377. ABSCESS KNEE JOINT DRAINAGE
- 378. CARPAL TUNNEL RELEASE
- 379. CLOSED REDUCTION OF MINOR DISLOCATION
- 380. REPAIR OF KNEE CAP TENDON
- 381. ORIF WITH K WIRE FIXATION- SMALL BONES
- 382. RELEASE OF MIDFOOT JOINT
- 383. ORIF WITH PLATING- SMALL LONG BONES
- 384. IMPLANT REMOVAL MINOR
- 385. K WIRE REMOVAL
- 386. POP APPLICATION
- 387. CLOSED REDUCTION AND EXTERNAL FIXATION

388. ARTHROTOMY HIP JOINT
389. SYME'S AMPUTATION
390. ARTHROPLASTY
391. PARTIAL REMOVAL OF RIB
392. TREATMENT OF SESAMOID BONE FRACTURE
393. SHOULDER ARTHROSCOPY / SURGERY
394. ELBOW ARTHROSCOPY
395. AMPUTATION OF METACARPAL BONE
396. RELEASE OF THUMB CONTRACTURE
397. INCISION OF FOOT FASCIA
398. CALCANEUM SPUR HYDROCORT INJECTION
399. GANGLION WRIST HYALASE INJECTION
400. PARTIAL REMOVAL OF METATARSAL
401. REPAIR / GRAFT OF FOOT TENDON
402. REVISION/REMOVAL OF KNEE CAP
403. AMPUTATION FOLLOW-UP SURGERY
404. EXPLORATION OF ANKLE JOINT
405. REMOVE/GRAFT LEG BONE LESION
406. REPAIR/GRAFT ACHILLES TENDON
407. REMOVE OF TISSUE EXPANDER
408. BIOPSY ELBOW JOINT LINING
409. REMOVAL OF WRIST PROSTHESIS
410. BIOPSY FINGER JOINT LINING
411. TENDON LENGTHENING
412. TREATMENT OF SHOULDER DISLOCATION
413. LENGTHENING OF HAND TENDON
414. REMOVAL OF ELBOW BURSA
415. FIXATION OF KNEE JOINT
416. TREATMENT OF FOOT DISLOCATION
417. SURGERY OF BUNION
418. INTRAARTICULAR STEROID INJECTION
419. TENDON TRANSFER PROCEDURE
420. REMOVAL OF KNEE CAP BURSA
421. TREATMENT OF FRACTURE OF ULNA
422. TREATMENT OF SCAPULA FRACTURE
423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
424. REPAIR OF RUPTURED TENDON
425. DECOMPRESS FOREARM SPACE
426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
427. LENGTHENING OF THIGH TENDONS
428. TREATMENT FRACTURE OF RADIUS & ULNA
429. REPAIR OF KNEE JOINT
- 15. OTHER OPERATIONS ON THE MOUTH & FACE:**
430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
431. INCISION OF THE HARD AND SOFT PALATE
432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
434. OTHER OPERATIONS IN THE MOUTH
- 16. PEDIATRIC SURGERY RELATED:**
435. EXCISION OF FISTULA-IN-ANO
436. EXCISION JUVENILE POLYPS RECTUM
437. VAGINOPLASTY
438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
439. PRESACRAL TERATOMAS EXCISION
440. REMOVAL OF VESICAL STONE
441. EXCISION SIGMOID POLYP
442. STERNOMASTOID TENOTOMY
443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
445. MEDIASTINAL LYMPH NODE BIOPSY
446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
447. EXCISION OF CERVICAL TERATOMA
448. RECTAL-MYOMECTIONY
449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
450. DETORSION OF TORSION TESTIS
451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
452. CYSTIC HYGROMA - INJECTION TREATMENT
- 17. PLASTIC SURGERY RELATED:**
453. CONSTRUCTION SKIN PEDICLE FLAP
454. GLUTEAL PRESSURE ULCER-EXCISION
455. MUSCLE-SKIN GRAFT, LEG
456. REMOVAL OF BONE FOR GRAFT
457. MUSCLE-SKIN GRAFT DUCT FISTULA
458. REMOVAL CARTILAGE GRAFT
459. MYOCUTANEOUS FLAP
460. FIBRO MYOCUTANEOUS FLAP
461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
462. SLING OPERATION FOR FACIAL PALSY
463. SPLIT SKIN GRAFTING UNDER RA
464. WOLFE SKIN GRAFT
465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
- 18. THORACIC SURGERY RELATED:**
466. THORACOSCOPY AND LUNG BIOPSY
467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
468. LASER ABLATION OF BARRETT'S OESOPHAGUS

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

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

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

Sr. No.	List IV – Items that are to be subsumed into costs of treatment
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

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

<i>Hospital Name</i>	<i>Address</i>
Nulife Hospital And Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15, Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema, Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70, S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh
City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opp. Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.
Dayal Maternity & Nursing Home	No.953/23, D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V.Lane Road, Lokhandwala, Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises, Andheri Kurla Road, Andheri, Mumbai, Maharashtra
Gokul Hospital	Thakur Complex, Kandivali East, Mumbai, Maharashtra
Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra
Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital & Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2, Imli Bazar, Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar, New Delhi, Delhi
R.K.Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana
Prakash Hospital	D-12, 12A, 12B, Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat
Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra
Scope Hospital	628, Niti Khand-I, Indirapuram, Ghaziabad, Uttar Pradesh
Agarwal Medical Centre	E-234, Greater Kailash 1, New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41, Noida, Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Ahmedabad, Gujarat
Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana
B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka
East West Medical Centre	No.711, Sector 14, Sector 14, Gurgaon, Haryana
Jagtap Hospital	Anand Nagar, Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg, Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road, Bahalgarh, Sonapat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16, 17, 18 Opposite Solaris Estate, L.T.Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Sparsh Multi Speciality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

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

Notes:

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

Annexure IV - 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.)
32	6,304	3,00,000	6,304	2.5%	6,146	3,00,000	10,674	NA	10,674	3,00,000
24	5,885	3,00,000	5,885	2.5%	5,738	3,00,000				
Total Premium for all members of family is Rs. 12189, 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. 11884, 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. 10674 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.)
54	12,837	3,00,000	12,837	2.5%	12,516	3,00,000	21,894	NA	21,894	3,00,000
48	10,342	3,00,000	10,342	2.5%	10,083	3,00,000				
Total Premium for all members of family is Rs. 23,179, 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. 22,600, 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. 21,894 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.)
75	38,899	3,00,000	38,899	2.5%	37,927	3,00,000	62,184	NA	62,184	3,00,000
71	38,899	3,00,000	38,899	2.5%	37,927	3,00,000				
Total Premium for all members of family is Rs. 77,798, 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. 75,853, 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. 62,184 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.