

1. Eligibility Criteria

Minimum Entry Age	Individual- Adult: 18 years and above Children: 5 years to 24 years Floater – Adult: 18 years and above Children: 1 day to 24 years with at least 1 member of age 18 years or above	
Maximum Entry Age	No age bar	
Maximum Renewal Age	Lifelong	
Age of Proposer	18 years or above	
Floater combinations	1 Adult + 1 Child 1 Adult + 2 Children 1 Adult + 3 Children 1 Adult + 4 Children	2 Adults 2 Adults + 1 Child 2 Adults + 2 Children 2 Adults + 3 Children 2 Adults + 4 Children
Relationship Covered	Individual: Legally married Spouse, Children, Parents, Brother, Sister, Parents-in-Law, Grandparents, Grandchildren, Uncle, Aunt, Nephew and Niece Family Floater: Self, Legally married Spouse, Children & Parents Group: Insurable interest between Group Administrator & Member of the Group	

2. Key Benefits

2.1 Hospitalization Expenses

- (i) In-patient Care
Hospitalization for at least 24 hours – We indemnify for the medical expenses incurred during Hospitalization for a minimum period of 24 consecutive hours like room charges, nursing expenses and Intensive Care Unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc.
- (ii) Day Care Treatment
Hospitalization for less than 24 hours – We also indemnify for your medical expenses if you undergo a Day Care Treatment at a hospital or a day care centre that requires Hospitalization for less than 24 hours.
- (iii) Advance Technology Methods:
We will indemnify you for the Hospitalization Expenses incurred for treatment taken through following advance technology methods:
 - a. Uterine Artery Embolization and HIFU
 - b. Balloon Sinuplasty
 - c. Deep Brain stimulation
 - d. Oral chemotherapy
 - e. Immunotherapy- Monoclonal Antibody to be given as injection
 - f. Intra vitreal injections
 - g. Robotic surgeries
 - h. Stereotactic radio surgeries
 - i. Bronchical Thermoplasty
 - j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - k. IONM - (Intra Operative Neuro Monitoring)
 - l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

2.2 Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

This benefit indemnifies for

- (i) The medical expenses incurred by you for a period 30 days immediately before your Hospitalization.
- (ii) The medical expenses incurred by you for a period 60 days immediately after your Hospitalization.

2.3 Organ Donor Cover

We will indemnify you for medical expenses that are incurred by an organ donor while undergoing the organ transplant surgery.

2.4 Health Check-up

We shall arrange for an annual health check-up for yourself and your family members who is not covered under the Policy as Your child at our Network Provider or any other Service Providers empaneled with Us to provide the services, in India.

2.5 Enhance Anywhere

We shall indemnify you for the medical expenses (including air ambulance) incurred for select diseases / ailments / treatments anywhere across the world.

3. Special Conditions

3.1 Floater Cover

Under the 'floater' plan, you can cover any member of your immediate family (yourself or spouse, parents and children) for the sum insured in a single policy.

3.2 Co-payment

You will bear 20% of the Final Claim Amount, as mentioned in the table below, and our liability shall be restricted to the balance amount, subject to the available Sum Insured.

Cover Type	Entry Age* of Insured Person or Eldest Insured Person (in case of Floater)	Applicable to
Individual	>=61 years	Individual Insured Person
Floater	>=61 years	All Insured Person's

*Entry Age means the age of the Insured Person at the time first buying of the Policy with us.

4. Add-on Benefits

4.1 Everyday Care

We understand that healthcare needs are not only limited to Hospitalization. Regular doctor consultations are as important for ensuring sustained good health as for immediate cure of routine illnesses. We value this need and provide unlimited consultations to our wide network of consultants, specialists and surgeons at a nominal charge. To add to this, our Everyday Care wellness package provides you access to a free health helpline, health & wellness offers from our associates nationwide, online health risk assessments and health prerequisites.

4.2 Expert Opinion

You are entitled to an expert opinion from a specialist medical professional, on ailments pertaining to certain specified major illnesses. We shall arrange the services for you on your behalf.

5. Salient Features

5.1 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 Hospitals and concentrate only on your recovery. Leave the bill payment arrangements to us, except for any non-medical expenses that you incur at the Hospital.

5.2 Deductible

Deductible is the claim amount which is to be borne by you under this Policy. Deductible would apply on an aggregate basis in a Policy Year. We shall be liable only once the aggregate amount of all the Claims exceed the Deductible.

5.3 Underwriting Loading

Based on the assessment of the extra risk on account of medical conditions by the underwriter, the premium shall be loaded in accordance with the specified table so as to arrive at total premium to be charged. Such extra premium shall be communicated to You for Your consent before the Policy is issued. Such extra premium shall be applicable at renewals of the policy also.

5.4 Policy Term

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

5.5 Tax Benefit

Opting for health insurance is certainly a step in the right direction, and it comes with a two-fold benefit. Not only does it ensure that you and your family can access good medical care at all times, it also enables you to avail of a tax benefit on the premiums you pay towards your health insurance, under Section 80D of the Income Tax Act, 1961, as applicable. (Tax benefits are subject to changes in the tax laws, please consult your tax advisor for more details)

5.6 Free Look Period

You may, within 15 days (30 Days in case of distance marketing) from the receipt of the Policy, return the Policy stating reasons, if the terms and conditions are not acceptable. 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. If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges.

5.7 Premium

The premium charged under the Policy depends upon the age of the member, Sum Insured and Deductible chosen, cover (individual or floater), no. of members in the policy, tenure and the health status of the individual. The premium rates for the plans offered are annexed hereto with the prospectus.

5.8 Cancellation / Termination

(a) You can cancel / terminate the policy any time by giving a 15 days' notice in writing. We shall refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received

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

(b) We 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. If the other Insured Persons wish to continue with the same Policy, the We will renew the Policy subject to the appointment of a policyholder provided that:
 1. Written notice in this regard is given to the us before the Policy Period End Date; and
 2. A person over Age 18 who satisfies the our's criteria to become a Policyholder.

5.9 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 to the policyholder 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 or reject 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 to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

6. Portability & Migration

1. 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 atleast 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>

2. 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>

7. Grievance Redressal

In case of any grievance you can contact us with the details through:

Website: www.careinsurance.com

Email: customerfirst@careinsurance.com

Contact No.: 1800-102-4488

Courier: Any of Our Branch Office or corporate office

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

In case You are not satisfied with the response, You can contact the Our Head of Customer Service at:

Unit No. 604 - 607, 6th Floor, Tower C,

Unitech Cyber Park, Sector-39,

Gurugram -122001 (Haryana)

Still further, if You are not satisfied with Our redressal You may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are available on Our website.

8. Claims Management

We shall process all the Claims under this policy. With You directly interacting with Us, We can be doubly sure that You are satisfied. And when You are satisfied, We feel satisfied too.

We deliver on our promises. We take pride in offering hassle-free clearance and speedy settlements.

Intimation : Kindly notify Us in case of occurrence of any event that can give rise to Claim. The notification should be

- (i) At least 48 hours before the commencement of planned Hospitalization; or
- (ii) Within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

Claim Process

1. Please send the duly signed claim form and all the information/documents mentioned therein to Us. Please refer to claim form for complete documentation.
2. If there is any deficiency in the documents/information submitted by You, We will send the deficiency letter.
3. On receipt of the complete set of claim documents, We will send the cheque for the admissible amount, along with a settlement statement in Your name.

Cashless

The Cashless Facility is available only at Our Network Hospitals. All You have to do is present the CHIL Health Card along with a valid photo identification document at Our nation-wide network of leading hospitals and avail of the cashless service. You need to request for the cashless facility in a prescribed format. We may authorize Your request and thereafter You shall not be required to pay for the hospital bills, except for the non-medical expenses.

Re-imburement

The necessary documents as specified below should be sent to Us. We shall examine these documents and process Your Claim

List of Documents :

1. Duly completed and signed Claim form, in original;
2. Medical Practitioner's referral letter advising Hospitalization;
3. Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;
4. Original bills, receipts and discharge card from the Hospital / Medical Practitioner;
5. Original bills from pharmacy / chemists;
6. Original pathological / diagnostic test reports / radiology reports and payment receipts;
7. Indoor case papers;
8. First Information Report, final police report, if applicable;
9. Post mortem report, if conducted;
10. Any other document as required by us to assess the Claim.

We shall condone delay on merit for delayed Claims where the delay is proved to be for reasons beyond your control.

Claim Assessment

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

- (i) If a room category opted for, is higher than the eligible limit as applicable, then the Variable Medical Expenses payable shall be pro-rated.
- (ii) The Deductible shall be applied to aggregate of all Claims, paid or payable, under this Policy.
- (iii) Co-payment, if any, shall then be applicable.
- (iv) Balance amount, if any, shall be the claim payable.

Duties of the Claimant

- (a) You shall check the updated list of Network Hospitals before submission of a pre-authorisation request for Cashless Facility; and
- (b) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:
 - (I) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy
 - (ii) Notification of Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 of the Policy.
 - (iii) You will, at Our request, submit Yourself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
 - (iv) Our Medical Practitioner and representatives shall be given access and co-operation to inspect Your medical and Hospitalization records and to investigate the facts and examine You.
 - (v) We shall be provided with complete documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

Payment Terms

- (a) This Policy except covers only medical treatment taken entirely within India (Except for Benefit 5). All payments under this Policy shall be made in Indian Rupees and within India.
- (b) Payment under this Policy shall be made only to the extent that such Medical Expenses are not paid under any other insurance policy, if any.
- (c) The Sum Insured shall be reduced by the amount payable or paid under the Policy Terms and Conditions and only the balance amount shall be available as the Sum Insured for the unexpired Policy Year.
- (d) We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.
- (e) If a relapse is suffered 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.
- (f) For cashless Claims, the payment shall be made to the Network Hospital whose discharge would be complete and final.
- (g) For the Reimbursement Claims, We will pay to You. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Certificate) and in case of no nominee at its discretion to the legal heirs of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (h) We shall decide on its liability under any Claim post the receipt of all the necessary documents as required for settlement of such Claim. In case We accept our liability under any Claim, We shall make the payment within 7 days from the confirmation by You.

9. Exclusions

1. 30-day waiting period- Code- Excl03

- i. 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.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

2. Specific Waiting Period: Code- Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures:
 - i) Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
 - ii) 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, Gastric and Duodenal Ulcers;

- vii) Surgery of Genito urinary system unless necessitated by malignancy;
- viii) All types of Hernia, Hydrocele;
- ix) Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
- x) Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
- xi) Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone;
- xii) Myomectomy for fibroids;
- xiii) Varicose veins and varicose ulcers

3. Pre-Existing Diseases: Code- Excl01

- (i) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- (ii) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- (iii) 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.
- (iv) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
 - (a) If Coverage for Benefits (in case of change in Product Plan) or Optional Covers (if applicable) are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 9 (1), 9 (2) and 9 (3) shall be applicable afresh to the newly added Benefits or Optional Covers (if applicable), from the time of such renewal.
 - (b) The Waiting Periods as defined in Clauses 9 (1), 9 (2) and 9 (3) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

4. We shall provide an option to You to renew the Policy without an applicable Deductible, on the expiry of 4 continuous years of coverage under this Policy, subject to the following:

- (i) You shall pay in full in advance the premium specified for exercising this option.
- (ii) This option shall be permitted to be exercised provided that We receive written notice from You for exercising this option at least 15 days prior to the expiry of this Policy.
- (iii) The waiting periods as defined in Clause 9 (2) and 9 (3) shall be further applicable for a period of 12 months to the amount of the Deductible.
- (iv) If the Sum Insured selected while exercising this option exceeds the Sum Insured of this Policy, the credit for waiting periods as defined in Clause 9 (1), 9 (2) and 9 (3) shall be applicable afresh to the incremental Sum Insured.
- (v) You shall be permitted to exercise this option only if all the Insured Persons under this Policy opt for a Sum Insured which is at least equal to or higher than the sum of the Sum Insured and Deductible under this Policy.
- (vi) This option shall be applicable only for those Insured Persons who have completed 4 continuous years under this Policy.
- (vii) Exercise of this option shall be permitted only at the time of renewal of this Policy.

5. Permanent Exclusions

- (i) Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
- (ii) 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.
- (iii) Sterility and Infertility: (Code- Excl17)
Expenses related to sterility and infertility. This includes:
 - a) Any type of contraception, sterilization
 - b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c) Gestational Surrogacy
 - d) Reversal of sterilization.
- (iv) 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.
- (v) Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and/ or devices whether for diagnosis or treatment.
- (vi) 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.
- (vii) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.

(viii) Rest Cure, rehabilitation and respite care: (Code- Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- (ix) Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
- (x) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
- (xi) 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.
- (xii) 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.
- (xiii) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (xiv) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.
- (xv) 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.
- (xvi) Any travel or transportation expenses including Ambulance charges.
- (xvii) All expenses related to treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- (xviii) Non-allopathic treatment.
- (xix) Any out-patient treatment.
- (xx) Treatment received outside India.
- (xxi) Domiciliary Hospitalization / treatment.
- (xxii) 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.
- (xxiii) 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.
- (xxiv) 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.
- (xxv) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
- (xxvi) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xxvii) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- (xxviii) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- (xxix) 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.
- (xxx) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
- (xxxi) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
- (xxxii) Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1 (d).
- (xxxiii) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
- (xxxiv) 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

(xxxv) 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.

(xxxvi) 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.

(xxxvii) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

(xxxviii) 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)

(xxxix) 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)

(xl) Refractive Error: (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

(xli) Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.

(xlii) Any specific time-bound or lifetime exclusions specified in the Policy Schedule.

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

For further details on the exclusions applicable, please refer to the Policy Terms & Conditions or seek the advice of your financial advisor.

10. Pre-Policy Issuance Medical Check-up

We may ask the Insured Person to undergo requisite Medical Check-up based on the plan, age and the Sum Insured-Deductible selected. The result of these tests shall be valid for a period of 3 months from the date of tests. The test is to be taken as per the corresponding grid:

Plan	Enhance 1	Enhance 1	Enhance 2
Deductible	50 K / 1 Lac / 2 Lac	2 Lac to 10 Lac	All
Sum Insured (Including the Deductible)	Up to 5 Lac	Above 5 Lac	All
< 46 yrs	No	Yes	Yes
>= 46 yrs	Yes	Yes	Yes

The cost of the medical tests would be borne by us in case you opt for a 2 year or 3 year tenure. In case the policy tenure is 1 year and if the cost of medical tests is borne by You, we shall reimburse at least 50% of the costs of these medical tests if Your proposal is accepted.

Also, wherever any Pre-Existing Disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as We may deem fit to evaluate such member, irrespective of the member's age.

Renewal Terms

1. This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach Us on or before the Policy Period End Date.
2. We may, in its sole discretion, revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDA rules and regulations as applicable from time to time. The premium payable on renewal shall be paid to Us on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
3. For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which premium is not received by Us and the We shall not be liable for any Claims incurred during such period. The provisions of Section 64VB of the Insurance Act shall be applicable.
4. We will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation You.
5. We reserve the right to carry out underwriting in relation to any request for change in the Sum Insured or Deductible at the time of renewal of the Policy.
6. This product may be withdrawn/ modified by Us after due approval from the IRDA. In case this product is withdrawn/ modified by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. We shall duly intimate You at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.
7. No claims based loading shall be applicable to this product.

Schedule of Discounts

S.No	Description	Parameters	Rates
		No. of persons	Discount
1	Family Discount - This discount shall be applicable if more than one persons of the same are covered in the same Policy, individually	2,3 members	5.00%
		4 and above	10.00%
2	Discount for multi-year policies (on single premium) 2 year rate = Annual Rate x 2 x (1 - Discount applicable) 3 year rate = Annual Rate x 3 x (1 - Discount applicable)	Tenure	Discount
		2 Year	7.50%
		3 Year	10.00%
3	Group Discount	Number of Members	Discount
		15 to 100	5%
		101 to 600	10%
		601 to 2000	15%
		2001 and above	20%
4	Discount for Employees and their dependents of : Care Health Insurance & Care Health Insurance's Promoters		15%

- Note:**
1. Nothing contained above shall be construed as rebate even in the remotest usage of the interpretation and application.
 2. Maximum discount on a cumulative basis shall not exceed 20% of the premium.

Loading

Sr. #	Condition	Loading
1.	Diabetes Mellitus – II	15%
2.	Hypertension	15%
3.	Body Mass Index (Obesity)	15%
4.	Cholesterol / Lipid Profile	15%
5.	ECG / TMT	15%
6.	Asthma	15%
7.	Left Anterior/Posterior Hemi Block	15%
8.	Other cases of single morbidity	15%

- Note:**
1. In case of 2 conditions being diagnosed for a single risk, the loading would be applied @ 30%.
 2. In case of more than 2 conditions being diagnosed for a single risk, the loading would be applied @ 50%

Schedule of Benefits

Features / Plan	Enhance 1	Enhance 2
Sum Insured	1 Lac to 30 Lac (in multiple of 1Lac)	45Lac; 55Lac / 40Lac; 50Lac / 35Lac; 45Lac / 30Lac; 40Lac
Deductible	50K / 1Lac to 10Lac (in multiple of 1Lac)	5 Lac / 10 Lac / 15 Lac / 20 Lac
Minimum Sum Insured	Rs 1 Lac	Rs 30 Lacs
Minimum Sum Insured	Rs 30 Lacs	Rs 55 Lacs
Hospitalization Expenses		
In-patient Care	Up to Sum Insured	Up to Sum Insured
Day Care Treatment	Up to Sum Insured	Up to Sum Insured
Room Category	Single Private Room	Single Private Room, upgradable to next level
Pre-hospitalization Medical Expenses	30 Days	30 Days
Post-hospitalization Medical Expenses	60Days	60Days
Organ Donor Cover	Up to Sum Insured	Up to Sum Insured
Health Check-up	Yes	Yes
Enhance Anywhere	No	Yes

Special Conditions

Features / Plan	Enhance 1	Enhance 2
Floater	Yes	Yes
Co-payment	@ 20% per claim, where age of eldest member at entry is 61 years or above	@ 20% per claim, where age of eldest member at entry is 61 years or above

Add-on Benefits

Features / Plan	Enhance 1	Enhance 2
Everyday Care	Yes	Yes
Expert Opinion	Yes	Yes

Illustration for applicability of Deductible

(Amount in `)

Sr. #	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	600,000	200,000	75,000	125,000	100,000	-	-	100,000
2	600,000	200,000	75,000	250,000	300,000	-	125,000	300,000
3	600,000	200,000	250,000	400,000	400,000	50,000	400,000	150,000

About us

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

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

Care Health Insurance currently offers products in the retail segment for Health Insurance, Critical Illness, Personal Accident, Top-up Coverage, International Travel Insurance and Maternity along with Group Health Insurance and Group Personal Accident Insurance for corporates.

The organization has been adjudged the 'Best Health Insurance Company' at the ABP News-BFSI Awards 2015 & 'Best Claims Service Leader of the Year – Insurance India Summit & Awards 2018. Care Health Insurance has also received the 'Editor's Choice Award for Best Product Innovation' at Finnoviti 2013 and was conferred the 'Best Medical Insurance Product Award' at The FICCI Healthcare Awards 2015.

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

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

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

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

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

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

Insurance is a subject matter of solicitation. UAN:21034592 UIN: RHIHLIP21372V022021 CIN: U66000DL2007PLC161503 IRDAI Registration Number - 148 enhance is a trademarks of Care Health Insurance Limited.

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy Terms & Conditions, available on request.
2. Proposal form and the prospectus 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 this 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.

Annexure I - List of Day Care Surgeries

1. CARDIOLOGY RELATED:

1. CORONARY ANGIOGRAPHY

2. CRITICAL CARE RELATED:

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

3. DENTAL RELATED:

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

4. ENT RELATED:

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

EAR

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

5. GASTROENTEROLOGY RELATED:

71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/

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

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

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

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

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

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

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

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

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

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 – Benefit / Premium illustration

Illustration 1

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount(Rs.)	Sum Insured (Rs.)
44	7,800	3,00,000	7,800	10%	7,020	3,00,000	15,839	NA	15,839	3,00,000
39	7,459	3,00,000	7,459	10%	6,713	3,00,000				
22	2,500	3,00,000	2,500	10%	2,250	3,00,000				
14	2,344	3,00,000	2,344	10%	2,110	3,00,000				
Total Premium for all members of family is Rs.20103, 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.18093, 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.15839 Sum Insured of Rs.3,00,000 is available for entire family			

Illustration 2

Age of members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point of time)		Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)				Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (if any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater Discount (if any)	Premium after discount(Rs.)	Sum Insured (Rs.)
61	44,301	3,00,000	44,301	5%	42,086	3,00,000	55,643	NA	55,643	3,00,000
57	18,403	3,00,000	11,951	5%	11,353	3,00,000				
21	2,500	3,00,000	11,951	5%	11,353	3,00,000				
Total Premium for all members of family is Rs.65,204 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.64,793, when they are covered under a single policy Sum Insured available for each family member is Rs.3,00,000				Total Premium when policy is opted on floater basis is Rs.55,643 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.)
71	45,193	3,00,000	45,193	5%	42,933	3,00,000	76,467	NA	76,467	3,00,000
68	44,768	3,00,000	44,768	5%	42,530	3,00,000				
Total Premium for all members of family is Rs.89,961, 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.85,463, 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.76,467 Sum Insured of Rs.3,00,000 is available for entire family			

- Notes:
1. Premium rates (excl taxes) specified in above illustration shall be standard premium rates without considering any loading.
 2. Premium mentioned is for SI 3 Lacs and Deductible 50,000