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HEALTH[®]
INSURANCE

**BEST CLAIM SETTLEMENT
COMPANY OF THE YEAR**

9th ANNUAL INDIA INSURANCE SUMMIT & AWARDS 2025



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High Deductible Health Insurance plan

Know Your Policy Better

The Company Was Awarded 'Best Claim Settlement Company of The Year' Award At The 9th Annual India Insurance Summit & Awards 2025, in March 2025

Policy Terms and Conditions

1. Preamble

The proposal and declaration given by the proposer and other documents if any shall form the basis of this Contract and is deemed to be incorporated herein. The two parties to this contract are the Policy Holder/Insured/Insured Persons (also referred as You) and Care Health insurance Ltd. (also referred as We/Us), and all the Provisions of Indian Contract Act, 1872, shall hold good in this regard. The references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa. The sentence construction and wordings in the Policy documents should be taken in its true sense and should not be taken in a way so as to take advantage of the Company by filing a claim which deviates from the purpose of Insurance.

All the Policy documents are as per the format prescribed, guided & approved by the Indian Insurance Regulator, honorable "Insurance Regulatory and Development Authority of India" which is constituted as per IRDA Act, 1999. The Policy construction is driven by IRDA Regulations and Protection of Policy Holder's Interests

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, Regulations notified by the Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

2. Definitions

2.1. Standard Definitions:

2.1.1. Accident/Accidental is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.1.2. AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- Central or State Government AYUSH Hospital or
- Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local

authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

- Having at least 5 in-patient beds;
- Having qualified AYUSH Medical Practitioner in charge round the clock;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

2.1.3. AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such centre which is registered with the local authorities, wherever applicable, and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner(s) in charge;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

2.1.4. Any One Illness (not applicable for Travel and Personal Accident Insurance) means a continuous Period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment was taken.

2.1.5. Cashless Facility means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network Provider by the insurer to the extent pre-authorization is approved.

2.1.6. Condition Precedent shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

2.1.7. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body
- External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body

2.1.8. Co-Payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

2.1.9. Cumulative Bonus shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

2.1.10. Day Care Centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

- a. has qualified nursing staff under its employment;
- b. has qualified Medical Practitioner/s in-charge;
- c. has a fully equipped operation theatre of its own, where surgical procedures are carried out.
- d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

2.1.11. Day Care Treatment refers to medical treatment and/or a surgical procedure which is:

- (a) undertaken under general or local anaesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and
- (b) Which would have otherwise required Hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

2.1.12. Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

2.1.13. Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

2.1.14. Disclosure to Information Norm: The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2.1.15. Domiciliary Hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- ii. The patient takes treatment at home on account of non-availability of room in a Hospital.

2.1.16. Emergency Care (Emergency) means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured Person's health.

2.1.17. Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period

2.1.18. Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii. has qualified Medical Practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

2.1.19. Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

2.1.20. Illness means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or

her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

- (b) Chronic condition - A chronic condition is defined illness, or injury that has one or more of the following characteristics:

- (a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;
- (b) It needs ongoing or long-term control or relief of symptoms;
- (c) It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
- (d) It continues indefinitely;
- (e) It recurs or is likely to recur.

2.1.21. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.1.22. In-patient Care not applicable for Overseas Travel Insurance) means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

2.1.23. Intensive Care Unit (ICU) means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.1.24. ICU Charges or (Intensive care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

2.1.25. Maternity expenses shall include—

- i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
- ii. expenses towards lawful medical termination of pregnancy during the policy period.

2.1.26. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.

2.1.27. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

2.1.28. Medical Practitioner (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

2.1.29. Medically Necessary Treatment (not applicable for Overseas Travel Insurance) means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- a. Is required for the medical management of the Illness or Injury suffered by the Insured Person;
- b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- c. Must have been prescribed by a Medical Practitioner;
- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

2.1.30. Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

2.1.31. Network Provider (not applicable for Overseas Travel Insurance) means the Hospitals enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless Facility.

2.1.32. Newborn baby means baby born during the Policy Period and is aged up to 90 days.

2.1.33. Non-Network means any hospital, day care centre or other provider that is not part of the network.

2.1.34. Notification of Claim means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication.

2.1.35. OPD Treatment is one in which the Insured Person visits a clinic/Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.

2.1.36. Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

2.1.37. Pre-existing means any condition, ailment, injury or disease:

- i. That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
- ii. For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

2.1.38. Pre-hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that :

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Company.

2.1.39. Post-hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
- ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company

2.1.40. Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

2.1.41. Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/ Injury involved.

2.1.42. Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of all waiting periods.

2.1.43. Room Rent means the amount charged by a Hospital towards Room & Boarding expenses and shall include the associated medical expenses.

2.1.44. Subrogation (Applicable to other than Health Policies and health sections of Travel and PA policies) means the right of the Insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

2.1.45. Surgery/ Surgical Procedure means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or a Day Care Centre by a Medical Practitioner.

2.1.46. Unproven/ Experimental Treatment means a treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2.1.47. AYUSH treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

2.1.48. Break in policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

2.1.49. Specific waiting period (Named Ailment Waiting Period) means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

2.2. Specific Definitions:

2.2.1. Age means the completed age of the Insured Person as on his last birthday.

2.2.2. Ambulance means a road vehicle operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

2.2.3. Annexure means a document attached and marked as Annexure to this Policy.

2.2.4. Break in Policy occurs at the end of the existing Policy Period, when the premium due for renewal on a given Policy is not paid or before the premium renewal date or within 30 days thereof.

2.2.5. Claim means a demand made in accordance with the terms and conditions of the Policy for payment of specified Benefits in respect of the Insured Person.

2.2.6. Company means Care Health Insurance Limited.

2.2.7. Dependent Child means a child (natural or legally adopted), who is :

- (a) Financially dependent on the Policyholder;
- (b) Does not have his independent sources of income; and
- (c) Has not attained 25 years of Age.

2.2.8. Insured Person (Insured) means a person whose name specifically appears under "Details of Insured" in the Policy Schedule and with respect to whom the premium has been received by the Company.

2.2.9. Policy means these Policy terms and conditions and Annexures thereto, the Proposal Form, Policy Schedule and Optional Cover (if applicable) which form part of the Policy and shall be read together.

2.2.10. Policyholder (also referred as You) means the person named in the Policy Schedule as the Policyholder.

2.2.11. Policy Schedule means the certificate attached to and forming part of this Policy.

2.2.12. Policy Period means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.

2.2.13. Policy Period End Date means the date on which the Policy expires, as specified in the Policy Schedule.

2.2.14. Policy Period Start Date means the date on which the Policy commences, as specified in the Policy Schedule.

2.2.15. Policy Year means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.

2.2.16. Rehabilitation means assisting an Insured Person who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in,

prior to such medical condition occurring.

2.2.17. Sum Insured means the amount specified against each Insured Person in the Policy Schedule which represents the Company's maximum, total and cumulative liability for that Insured Person for any and all Claims incurred in respect of that Insured Person during the Policy Period.

If the Policy Period is more than 12 months, the Sum Insured shall apply on Policy Year basis.

2.2.18. Associate Medical Expenses means those Medical Expenses as listed below :

- (a) Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Member 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.

2.2.19. Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence.

3. Scope of Cover

General Conditions applicable to all Benefits:

- (a) Any Benefit shall be available only if the same is specifically mentioned in the Policy Schedule.
- (b) Admissibility of a Claim under Benefit 1 is a pre-condition to the admission of a Claim under Benefit 2, Benefit 3 and Benefit 6 and the event giving rise to the Claim under the Benefit 1 shall be within the Policy Period for the Claim for such Benefit to be accepted.
- (c) The maximum, total and cumulative liability of the Company for an Insured Person for any and all Claims incurred under this Policy during the Policy Year in relation to any Insured Person shall not exceed the Sum Insured for that Insured Person. All Claims shall be payable subject to the terms, conditions and exclusions of the Policy and subject to availability of the Sum Insured.
- (d) Any Claim under the Policy except for Benefit 4 shall always be subject to Clause 6.1.5.
- (e) Any Claim paid except for Benefit 4 shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all future Claims for that Policy Year.

3.1. Benefit 1 : Hospitalization Expenses

- (a) If an Insured Person is diagnosed with an Illness or suffers an Injury during the Policy Period and while the Policy is in force that requires:

- (i) The Insured Person's Hospitalization as In-patient Care, then the Company will indemnify the Medical Expenses incurred on Hospitalization, provided that the Hospitalization was on the written advice of a Medical Practitioner; or
- (ii) The Insured Person to undergo Day Care Treatment at a Day Care Centre or Hospital, then the Company will indemnify the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was taken on the written advice of a Medical Practitioner.

(b) Conditions for Medical Expenses

Room Category : If the Insured Person is admitted in a room where the Room Category is different than the one specified in the Policy Schedule, then the Policyholder shall bear the ratable proportion of the total Associate Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of the entitled room category to the room rent actually incurred.

- (i) Room Category = Single Private Room with A.C.

For the purpose of this Clause only, Single Private Room means a Hospital room where a single patient is accommodated and which has an attached toilet (lavatory and bath) and Air Conditioner. The room should have the provision for accommodating an attendant. Such room shall be the most basic and the most economical of all accommodations available as a single room in that Hospital.

- (c) Any Claim under this Benefit can be made under Clause 6.1.2(a) & (b).
- (d) Advance Technology Methods:

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

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchial 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

3.2. **Benefit 2 : Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses**

- (a) The Company will indemnify the Medical Expenses incurred for the Insured Person:
 - (i) As Pre-Hospitalization Medical Expenses during a period of 30 days immediately prior to the date of the Insured Person's admission to the Hospital; and
 - (ii) As Post-Hospitalization Medical Expenses during a period of 60 days immediately following the date of the Insured Person's discharge from Hospital,

Provided that, the Medical Expenses relate to the same Illness / Injury for which the Company has accepted the Insured Person's Claim.

- (b) If the provisions of Clause 6.1.6(f) of the Policy Terms & Conditions has been invoked, then:
 - (i) The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for that Any One Illness; and
 - (ii) The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to that Any One Illness.
- (c) Any Claim under this Benefit can be made under Clause 6.1.2(b).

3.3. **Benefit 3 : Organ Donor Cover**

- (a) The Company will indemnify up to the amount specified against this Benefit in the Policy Schedule for the Medical Expenses incurred in respect of the donor for any organ transplant surgery conducted on the Insured Person during the Policy Year, provided that:
 - (i) The organ donor is an eligible donor in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules.
 - (ii) The organ donated is for the Insured Person's use.
 - (iii) The Company will not be liable to pay the Medical Expenses incurred by the donor for Benefit 2 or any other Medical Expenses in respect of the donor consequent to the harvesting.
- (b) Clause 4.2(xi) is superseded to the extent covered under this Benefit.
- (c) Any Claim under this Benefit can be made under Clause 6.1.2(a) & (b).

3.4. **Benefit 4 : Health Check-up**

- (a) On the Insured Person's request, the Company shall arrange for the Insured Person's Health Check-up at its Network Provider or any other

Service Providers empanelled with the Company to provide the services, in India, provided that:

- (i) This Benefit shall be available only to those Insured Persons that are Age 18 or above on the Policy Period Start Date provided further that this Benefit shall not be available to any Insured Person who is covered under the Policy as the Policyholder's child;
- (ii) This Benefit shall only be available once every Policy Year.
- (b) Clause 6.1.5 of this Policy shall not be applicable for any Claim settlement under this Benefit.
- (c) Any Claim under this Benefit can be made under Clause 6.1.2(a).

3.5. **Benefit 5 : Enhance Anywhere**

- (a) The Company will indemnify up to the amount specified against this Benefit in the Policy Schedule for the Medical Expenses incurred outside India, in respect of the Insured Person during the Policy Year, provided that:
 - (i) The Medical Expenses incurred are in respect of the major Illness specified below only:

I	Cancer
II	Benign Brain Tumour
III	Major Organ Transplant / Bone Marrow Transplant
IV	Heart Valve Replacement
V	Coronary Artery Bypass Graft
 - (ii) The Medical Expenses incurred are only for In-patient Care or Day Care Treatment undertaken in any Hospital.

For the purposes of this Benefit, Hospital shall mean "Any institution established for In- Patient Care and Day Care Treatment of Injury or Illness and which has been registered as a Hospital or a clinic as per law rules and/or regulations applicable for the country where the treatment is taken. The term Hospital shall not include a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics or a hotel, health spa or massage center or the like."

- (iii) Any payments under this Benefit shall always be made in India, in Indian Rupees and on a re-imbursement basis only. The rate of exchange as published by Reserve Bank of India (RBI) as on the date of payment to the Hospital shall be used for conversion of foreign currency amounts into Indian Rupees for payment of any Claim under this Benefit. Where on the date of discharge, RBI rates are not published, the rates next published by RBI shall be considered for conversion.

(iv) The Company shall be liable to make payment under this Benefit only if prior written notice of at least 7 days is given to the Company.

(v) Clause 4.2(xiv) and Clause 6.1.6(a) is superseded to the extent covered under this Benefit.

(b) Any Claim under this Benefit can be made under Clause 6.1.2(b).

3.6. Benefit 6 : AYUSH Treatment

The Company will indemnify the Insured Person, through Cashless or Reimbursement Facility, up to the Sum Insured, as specified in the Policy Schedule, towards Medical Expenses incurred with respect to the Insured Person's medical treatment undergone at any AYUSH Hospitals or health care facilities for any of the listed AYUSH treatments namely Ayurveda, Yoga and Naturopathy, Sidha, Unani and Homeopathy, subject to the conditions specified below:

(i) A Claim will be admissible under this Benefit only if the Claim is admissible under 'In-patient Care' of Benefit 1 (Hospitalization Expenses).

(ii) Medical Treatment should be rendered from a registered Medical Practitioner who holds a valid practicing license in respect of such AYUSH Treatments; and

(iii) Such treatment taken is within the jurisdiction of India; and

(iv) Clause 4.2 (xii) under Specific Exclusions, is superseded to the extent covered under this Benefit.

4. Exclusions

4.1. Standard Exclusions:

a. Waiting Periods:

i. Pre-existing Disease - Code- Excl01

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 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 36 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- Excl 02

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments

shall be excluded until the expiry of 24 months of continuous coverage 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;

iii. First 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 within 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(a)(I), 4.1(a)(ii) and 4.1(a)(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 Covers are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1(a)(I), 4.1(a)(ii) and 4.1(a)(iii) shall be applicable afresh to the newly added Benefits or Optional Covers (if applicable), from the time of such renewal.

Notes: The Company shall provide an option to the Policyholder 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) The Policyholder shall pay in full in advance the premium specified for exercising this option.
- (ii) This option shall be permitted to be exercised provided that the Company receives written notice from the Policyholder for exercising this option at least 15 days prior to the expiry of this Policy.
- (iii) The waiting periods as defined in 4.1(a)(I), 4.1(a)(ii) of this Policy Terms and Conditions 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 4.1(a)(I), 4.1(a)(ii)

and 4.1(a)(iii) of this Policy Terms and Conditions shall be applicable afresh to the incremental Sum Insured.

- (v) The Policyholder 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.

b. 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:

1. 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.

2. 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.

3. 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
- 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.
9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**
 10. 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)**
 11. 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)**
 12. **Refractive Error: (Code- Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
 13. **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.
 14. **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
 15. **Maternity: (Code Excl18)**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during pregnancy) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
4. **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.
 5. **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.
 6. **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.
 7. **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.
 8. **Excluded Providers: (Code- Excl11)**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any

4.2. Specific Exclusions:

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:

- (i) Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).
- (ii) 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.
- (iii) 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.
- (iv) 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.
- (v) Screening, counseling or treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
- (vi) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
- (vii) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- (viii) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.
- (ix) 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.
- (x) Any travel or transportation expenses including Ambulance charges.
- (xi) All expenses related to treatment, including

surgery to remove organs from the donor, in case of transplant surgery.

- (xii) Non-allopathic treatment.
- (xiii) Any out-patient treatment.
- (xiv) Treatment received outside India.
- (xv) Domiciliary Hospitalization/ treatment.
- (xvi) 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.
- (xvii) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane
- (xviii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- (xix) 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.
- (xx) Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- (xxi) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

I	Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
II	Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when

suitably distributed, is capable of causing any illness, incapacitating disablement or death.

III Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

(xxii) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.

(xxiii) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.

(xxiv) Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1 (d).

(xxv) 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.

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

(xxvii) Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.

(xxviii) Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.

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.

5. GENERAL TERMS AND CLAUSES

5.1. Standard General Terms & Clauses

5.1.1. Disclosure of Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

Note:

- a. "Material facts" for the purpose of this clause policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- b. In continuation to the above clause the Company may also adjust the scope of cover and / or the premium paid or payable, accordingly.

5.1.2. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

5.1.3. Claim Settlement (provision for Penal Interest)

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

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

5.1.4. Complete discharge

Any payment to the policyholder, Insured Person or his/her nominees or his/her legal representative or Assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5.1.5. 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.

5.1.6. Fraud

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

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:-

- A. The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- B. The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- C. Any other act fitted to deceive; and
- D. Any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5.1.7. Cancellation / Termination

- (a) The policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund proportionate premium for the unexpired policy period.
- (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) If the risk under the Policy has already commenced, or only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then the expenses such as pre-policy medical examination etc. incurred by the Company will also be deducted before refunding of premium.
- (d) 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 and the Company shall refund proportionate premium for unexpired Policy Period subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

5.1.8. 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 as per IRDAI guidelines on migration.

5.1.9. Portability:

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

5.1.10. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.

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

5.1.11. Withdrawal of Policy

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

5.1.12. Moratorium Period

After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

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

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

5.1.14. Free Look Period

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

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

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

- 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;

5.1.15. 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

Care Health Insurance Limited,

Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009 (Haryana)

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://lgms.irda.gov.in/>

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

5.1.16. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting 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.

5.2. Specific General Terms & Clauses

5.2.1. Material Change

It is a condition precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing (as specified in Annexure III of any material change in the risk on account of change in nature of occupation or business at his own expense. The Company may, in its discretion, adjust the scope of cover and /or the premium paid or payable, accordingly.

5.2.2. No constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

5.2.3. Policy Disputes

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

5.2.4. Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

5.2.5. Communication

(a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.

(b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's behalf.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

(c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

5.2.6. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

5.2.7. Out of all the details of the various Benefits provided in the Policy Terms and Conditions, only the details pertaining to Benefits chosen by policyholder as per Policy Schedule shall be considered relevant

5.2.8. Electronic Transactions

The Policyholder and /or Insured Person agrees to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time. Any terms and conditions related to electronic transactions shall be within the approved Policy Terms and Conditions

5.2.9. Records to be maintained

The Policyholder or Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or Policy Year or until final adjustment (if any) and resolution of all Claims under this Policy.

6. OTHER TERMS AND CLAUSES

6.1. Claims Procedure and Management

6.1.1. Upon the occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, the Policyholder or Insured Person shall undertake all of the following:

(a) Claims Intimation

(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, the Policyholder or Insured Person, shall notify the Company either at the Company's call center or in writing immediately.

(ii) If the Insured Person is to undergo planned Hospitalization, the Policyholder or Insured Person shall give written intimation to the Company of the proposed Hospitalization at least 48 hours prior to the planned date of admission to Hospital.

(iii) It is agreed and understood that the following details are to be provided to the Company at the time of intimation of Claim:

- | | |
|------|--|
| I. | Policy Number; |
| II. | Name of the Policyholder; |
| III. | Name of the Insured Person in respect of whom the Claim is being made; |
| IV. | Nature of Illness or Injury; |

- V. Name and address of the attending Medical Practitioner and Hospital;
- VI. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
- VII. Any other information, documents or details as requested by the Company.

6.1.2. Claims Procedure

(a) Cashless Facility

- (i) Cashless Facility is available only at Network Hospitals. The Insured Person can avail of this Cashless Facility at the time of admission into a Network Hospital, by presenting the health card provided by the Company under this Policy along with a valid photo identification document (Voter ID card / Driving License / Passport / PAN Card or any other identification documentation as approved by the Company).
- (ii) For availing Cashless Facility, the Policyholder / Insured Person shall submit a pre-authorization form to the Company for approval. Only upon due approval from the Company, Cashless Facility can be availed at any Network Hospital.
- (iii) In addition to the foregoing, in order to avail of the Cashless Facility, the following procedure must be followed:
 - I. Pre-authorization: The Policyholder or Insured Person must call the Company's call center and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least 48 hours before the commencement of planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.
 - II. The Company will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which Cashless Facility is sought to be availed. The Company will confirm in writing authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
 - III. If the request for availing Cashless Facility is authorized by the Company, 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 the Company for availing Cashless Facility. Payment in respect of Co-payments (if applicable) or

any other costs and expenses not authorized under the Cashless Facility be made directly by the Policyholder or Insured Person to the Network 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 in Clause 6.1.4 shall be submitted to the Network Hospital immediately and in any event before the Insured Person's discharge from Hospital.

- IV. If the Company does not authorize the Cashless Facility due to insufficient Sum Insured or if insufficient information is provided to the Company to determine the admissibility of the Claim, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Hospital, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.

- (iv) It is agreed and understood that the Company may, in its sole discretion, modify or add to the list of Network Hospitals or modify or restrict the extent of Cashless Facility that may be availed at any particular Network Hospital. For an updated list of Network Hospitals and the extent of Cashless Facility available at each Network Hospital, the Policyholder or Insured Person can refer to the list of Network Hospitals available on the Company's website or at the call centre.

(b) Re-imbursement

The Company shall be given intimation of Hospitalization at its call center or in writing at least 48 hours before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency. It is agreed and understood that in all cases where intimation of a Claim has been provided under this provision, all the information and documents specified in Clause 6.1.4 below shall be submitted (at the Policyholder or Insured Person's expense) to the Company immediately and in any event within 15 days of Insured Person's discharge from Hospital.

6.1.3. Policyholder's or Insured Person's duty at the time of Claim

- (a) The Policyholder or Insured Person shall check the updated list of Network Hospitals before submission of a pre-authorization 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 documents 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) The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- (iv) The Company's 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.
- (v) The Company shall be provided with complete documents and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

6.1.4. Claim Documents

- (a) The following information and documents shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 of the Policy in respect of all Claims and claim will be registered only on submission of below documents. The date of submission of such information shall be deemed as date of claim registration for the purpose of claim processing:
 - (i) Duly completed and signed claim form, in original;
 - (ii) Medical Practitioner's first consultation paper and referral letter advising Hospitalization;
 - (iii) Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;
 - (iv) Original numbered bills/ receipts and discharge card from the Hospital / Medical Practitioner;
 - (v) Original numbered bills from licensed pharmacy / chemists;
 - (vi) Original pathological / diagnostic test reports / radiology reports and payment receipts;
 - (vii) Emergency Notes, Initial Assessment Sheet and Indoor case papers;
 - (viii) First Information Report, final police report, if applicable;
 - (ix) Post mortem report, if conducted;
 - (x) Any other document as required by the Company to assess the Claim
- (b) The Company will only accept bills/invoices which are made in the Insured Person's name.
- (c) The Company shall condone delay on merit for delayed Claims where the delay is proved to be for reasons beyond the control of the Policyholder or the Insured Person.

6.1.5. Claim Assessment

- (a) All Claims made under this Policy shall be assessed by the Company in the following progressive order:
 - (i) If a room category opted for is higher than the Single Private Room, then, the Associate Medical Expenses payable shall be pro-rated as per the applicable limits.
 - (ii) The Deductible shall be applied to the aggregate of all Claims that are either paid or payable (and not excluded), under this Policy. The Company's liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible.
 - (iii) Co-payment, if any, shall be applicable on the amount payable by the Company after applying Clause 6.1.5(a)(I) and (ii).
 - (iv) The balance amount, if any, shall be the Claim payable.

6.1.6. Payment Terms

- (a) This Policy 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 of the Insured Person 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) If any Claim is made which extends in to two Policy Periods then such Claim shall be paid taking into consideration the available Sum Insured in these Policy Periods. Such eligible Claim amount will be paid to the Policyholder / Insured after deducting the extent of premium to be received for the renewal/due date of premium of the policy, if not received earlier.
- (e) The Company shall settle any Claim within 15 days of intimation on receipt of all the necessary documents/ information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder the Company shall make payment within 7 days from the date of receipt of such acceptance.
- (f) The Company 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.
- (g) If the Policyholder or Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.

- (h) For cashless Claims, the payment shall be made to the Network Hospital whose discharge would be complete and final.
- (i) For the Reimbursement Claims, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule) 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.
- (j) The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken or any other expenses triggers under any Benefit during the Policy Period.
- (k) Under this Policy, the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the Sum Insured unless any additional Sum Insured available or accrued under any Benefit.

6.2. Special Conditions

Special Conditions shall be applicable only if the same is specifically mentioned in the Policy Schedule.

6.2.1. Special Condition 1 : Floater Cover

- (a) The Company's maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Sum Insured.
- (b) Definition 2.2.17 is deleted entirely and replaced with the following:

Sum Insured: The amount specified in the Policy Schedule which represents the Company's maximum, total and and cumulative liability for all Insured Persons for any and all Claims incurred during the Policy Year.

6.2.2. Special Condition 2 : Co-payment

- (a) The Policyholder shall bear 20% of the Final Claim Amount assessed by the Company in accordance with Clause 6.1.5 in accordance with the table below and the Company's liability shall be restricted to the balance amount payable :

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 of issue of the first Policy with the Company.

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

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 PORTA CATH
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 PHARYNGOPLASTY
 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 PAPILLO TOMY
 76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
 77. EUS + SUBMUCOSAL RESECTION
 78. CONSTRUCTION OF GASTROSTOMY TUBE
 79. EUS + ASPIRATION PANCREATIC CYST
 80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
 81. COLONOSCOPY, LESION REMOVAL
 82. ERCP
 83. COLONOSCOPY STENTING OF STRICTURE
 84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
 85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
 86. ERCP AND CHOLEDOCHOSCOPY
 87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
 88. ERCP AND SPHINCTEROTOMY
 89. ESOPHAGEAL STENT PLACEMENT
 90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W / STENT
 92. EUS + COELIAC NODE BIOPSY
 93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
6. **General Surgery Related:**
94. INCISION OF A PILONIDAL SINUS / ABSCESS
 95. FISSURE IN ANO SPHINCTEROTOMY
 96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
 97. ORCHIDOPEXY
 98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
 99. SURGICAL TREATMENT OF ANAL FISTULAS
 100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
 101. EPIDIDYMECTOMY
 102. INCISION OF THE BREAST ABSCESS
 103. OPERATIONS ON THE NIPPLE
 104. EXCISION OF SINGLE BREAST LUMP
 105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
 106. SURGICAL TREATMENT OF HEMORRHOIDS
 107. OTHER OPERATIONS ON THE ANUS
 108. ULTRASOUND GUIDED ASPIRATIONS
 109. SCLEROTHERAPY, ETC.
 110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY / LIVER / LYMPH NODE BIOPSY
 111. THERAPEUTIC LAPAROSCOPY WITH LASER
 112. APPENDICECTOMY WITH / WITHOUT DRAINAGE
 113. INFECTED KELOID EXCISION
 114. AXILLARY LYMPHADENECTOMY
 115. WOUND DEBRIDEMENT AND COVER
 116. ABSCESS-DECOMPRESSION
 117. CERVICAL LYMPHADENECTOMY
 118. INFECTED SEBACEOUS CYST
 119. INGUINAL LYMPHADENECTOMY
 120. INCISION AND DRAINAGE OF ABSCESS
 121. SUTURING OF LACERATIONS
 122. SCALP SUTURING

123. INFECTED LIPOMA EXCISION
 124. MAXIMAL ANAL DILATATION
 125. PILES
 126. A) INJECTION SCLEROTHERAPY
 127. B) PILES BANDING
 128. LIVER ABSCESS- CATHETER DRAINAGE
 129. FISSURE IN ANO- FISSURECTOMY
 130. FIBROADENOMA BREAST EXCISION
 131. OESOPHAGEAL VARICES SCLEROTHERAPY
 132. ERCP - PANCREATIC DUCT STONE REMOVAL
 133. PERIANAL ABSCESS I&D
 134. PERIANAL HEMATOMA EVACUATION
 135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
 136. BREAST ABSCESS I&D
 137. FEEDING GASTROSTOMY
 138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
 139. ERCP - BILE DUCT STONE REMOVAL
 140. ILEOSTOMY CLOSURE
 141. COLONOSCOPY
 142. POLYPECTOMY COLON
 143. SPLENIC ABSCESES LAPAROSCOPIC DRAINAGE
 144. UGI SCOPY AND POLYPECTOMY STOMACH
 145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
 146. FEEDING JEJUNOSTOMY
 147. COLOSTOMY
 148. ILEOSTOMY
 149. COLOSTOMY CLOSURE
 150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
 151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
 152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
 153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
 154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
 155. ZADEK'S NAIL BED EXCISION
 156. SUBCUTANEOUS MASTECTOMY
 157. EXCISION OF RANULA UNDER GA
 158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
 159. EVERSION OF SAC
 160. UNILATERAL
 161. ILATERAL
 162. LORD'S PLICATION
 163. JABOULAY'S PROCEDURE
 164. SCROTOPLASTY
 165. CIRCUMCISION FOR TRAUMA
 166. MEATOPLASTY
 167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
 168. PSOAS ABSCESS INCISION AND DRAINAGE
 169. THYROID ABSCESS INCISION AND DRAINAGE
 170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
 171. ESOPHAGEAL GROWTH STENT
 172. PAIR PROCEDURE OF HYDATID CYST LIVER
 173. TRUE 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. RADIO THERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIO THERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS

259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
 260. INFUSIONAL CHEMOTHERAPY
 261. CCRT-CONCURRENT CHEMO + RT
 262. 2D RADIOTHERAPY
 263. 3D CONFORMAL RADIOTHERAPY
 264. IGRT- IMAGE GUIDED RADIOTHERAPY
 265. IMRT- STEP & SHOOT
 266. INFUSIONAL BISPHOSPHONATES
 267. IMRT- DMLC
 268. ROTATIONAL ARC THERAPY
 269. TELE GAMMA THERAPY
 270. FSRT-FRACTIONATED SRT
 271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
 272. S B R T - S T E R E O T A C T I C B O D Y RADIOTHERAPY
 273. HELICAL TOMOTHERAPY
 274. SRS-STEREOTACTIC RADIOSURGERY
 275. X-KNIFE SRS
 276. 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. A F T E R L O A D I N G C A T H E T E R BRACHYTHERAPY
 292. CONDITIONING RADIO THERAPY 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 S A L I V A R Y G L A N D A N D A SALIVARY DUCT
 309. RESECTION OF A SALIVARY GLAND
 310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
 311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
- 11. Operations on the skin & subcutaneous tissues:**
312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
 313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
 314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
 317. FREE SKIN TRANSPLANTATION, DONOR SITE
 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
 319. REVISION OF SKIN PLASTY
 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
 321. CHEMOSURGERY TO THE SKIN.
 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES

323. RECONSTRUCTION OF DEFORMITY / DEFECT IN NAIL BED
 324. EXCISION OF BURSI TIS
 325. TENNIS ELBOW RELEASE
- 12. Operations on the Tongue:**
326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
 327. PARTIAL GLOSSECTOMY
 328. GLOSSECTOMY
 329. RECONSTRUCTION OF THE TONGUE
 330. OTHER OPERATIONS ON THE TONGUE
- 13. Ophthalmology Related:**
331. SURGERY FOR CATARACT
 332. INCISION OF TEAR GLANDS
 333. OTHER OPERATIONS ON THE TEAR DUCTS
 334. INCISION OF DISEASED EYELIDS
 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
 338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
 341. INCISION OF THE CORNEA
 342. OPERATIONS FOR PTERYGIUM
 343. OTHER OPERATIONS ON THE CORNEA
 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
 348. CORRECTION OF EYELID PTOSIS BY FASCIAL 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 CAPTENDON

381. ORIF WITH K WIRE FIXATION- SMALL BONES
 382. RELEASE OF MIDFOOT JOINT
 383. ORIF WITH PLATING- SMALL LONG BONES
 384. IMPLANT REMOVAL MINOR
 385. K WIRE REMOVAL
 386. POP APPLICATION
 387. CLOSED REDUCTION AND EXTERNAL FIXATION
 388. ARTHROTOMY HIP JOINT
 389. SYME'S AMPUTATION
 390. ARTHROPLASTY
 391. PARTIAL REMOVAL OF RIB
 392. TREATMENT OF SESAMOID BONE FRACTURE
 393. SHOULDER ARTHROSCOPY / SURGERY
 394. ELBOW ARTHROSCOPY
 395. AMPUTATION OF METACARPAL BONE
 396. RELEASE OF THUMB CONTRACTURE
 397. INCISION OF FOOT FASCIA
 398. CALCANEUM SPUR HYDROCORT INJECTION
 399. GANGLION WRIST HYALASE INJECTION
 400. PARTIAL REMOVAL OF METATARSAL
 401. REPAIR / GRAFT OF FOOT TENDON
 402. REVISION / REMOVAL OF KNEE CAP
 403. AMPUTATION FOLLOW-UP SURGERY
 404. EXPLORATION OF ANKLE JOINT
 405. REMOVE / GRAFT LEG BONE LESION
 406. REPAIR / GRAFT ACHILLES TENDON
 407. REMOVE OF TISSUE EXPANDER
 408. BIOPSY ELBOW JOINT LINING
 409. REMOVAL OF WRIST PROSTHESIS
 410. BIOPSY FINGER JOINT LINING
 411. TENDON LENGTHENING
 412. TREATMENT OF SHOULDER DISLOCATION
 413. LENGTHENING OF HAND TENDON
 414. REMOVAL OF ELBOW BURSA
 415. FIXATION OF KNEE JOINT
 416. TREATMENT OF FOOT DISLOCATION
 417. SURGERY OF BUNION
 418. INTRAARTICULAR STEROID INJECTION

419. TENDON TRANSFER PROCEDURE
 420. REMOVAL OF KNEE CAP BURSA
 421. TREATMENT OF FRACTURE OF ULNA
 422. TREATMENT OF SCAPULA FRACTURE
 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
 424. REPAIR OF RUPTURED TENDON
 425. DECOMPRESS FOREARM SPACE
 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
 427. LENGTHENING OF THIGH TENDONS
 428. TREATMENT FRACTURE OF RADIUS & ULNA
 429. REPAIR OF KNEE JOINT

15. Other operations on the mouth & face:

430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
 431. INCISION OF THE HARD AND SOFT PALATE
 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
 434. OTHER OPERATIONS IN THE MOUTH

16. Pediatric surgery Related:

435. EXCISION OF FISTULA-IN-ANO
 436. EXCISION JUVENILE POLYPS RECTUM
 437. VAGINOPLASTY
 438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
 439. PRESACRAL TERATOMAS EXCISION
 440. REMOVAL OF VESICAL STONE
 441. EXCISION SIGMOID POLYP
 442. STERNOMASTOID TENOTOMY
 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
 445. MEDIASTINAL LYMPH NODE BIOPSY
 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
 447. EXCISION OF CERVICAL TERATOMA
 448. RECTAL-MYOMECTOMY
 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
 450. DETORSION OF TORSION TESTIS

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

[illegible]

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

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

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

S.No.	HOSPITAL NAME	ADDRESS	ZONE
73	Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat	West
74	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Surat, Gujarat	West
75	Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road, Surat, Gujarat	West
76	R.D. Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat	West
77	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat, Gujarat	West
78	Santosh Hospital	L H Road, Surat, Gujarat	West
79	Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank, Surat, Gujarat	West

Notes:

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

Annexure IV - Service Request Form - For Change in Occupation / Nature of Job
(Refer Clause 5.2.1 of Policy Terms and Conditions)

Please Note:

- 1) To be filled in by Policyholder in CAPITAL LETTERS only.
- 2) If there is insufficient space, please provide further details on a separate sheet. All attached documents form part of this service request.
- 3) This form has to be filled in and submitted to the company whenever the nature of job / occupation of any insured covered under the Policy changes subsequent to the issuance of the Policy.

Policyholder Details

[illegible]

☐ Mr. ☐ Ms.

[illegible]

(First Name)

(Last Name)

Details of the Insured Persons for whom details are to be updated

☐ Mr. ☐ Ms.

[illegible]

(First Name)

(Last Name)

[illegible]

Declaration

I hereby declare, on my behalf and on behalf of all persons insured, that the above statement(s), answer(s) and / or particular(s) given by me are true and complete in all respects to the best of my knowledge and that I am authorized to provide / request for updation of the details on behalf of Insured Persons.

Date : / / (DD/MM/YYYY)

Signature of the Policyholder :

[illegible]

(On behalf of all the persons insured under the Policy)

Note: The Company shall update its record with respect to the information provided above. Subsequently, the Company may review the risk involved and may alter the coverage and/or premium payable accordingly.

Annexure V - Benefit / Premium illustration
Illustration No. 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.			Total Premium for all members of family is Rs.18093 , when they are covered under a single policy				Total Premium when policy is opted on floater basis is Rs.15839			
Sum Insured available for each individual is Rs.3,00,000			Sum Insured available for each family member is Rs.3,00,000				Sum Insured of Rs.3,00,000 is available for entire family			

Annexure V- Benefit / Premium illustration
Illustration No. 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	18,403	5%	11,353	3,00,000				
21	2,500	3,00,000	2,500	5%	11,353	3,00,000				
Total Premium for all members of family is Rs.65,204 when each member is covered separately.			Total Premium for all members of family is Rs.64,793, when they are covered under a single policy				Total Premium when policy is opted on floater basis is Rs.55,643			
Sum Insured available for each individual is Rs.3,00,000			Sum Insured available for each family member is Rs. 3,00,000				Sum Insured of Rs.3,00,000 is available for entire family			

Annexure V - Benefit / Premium illustration
Illustration No. 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%	42,933	3,00,000				
Total Premium for all members of family is Rs.89,961 , when each member is covered separately.			Total Premium for all members of family is Rs. 85,463 , when they are covered under a single policy				Total Premium when policy is opted on floater basis is Rs. 76,467			
Sum Insured available for each individual is Rs. 3,00,000			Sum Insured available for each family member is Rs. 3,00,000				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

Annexure VI - Office of the Ombudsman

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash, 6th floor, Tilak Marg, Near S.V College Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, LIC of India Zonal Office Building, 1st Floor, South Wing, Jeevan Shikha, opp. Gayatri Mandir, 60-B, Hoshangabad Road, Bhopal-462011 Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/ 2596429/ 2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Building, SCO 20-27, Sector 17-A, Chandigarh – 160 017. Tel.: 0172 – 2706468/ 2707468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504/ 46013992 Email: bimalokpal.delhi@cioins.co.in	Delhi, Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh Building, 5th Floor, Nr. Panbazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 – 2632204/ 2632205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122/ 23376599/ 23376991/ 23328709/ 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

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

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

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

Office of the ‘Executive Council of Insurers’

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai – 400 054.

Tel : 022-69038800/33

Email- inscoun@cioins.co.in

Add-on Benefits

1. The Add-on Benefits shall be available only if the same is specifically mentioned in the Policy Certificate.
2. The Add-on Benefits are subject to the terms and conditions stated below and the Policy Terms & Conditions.

3. Add-on Benefit 1: Everyday Care

3.1 Definition :

For the purpose of this Add-on Benefit :

- a. Everyday Care Services :
The Company will provide the following Everyday Care Services (the “Services”) under this Add-on Benefit to the Insured Person during the Policy Period:
 - i) Health Care Services which include only the following:
 - I. Doctor Anytime /Free Health Helpline: The Insured Person may seek medical advice from a Medical Practitioner through the telephonic or on online mode by contacting the Company on the helpline details specified on the Company's website;
 - II. Health Portal: The Insured Person may access health related information and services available through the Company's website;
 - III. Health & Wellness Offers : The Insured Person may avail discounts on the health and wellness products and services listed on the Company's website through the Network Service Provider.
 - ii) Doctor consultations:
 - I. The Insured Person may consult a Medical Practitioner within the Company's Network, on payment of `100 per consultation.
 - II. Maximum 4 consultations in a Policy Year are permissible for the same Illness or Injury.

- b. Service Provider means any person, organization, institution that has been empanelled with the Company to provide Services specified under this Add-on Benefit to the Insured Person.

- 3.2 Clause 4.2(xiii) of the Policy Terms & Conditions is superseded only to the extent expressly specified in this Add-on Benefit.

3.3 Claim Process applicable to this Add-on Benefit.

- a. If the Service is being availed in person, the Insured Person shall present his unique identification number along with a valid identification document (Voter ID card/driving license/passport/PAN card/any other identity proof as approved by the Company) to the Service Provider and pay `100 per consultation (in case of Doctor Consultation as specified under Clause 3.1(a)(ii)) prior to availing such Services.

The Service Provider will provide the Services only after validation and authorization of the unique identification number by the Company.

- b. If the Services are availed over the telephone or through online mode, the Insured Person will be required to provide the details as sought by the Company/ Service Provider in order to establish authenticity and validity prior to availing such Services.
- c. If the Services are availed through the discount/ redeemable voucher provided by the Company, the Insured Person shall present the discount/redeemable voucher along with a valid identification document (Voter ID card/ driving license/ passport/ PAN card/ any other identity proof as approved by the Company) to the Service Provider prior to availing such Services.

3.4 General Terms & Conditions

- a. If the Policyholder opts for this Add-on Benefit during the Policy Period, the expiry of this Add-on Benefit would coincide with the Policy Period End Date.
- b. It is agreed and understood that the Company may, at its sole discretion, modify the list of Service Providers, Medical Practitioners or Health & Wellness Offers.
- c. The rate of discount and the name of Service Provider offering the Services can be obtained either through Company's website or from the Company's call centre. Before availing the Services, the Policyholder or Insured Person may check the updated details of the available Service Providers and the applicable discounts/services from the Company's website or call centre.
- d. The list of Services and discounts offered may vary with location and may be time barred and/or may change depending upon availability of Service Providers and discounts/Services available at such locations.
- e. The Insured Person is free to choose whether to obtain the Services and, if obtained under this Add-on Benefit, then whether or not to act on the advice/information received and/or use the Services obtained.
- f. These Services are for additional information purposes only and do not and should not be deemed to substitute the Insured Person's visit/ consultation to an independent Medical Practitioner.
- g. The Company does not make any representation as to the adequacy or accuracy of the Services, the Insured Person's or any other person's reliance on the same or the use to which the Services are put. The Company does not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or Service Provider or for any consequences of actions taken or not taken in reliance thereon.
- h. The Insured Person understands and agrees that although the confidentiality of the information provided by him shall be maintained however the calls made by him shall be recorded for the purposes of quality and for maintaining the record of their health information.
- i. If any of the Everyday Care Services specified in Clause 3.1(a) of this Add-on Benefit has been utilized and the Policyholder chooses to cancel this Add-on Benefit then Company shall not be liable to refund any premium paid in respect to this Add-on Benefit.

4. Add-on Benefit 2 : Expert Opinion

4.1 If the Insured Person is diagnosed with any Major Illness during the Policy Year, then at the Policyholder's / Insured Person's request, the Company shall arrange for an Expert Opinion from a Medical Practitioner.

4.2 It is agreed and understood that the Expert Opinion will be based only on the information and documentation provided to the Company which will be shared with the Medical Practitioner and is subject to the following:

- a. Services under this Add-on Benefit can be availed a maximum of one time by an Insured Person during the Policy Year for each Major Illness.
- b. The Insured Person is free to choose whether or not to obtain the Expert Opinion and, if obtained under this Add-on Benefit, then whether or not to act on it.
- c. Services under this Add-on Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.
- d. The Company does not provide a Expert Opinion or make any representation as to the adequacy or accuracy of the same, the Insured Person's or any other person's reliance on the same or the use to which the Expert Opinion is put.
- e. The Company does not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any Expert Opinion or for any consequences of actions taken or not taken in reliance thereon.
- f. The Policyholder or Insured Person shall indemnify the Company and hold the Company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or for any consequences of any action taken or not taken in reliance thereon.
- g. Any Expert Opinion provided under this Add-on Benefit shall not be valid for any medico-legal purposes.
- h. The Expert Opinion does not entitle the Insured Person to any consultation from or further opinions from that Medical Practitioner.

4.3 For the purposes of this Add-on Benefit only:

- a. Expert Opinion means an additional medical opinion obtained by the Company from a Medical Practitioner solely on the Policyholder or Insured Person's express request in relation to a Major Illness which the Insured Person has been diagnosed with during the Policy Year.
- b. Expert Opinion shall be arranged at the request of the Policyholder in respect of certain Major Illness such as:
 - (i) Cancer
 - (ii) End Stage Renal Failure
 - (iii) Multiple Sclerosis

- (iv) Benign Brain Tumour
- (v) End Stage Liver Disease
- (vi) Motor Neuron Disease
- (vii) End Stage Lung Failure
- (viii) Major Organ Transplant
- (ix) Heart Valve Replacement
- (x) Open Chest Coronary Artery Bypass Graft
- (xi) Stroke
- (xii) Paralysis
- (xiii) Heart Attack
- (xiv) Major Burns
- (xv) Coma

4.4. For the purpose of this Add-on Benefit, Major Illnesses means the following:

(i) Cancer

- (i) A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy and confirmed by a pathologist.
- (ii) The term cancer includes leukemia, lymphoma and sarcoma.
- (iii) The following are excluded:
 - (a) Tumours showing the malignant changes of carcinoma in situ and tumours which are histologically described as pre-malignant or non-invasive, including but not limited to:
 - a. Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 & CIN-3;
 - (b) Any skin cancer other than invasive malignant melanoma;
 - (c) All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
 - (d) Papillary micro - carcinoma of the thyroid less than 1 cm in diameter;
 - (e) Chronic lymphocytic leukaemia less than RAI stage 3;
 - (f) Microcarcinoma of the bladder;
 - (g) All tumours in the presence of HIV infection.

(ii) End Stage Renal Failure

- (i) End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a consultant

- physician.
- (iii) Multiple Sclerosis
- (i) The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
- (a) Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- (b) There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months; and
- (c) Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.
- (ii) Other causes of neurological damage such as SLE and HIV are excluded.
- (iv) Benign Brain Tumor
- (i) A benign tumour in the brain where all of the following conditions are met:
- (a) It is life threatening;
- (b) It has caused damage to the brain;
- (c) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and
- (d) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.
- (ii) Exclusions :
- (a) Cysts;
- (b) Granulomas;
- (c) Vascular malformations;
- (d) Haematomas;
- (e) Calcification;
- (f) Meningiomas;
- (g) Tumours of the pituitary gland or spinal cord; and
- (h) Tumours of acoustic nerve (acoustic neuroma)
- (v) End Stage Liver Disease
- (i) End stage liver disease resulting in cirrhosis and evidenced by all of the following criteria:
- (a) Permanent jaundice;
- (b) Uncontrollable ascites;
- (c) Hepatic encephalopathy;
- (d) Oesophageal or Gastric Varices and portal hypertension;
- (ii) Liver disease arising out of or secondary to alcohol or drug misuse is excluded.
- (vi) Motor Neurone Disorder
- (i) Motor neurone disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.
- (vii) End Stage Lung Disease
- (i) End Stage Respiratory Failure including Chronic Interstitial Lung Disease. All of the following criteria must be met:
- (a) Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre. (Forced Expiratory Volume during the first second of a forced exhalation);
- (b) Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less;
- (c) Dyspnoea at rest.
- (ii) This diagnosis must be confirmed by a chest physician.
- (viii) Major Organ Transplant
- (i) The actual undergoing of a transplant of:
- (a) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ; or
- (b) Human bone marrow using haematopoietic stem cells.
- (ii) The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.
- (iii) The following are excluded:
- (a) Other stem-cell transplants;
- (b) Where only islets of langerhans are transplanted.
- (ix) Heart Valve Replacement
- (i) The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac

- valves. The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner.
- (II) Exclusions:
- (A) Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty.
- (x) Coronary Artery Bypass Graft
- (i) The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is / are narrowed or blocked, by Coronary Artery Bypass Graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist Medical Practitioner.
- (ii) The following are excluded:
- (a) Angioplasty and / or any other intra-arterial procedures;
- (b) Any key-hole or laser surgery.
- (xi) Stroke
- (i) Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extra cranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.
- (ii) Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.
- (iii) The following are excluded:
- (a) Transient ischemic attacks (TIA);
- (b) Traumatic injury of the brain;
- (c) Vascular disease affecting only the eye or optic nerve or vestibular functions.
- (xii) Paralysis
- (i) Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist Medical Practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.
- (xiii) Myocardial Infarction (Heart Attack)
- (i) The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
- (a) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain);
- (b) New characteristic electrocardiogram changes;
- (c) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- (ii) The following conditions are excluded:
- (a) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- (b) Other acute Coronary Syndromes;
- (c) Any type of angina pectoris.
- (xiv) Major Burns
- (i) Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Insured Person's body. The condition should be confirmed by a consultant physician.
- (ii) Burns arising due to self-infliction are excluded.
- (xv) Coma
- (i) A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
- (a) No response to external stimuli continuously for at least 96 hours;
- (b) Life support measures are necessary to sustain life;
- (c) Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- (ii) The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
- 4.5. Any claim under this Add-on Benefit can be made under clause 6.1.2(a) of the Policy Term & Conditions.



Care Health Insurance Limited

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

Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,
Sector-43, Gurugram-122009 (Haryana)

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IRDAI Registration Number - 148

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