

PROSPECTUS CUM SALES LITERATURE

1. Eligibility Criteria

Sr. No.	Name of the Product	Group Credit Protection
1	Entry Age – Minimum	As an Adult (including Primary Insured Member) : 18 years As a Child : 91 days (in case 'Optional Benefit 2: Smart Acci-Care' , and / or 'Optional Benefit 3: Smart Hospi-Care Plus' and /or 'Optional Benefit 4: 'Smart Hospi-Cash' opted) No Coverage under 'Optional Benefit 1: Smart Criti-Care' for age less than 18 years
	Entry Age – Maximum	As a Primary Insured Member : <ul style="list-style-type: none"> - 65 years (in case 'Optional Benefit 1: Smart Criti-Care' and / or 'Optional Benefit 2: Smart Acci-Care' opted) - No Age Limit (in case 'Optional Benefit 2: Smart Acci-Care' and / or 'Optional Benefit 3: Smart Hospi-Care Plus' and / or Optional Benefit 4: Smart Hospi-Cash' opted) As an Adult (other than the Primary Insured Member) : Lifelong As a Child : 24 years (in case 'Optional Benefit 2: Smart Acci-Care', and / or 'Optional Benefit 3: Smart Hospi-Care Plus' and /or 'Optional Benefit 4: Smart Hospi-Cash' opted)
	Exit Age	Adult: Lifelong Child: 25 years (in case 'Optional Benefit 2: Smart Acci-Care' , and / or 'Optional Benefit 3: Smart Hospi-Care Plus' and /or 'Optional Benefit 4: 'Smart Hospi-Cash' opted)
2	Cover Type	Coverage for 'Optional Benefit 1: Smart Criti-Care', 'Optional Benefit 2: Smart Acci-Care', 'Optional Benefit 4: Smart Hospi-Cash' and its Optional covers will be available on individual basis Option of Coverage for 'Optional Benefit 3: Smart Hospi-Care Plus' and its Optional covers is available either on Floater basis or Individual basis
3	Eligible Relationship with Applicant and Co-applicant (Primary Insured Member)	<ul style="list-style-type: none"> - Self, Spouse, dependent children, parents, parents-in-law or any other relationship having an insurable interest - Dependents or family members of Applicant & Co-applicant cannot be covered under same policy (wherever applicable) unless Applicant & Co-applicant are family members - In case of Corporates availing loan, Key Personnel will be Co-applicants
4	Target Group	This product is targeted at members who avail loans from the Financial institutions (only borrowers & their families or Key person of entity)
5	Group Size	Minimum: 7 members Maximum: No limit
6	Policy Tenure	Loan tenure up to 5 years (in multiple of 1 year)

2. SCOPE OF COVER

GENERAL CONDITIONS APPLICABLE TO ALL THE OPTIONAL BENEFITS AND OPTIONAL COVERS:

- (i) The Eligibility Criteria, Benefits mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
- (ii) In this document, words like “We”, “Us” or “Our/Ours” represents the Insurer i.e., “Religare Health Insurance Company” and “You” or “Your/Yours” represents the “Proposer” or “Policyholder” or “Insured member”.
- (iii) The applicability of any Optional Benefit or Optional Cover is subject to the Policyholder having opted that Optional Benefit or Optional Cover and such applicability is specified in the Policy Certificate.
- (iv) Under this Product, the Policyholder has to mandatorily opt for at least one out of the 4 Optional Benefits namely Optional Benefit 1 (Smart Criti- Care), Optional Benefit 2 (Smart Acci-Care), Optional Benefit 3 (Smart Hospi-Care Plus) and Optional Benefit 4 (Smart Hospi-Cash) in order to avail the Optional Covers of respective Optional Benefits.
- (v) All Claims shall be payable subject to the terms, conditions, wait periods and exclusions of the Policy and subject to availability of the Coverage amount against each and every Optional Benefit and Optional Cover.
- (vi) Optional Benefits and Optional Covers are subject to the limits and sub-limits specifically stated against each of them.
- (vii) Admissible Claims under Optional Benefits or Optional Covers shall at first be reduced by a Deductible (if applicable) or Co-payment (if applicable), as specified against those Optional Benefits or Optional Covers in the Policy Certificate, before the Company’s Liability for Claim payment triggers.
- (viii) Coverage amount of an Optional Cover under Optional Benefit 1 (Smart Criti- Care), Optional Benefit 2 (Smart Acci-Care) and Optional Benefit 3 (Smart Hospi-Care Plus) cannot be greater than the Coverage amount of its respective Optional Benefit
- (ix) Admissibility of a Claim under Optional Benefit 3 (Smart Hospi-Care Plus) is a pre-condition to the admission of a Claim under Optional Cover 1 (Pre Hospitalization & Post Hospitalization Medical Expenses), Optional Cover 2 (Room Rent Modification), Optional Cover 4 (Organ Donor Expenses) and Optional Cover A (Flexible Recovery Benefit) if opted only with Optional Benefit 3
- (x) Coverage amount of Optional Covers under Optional Benefit 1 (Smart Criti- Care) and Optional Benefit 3 (Smart Hospi-Care Plus) except Optional Cover 3 (Maternity Expenses), Optional Cover 13 (OPD Care), Optional Cover 14 (Everyday Care) will always form a part of Coverage amount of its respective Optional Benefit.
- (xi) Coverage amount of Optional Covers under Optional Benefit 2 (Smart Acci-Care) will always form a part of Coverage amount of Optional Benefit 2 (i) ‘Accidental Death’ (Except Optional Cover 4: Repatriation of Mortal Remains and Optional Cover 5: Accidental Hospitalization).
- (xii) On choosing Optional Benefit 2 (Smart Acci-Care), the Policyholder has a choice of opting for 2(i) or 2(ii) or 2(iii) or in any combination of them, provided Optional Benefit 2 (i) ‘Accidental Death’ to be mandatorily opted
- (xiii) Coverage amount of Optional Covers that are available for multiple Optional Benefits will always be over and above the Coverage amount of its respective Optional Benefit with which Optional Cover has been chosen
- (xiv) Wait Periods are applicable to Optional Benefit 1 (Smart Criti- Care), Optional Benefit 3 (Smart Hospi-Care Plus) and Optional Benefit 4 (Smart Hospi-Cash).
- (xv) The wait periods opted for Pre-Existing Diseases (PED), Named Ailments and Maternity for any Optional Benefit and its Optional Covers should be applicable to other Optional Benefit

and its Optional Covers (wherever applicable). In case different wait periods are selected, then maximum wait period will be applied.

- (xvi) Whenever wait period for PED opted is less than or equal to 24 months, PED wait period will be considered as base and wait period opted for Named Ailments shall be equal to PED wait period (as opted). For example, if wait period for PED is opted as 24 months, then Named Ailments wait period shall not be less than 24 months.
- (xvii) The event giving rise to a Claim under Optional Benefits and Optional Covers shall be within the Cover Year for the Claim of such Benefit to be accepted.
- (xviii) Option of Mid-term inclusion of a Member in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- (xix) Coverage for Optional Cover 'OPD Care' is provided for entire Cover year and is available to all the Insured members in a Floater Policy type along with Individual Policy type. All the valid OPD claim expenses incurred by the Insured Member in a Cover year will be payable / reimbursed by the Company. However, claim can be filed with the Company, only twice during that Cover year, as and when that Insured Member may deem fit.
- (xx) A Policyholder can opt either Optional Cover 9 (Smart Flexi Care) or Optional Cover 10 (Sub-limits on Hospitalization Expenses) but not both under Optional Benefit 3 (Smart Hospi-Care Plus)
- (xxi) Coverage under Optional Benefit 1 (Smart Criti- Care) and Optional Benefit 2 (Smart Acci-Care) should be in line with financial liability of Policyholder.
- (xxii) A Co-applicant is one who applies along with the Applicant for a loan.
- (xxiii) Under this Product, the Company will provide Policy Certificate to Policyholder and access of Certificate of Insurance will be provided to each Insured Member, therefore the references to the 'Policy Certificate' shall include references to the 'Certificate of Insurance'.
- (xxiv) Coverage under Optional Cover 13 (OPD Care) and Optional Cover 14 (Everyday Care) of Optional Benefit 3 (Smart Hospi-Care Plus) is available only up to 2 Adults
- (xxv) Deductible (if opted) under Optional Benefit 3 (Smart Hospi-Care Plus), it is applicable on the Optional Benefit 3 (Smart Hospi-Care Plus) and its Optional Covers namely Optional Cover 1 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Optional Cover 2 (Room Rent Modification), Optional Cover 4 (Organ Donor Cover), Optional Cover 9 (Smart Flexi Care), Optional Cover 10 (Sub-limits on Hospitalization Expenses). The Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Member in a Cover Year
- (xxvi) Co-payment (if opted) under Optional Benefit 3 (Smart Hospi-Care Plus), it is applicable on the Optional Benefit 3 (Smart Hospi-Care Plus) and its Optional Covers namely Optional Cover 1 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Optional Cover 2 (Room Rent Modification), Optional Cover 4 (Organ Donor Cover), Optional Cover 9 (Smart Flexi Care), Optional Cover 10 (Sub-limits on Hospitalization Expenses).

2.1. OPTIONAL BENEFIT 1 : SMART CRITI-CARE

- (a) If, during the Cover Period, an Insured Member made a Claim for any Critical Illness condition as chosen by Policyholder, then We will pay the Coverage Amount as chosen by Policyholder against this Optional Benefit subject to 30 days Survival Period
- (b) In case any Claim is admissible under this Optional Benefit, coverage under this Optional Benefit for that Insured Member shall immediately and automatically terminate. However, other Insured Members under the Policy shall continue to be covered under this Policy.
- (c) Exclusions applicable to Optional Benefit 1: Smart Criti-Care
- (i) Any Claim with respect to any Critical Illness diagnosed or which manifested prior to Cover Start Date or during Initial Wait Period
- (d) The list of covered critical illness, surgical procedures and medical events is :

CI Conditions	Category1 CI-1	Category2 CI-4	Category3 CI-9	Category4 CI-15	Category5 CI-20
Cancer Of Specified Severity	Y	Y	Y	Y	Y
Myocardial Infarction		Y	Y	Y	Y
Open Chest CABG		Y	Y	Y	Y
Stroke Resulting in Permanent Symptoms		Y	Y	Y	Y
Open Heart Replacement Or Repair Of Heart Valves			Y	Y	Y
Multiple Sclerosis with Persisting Symptoms			Y	Y	Y
Major Organ /Bone Marrow Transplant			Y	Y	Y
Permanent Paralysis Of Limbs			Y	Y	Y
Kidney Failure Requiring Regular Dialysis			Y	Y	Y
Benign Brain Tumour				Y	Y
Blindness				Y	Y

Motor Neurone Disease with Permanent Symptoms				Y	Y
End Stage Lung Failure				Y	Y
Third Degree Burns				Y	Y
Coma Of Specified Severity				Y	Y
Parkinson's Disease					Y
Alzheimer's Disease					Y
End Stage Liver Failure					Y
Bacterial Meningitis					Y
Aplastic Anaemia					Y

2.1.1 Optional Cover 1: Modification of Survival Period

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to modify the 'Survival Period' of 30 days (defined in Clause 2.1) to the Survival Period as chosen by Policyholder.

2.1.2 Optional Cover 2: HIV Cover

- a. If, during the Cover Year, an Insured Member is first diagnosed to be suffering from an HIV Infection, then We will pay the Coverage Amount mentioned against this Optional Cover as chosen by Policyholder or Rs.3 Crores (whichever is lower) and the Coverage under this Optional Cover shall be terminated for that Insured Member provided that, the HIV Infection is caused by any of the reasons other than as specified below:
 - (i) Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual)
- (a) For the purposes of this Optional Cover, "**HIV Infection**" means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics.
and /or;
a positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination.
- (b) In case any Claim is admissible under this Optional Cover, Coverage under this Optional Cover for that Insured Member shall immediately and automatically terminate.
- (c) Clause 4.3(a) (3) under Permanent Exclusions is superseded to the extent covered under this Optional Cover.
- b. **Exclusions Applicable to HIV Cover (Optional Cover 2):**
 - (i) Any Claim with respect to an HIV infection detected, diagnosed or which manifested prior to Cover Start Date or during Initial Wait Period

2.2. OPTIONAL BENEFIT 2 : SMART ACCI-CARE

We will provide coverage under Benefits 2(i), 2(ii) and 2(iii) of Benefit 'Smart Acci-Care' to any Insured Event arising worldwide. In case any Claim is admissible under Benefit 2(i) 'Accidental Death', coverage under the Policy for that Insured Member shall immediately and automatically terminate. However, the family members of the deceased, who are other Insured Members under the Policy, shall continue to be covered under this Policy. Our liability will commence subject to the availability of the Coverage Amount and while the policy is in force for insured events namely Accidental Death, Permanent Total Disablement and Permanent Partial Disablement which are explained below:

(i) Optional Benefit 2 (i): Accidental Death

If the Insured Member suffers an Injury during the Cover Period, which directly results in the Insured Member's death within 12 months from the date of Accident (including date of Accident), We will pay a fixed amount as chosen by Policyholder under this Benefit.

(ii) Optional Benefit 2 (ii): Permanent Total Disablement

- (a) If the Insured Member suffers an Injury during the Cover Year, which directly results in the Insured Member's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), We will pay a fixed amount as chosen by Policyholder and as per the 'PTD Table' below :

Sr. No.	Insured Events	Amount payable = % of the Coverage Amount chosen by Policyholder for Optional Benefit 2 (ii) 'Permanent Total Disablement'
I	Total and irrecoverable loss of sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or the total and irrecoverable loss of sight of one eye and loss by physical separation of one entire hand or one entire foot	100%
II	Total and irrecoverable loss of (a) use of two hands or two feet; or (b) one hand and one foot; or (c) sight of one eye and use of one hand or one foot	100%
III	Total and irrecoverable loss of sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot	50%
IV	Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
V	Paraplegia or Quadriplegia or Hemiplegia	100%

Note: For the purpose of Sr. No. I to IV above, physical separation of a hand or foot shall mean separation of the hand at or above the wrist, and of the foot at or above the ankle.

It is further agreed that in case of multiple events, the Company's maximum liability shall not exceed the amount specified against this benefit.

- (b) For the purpose of this Benefit only:

- (i) "Hemiplegia" means complete and irrecoverable paralysis of the arm, leg, and trunk on the same side of the body;

- (ii) "Paraplegia" means complete and irrecoverable paralysis of the whole of the lower half of the body (below waist) including both the legs;
- (iii) "Quadriplegia" means complete and irrecoverable paralysis of all four limbs.

(iii) Optional Benefit 2 (iii): Permanent Partial Disablement

If the Insured Member suffers an Injury during the Cover Year, which directly results in the Insured Member's Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident), We will pay a fixed amount as chosen by Policyholder and as per the 'PPD Table' below:

Sr. No.	Insured Events	Amount payable = % of the Coverage Amount specified chosen by Policyholder for Optional Benefit 2 (iii) 'Permanent Partial Disablement'
I	Total and irrecoverable loss of hearing in: -	
	a) Both ears	75%
	b) One ear	20%
II	Loss of toes	
	a) All	20%
	b) Both phalanges of great toes bilateral	5%
	c) Both phalanges of one great toe	2%
	d) Both phalanges of other than great toes for each toe	1%
III	Loss of four fingers and thumb of one hand	40%
IV	Loss of four fingers of one hand	35%
V	Loss of thumb	
	a) both phalanges	25%
	b) one phalanx	10%
VI	Loss of index finger	
	a) three phalanges	10%
	b) two phalanges	8%
	c) One phalanx	4%
VII	Loss of middle finger	
	a) three phalanges	6%
	b) two phalanges	4%
	a) One phalanx	2%
VIII	Loss of ring finger	
	a) three phalanges	5%
	b) two phalanges	3%
	c) One phalanx	2%
IX	Loss of little finger	
	a) three phalanges	4%
	b) two phalanges	3%
	c) One phalanx	2%
X	Loss of metacarpus	
	first or second	3%
	third, fourth or fifth	2%

XI	Permanent partial disablement not otherwise provided for under Sr. No. I to X inclusive.	Percentage of the Coverage Amount will be determined in accordance with the medical assessment carried out by the Medical Practitioner provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Coverage Amount
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Note: For the purpose of Insured Events II to X, loss means either actual physical separation or total and irrecoverable loss only.

It is further agreed that in case of multiple events, the Company's maximum liability shall not exceed the amount specified against this benefit.

2.2.1 Optional Cover 1: Fractures

- (a) If the Insured Member suffers an Injury during the Cover Year, which directly results in any of the fractures as specified below, We will pay a fixed amount as chosen by policyholder and as per the 'Fractures Table' below :

Sr. No.	Description of Fracture	Amount payable = % of the Coverage Amount chosen by Policyholder for this Optional Cover
I	Hip or Pelvis (excluding thigh or coccyx): Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
II	Hip or Pelvis (excluding thigh or coccyx) - All other Compound Fractures	50%
III	Thigh or Heel: Multiple fractures – at least one Compound Fracture and one Complete Fracture	100%
IV	Thigh or Heel: Multiple fractures – at least one Complete Fracture	50%
V	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures): Multiple Fractures – at least one Compound Fracture and one Complete Fracture	100%
VI	Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles-type fractures) : All other Compound Fractures	30%
VII	Colles type fracture of the lower arm – If Compound Fracture	100%
VIII	Colles type fracture of the lower arm – If Complete Fracture	50%

- (b) It is further agreed that:

- If an Injury results in more than one of the 'Description of Fractures' above, then our liability to pay shall not exceed the amount specified against this Optional Cover.
- We shall not be liable to make any payment in respect of dislocation of bones or joints or in respect of Hairline Fractures or Simple Fractures.

- (c) For the purpose of this Optional Cover only:

- Complete Fracture means a fracture where the bone is completely broken across and no connection is left between the pieces.

- (ii) Compound Fracture means a fracture where the bone breaks the skin and is exposed.
- (iii) Hairline Fracture means a mere crack in the bone.
- (iv) Simple Fracture means a fracture in which there is a basic and uncomplicated break in the bone and which in the opinion of a Medical Practitioner requires minimal and uncomplicated medical treatment.

2.2.2 Optional Cover 2: Disappearance

- (a) We shall admit its liability under this Cover, if the Insured Member's full body cannot be located within a period of consecutive 365 Days after a forced landing, stranding, sinking or wrecking of a Common Carrier wherein the Insured Member was a fare paying passenger or in any event arising as a result of any Acts of God Perils during the Cover Year, where it is reasonable to believe that such Insured Member has died as a result of an Injury.
- (b) We will only pay, when the nominee or legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that the amount We pay will be repaid to Us, if it is later found that the Insured Member survived such an Accident / Injury for which We had paid the Claim.

2.2.3 Optional Cover 3: Burns

- (a) If the Insured Member suffers an Injury during the Cover Year, which directly results in any of the following second or third degree burn injuries, We will pay a fixed amount as chosen by Policyholder and as per 'Burns Table' below:

Sr. No.	Description of Extent of Burn Injury	Amount payable = % of the Coverage Amount chosen by Policyholder against this Optional Cover
I	Third degree burns of 30% or more of the total body surface area	100%
II	Second degree burns of 30% or more of the total body surface area	50%
III	Third degree burns of 20% or more, but less than 30% of the total body surface area	80%
IV	Second degree burns of 20% or more, but less than 30% of the total body surface area	40%
V	Third degree burns of 10% or more, but less than 20% of the total body surface area	40%
VI	Second degree burns of 10% or more, but less than 20% of the total body surface area	20%
VII	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
VIII	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

- (b) If an Injury results in more than one of the 'Descriptions of Extent of Burn Injury' above, then our maximum liability shall not exceed the amount specified against this Optional Cover.

2.2.4 Optional Cover 4: Repatriation of Mortal Remains

- (a) If a Claim for any event under Optional Benefit 2 (i) 'Accidental Death' of the Policy has been admitted, then in addition to any amount payable under that Benefit, We will pay the Insured Member the amount chosen by Policyholder, for the transportation of Insured Member's body from the place of death to the city of last known address of the Insured Member as per our records or as per the request of the Insured Member's family.
- (b) Any Claim under this Optional Cover shall be payable if the death of the Insured Member occurs outside his/her city of residence.

2.2.5 Optional Cover 5: Accidental Hospitalization Expenses

If an Insured Member suffers an Injury during the Cover Year that requires:

- (i) **In-patient Care** – the In-Patient Hospitalization of Insured Member, then We will indemnify up to the amount chosen by Policyholder, subject to Deductible as chosen by Policyholder, for the Medical Expenses incurred on Hospitalization, provided that the Medically Necessary Hospitalization was on the written advice of a Medical Practitioner.
- (ii) **Day Care Treatment** – the Insured Member to undergo Day Care Treatment at a Day Care Centre or Hospital, then We will indemnify up to the amount chosen by Policyholder, subject to Deductible as chosen by Policyholder, for the Medical Expenses incurred on such Day Care Treatment, provided that the Medically Necessary treatment was taken on the written advice of a Medical Practitioner (The list of Day Care Treatments is attached as Annexure-I).
- (iii) Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Member in a Cover Year.

2.2.6 Optional Cover 6: Temporary Total Disablement (TTD)

If an Insured Member suffers an Accident during the Cover Year which is the sole and direct cause of a temporary disablement which completely prevents that Insured Member from performing each and every duty pertaining to his/her employment or occupation, then We will pay 1% of 'Optional Benefit 2(i): Accidental Death' Coverage amount or Max. of base Weekly Income or Rs. 50,000, whichever is lower as chosen by Policyholder, for each continuous and completed week of the Insured Member's Temporary Total Disablement, provided that:

- (i) For a single claim, maximum duration till which this Optional Cover will be payable is 100 weeks from the date of the Accident and if the Insured Member is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable.
- (ii) For the purpose of this Optional Cover only, Temporary Total Disablement means the temporary and total inability of an Insured Member to engage in his/her occupation or employment while that Insured Member is under the regular care of, and acting in accordance with, the instructions or on the written advice from the treating Medical Practitioner and is confined to bed.

- (iii) We will not pay any amount in excess of the Insured Member's base weekly income and this will specifically exclude overtime, bonuses, tips, commissions, special compensation or any compensation of similar nature.
- (iv) Our liability to make payment under this Optional Cover shall commence only upon completion of the period of Deductible on number of weeks, as chosen by Policyholder.
- (v) If a Claim arising out of an Injury is admissible under Optional Benefit 2.(ii) or 2.(iii), then a Claim arising out of the same Injury shall not be admitted under 'Temporary Total Disablement'.

2.2.7 Optional Cover 7: Suicide Cover

- (a) If an Insured Member commits suicide during the Cover Year, then We will pay the amount specified against this Optional Cover in the Certificate of Insurance, to the Nominee or legal heir of the Insured Member subject to 1 year wait period from the inception of Cover.
- (b) Clause 4.3 (a) (22) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

2.2.8 Optional Cover 8: Modification of Home / Vehicle

We will indemnify the relevant expenses incurred during the Cover Year, as chosen by Policyholder, for the reasonable and necessary modification of the Insured Member's regular place of residence and / or Vehicle, to facilitate the Insured Member's activities of daily living, consequent to an Injury, resulting in a Claim which is payable under Optional Benefit 2.(ii): Permanent Total Disablement and provided that:

- i) Conditions specific to Home Modification:
 - a) The expenses incurred shall not exceed the reasonable level of charges for similar alterations
 - b) The modifications are carried out in the house where Insured Member resides after Injury, within India
- ii) Conditions specific to Vehicle Modification:
 - a) The Vehicle so modified is the same Vehicle being used by the Insured member before the occurrence of such Injury
 - b) The expenses incurred shall not exceed the reasonable level of charges for similar Vehicle modification
- iii) Additional conditions specific to Optional Cover 8:
 - a) The modifications are exclusively for the benefit of the Insured Member only
 - b) The modifications are carried out within 3 (three) months from the Insured Member's intimation of claim under Optional Benefit 2.(ii): Permanent Total Disablement
 - c) The expenses are not related to repair of normal wear and tear or renovation or improvisation of existing set-up
 - d) This Optional Cover will be applicable only if the Policyholder has opted for Optional Benefit 2.(ii): Permanent Total Disablement

2.3. OPTIONAL BENEFIT 3 : SMART HOSPI-CARE PLUS

If an Insured Member is diagnosed with an Illness or suffers an Injury which requires the Insured Member to be admitted in a Hospital in India which should be Medically Necessary during the Cover Year and while the Policy is in force for:

a. In-patient Care

We will indemnify the Insured Member for Medical Expenses incurred towards Hospitalization, through Cashless or Reimbursement Facility, maximum up to the Coverage Amount as chosen by Policyholder, subject to Deductible as chosen by Policyholder, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

b. Day Care Treatment

We will indemnify the Insured Member for Medical Expenses incurred on Day Care Treatment up to the Coverage Amount as chosen by Policyholder, subject to Deductible as chosen by Policyholder, provided that:

- a) the Day Care Treatment is listed as per the Annexure-I to Prospectus; and
- b) the period of treatment of the Insured Member in Hospital/Day Care Centre does not exceed 24 hours; and
- c) the Day Care Treatment was taken on the advice of a Medical Practitioner; and
- d) the Medical Expenses incurred are Reasonable and Customary Charges that were necessarily incurred.

c. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

We will indemnify the Insured Member for Relevant Medical Expenses incurred which are Medically Necessary, only through Reimbursement Facility, maximum up to the Coverage Amount, as chosen by Policyholder, provided that the Medical Expenses so incurred are related to the same Illness/Injury for which We have accepted the Insured Member's Claim under Optional Benefit 3 (Smart Hospi-Care Plus) and subject to the conditions specified below:

- (i) Under Relevant Pre-hospitalization Medical Expenses, for a period of 30 days immediately prior to the Insured Member's date of admission to the Hospital, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Cover Start Date; and
- (ii) Under Relevant Post-hospitalization Medical Expenses, for a period of 60 days immediately after the Insured Member's date of discharge from *the Hospital*.

d. Domiciliary Hospitalization

We will indemnify the Insured Member, only through Reimbursement Facility, maximum up to the coverage amount as chosen by Policyholder, subject to Deductible as chosen by Policyholder, for the Medical Expenses incurred towards Domiciliary Hospitalization, i.e., Coverage extended when Medically Necessary treatment is taken at home, subject to the conditions specified below:

- (i) The Domiciliary Hospitalization continues for a period exceeding 3 consecutive days.

- (ii) The Medical Expenses are incurred during the Cover Year.
- (iii) The Medical Expenses are Reasonable and Customary Charges which are necessarily incurred.
- (iv) Any Pre Hospitalization and Post Hospitalization Medical Expenses shall not be payable under this Benefit
- (v) Any Maternity related expenses shall not be payable under this Benefit.
- (vi) Any Medical Expenses incurred for the treatment in relation to any of the following diseases shall not be payable under this Benefit:
 1. Asthma;
 2. Bronchitis;
 3. Chronic Nephritis and Chronic Nephritic Syndrome;
 4. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
 5. Diabetes Mellitus and Diabetes Insipidus;
 6. Epilepsy;
 7. Hypertension;
 8. Influenza, cough or cold;
 9. All Psychiatric or Psychosomatic Disorders;
 10. Pyrexia of unknown origin for less than 10 days;
 11. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
 12. Arthritis, Gout and Rheumatism.

For the purpose of above Clause, **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:

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

e. **Ambulance Expenses**

We will indemnify the Insured Member, through Cashless or Reimbursement Facility, up to Rs.2000 for Coverage amount less than or equal to Rs. 10Lacs or up to Rs.5000 for Coverage amount greater than Rs. 10Lacs to Rs. 50 Lacs or up to Rs.10,000 for Coverage amount greater than Rs. 50 Lacs, subject to deductible as chosen by Policyholder, for the Reasonable and Customary Charges necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Member's necessary transportation, provided that the necessity of such Ambulance transportation is certified by the treating Medical Practitioner and subject to the conditions specified below:

- (i) Such Transportation is from the place of occurrence of Medical Emergency of the Insured Member, to the nearest Hospital; and/or
- (ii) Such Transportation is from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Member, following an Emergency.

Note: Deductible option under this Optional Benefit 3 (Smart Hospi Care Plus) is available only if Coverage amount of Rs. 50,000 or more is chosen

2.3.1 Optional Cover 1: Pre-Hospitalization and Post-Hospitalization Medical Expenses Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to modify:

- a. the maximum amount
- b. the Duration

as chosen by Policyholder, provided that:

- (i) the Medical Expenses incurred are admissible under Smart Hospi-Care Plus (Optional Benefit 3)
- (ii) we shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Cover Start Date; and
we shall not be liable to make payment for any Post-hospitalization Medical Expenses that were incurred 60 days or more after the Cover End Date

2.3.2 Optional Cover 2: Room Rent Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to the following under this Policy:

a) Non-ICU Room Category:

We agree to make payment for Medical Expenses incurred under Non-ICU room category under any admissible Claim shall be limited to the percentage (%) of the Coverage Amount per day or Rs.15,000 per day whichever is lower, or specific Room Category or No Sub-limit as chosen by Policyholder.

b) ICU Room Category:

We agree to make payment for Medical Expenses incurred under ICU room category under any admissible Claim shall be limited to twice the percentage (%) opted for Non ICU Room Category of the Coverage Amount per day or Rs.30,000 per day whichever is lower, as specified in the Certificate of Insurance.

Note: No Sub-limit for Coverage Amount if either Single Private Room or Twin Sharing Room is opted under Non ICU Room Category

2.3.3 Optional Cover 3: Maternity Expenses

We shall indemnify the Insured Member, through Cashless or Reimbursement Facility, for the Medical Expenses associated with Hospitalization of an Insured Member for the delivery of a child, up to amount (as chosen by Policyholder), subject to the conditions specified below:

- (a) This Optional Cover is available only under Floater cover type for all Insured Members of age 18 years or above.
- (b) We shall not be liable to make payment under this Optional Cover in respect of an Insured Member for more than the number of deliveries as chosen by Policyholder, during that Insured Member's lifetime.
- (c) Coverage is available only if the delivery occurs after the completion of the wait period (as chosen by Policyholder) where Wait period will apply once the Insured Member attains age 18 years or above.

- (d) Coverage under this Optional Cover is not available in case the Insured Member's age is greater than 40 years at the time of Cover start date; and
- (e) Maternity Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Benefit.
- (f) For this purpose 'week' shall constitute any consecutive 7 days.
- (g) Medical Expenses for ectopic pregnancy are not covered under this Optional Cover.
- (h) We shall be liable to make payment in respect of any Hospitalization arising due to involuntary medical termination of pregnancy, as per MTP Act, 1971(amended) and other applicable laws and rules.
- (i) Clause 4.3 (a) (4) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

2.3.4 Optional Cover 4: Organ Donor Expenses

We will indemnify the Insured Member, through Cashless or Reimbursement Facility, up to the amount as chosen by Policyholder, for the Medical Expenses incurred in respect of the donor, for any organ transplant surgery during the Cover Year, subject to the conditions specified below:

- (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 Insured Member is the recipient of the Organ so donated by the Organ Donor.
- (iii) We will not be liable to pay the Medical Expenses incurred by the Insured Member towards Pre-Hospitalization and Post Hospitalization Medical Expenses (Optional Cover 1) or any other Medical Expenses in respect of the donor consequent to the harvesting.
- (iv) Clause 4.3 (a) (18) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

2.3.5 Optional Cover 5: International Second Opinion

If Insured Member is suffering from a serious illness / injury and feels uncertain about diagnosis or wish to get a second opinion outside India from a doctor on medical reports for any other reason, we arrange one for Insured Member, free of cost, without any impact on Coverage Amount. This Optional Cover is available to every Insured Member, once for each Illness / Injury per Cover year.

2.3.6 Optional Cover 6: Modification of 'Initial Wait Period'

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to waive off the 'Initial Wait Period' (defined in Clause 4.2(a))

2.3.7 Optional Cover 7: 'Pre-Existing Diseases' Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to modify:

- Wait Period of 48 months for Pre-existing diseases' (defined in Clause 4.2(c)) to the Wait Period as chosen by Policyholder
- The amount of coverage for Pre-existing diseases will be limited to the Coverage Amount as chosen by Policyholder
- Co-payment shall be applicable on the amount payable by Us as chosen by Policyholder. Co – payment is applicable only in case of a claim due to Pre-existing disease.

Note: Co-pay or sub-limit opted under this Optional Cover is applicable to the Insured only till the completion of continuous coverage of maximum 48 months under this policy

2.3.8 Optional Cover 8: 'Named Ailments' Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to modify:

- Wait Period of 24 months for 'Specific Wait Period for Named Ailments' (defined in Clause 4.2(b)) to the Wait Period as chosen by Policyholder.
- The amount of coverage for Named Ailments will be limited to the Coverage Amount as chosen by Policyholder.
- Co-payment shall be applicable on the amount payable by Us. Co – payment is applicable only in case of a claim due to Named ailments.

Note: Co-pay or sub-limit opted under this Optional Cover is applicable to the Insured only till the completion of continuous coverage of maximum 24 months under this policy

2.3.9 Optional Cover 9: Smart Flexi Care

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to make payment for Medical Expenses incurred in respect of below mentioned treatments under any admissible Claim under Smart Hospi-Care Plus (Optional Benefit 3), limited to the amount opted against each defined treatment, as chosen by Policyholder
Sub-limit opted on any defined treatment cannot be greater than the Coverage Amount opted under Smart Hospi-Care Plus (Optional Benefit 3) and can be chosen in any combination from the below:

S.No	Treatment
1	Cataract
2	Total Knee Replacement
3	Treatment for each and every Ailment / Procedure mentioned below: <ol style="list-style-type: none"> Surgery for treatment of all types of Hernia Hysterectomy Surgeries for Benign Prostate Hypertrophy (BPH) Surgical treatment of stones of renal system
4	Treatment for each and every Ailment / Procedure mentioned below: <ol style="list-style-type: none"> Treatment of Cerebrovascular and Cardiovascular disorders Treatments/Surgeries for Cancer Treatment of other renal complications and Disorders Treatment for breakage of bones

2.3.10 Optional Cover 10: Sub-limits on Hospitalization Expenses

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, Our maximum liability to make payment for Medical Expenses incurred under any admissible Claim under the Smart Hospi-Care Plus (Optional Benefit 3) shall be limited to the amount opted and as defined below:

- i) **Sub-limits on Surgeries:** Our maximum liability to make payment for Medical Expenses in respect of Hospitalization due to Surgeries and Hospitalization other than due to Surgeries under the Smart Hospi-Care Plus (Optional Benefit 3) shall be limited to amount opted, as chosen by Policyholder
- ii) **Sub-limits on Accidents:** Our maximum liability to make payment for Medical Expenses in respect of Accidental and Non-Accidental Hospitalization under the Smart Hospi-Care Plus (Optional Benefit 3) shall be limited to amount opted, as chosen by Policyholder

Note: Only one of the above mentioned options either (i) or (ii) can be opted but not in any combination

2.3.11 Optional Cover 11: Co-Payment

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, the Insured Member will bear a Co-payment, as chosen by Policyholder, in accordance with Clause 5.5 and our liability shall be restricted to the balance amount payable.

The Co-payment shall be applicable to each and every admissible claim for each Insured Member as defined in the Policy under the Smart Hospi-Care Plus (Optional Benefit 3).

2.3.12 Optional Cover 12: Smart Select

If this Optional Cover is opted, then Insured Member is entitled for a discount of 15% on the 'Smart Hospi-Care Plus (Optional Benefit 3)' Premium payable, subject to following conditions:

- (i) If the Insured Member takes Medical Treatment in hospitals other than those listed in Annexure – IV to the Prospectus, then the Insured Member shall bear a Co-Payment of 20% on each and every Claim arising in such regard, which will be in addition to any other co-payment (if any) applicable in the Policy.
- (ii) However, no such additional co-payment shall be applicable if treatment is availed in the hospitals listed in Annexure IV to the Prospectus.

NOTE: For an updated list of Hospitals mentioned under Annexure – IV to the Prospectus, the Insured Member should refer to our Website.

2.3.13 Optional Cover 13: OPD Care

We will indemnify the Insured Member, only through Reimbursement Facility, for availing Out-Patient consultations, Diagnostic Examinations and Pharmacy expenses, up to the amount chosen by Policyholder, during the Cover Year, subject to the following conditions:

- Coverage for Optional Cover 'OPD Care' is provided for entire Cover Year and is available to:
 - All Insured members if covered on Individual Policy basis

- All Insured members subject to 2 Adults in a Policy if covered on Floater Policy basis (1A + 1C / 1 A + 2 C / 1 A + 3 C / 1 A + 4 C / 2 A / 2 A + 1 C / 2 A + 2 C / 2 A + 3 C / 2 A + 4 C)
- All the valid OPD claim expenses incurred by the Insured Member in a Cover Year will be payable / reimbursed by Us. However, claim can be filed with Us, only twice during that Cover Year, as and when that Insured Member may deem fit.

2.3.14 Optional Cover 14: Everyday Care

- a) We will provide the following Everyday Care Services (the “Services”) through Cashless facility, to the Insured Member during the Cover Year, under this Optional Cover subject to Coverage amount of Rs. 2 Lacs or higher is chosen
- b) Coverage for Optional Cover ‘Everyday Care’ is provided for entire Cover Year and is available to:
 - All Insured members if covered on Individual Policy basis
 - All Insured members subject to 2 Adults in a Policy if covered on Floater Policy basis (1A + 1C / 1 A + 2 C / 1 A + 3 C / 1 A + 4 C / 2 A / 2 A + 1 C / 2 A + 2 C / 2 A + 3 C / 2 A + 4 C)

(i) Out-Patient consultations:

The Insured Member may avail out-patient treatment at any of our Network Provider or other empanelled Provider which is payable up to 1% of ‘Smart Hospi-Care Plus (Optional Benefit 3)’ Coverage Amount (as chosen by Policyholder). For the purpose of this Benefit, a Co-payment of 20% per consultation is applicable.

(ii) Diagnostic Examinations:

The Insured Member may avail Diagnostic Examination facilities anywhere within our Network Provider or other empanelled Provider which is payable up to 1% of ‘Smart Hospi-Care Plus (Optional Benefit 3)’ Coverage Amount (as chosen by Policyholder), as prescribed by a Medical Practitioner. For the purpose of this Benefit, a Co-payment of 20% per Diagnostic Examination is applicable.

(iii) Health Care Services which include only the following:

- a) **Doctor Anytime /Free Health Helpline:** The Insured Member may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting Us on the helpline details specified on our website;
- b) **Health Portal:** The Insured Member may access health related information and services available through our website;
- c) **Health & Wellness Offers:** The Insured Member may avail discounts primarily on the OPD Consultations, Diagnostics and Pharmacy offered through our Network Provider (which are listed on our website).

Note: For the purpose of above Clause, **Empanelled Provider** means any person, organization, institution that has been empanelled with Us to provide Services specified under this Optional Cover to the Insured Member.

2.3.15 Optional Cover 15: No Claims Bonus

At the end of each Cover Year, We will enhance the Coverage Amount under Smart Hospi-Care Plus (Optional Benefit 3) by 10% flat, on a cumulative basis, as a No Claims Bonus for each completed and continuous Cover Year, provided that no Claim has been paid by Us in the expiring Cover Year, and subject to the conditions specified below:

- i. In any Cover Year, the accrued No Claims Bonus shall not exceed 50% of the Coverage Amount available in the renewed Policy.
- ii. The No Claims Bonus shall not enhance or be deemed to enhance any Conditions as prescribed under Clause 2.3(d).
- iii. For a Floater policy, the No Claims Bonus shall be available on Floater basis and shall accrue only if no Claim has been made in respect of any Insured Member during the expiring Cover Year. The No Claims Bonus which is accrued during the claim-free Cover Year will only be available to those Insured Members who were insured in such claim-free Cover Year and continue to be insured in the subsequent Cover Year.
- iv. The entire No Claims Bonus will be forfeited if the Policy is not continued / renewed on or before Cover End Date or the expiry of the Grace Period whichever is later.
- v. The No Claims Bonus shall be applicable on an annual basis subject to continuation of the Policy.
- vi. If the Insured Members in the expiring policy are covered on Individual basis and thus have accumulated the No Claims Bonus for each Insured Member in the expiring policy, and such expiring policy is renewed with Us on a Floater basis, then the No Claims Bonus to be carried forward for credit in this Policy would be the least No Claims Bonus amongst all the Insured Members.
- vii. If the Insured Members in the expiring policy are covered on a Floater basis and such Insured Members renew their expiring Policy with Us by splitting the Floater Coverage Amount in to 2 (two) or more Floater / Individual covers, then the No Claims Bonus of the expiring Policy shall be apportioned to such renewed Policy in the proportion of the Coverage Amount of each of the renewed Policy.
- viii. This clause does not alter our right to decline renewal or cancellation of the Policy for reasons as specified in Clause 6.1 (Disclosure to Information Norm)
- ix. In the event of a Claim occurring during any Cover Year, the accrued No Claims Bonus will be reduced by 10% of the Coverage Amount at the commencement of next Cover Year, but in no case shall the Total Coverage Amount be reduced than the Coverage Amount. Further, if Claim has been reported in expiring Cover year but No Claims Bonus has been made available by Us in the next Cover Year and if such Claim is ultimately paid in the next Cover Year, the No Claims Bonus which is made available for that Cover Year will be retrieved
- x. In case Coverage Amount under the Policy is reduced at the time of renewal, the applicable No Claims Bonus shall also be reduced in proportion to the Coverage Amount.
- xi. In case Coverage Amount under the Policy is increased at the time of renewal, the No Claims Bonus shall be calculated on the Coverage Amount applicable on the last completed Cover Year.
- xii. Accrued '**No Claims Bonus**' under this Policy can be utilized for Optional Benefit 3 (Smart Hospi-Care Plus) and its Optional Covers namely Optional Cover 1 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Optional Cover 3 (Maternity Expenses), Optional Cover 4 (Organ Donor Cover), Optional Cover 9 (Smart Flexi Care) if opted for.
- xiii. In case no claim is made in a particular Cover Year, No Claims Bonus would be credited automatically to the subsequent Cover year, even in case of multi-year Policies
- xiv. All conditions applicable to Smart Hospi-Care Plus (Optional Benefit 3) will be applicable for this Optional Cover

2.3.16 Optional Cover 16: Annual Health Check-up

- (i) On the Policyholder's / Insured Member's request, through Cashless Facility, We will arrange for the Insured Member's Annual Health Check-up for the list of medical tests specified below at its Network Provider or other Service Providers specifically empanelled with us to provide the services, in India, as chosen by Policyholder, subject to the conditions specified below:
- a) This Benefit shall be available only once during a Cover Year per Insured Member; and
 - b) This benefit does not reduce the Coverage Amount.
- (ii) Medical Tests covered under Annual Health Check-up, applicable for Insured Members who are of Age 18 years or above on the Cover Start Date, are as follows:

Set No.	List of Medical Tests covered as a part of Annual Health Check-up
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test

- (iii) Medical Tests covered under Annual Health Check-up, applicable for Insured Members who are of Age below 18 years on the Cover Start Date, are as follows :-

List of Medical Tests covered as a part of Annual Health Check-up
Physical Examination (Height, Weight and Body Mass Index (BMI)), Eye Examination, Dental Examination and Scoring, Growth Charting, Doctor Consultation, Urine Examination (Routine and Microscopic)

2.4. OPTIONAL BENEFIT 4 : SMART HOSPI-CASH

We will pay a fixed amount, as chosen by policyholder, for each continuous and completed period of 24 hours of Hospitalization of an Insured Member, subject to the conditions specified below:

- (i) We shall not be liable to make payment under this Optional Benefit for initial 1 day of hospitalization
- (ii) We are liable to make payment under this Optional Benefit up to a maximum defined number of days (as chosen by policyholder) in a Cover Year.
- (iii) This Benefit is valid only during the Cover Year and only for Medically Necessary In-patient Hospitalization of that Insured Member.

2.4.1 Optional Cover 1: 'Deductible' Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to modify the deductible of 1 day proposed against 'Optional Benefit 4: Smart Hospi-Cash' (defined in Clause 2.4(i)) to the deductible as chosen by policyholder.

2.4.2 Optional Cover 2: 'Pre-Existing Diseases' Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to modify the Wait Period of 48 months for 'Pre-existing diseases' (defined in Clause 4.2(c)) to the Wait Period as chosen by policyholder.

2.4.3 Optional Cover 3: 'Named Ailments' Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Cover, We agree to modify the Wait Period of 24 months for 'Specific Wait Period for Named Ailments' (defined in Clause 4.2(b)) to the Wait Period as chosen by policyholder.

2.4.4 Optional Cover 4: Maternity Benefit

We will pay a fixed amount per day to an Insured Member as chosen by Policyholder, for the Maternity Expenses incurred in respect of the Hospitalization of that Insured Member, for the delivery of the child, subject to the following conditions:

- i. This Optional Cover is available for all Insured Members of age 18 years or above.
- ii. Coverage is available only if the delivery occurs after the completion of the wait period (specified in Certificate of Insurance) where Wait period will apply once the Insured Member attains age 18 years or above
- iii. Claims under this Optional Cover will be admissible only after the completion of applicable Maternity Wait Period, as chosen by Policyholder; and
- iv. Only first 2 deliveries per an Insured Member's lifetime will be admissible under one Policy; and
- v. We shall be liable to make payment in respect of any Hospitalization arising due to lawful medical termination of pregnancy during the Policy Period, as per MTP Act, 1971(amended) and other applicable laws and rules
- vi. Payment under this benefit is not admissible in case the Insured Member's age is greater than 40 years; and
- vii. Clause 4.3 (a) (4) under Permanent Exclusions, is superseded to the extent covered under this Optional Cover.

2.4.5 Optional Cover 5: ICU Cash Benefit

Under this Optional Cover, We will pay twice the amount opted under Smart Hospi-Cash (Optional Benefit 4) or Rs.50,000, whichever is lower as chosen by Policyholder, for each continuous and completed period of 24 hours of Intensive Care Unit (ICU) Stay during Hospitalization of an Insured Member, subject to the conditions specified below:

- i. We shall not be liable to make payment under this Optional Cover for a specified number of days (deductible) which will be same as opted under Smart Hospi-Cash (Optional Benefit 4); for each period of ICU Stay during Hospitalization arising from Any One Illness or Injury; and
- ii. We are liable to make payment under this Optional Benefit up to a maximum defined number of days (as chosen by policyholder) in a Cover Year
- iii. This Optional Cover is valid only during the Cover Year and only for Medically Necessary ICU Stay during Hospitalization of that Insured Member.

3. Optional Covers available for Multiple Optional Benefits

1. Optional Cover A: Flexible Recovery Benefit

- (a) If the Insured Member undergoes Medically Necessary Hospitalization, during the Cover Year, then We will pay the amount specified against this Optional Cover as chosen by Policyholder, for every completed period (which has defined number of days as chosen by Policyholder) for each Claim provided that:
 - (i) We shall be liable to make payment under this benefit for any Claim in respect of the Insured Member only when the Deductible on that Claim is exhausted.
 - (ii) This Benefit will be payable for a maximum of 2 times in a Cover Year (for different injury causing events leading to Hospitalization) and maximum 3 payments per hospitalization.
 - (iii) Period of Hospitalization can be opted from either 1 / 2 / 3 / 4 / 5 days
- (b) This Optional Cover can be chosen with only one of the following Optional benefits:
 - (i) Smart Criti-Care (Optional Benefit 1) or
 - (ii) Smart Acci-Care (Optional Benefit 2) or
 - (iii) Smart Hospi-Care Plus (Optional Benefit 3) or
 - (iv) Smart Hospi-Cash (Optional Benefit 4)
- (c) If this Optional Cover is opted with Smart Acci-Care (Optional Benefit 2), then Coverage under this Optional Cover is provided only in case of Accidental Hospitalization

Illustration: If an Insured has opted for INR 1000 coverage amount with minimum completed hospitalization period 3 days and periodicity of 2 days.

Now, if the insured is hospitalized for 8 consecutive days, he/she will get following amounts under this benefit:

INR 1000 on completion of 3rd day (i.e. minimum hospitalization duration)

Another INR 1000 on completion of 5th day (i.e. after 2 days periodicity)

Another INR 1000 on completion of 7th Day (i.e. after completion of further 2 days periodicity) which in total constitutes to INR 3000 for complete hospitalization.

2. Optional Cover B: Child Education

If a Claim for any Insured Event under Smart Criti-Care (Optional Benefit 1) or Accidental Death (Optional Benefit 2 (i)) or Permanent Total Disablement (Optional Benefit 2 (ii)) of the Policy has been admitted, then in addition to any amount payable under that Optional Benefit, We will pay the amount as chosen by Policyholder, for the education of the Insured Member's child subject to following conditions:

- (a) This Optional Cover can be chosen only with the following Optional benefits:
 - (i) Smart Criti-Care (Optional Benefit 1) and / or
 - (ii) Smart Acci-Care (Optional Benefit 2)
- (b) A valid document establishing the Age of child and relationship between the child and the Insured Member is submitted.
- (c) For the purpose of this Optional Cover, "Child" means a child (natural or legally adopted), who is :
 - (i) Financially dependent on the Insured Member;
 - (ii) Does not have his/her independent sources of income; and

(iii) Has not attained 25 years of Age at Cover Start date.

3. Optional Cover C: Loss of Employment

- (a) If an Insured Member is unable to attend his/her regular Job due to following, then We will pay a fixed lump sum subject to maximum 6 times of EMI , as chosen by Policyholder.

Termination from employment of the Insured Member or his/her dismissal, temporary suspension or retrenchment from employment imposed on him by the employer during the Cover Year as per the employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority.

Coverage under this Optional Cover is applicable subject to claim admissibility under Optional Benefit 1: Smart Criti Care or Optional Benefit 2.(ii): Permanent Total Disablement or Optional Benefit 2.(iii): Permanent Partial Disablement

- (b) This Optional Cover can be chosen with only one of the following Optional benefits:

- (i) Smart Criti-Care (Optional Benefit 1) or
- (ii) Smart Acci-Care (Optional Benefit 2)

(c) **Exclusions Applicable to Optional Cover C:**

1. We shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his/her wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. We shall not be liable to make any payment under this Policy in connection with or in respect of: a) Self-employed persons; b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer; c) Any voluntary unemployment; d) Unemployment at the time of inception of the Cover Year or arising within the first 90 days of inception of the Cover Year.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.

4. Optional Cover D: Accidental Hospitalization Cash

- (a) If an Insured Member undergoes Medically Necessary In-Patient Hospitalization, due to an Injury which is suffered during the Cover Year, We will pay the amount as chosen by Policyholder, for each continuous and completed period of 24 hours of such Hospitalization of the Insured Member, provided that:

- (i) The amount assessed by Us on each admitted Claim for the Insured Member under this Optional Cover shall be reduced by a Deductible on number of days as chosen by Policyholder. We shall be liable to make payment under the Policy for any Claim in respect of the Insured Member only when the Deductible on that Claim is exhausted.
 - (ii) We are liable to make payment under this Optional Cover maximum up to 90 days in a Cover Year.
- (b) This Optional Cover can be chosen with only one of the following Optional benefits:
 - (i) Smart Acci-Care (Optional Benefit 2) or
 - (ii) Smart Hospi-Cash (Optional Benefit 4)
- (c) If this Optional Cover is opted with Smart Hospi-Cash (Optional Benefit 4), then claim is admissible only under this Optional Cover and not under Smart Hospi-Cash (Optional Benefit 4)

4. Exclusions

4.1. Wait Period (applicable to Smart Criti-Care (Optional Benefit 1) and its Optional Covers):

a. 90-Day Initial wait period

- (i) We shall not be liable to make any payment under Optional Benefit 1 and its Optional Covers in respect of any Insured Event whose signs or symptoms first occur within 90 days of the Cover Start Date.
- (ii) This exclusion shall not apply for subsequent Cover Years provided that there is no break in insurance cover for that Insured Member and that the Policy has been renewed with Us for that Insured Member within the Grace Period and for the same or lower Coverage Amount.

4.2. Wait Periods (applicable to Smart Hospi-Care Plus (Optional Benefit 3), Smart Hospi-Cash (Optional Benefit 4) and its Optional Covers:

a. Initial wait period

Claims under Smart Hospi-Care Plus (Optional Benefit 3), Smart Hospi-Cash (Optional Benefit 4) and its Optional Covers shall not be admissible during the first 30 days from the Cover Start Date, except on occurrence of an Insured Event which is incurred directly as a result of an Accidental Injury taking place within the Cover Year. This exclusion shall not apply for subsequent Cover Year provided that there is no Break in Policy for that Insured Member and that the Policy has been renewed with Us for that Insured Member within the Grace Period and for the same or lower Coverage Amount.

b. Specific Wait Period for Named Ailments:

Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 (twenty four) consecutive months of coverage of the Insured Member by Us under this Policy:

1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery(unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders
3. Benign Prostatic Hypertrophy
4. Cataract
5. Dilatation and Curettage
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
7. Surgery of Genito-urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcers
14. Genetic disorders

- c. **Wait Period for Pre-existing Diseases:** Claims with respect to diagnosis / treatment of any Pre-existing Disease will not be admissible during the first 48 consecutive months of coverage of the Insured Member with Us.
- d. If the Coverage Amount is enhanced on any renewal of this Policy, the wait periods as defined above in Clauses 4.2(a), 4.2(b) and 4.2(c) shall be applicable afresh to the incremental Coverage Amount only.
- e. The Wait Periods as defined in Clauses 4.2(a), 4.2(b) and 4.2(c) shall be applicable individually for each Insured Member and Claims shall be assessed accordingly.
- f. If Coverage for Benefits or Optional Covers is added afresh at the time of renewal of this Policy, the Wait Periods as defined above in Clauses 4.2(a), 4.2(b) and 4.2(c) shall be applicable afresh to the newly added Benefits or Optional Covers, from the time of such renewal

4.3. Permanent Exclusions:

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

- a) The following list of permanent exclusions is applicable to all the Benefits and Optional Covers:
 - 1. We shall not admit any Claim in respect of an Insured Member which involves treatment/consultation in any of the hospitals as listed in Annexure – III to Prospectus.
 - 2. Treatments rendered by a Doctor who shares the same residence as an Insured Member or who is a member of an Insured Member's family.
 - 3. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
 - 4. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident), childbirth, maternity (including caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
 - 5. Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
 - 6. 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.
 - 7. Charges incurred (or Treatment undergone) in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
 - 8. Unproven/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any

Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.

9. Expenses incurred (or Treatment undergone) on High Intensity Focused Ultra Sound, Balloon Sinuplasty, Enhanced External Counter Pulsation Therapy and related therapies. Deep Brain Simulation, Hyperbaric Oxygen Therapy, Robotic Surgery ((whether invasive or non-invasive), Holmium Laser Enucleation of Prostate, KTP Laser surgeries, cyber knife treatment, Femto laser surgeries, bioabsorbable stents.
10. Any expenses related to instruments used in treatment of sleep disorder or sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
11. Any treatment related to general debility convalescence, cure, rest cure, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital.
12. Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
13. Treatment of mental illness or psychological disorders or Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness.
14. Cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns.
15. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.
16. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
17. All preventive care (except eligible and entitled for Optional Cover 16: Annual Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment), vitamins and tonics.
18. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
19. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
20. 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.
21. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Member with any criminal intent.
22. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.
23. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

- c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- 24. Impairment of an Insured Member's intellectual faculties by abuse of stimulants or depressants.
- 25. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
- 26. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions.
- 27. Stem cell implantation/surgery and storage except for allogeneic bone marrow transplantation
- 28. All the Hazardous Activities
- 29. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
- 30. Remicade, Avastin or similar injectable treatment not requiring 24 hour hospitalization.
- 31. Oral Chemotherapy.

b) Additional Exclusions applicable to any Claim under the Optional Benefit 2 'Smart Acci-Care':

Any Claim in respect of any Insured Member 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:

- 1. Any pre-existing injury or disability;
- 2. The Insured Member operating or learning to operate any aircraft or performing duties as a member of a crew on any aircraft or Scheduled Airline or any airline personnel;
- 3. The Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
- 4. Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanor;
- 5. The Insured Member engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
- 6. The Insured Member working in or with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography;
- 7. Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport;
- 8. Any change of profession after inception of the Policy which results in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the schedule of Policy Certificate or Certificate of Insurance;
- 9. Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Cover Year;
- 10. Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound);
- 11. As a result of any curative treatments or interventions that the Insured Member has carried out or have carried out on the Insured Member's body.

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

5. Claims Intimation, Assessment and Management

5.1 Claims Intimation

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

- (i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at our call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization benefits.
Note: 5.1 (i) and 5.1 (ii) are precedent to admission of liability under the policy.
- (iii) The following details are to be disclosed to Us at the time of intimation of Claim:
 - 1. Policy Number;
 - 2. Name of the Primary Insured Member;
 - 3. Name of the Insured Member in respect of whom the Claim is being made;
 - 4. Nature of Illness or Injury or contingency for which Claim has been made and the Benefit under which the Claim is being made;
 - 5. Name and address of the attending Medical Practitioner and Hospital, if applicable;
 - 6. Date and place of Injury or Death and/or Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization, if applicable;
 - 7. Any other necessary information, documentation or details requested by the Company.
- (iv) In case of an Emergency Hospitalization, We shall be notified either at our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Member's discharge from Hospital.
- (v) In case of an Planned Hospitalization, We shall be notified either at the our call center or in writing atleast 48 hours prior to planned date of admission to Hospital

5.2 Claims Procedure

(a) Cashless Facility

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

- (i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available on our Website or with the Network Provider, has to be duly filled and signed by the Insured Member and the treating Medical Practitioner, as applicable, which has to be

submitted electronically by the Network Provider to Us for approval. Only upon due approval from Us, Cashless Facility can be availed at any Network Hospital.

- (ii) **Identification Documents:** The “Health card” provided by Us under this Policy, along with one Valid Photo Identification Proof of the Insured Member are to be produced at the Network Provider, photocopies of which shall be forwarded to Us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by Us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by Us.
- (iii) **Company’s Approval:** We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Member’s Hospitalization.
- (iv) **Company’s Authorization:**
 - a) If the request for availing Cashless Facility is authorized by Us, then payment for the Medical Expenses incurred in respect of the Insured Member shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by Us for availing Cashless Facility.
 - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Member, if any, as applicable.
 - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request Us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) **Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member and all other information and documentation specified under Clauses 5.1 and 5.3 shall be submitted by the Network Provider immediately and in any event before the Insured Member’s discharge from Hospital.
- (vi) **Company’s Rejection:** If We do not authorize the Cashless Facility due to insufficient Coverage Amount or insufficient information provided to Us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Member to the Network Provider, following which a Claim for reimbursement may be made to Us which shall be considered subject to the Insured Member’s Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Member can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) **Network Provider related:** We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Member may refer to the list of Network Providers available on our website or at the call center.
- (viii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

- (ix) **Claims incurred outside India:** Our Assistance Service Provider should be intimated for availing 'International Second Opinion' (Optional Cover 7) under Smart Hospital Care Plus (Optional Benefit 3).

(b) Re-imbursement Facility

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 5.1 and Clause 5.3 shall be submitted to Us at Insured Member's own expense, immediately and in any event within 30 days of Insured Member's discharge from Hospital.
- (ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, We may examine and relax the time limits mentioned upon the merits of the case.
- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, We will pay the Insured Member. In the event of death of the Insured Member, We will pay the nominee and in case of no nominee, to the legal heirs or legal representatives of the Insured Member whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) 'Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

5.3 Documents to be submitted for filing a valid Claim

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

1. Duly filled and signed Claim form by the Insured Member;
2. Copy of Photo ID of Insured Member;
3. Medical Practitioner's referral letter advising Hospitalization;
4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
6. Original bills from pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theatre Notes;
9. Indoor case papers;
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. Ambulance Receipt;
12. MLC/FIR report, Post Mortem Report if applicable and conducted;
13. Any other document as required by Us to assess the Claim.

Notes:

- (i) We may give a waiver to one or few of the above mentioned documents depending upon the case.
- (ii) Additional documents as specified against any benefit shall be submitted to the company.
- (iii) We will accept bills/invoices which are made in the Insured Member's name only.

- (iv) We may seek any other document as required to assess the Claim.
- (v) Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, We will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

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

b) Additional Claim documents for Smart Criti-Care (Optional Benefit 1)

It is a condition precedent to our liability under this Benefit that the following information and documentation shall be submitted to Us immediately and in any event within 30 days of the event giving rise to the Claim under this Benefit:

1. Certificate from the attending Medical Practitioner of the Insured Member confirming that the Claim does not relate to any Pre-Existing Illness or any Illness or Injury which was diagnosed or existed within the first ninety (90) days of the Cover Start Date.
2. Original investigation test reports, indoor case papers and medical documents as specified under the respective Critical Illness, Covered Surgical Procedure or Covered Medical Event.
3. Certificate from Bank for outstanding amount of loan

c) Additional Claim documents for Smart Acci-Care (Optional Benefit 2):

It is a condition precedent to our liability under these Benefits that the following information and documentation shall be submitted to Us immediately and in any event within 30 days of the event giving rise to the Claim under these Benefits:

1. Medical reports giving the details of the Accident, nature of Injury and the details of treatment provided, Admission and Death Summary, Accident Report
2. Original Death Certificate; if applicable
3. Disability Certificate issued by CMO (Chief Medical Officer) as appointed by the Hospital Authorities; if applicable
4. A newspaper cutting about accident (if available)
5. Certificate from Bank for outstanding amount of loan

5.4 POLICYHOLDER'S OR INSURED MEMBER'S OR CLAIMAINT'S DUTY AT THE TIME OF CLAIM

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

- a. The Insured Member shall check the updated list of Network Provider before availing Cashless Facility
- b. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- c. The Insured Member shall follow the directions, advice or guidance provided by a Medical Practitioner and We shall not be obliged to make payment that is brought

- about or contributed to by the Insured Member failing to follow such directions, advice or guidance.
- d. Intimation of the claim, notification of the claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 5 of the Policy and the specific procedures and timeframes specified under the Benefit under which the Claim is being made.
- e. The Insured Member will, at our request, submit himself / herself for a medical examination by our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
- f. Our Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Member's medical and hospitalization records and to investigate the facts and examine the Insured Member.
- g. We shall be provided with complete documentation and information which we have requested to establish its liability for the Claim, its circumstances and its quantum.

5.5 Claim Assessment

- a. We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.
- b. All admissible Claims under this Policy shall be assessed by Us in the following progressive order:
 - (i) If a Room/ICU accommodation has been opted for where the Room Rent or Room Category or ICU Charges is higher than the eligible limit as applicable for that Insured Member, then the Variable Medical Expenses payable shall be pro-rated as per the applicable limits.
 - (ii) If any sub-limits on Medical Expenses are applicable, then our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
 - (iii) Co-payments and Deductibles, if any, shall be applicable on the amount payable by Us after applying Clause 5.5.(b)(i), (ii).
- c. The Claim amount assessed in Clause 5.5 (b) above would be deducted from the following:
 - i) Coverage Amount of respective Optional Benefit or Optional Cover.
 - ii) No Claims Bonus (if applicable)
- d. All claims incurred in India are dealt by Us directly

5.6 Payment Terms

- a. All admissible Claims under this Policy shall be assessed by Us. The Claim amount assessed would be deducted from the Coverage Amount of respective Optional Benefit or Optional Cover.
- b. We shall have no liability to make payment of a Claim under the Policy in respect of an Insured Member during the Cover Year, once the applicable Coverage Amount under respective Optional Benefit or Optional Cover for that Insured Member is exhausted.
- c. All payments under this Policy shall be made in Indian Rupees and within India.
- d. For Reimbursement Claims, We will make payment to the Insured Member unless specified otherwise. In the event of Primary Insured Member's death, We will make payment to the Nominee and in case of no Nominee to the legal heir of the Primary Insured Member whose discharge shall be treated as full and final discharge of the our liability under the Policy.

- e. On payment of renewal premium, the Insured Member shall give written notice to Us of any disease, physical defect or infirmity or change in occupation or profession, with respect to the Insured Member.
- f. If the Insured Member suffers a relapse within 45 days from 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.
- g. We shall settle any Claim within 30 days of receipt of all the necessary documents/information as required for settlement of such Claim and sought by Us. We shall provide the Insured Member an offer of settlement of Claim and upon acceptance of such offer by the Insured Member, We shall make payment within 7 days from the date of receipt of such acceptance. In case there is delay in the payment beyond the stipulated timelines, We shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
- h. The Claim shall be paid only for the Cover Year in which the Insured event which gives rise to a Claim under this Policy occurs.

6. Salient Features

6.1 Cashless Facility

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

6.2 Reimbursement

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

6.3 Multiple Policies

- a. In case any Insured Member is covered under more than one indemnity insurance policies, with Us or with other insurers, You shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to the Coverage Amount of such Policy.
- b. In case the Claim amount under a single policy exceeds the Coverage Amount, then You shall have the right to choose the companies with whom the Claim is to be settled. Further, You shall have the right to choose the companies from whom you want to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.
- c. This clause shall not apply to any Benefit offered on a fixed benefit basis.

6.4 Free Look Period

- a. You may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for Your objection, if You disagrees with any Policy terms and conditions.
- b. If no Claim has been made under the Policy, We will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
- c. Provision for Free look period is not applicable and available at the time of renewal of the Policy.

6.5 Underwriting Loading:

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

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

6.6 Renewal Notice

- a. The Coverage will automatically terminate on the Cover End Date. All renewal applications and requisite premium shall be given to Us on or before the Cover End Date provided the policy is in force and in any event before the expiry of the Grace Period. You shall give Us written notice along with the renewal application of any material changes to the risk insured under the Policy. If no such written notice is received by Us along with the renewal application, it shall be deemed that there is no material change to the risk.

For the purpose of this provision, Grace Period means a period of 30 days immediately following the Cover End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any Claims incurred during such period. This Clause is applicable at member level.

- b. We will ordinarily not refuse to renew the Policy except on grounds of fraud, moral hazard or misrepresentation or non-co-operation by the Insured. This policy can be renewed subject to Master Policy renewability based on agreed terms
- c. We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable only post approval by the Authority and be effective from the date of launch of the revised Product and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.

- d. Renewal shall be offered lifelong. You shall be given an option to port this Policy into any other of our individual health insurance product and credit shall be given for number of years of continuous coverage under this Policy for the standard wait periods.
- e. This product may be withdrawn / modified by Us after due approval from the IRDAI. In case this product is withdrawn / modified by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI subject to Underwriting. We shall duly intimate You atleast three months prior to the date of such withdrawal / modification of this product and the options available to You at the time of renewal of this policy.
- f. No loading based on individual claim experience shall be applicable on renewal premium payable

6.7 Cancellation / Termination

- a. We may at any time, cancel this Policy on grounds of misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld or if a Claim is fraudulently made or any fraudulent means or devices are used by You or any one acting on Your behalf, We shall have no liability to make payment of any claims and the premium paid shall be forfeited ab initio to Us and no refund of premium shall be effected by us, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address.
- b. You may also give 15 days' notice in writing, to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

Refund % to be applied on premium received

Cancellation date from Cover Start Date	Policy Tenure – 1 Year	Policy Tenure – 2 Years	Policy Tenure – 3 Years	Policy Tenure – 4 Years	Policy Tenure – 5 Years
Up to 1 month	75.00%	86.50%	91.00%	93.00%	94.00%
1 month to 3 months	50.00%	73.00%	81.50%	86.00%	88.00%
3 months to 6 months	25.00%	60.00%	72.00%	79.00%	82.00%
6 months to 12 months	0.00%	50.00%	66.00%	73.00%	78.00%
12 months to 15 months	NA	25.00%	49.00%	60.00%	67.00%
15 months to 18 months	NA	12.50%	40.00%	54.00%	62.00%
18 months to 24 months	NA	0%	33.00%	48.00%	57.00%
24 months to 30 months	NA	NA	8.00%	29.00%	42.00%
30 months to 36 months	NA	NA	0%	18.00%	33.00%
36 months to 42 months	NA	NA	NA	10.00%	26.00%

42 months to 48 months	NA	NA	NA	0.00%	15.00%
48 months to 54 months	NA	NA	NA	NA	6.00%
Beyond 54 months	NA	NA	NA	NA	0.00%

- c. In case of demise of the Primary Insured Member,
- Where the Policy covers only the Primary Insured Member, this Policy shall stand null and void from the date and time of demise of the Primary Insured Member.
 - Where the Policy covers other Insured Members, this Policy shall continue till the end of Cover Year for the other Insured Members. If the other Insured Members wish to continue with the same Policy, We will renew the Policy subject to the appointment of a Primary Insured Member provided that:
 - Written notice in this regard is given to Us before the Cover End Date; and
 - A Person who satisfies the our criteria to become a Primary Insured Member. The criteria being:
 - He / She should become a member of the Group against whom the Master policy is issued.
 - He / She should satisfy the age limit criteria as mentioned in the product.
- d. The Primary Insured Member may also give 15 days' notice in writing, to Us, for the cancellation of the Certificate of Insurance, in which case We shall from the date of receipt of the notice, cancel the Certificate of Insurance and refund the premium for the unexpired Cover Year on short period scales basis.

6.8 Portability and Continuity Benefits

We will grant continuity of benefits which were available to the Insured Members under a group insurance policy in the immediately preceding Cover Year provided that:

- We shall be liable to provide continuity of only those benefits (for e.g: Initial wait period, wait period of Specific Diseases etc)which are applicable under the Policy;
- The Insured Members to whom continuity benefits will be provided under this Policy should be covered under the group insurance policy;
- Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by Us and the credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by the company. Application for this Policy is made within 45 days before, but not earlier than 60 days from the expiry of that group insurance policy
- Insured Member can apply only at the time of renewal of the group Policy.

6.9 Pre-Policy Medical Check-up

Pre-Policy medical check-up is carried on case to case basis as per Underwriting Policy of the Company

6.10 Tax Benefit

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

7. Grievances

We have developed proper procedures and effective mechanism to address Your complaints. We are committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

(a) If You / Insured Member has a grievance that You / Insured Member wishes Us to redress, You / Insured Member may contact Us with the details of the grievance through:

Website: www.religarehealthinsurance.com

Email: customerfirst@religarehealthinsurance.com

Contact No.: 1800-200-4488

Fax: 1800-200-6677

Courier: Any of Our Branch Office or corporate office

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

Exclusively for Senior Citizens, We have a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast track internal escalations leading to lesser Turn-Around-Time (TAT) for request / grievance addressal

(b) If You / Insured Member is not satisfied with Our redressal of the Your / Insured Member 's grievance through one of the above methods, You / Insured Member may contact Our Head of Customer Service at:

Head – Customer Services,
Religare Health Insurance Company Limited,
Vipul Tech Square, Tower C,
3rd Floor, Golf Course Road, Sector - 43,
Gurgaon, Haryana – 122009.

You / Insured Member may approach the nearest Insurance Ombudsman for resolution of the grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdaindia.org, or on the Company's website at www.religarehealthinsurance.com

8. Schedule of Discounts / Loading

Discount/Loadings:

Following discounts/loadings in premium enable the underwriter to lower the premium when the liability exposure is lower/higher. However, such discounts/loadings would be guided by various parameters which may or may not be unique to each proposal. Following are the some of the parameters defined for discounts/loadings in this product:

1. Discount based on number of members in the Group:

Expected No. of Members	Maximum allowed Discount %
7-5000	0%
5001 – 10,000	10%
10,001 – 15,000	15%
Above 15000	20%

2. **Discount/Loadings for Past Claims Experience:**

Incurred Loss Ratio for the Particular Group	Discount (%)
Not exceeding 50%	15%
Not exceeding 40%	25%

Loss Ratio for the Particular Group	Loading (%)
Exceeding 80%	15%
Exceeding 90%	25%
Exceeding 100%	35%

3. **Family Discount:**

No. of persons	Discount
2	2.50%
3	3.50%
4	5.00%
5	7.00%
6 & above	10.00%

4. **Group Underwriter Loading / Discount:**

On the basis of the profiles of the customer, group underwriter may apply a maximum loading/discount of 15%

Particulars	Discount	Loading	% of total Discount / loading
Change in Business Profile	Positive view of the Group Underwriter on future expected loss ratios (e.g. on the basis of favorable experience of similar groups)	Negative view of the Group Underwriter on future expected loss ratios (e.g. on the basis of adverse experience of similar groups)	Up to 10% of premium
Loan Type	Housing Loan, Personal Loan	Commercial Vehicle loan, Tractor loan	Up to 10% of premium
Occupation	Discount applicable if these factors are favourable to risk. E.g. if location of the target segment is city and not hilly area or majority of the covered population is from white collar background	Loading applicable if these factors are not favourable to risk. E.g. if location of the target segment is the hilly area or majority of the covered population is from blue collar background	Up to 5% of premium

5. Discount for Loan customers and their dependents of:

Particulars	Discount
RHICL Promoters and its Subsidiaries /Affiliates	15%

- 6. Package Rates Discount/loading:** Applicable if a particular group will be written on Package Rates basis (i.e. either we have pre-negotiated the cost of treatment or current policy is on particular set of hospitals with rates negotiated with Master Policyholder)
This discount will only be applicable on the premiums of Smart Health Care Plus.

Discount/loading of up to 15%

- 7. Discount for Premium Payment by Group Administrator or cover is on involuntary basis:** If the premium of the policy is funded by the Group administrator, administrative expenses are less and cover is on the involuntary basis. This will lead to less chance of anti-selection and hence better claims experience.
Similarly, if the cover is on involuntary basis, there will be less chances of anti-selection. A corresponding discount of **5%** will be provided on the final premium will be given in both cases.

- 8. Tenure Discount:** Discounts as per following table shall be offered on account of savings in renewal costs and investment income on the premium paid in advance for future years:

Policy Tenure	Discounts %
One Year Policy	0.0%
Two Years Policy	7.5%
Three Years Policy	10.0%
Four Years Policy	12.5%
Five Years Policy	15.0%

These discounts will be applied on the total premium of the respective tenure.

NOTES:

1. Maximum Loading / discount on multiplicative basis cannot exceed 65%
2. Total discounts/Loadings % applicable will be calculated on the multiplicative basis.
3. Discounts/Loadings will be applicable on the final premium for the product/plan (unless otherwise mentioned).

Sr. No	Name of the Optional Benefit/Optional Cover	Pay – out basis	Description of Coverage (as opted)
1.	Optional Benefit 1: Smart Criti-Care	Benefit	<ul style="list-style-type: none"> - Coverage Amount Options : From Rs.10,000 to Rs.25 Crores - No. of Critical Illness covered: can be opted from 1/4/9/15/20 - Survival Period: 30 days
	1.1. Optional Cover 1 : Modification of Survival Period	NA	<ul style="list-style-type: none"> - Option to make Survival Period: 0 / 90 days
	1.2. Optional Cover 2 : HIV Cover	Benefit	<ul style="list-style-type: none"> - Maximum Up to 3 Crores or the Coverage amount mentioned against 'Optional Benefit 1: Smart Criti-Care' (whichever is lower)
	Initial Wait Period	NA	<ul style="list-style-type: none"> - 90 Days

Sr. No.	Name of the Optional Benefit/Optional Cover	Pay – out basis	Description of Coverage (as opted)
2.	Optional Benefit 2:Smart Acci-Care - Coverage Amount for Benefits 2(i), 2(ii) & 2(iii), can be opted in any combination provided Optional Benefit 2 (i) 'Accidental Death' to be mandatorily opted		
	(i) Accidental Death	Benefit	- Accidental Death Coverage amount Options: From Rs.10,000 to Rs.25 Crore
	(ii) Permanent Total Disablement	Benefit	- Coverage Amount Options : From Rs.10,000 to Rs. 25 Crore; As per PTD Table in Appendix – I (a)
	(iii) Permanent Partial Disablement	Benefit	- Coverage Amount Options : From Rs.10,000 to Rs. 25 Crore; As per PPD Table in Appendix – I (b)
	2.1 Optional Cover 1 : Fractures	Benefit	- Coverage Amount Options : From Rs.10,000 to Rs. 1 Crore (As per Fractures Table in Appendix – I (c))
	2.2 Optional Cover 2 : Disappearance	Benefit	- Can be opted from 5% to 100% of 'Optional Benefit 2(i): Accidental Death' Coverage amount (in multiples of 5% of Coverage amount from the given range)
	2.3 Optional Cover 3 : Burns	Benefit	- Coverage Amount Options : From Rs.10,000 to Rs. 5 Crore (As per Burns Table in Appendix – I (d))
	2.4 Optional Cover 4 : Repatriation of Mortal Remains	Benefit	- Coverage Amount: can be opted from Rs.5,000 / Rs.10,000 / Rs.15,000 / Rs.20,000 / Rs.25,000 / Rs.50,000 / Rs.100,000 / Rs.500,000 / Rs.10,00,000
	2.5 Optional Cover 5 : Accidental Hospitalization	Indemnity	- Coverage amount: can be opted from Rs.5,000 / Rs.10,000 / Rs.25,000 / Rs.50,000 / Rs.75,000 / Rs.1 lac / Rs.2 lac / Rs.3 lac / Rs.4 lac / Rs.5 lac / Rs.7 lac / Rs.10 lac / Rs.15 lac / Rs.20 lac / Rs.25 lac / Rs.50 lac / Rs.75 lac / Rs.1 crore - Deductible in amount Options: 0 to Rs. 50,000 (in multiples of 5,000)
	2.6 Optional Cover 6 : Temporary Total Disablement	Benefit	- Coverage amount per Week: 1% of 'Optional Benefit 2(i): Accidental Death' Coverage amount or Max. of base Weekly Income or Rs. 50,000, whichever is lower; - Max. Duration till which benefit will be payable is 100 weeks (If such disablement is for part of the week, the week's proportionate amount will be paid) - Deductible Options available: No Deductible or 1 week Deductible
	2.7 Optional Cover 7 : Suicide Cover	Benefit	- Can be opted from 5% to 100% of 'Optional Benefit 2(i): Accidental Death' Coverage amount (in multiples of 5% of Coverage amount from the given range) - Deductible: 1 Year
	2.8 Optional Cover 8 : Modification of Home/Vehicle	Indemnity	- Can be opted from 1% to 5% of 'Optional Benefit 2(i): Accidental Death' Coverage amount (in multiples of 1% of Coverage amount from the given range) - Can be opted only with Optional Benefit 2.(ii): Permanent Total Disablement

	Name of the Optional Benefit/Optional Cover	Pay – out basis	Description of Coverage (as opted)												
3.	Optional Benefit 3:Smart Hospi-Care Plus	Indemnity	<ul style="list-style-type: none">- Coverage amount: can be opted from Rs.10,000 to Rs.1 lac (in multiples of Rs. 5000) / Rs.2 lac / Rs.3 lac / Rs.5 lac / Rs.7.5 lac / Rs.10 lac / Rs.20 lac / Rs.25 lac / Rs.30 lac / Rs.50 lac / Rs.1 crore- Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to Coverage Amount- Deductible in amount Options: No Deductible / ;Rs. 5,000 / Rs. 10,000 / Rs. 15,000 / Rs. 20,000 / Rs. 25,000 / Rs.50,000 / Rs. 1 Lac / Rs. 2 Lac / Rs. 3 Lac <p>Note: Deductible option is available only if Coverage amount of Rs. 50,000 or more is chosen</p>												
	3.1 Optional Cover 1 : Pre & Post Hospitalization Modification	Indemnity	<ul style="list-style-type: none">- Can be opted from 10% / 20% / 100% of the payable hospitalisation expenses / 100% of Coverage Amount- Max. payable Duration can be opted from the below combinations provided:<table><tr><th>Pre hospitalization (No. of days)</th><th>Post hospitalization (No. of days)</th></tr><tr><td>No coverage</td><td>No coverage</td></tr><tr><td>15</td><td>30</td></tr><tr><td>60</td><td>90</td></tr><tr><td>90</td><td>180</td></tr><tr><td>No limit of days</td><td>No limit of days</td></tr></table>	Pre hospitalization (No. of days)	Post hospitalization (No. of days)	No coverage	No coverage	15	30	60	90	90	180	No limit of days	No limit of days
Pre hospitalization (No. of days)	Post hospitalization (No. of days)														
No coverage	No coverage														
15	30														
60	90														
90	180														
No limit of days	No limit of days														

3.2 Optional Cover 2 : Room Rent Modification	Indemnity	<p>a) Non-ICU Room Category:</p> <ul style="list-style-type: none"> - Coverage options available for Coverage amount less than Rs.5 Lac is as follows: <ul style="list-style-type: none"> - Payable up to the percentage(%)specified in the Certificate of Insurance of 'Optional Benefit 3: Smart Hospi-Care Plus' Coverage amount per day or Rs.15,000 per day whichever is lower; Percentage (%) options available varies from 2 to15% (in multiples of 1% of Coverage amount from the given range); or - Single Private Room; or - Twin Sharing Room - No Sub-limit for Coverage amount Rs.5 Lac and more <p>b) ICU Room Category:</p> <ul style="list-style-type: none"> - Coverage options available for Coverage amount less than Rs.5 Lac is as follows: <ul style="list-style-type: none"> - Payable up to twice the percentage (%) opted under Non ICU Room Category of Coverage Amount per day or Rs.30,000 per day whichever is lower; - No Sub-limit for Coverage Amount if either Single Private Room or Twin Sharing Room is opted under Non ICU Room Category
3.3 Optional Cover 3 : Maternity Expenses	Indemnity	<ul style="list-style-type: none"> - Coverage amount: can be opted from Rs. 5,000 / Rs. 10,000 / Rs. 15,000 / Rs. 20,000 / Rs. 25,000 / Rs. 50,000 / Rs. 75,000 / Rs. 1 Lac - Wait Period – Can be opted from 0 / 9 / 24 / 48 months - No. of deliveries Options: First 1 / 2 / 3 deliveries in an Insured Member's lifetime will be admissible under one Policy
3.4 Optional Cover 4 : Organ Donor Expenses	Indemnity	<ul style="list-style-type: none"> - Up to Coverage amount of 'Optional Benefit 3: Smart Hospi-Care Plus'
3.5 Optional Cover 5 : International Second Opinion	Indemnity	<ul style="list-style-type: none"> - Once per Illness / Injury per Cover Year
3.6 Optional Cover 6 : Modification of 'Initial Wait Period'	NA	<ul style="list-style-type: none"> - Option to waive-off the Initial Wait Period

3.7	Optional Cover 7 : 'Pre-Existing Diseases' Modification	Indemnity	<ul style="list-style-type: none"> - Option to make the Wait Period 0 / 3 / 12 / 24 / 36 months - Option of Co – payment: can be opted from 0 / 10 / 20 / 30%. This Co – payment is applicable only in case of a claim due to Pre-existing disease - Option of coverage for Pre – Existing Diseases: can be opted from 10 / 20 / 50 / 100% of Coverage amount of 'Optional Benefit 3: Smart Hospi-Care Plus'
3.8	Optional Cover 8 : 'Named Ailments' Modification	Indemnity	<ul style="list-style-type: none"> - Option to make the Wait Period 0 / 3 / 12 months - Option of Co – payment: can be opted from 0 / 10 / 20 / 30%. This Co – payment is applicable only in case of a claim due to Named ailments - Option of coverage for Named Ailments: can be opted from 10 / 20 / 50 / 100% of Coverage amount of 'Optional Benefit 3: Smart Hospi-Care Plus'

3.9 Optional Cover 9 : Smart Flexi Care	Indemnity	- Option of Sub-limit on below mentioned Treatments and can be chosen in any combination:	
		Treatment Set	Sub-limit Options
		Cataract	Rs. 10,000 / Rs.20,000 / Rs.30,000 per eye
		Total Knee Replacement	Rs. 70,000 / Rs. 1,00,000 / Rs.150,000 / per knee
		Treatment for each and every Ailment / Procedure mentioned below: v. Surgery for treatment of all types of Hernia vi. Hysterectomy vii. Surgeries for Benign Prostate Hypertrophy (BPH) viii. Surgical treatment of stones of renal system	Rs. 35,000 / Rs. 50,000 / Rs. 70,000
		Treatment for each and every Ailment / Procedure mentioned below: v. Treatment of Cerebrovascular and Cardiovascular disorders vi. Treatments/Surgeries for Cancer vii. Treatment of other renal complications and Disorders viii. Treatment for breakage of bones	Rs. 150,000 / Rs. 200,000 / Rs.250,000
Sub-limit opted above cannot be greater than the Coverage Amount opted under Smart Hospi-Care Plus(Optional Benefit 3)			

3.10Optional Cover 10 : Sub-limits on Hospitalization Expenses (Please refer to point xviii of the Notes below)	Indemnity	<p>i) Sub-limits on Surgeries : up to 25% / 50% / No limit of Optional Benefit 3: Smart Hospi-Care Plus Coverage amount on Hospitalization due to Surgeries up to 25% / 50% / No limit of Optional Benefit 3: Smart Hospi-Care Plus Coverage amount on Hospitalization other than due to Surgeries Or;</p> <p>ii) Sub-limits on Accidents : up to 25% / 50% / No limit of Optional Benefit 3: Smart Hospi-Care Plus Coverage amount on Accidental Hospitalization up to 25% / 50% / No limit of Optional Benefit 3: Smart Hospi-Care Plus Coverage amount on Non-Accidental Hospitalization</p> <p>Note: Only one of the above mentioned options ((i) or (ii)) can be opted but not in any combination</p>
3.11Optional Cover 11 : Co-Payment Option	NA	- Co-Payment Options: Can be opted from 10% / 20% / 30%. This Co-payment is applicable on per Claim basis
3.12Optional Cover 12 : Smart Select	NA	<ul style="list-style-type: none"> - For listed Network Hospitals : Up to 'Optional Benefit 3: Smart Hospi-Care Plus' Coverage amount; - Other Hospitals : Up to Optional Benefit 3: Smart Hospi-Care Plus' Coverage amount with an additional co-payment of 20% per claim
3.13Optional Cover 13 : OPD Care (Please refer to point xvii of the Notes below)	Indemnity	- Up to 5,000 / 10,000 / 15,000 / 20,000 / 25,000 / 30,000 / 35,000 / 40,000 / 45,000 / 50,000 for consultation, diagnostics & pharmacy
3.14Optional Cover 14 : Everyday Care	Indemnity	<ul style="list-style-type: none"> - Up to 2% of 'Optional Benefit 3: Smart Hospi-Care Plus' Coverage amount (1% for consultations & 1% for diagnostic examinations) along with Health Care Services - A co-payment of 20% per consultation / diagnostic examination is applicable - This Optional Cover is available only if Coverage amount of Rs. 2 Lacs or higher is chosen
3.15Optional Cover 15 :No Claims Bonus	Indemnity	<ul style="list-style-type: none"> - 10% of opted Coverage Amount to be increased under Smart Hospi-Care Plus (Optional Benefit 3) for each claim free Cover Year; Max up to 50% of Coverage Amount - (10% of opted Coverage Amount to be decreased for each Cover Year with one or more claims has been paid; Such decrease is only in Coverage Amount accrued as NCB)

	3.16 Optional Cover 16 :Annual Health Check-up	Benefit	<div><div><div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><div></div><div></div><div></div><div></div></div><div><div></div><d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	Wait Periods		
	Initial Wait Period	NA	30 Days

	Named ailments	NA	24 months
	Pre-existing Diseases	NA	48 months
	Sub-limits		
	Room Rent / Room Category		<ul style="list-style-type: none"> - Up to 1% of Coverage amount per day for Coverage amount less than Rs.5 Lac - Single Private Room for Coverage amount Rs.5 Lac and more
	ICU Charges		<ul style="list-style-type: none"> - Up to 2% of Coverage amount per day for Coverage amount less than Rs.5 Lac - No Sub-limit for Coverage amount Rs.5 Lac and more

	Name of the Optional Benefit/Optional Cover	Pay – out basis	Description of Coverage (as opted)
4.	Optional Benefit 4:Smart Hospi-Cash	Benefit	<ul style="list-style-type: none"> - Coverage Amount per day : Can be opted from Rs. 100 / Rs. 500 / Rs. 750 / Rs. 1,000 / Rs. 1,500 / Rs. 2,000 / Rs. 2,500 / Rs. 3,000 / Rs. 3,500 / Rs. 4,000 / Rs.5,000 / Rs.10,000 / Rs.20,000 / Rs.25,000 / Rs.30,000 / Rs.50,000 with a deductible of 1 day - Options for Max. payable Duration per Cover Year: 30/60/90/180 days
	4.1 Optional Cover 1: 'Deductible' Modification	NA	<ul style="list-style-type: none"> - Option to modify the deductible of 1 day proposed against 'Optional Benefit 4: Smart Hospi-Cash' - Can be opted from 0 / 2 to 10 days
	4.2 Optional Cover 2 : 'Pre-Existing Diseases' Modification	NA	<ul style="list-style-type: none"> - Option to make the Wait Period 0 / 3 / 12 / 24 / 36 months
	4.3 Optional Cover 3 : 'Named Ailments' Modification	NA	<ul style="list-style-type: none"> - Option to make the Wait Period 0 / 3 / 12 months
	4.4 Optional Cover 4 : Maternity Benefit	Benefit	<ul style="list-style-type: none"> - Coverage amount : Can be opted from 1 / 2 / 3 / 4 / 5 times of 'Smart Hospi-Cash' Coverage amount per day - Wait Period – Can opted from 0 / 9 / 24 / 48 months - Only first 2 deliveries in an Insured Member's lifetime will be admissible under one Policy
	4.5 Optional Cover 5 : ICU Cash	Benefit	<ul style="list-style-type: none"> - Payable up to twice the amount per day opted under Smart Hospi-Cash (Optional Benefit 4) or Rs.50,000 whichever is lower; - Deductible for ICU benefit will be same as opted under Smart Hospi-Cash (Optional Benefit 4) - Options for Max. payable Duration per Cover Year: 30/60/90/180 days

	Wait Periods		
	Initial Wait Period	NA	30 Days
	Named ailments	NA	24 months
	Pre-existing Diseases	NA	48 months

Optional Covers available for Multiple Optional Benefits			
(a) Optional Cover A : Flexible Recovery Benefit	Benefit	<ul style="list-style-type: none"> - Coverage Amount Options: From Rs 1,000 to Rs 1,00,000 (in multiples of Rs. 1,000) - Minimum Hospitalization Duration: 3 to 10 days - This Benefit will be allowed for maximum 2 times in cover year and maximum 3 payments per hospitalization - Period of Hospitalization: can be opted from either 1 / 2 / 3 / 4 / 5 days - The combination of Coverage Amount, Minimum Hospitalization Duration and Payment duration should be same for all the policies under the group - This Optional Cover can be chosen with only one of the following Optional benefits: Smart Criti- Care (Optional Benefit 1) or Smart Acci-Care (Optional Benefit 2) or Smart Hospi-Care Plus (Optional Benefit 3) or Smart Hospi-Cash (Optional Benefit 4) 	
(b) Optional Cover B : Child Education	Benefit	<ul style="list-style-type: none"> - Can be opted from 5% to 50% of Coverage amount (in multiples of 5% of Coverage amount from the given range) - This Optional Cover can be chosen only with the following Optional benefits: Smart Criti- Care (Optional Benefit 1) and /or Smart Acci-Care (Optional Benefit 2) 	
(c) Optional Cover C : Loss of Employment	Benefit	<ul style="list-style-type: none"> - The Company will pay maximum 6 EMI - This Optional Cover can be chosen with only one of the following Optional benefits: Smart Criti- Care (Optional Benefit 1) or Smart Acci-Care (Optional Benefit 2) 	
(d) Optional Cover D : Accidental Hospitalization Cash	Benefit	<ul style="list-style-type: none"> - Coverage amount per Day Options: From Rs.100 to Rs.900 per day (in multiples of Rs.100); From Rs.1,000 to Rs. 20,000 per day (in multiples of Rs. 1,000) - Deductible in Days Options: 0 to 10 days - Max. payable Duration: up to 90 days - This Optional Cover can be chosen with only one of the following Optional benefits: Smart Acci-Care (Optional Benefit 2) or Smart Hospi-Cash (Optional Benefit 4) <p><u>Note:</u> If this Optional Cover is opted with Smart Hospi-Cash (Optional Benefit 4), and if claim triggers under this Optional Cover, then claim is admissible only under this ' Accidental Hospitalization Cash (Optional Cover D)' and not under Smart Hospi-Cash (Optional Benefit 4)</p>	

Contact details for Claims & Policy Servicing

Correspondence address	Religare Health Insurance Company Limited VIPUL TECH SQUARE, TOWER C, 3 RD FLOOR, GOLF COURSE ROAD, Sector - 43, GURGAON, HARYANA – 122009.		
Contact no.	1800-200-4488	Fax no.	1800-200-6677
E-mail ID for Claims	claims@religare.com		
E-mail ID for Policy servicing	customerfirst@religarehealthinsurance.com		
Website	www.religarehealthinsurance.com		

Registered Office Address :

Religare Health Insurance Company Limited
5th floor, 19 Chawla House, Nehru Place, New Delhi – 110 019.

Correspondence Office Address :

Religare Health Insurance Company Limited
Vipul Tech Square, Tower C,
3rd Floor, Golf Course Road, Sector - 43,
Gurgaon, Haryana – 122009.

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

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

Note:

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

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

Insurance is a subject matter of solicitation.

Unique Advertisement number: 18012414

IRDA Registration Number - 148

CIN : U66000DL2007PLC161503

UIN : IRDAI/HLT/RHI/P-H(G)/V.I/3/2017-18

[Details of any trademarks to be included]

Annexure I - List of Day Care Surgeries

1. Cardiology Related:

1. CORONARY ANGIOGRAPHY

2. Critical Care Related:

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

3. Dental Related:

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

4. ENT Related:

13. MYRINGOTOMY WITH GROMMET INSERTION
14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM 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 EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
19. REMOVAL OF KERATOSIS OBTURANS
20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21. REVISION OF A STAPEDECTOMY

22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24. FENESTRATION OF THE INNER EAR
25. REVISION OF A FENESTRATION OF THE INNER EAR
26. PALATOPLASTY
27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
29. TONSILLECTOMY WITH ADENOIDECTOMY
30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31. REVISION OF A TYMPANOPLASTY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34. MASTOIDECTOMY
35. RECONSTRUCTION OF THE MIDDLE EAR
36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40. OTHER OPERATIONS ON THE NOSE
41. NASAL SINUS ASPIRATION
42. FOREIGN BODY REMOVAL FROM NOSE
43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44. ADENOIDECTOMY
45. LABYRINTHECTOMY FOR SEVERE VERTIGO
46. STAPEDECTOMY UNDER GA
47. STAPEDECTOMY UNDER LA
48. TYMPANOPLASTY (TYPE IV)
49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE

50. TURBINECTOMY
51. ENDOSCOPIC STAPEDECTOMY
52. INCISION AND DRAINAGE OF PERICHONDritis
53. SEPTOPLASTY
54. VESTIBULAR NERVE SECTION
55. THYROPLASTY TYPE I
56. PSEUDOCYST OF THE PINNA - EXCISION
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
58. TYMPANOPLASTY (TYPE II)
59. REDUCTION OF FRACTURE OF NASAL BONE
60. THYROPLASTY TYPE II
61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. Gastroenterology Related:

71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
74. RF ABLATION FOR BARRETT'S OESOPHAGUS
75. ERCP AND PAPILOTOMY

76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77. EUS + SUBMUCOSAL RESECTION
78. CONSTRUCTION OF GASTROSTOMY TUBE
79. EUS + ASPIRATION PANCREATIC CYST
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81. COLONOSCOPY , LESION REMOVAL
82. ERCP
83. COLONOSCOPY STENTING OF STRICTURE
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W / STENT
92. EUS + COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS

6. General Surgery Related:

94. INCISION OF A PILONIDAL SINUS / ABSCESS
95. FISSURE IN ANO SPHINCTEROTOMY
96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97. ORCHIDOPEXY
98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99. SURGICAL TREATMENT OF ANAL FISTULAS
100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101. EPIDIDYMECTOMY
102. INCISION OF THE BREAST ABSCESS
103. OPERATIONS ON THE NIPPLE
104. EXCISION OF SINGLE BREAST LUMP

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| 105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION | 140. ILEOSTOMY CLOSURE |
| 106. SURGICAL TREATMENT OF HEMORRHOIDS | 141. COLONOSCOPY |
| 107. OTHER OPERATIONS ON THE ANUS | 142. POLYPECTOMY COLON |
| 108. ULTRASOUND GUIDED ASPIRATIONS | 143. SPLENIC ABSCESES LAPAROSCOPIC DRAINAGE |
| 109. SCLEROTHERAPY, ETC. | 144. UGI SCOPY AND POLYPECTOMY STOMACH |
| 110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY | 145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL |
| 111. THERAPEUTIC LAPAROSCOPY WITH LASER | 146. FEEDING JEJUNOSTOMY |
| 112. APPENDICECTOMY WITH/WITHOUT DRAINAGE | 147. COLOSTOMY |
| 113. INFECTED KELOID EXCISION | 148. ILEOSTOMY |
| 114. AXILLARY LYMPHADENECTOMY | 149. COLOSTOMY CLOSURE |
| 115. WOUND DEBRIDEMENT AND COVER | 150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL |
| 116. ABSCESS-DECOMPRESSION | 151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION |
| 117. CERVICAL LYMPHADENECTOMY | 152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY |
| 118. INFECTED SEBACEOUS CYST | 153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME |
| 119. INGUINAL LYMPHADENECTOMY | 154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE |
| 120. INCISION AND DRAINAGE OF ABSCESS | 155. ZADEK'S NAIL BED EXCISION |
| 121. SUTURING OF LACERATIONS | 156. SUBCUTANEOUS MASTECTOMY |
| 122. SCALP SUTURING | 157. EXCISION OF RANULA UNDER GA |
| 123. INFECTED LIPOMA EXCISION | 158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES |
| 124. MAXIMAL ANAL DILATATION | 159. EVERSION OF SAC |
| 125. PILES | 160. UNILATERAL |
| 126. A)INJECTION SCLEROTHERAPY | 161. ILATERAL |
| 127. B)PILES BANDING | 162. LORD'S PLICATION |
| 128. LIVER ABSCESS- CATHETER DRAINAGE | 163. JABOULAY'S PROCEDURE |
| 129. FISSURE IN ANO- FISSURECTOMY | 164. SCROTOPLASTY |
| 130. FIBROADENOMA BREAST EXCISION | 165. CIRCUMCISION FOR TRAUMA |
| 131. OESOPHAGEAL VARICES SCLEROTHERAPY | 166. MEATOPLASTY |
| 132. ERCP - PANCREATIC DUCT STONE REMOVAL | 167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE |
| 133. PERIANAL ABSCESS I&D | 168. PSOAS ABSCESS INCISION AND DRAINAGE |
| 134. PERIANAL HEMATOMA EVACUATION | 169. THYROID ABSCESS INCISION AND DRAINAGE |
| 135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS | 170. TIPS PROCEDURE FOR PORTAL HYPERTENSION |
| 136. BREAST ABSCESS I& D | 171. ESOPHAGEAL GROWTH STENT |
| 137. FEEDING GASTROSTOMY | |
| 138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS | |
| 139. ERCP - BILE DUCT STONE REMOVAL | |

172. PAIR PROCEDURE OF HYDATID CYST LIVER
173. TRU CUT LIVER BIOPSY
174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175. EXCISION OF CERVICAL RIB
176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177. MICRODOCHETOMY BREAST
178. SURGERY FOR FRACTURE PENIS
179. SENTINEL NODE BIOPSY
180. PARASTOMAL HERNIA
181. REVISION COLOSTOMY
182. PROLAPSED COLOSTOMY- CORRECTION
183. TESTICULAR BIOPSY
184. LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186. LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)

7. Gynecology Related:

187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
188. INCISION OF THE OVARY
189. INSUFFLATIONS OF THE FALLOPIAN TUBES
190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
191. DILATATION OF THE CERVICAL CANAL
192. CONISATION OF THE UTERINE CERVIX
193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/DIATHERMY/CRYOSURGERY/
194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (HYSTERECTOMY)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS

198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. HYSTEROSCOPIC REMOVAL OF MYOMA
204. D&C
205. HYSTEROSCOPIC RESECTION OF SEPTUM
206. THERMAL CAUTERISATION OF CERVIX
207. MIRENA INSERTION
208. HYSTEROSCOPIC ADHESIOLYSIS
209. LEEP
210. CRYOCAUTERISATION OF CERVIX
211. POLYPECTOMY ENDOMETRIUM
212. HYSTEROSCOPIC RESECTION OF FIBROID
213. LLETZ
214. CONIZATION
215. POLYPECTOMY CERVIX
216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217. VULVAL WART EXCISION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219. UTERINE ARTERY EMBOLIZATION
220. LAPAROSCOPIC CYSTECTOMY
221. HYMENECTOMY(IMPERFORATE HYMEN)
222. ENDOMETRIAL ABLATION
223. VAGINAL WALL CYST EXCISION
224. VULVAL CYST EXCISION
225. LAPAROSCOPIC PARATUBAL CYST EXCISION
226. REPAIR OF VAGINA (VAGINAL ATRESIA)
227. HYSTEROSCOPY, REMOVAL OF MYOMA
228. TURBT
229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
230. VAGINAL MESH FOR POP
231. LAPAROSCOPIC MYOMECTOMY
232. SURGERY FOR SUI
233. REPAIR RECTO- VAGINA FISTULA
234. PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)

- 235. URS + LL
- 236. LAPAROSCOPIC OOPHORECTOMY
- 237. NORMAL VAGINAL DELIVERY AND VARIANTS

8. Neurology Related:

- 238. FACIAL NERVE PHYSIOTHERAPY
- 239. NERVE BIOPSY
- 240. MUSCLE BIOPSY
- 241. EPIDURAL STEROID INJECTION
- 242. GLYCEROL RHIZOTOMY
- 243. SPINAL CORD STIMULATION
- 244. MOTOR CORTEX STIMULATION
- 245. STEREOTACTIC RADIOSURGERY
- 246. PERCUTANEOUS CORDOTOMY
- 247. INTRATHECAL BACLOFEN THERAPY
- 248. ENTRAPMENT NEUROPATHY RELEASE
- 249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
- 250. VP SHUNT
- 251. VENTRICULOATRIAL SHUNT

9. Oncology Related:

- 252. RADIOTHERAPY FOR CANCER
- 253. CANCER CHEMOTHERAPY
- 254. IV PUSH CHEMOTHERAPY
- 255. HBI-HEMIBODY RADIOTHERAPY
- 256. INFUSIONAL TARGETED THERAPY
- 257. SRT-STEREOTACTIC ARC THERAPY
- 258. SC ADMINISTRATION OF GROWTH FACTORS
- 259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
- 260. INFUSIONAL CHEMOTHERAPY
- 261. CCRT-CONCURRENT CHEMO + RT
- 262. 2D RADIOTHERAPY
- 263. 3D CONFORMAL RADIOTHERAPY
- 264. IGRT- IMAGE GUIDED RADIOTHERAPY
- 265. IMRT- STEP & SHOOT
- 266. INFUSIONAL BISPHOSPHONATES
- 267. IMRT- DMLC
- 268. ROTATIONAL ARC THERAPY
- 269. TELE GAMMA THERAPY
- 270. FSRT-FRACTIONATED SRT

- 271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
- 272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
- 273. HELICAL TOMOTHERAPY
- 274. SRS-STEREOTACTIC RADIOSURGERY
- 275. X-KNIFE SRS
- 276. GAMMAKNIFE SRS
- 277. TBI- TOTAL BODY RADIOTHERAPY
- 278. INTRALUMINAL BRACHYTHERAPY
- 279. ELECTRON THERAPY
- 280. TSET-TOTAL ELECTRON SKIN THERAPY
- 281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
- 282. TELECOBALT THERAPY
- 283. TELECESIUM THERAPY
- 284. EXTERNAL MOULD BRACHYTHERAPY
- 285. INTERSTITIAL BRACHYTHERAPY
- 286. INTRACAVITY BRACHYTHERAPY
- 287. 3D BRACHYTHERAPY
- 288. IMPLANT BRACHYTHERAPY
- 289. INTRAVESICAL BRACHYTHERAPY
- 290. ADJUVANT RADIOTHERAPY
- 291. AFTERLOADING CATHETER BRACHYTHERAPY
- 292. CONDITIONING RADIOTHERAPY FOR BMT
- 293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
- 294. RADICAL CHEMOTHERAPY
- 295. NEOADJUVANT RADIOTHERAPY
- 296. LDR BRACHYTHERAPY
- 297. PALLIATIVE RADIOTHERAPY
- 298. RADICAL RADIOTHERAPY
- 299. PALLIATIVE CHEMOTHERAPY
- 300. TEMPLATE BRACHYTHERAPY
- 301. NEOADJUVANT CHEMOTHERAPY
- 302. ADJUVANT CHEMOTHERAPY
- 303. INDUCTION CHEMOTHERAPY
- 304. CONSOLIDATION CHEMOTHERAPY
- 305. MAINTENANCE CHEMOTHERAPY
- 306. HDR BRACHYTHERAPY

10. Operations on the salivary glands & salivary ducts:

- 307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
- 308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
- 309. RESECTION OF A SALIVARY GLAND
- 310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
- 311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

11. Operations on the skin & subcutaneous tissues:

- 312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
- 317. FREE SKIN TRANSPLANTATION, DONOR SITE
- 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
- 319. REVISION OF SKIN PLASTY
- 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
- 321. CHEMOSURGERY TO THE SKIN.
- 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
- 323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
- 324. EXCISION OF BURSITIS
- 325. TENNIS ELBOW RELEASE

12. Operations on the Tongue:

- 326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
- 327. PARTIAL GLOSSECTOMY
- 328. GLOSSECTOMY
- 329. RECONSTRUCTION OF THE TONGUE
- 330. OTHER OPERATIONS ON THE TONGUE

13. Ophthalmology Related:

- 331. SURGERY FOR CATARACT
- 332. INCISION OF TEAR GLANDS
- 333. OTHER OPERATIONS ON THE TEAR DUCTS
- 334. INCISION OF DISEASED EYELIDS
- 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
- 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
- 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
- 338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
- 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
- 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
- 341. INCISION OF THE CORNEA
- 342. OPERATIONS FOR PTERYGIUM
- 343. OTHER OPERATIONS ON THE CORNEA
- 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
- 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
- 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
- 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
- 348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
- 349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR

- 350. ANTERIOR CHAMBER PARACENTESIS/
CYCLODIATHERMY/CYCLOCRYOTHERAP
Y/ GONIOTOMY/TRABECULOTOMY AND
FILTERING AND ALLIED OPERATIONS TO
TREAT GLAUCOMA
- 351. ENUCLEATION OF EYE WITHOUT
IMPLANT
- 352. DACRYOCYSTORHINOSTOMY FOR
VARIOUS LESIONS OF LACRIMAL GLAND
- 353. LASER PHOTOCOAGULATION TO TREAT
RATINAL TEAR
- 354. BIOPSY OF TEAR GLAND
- 355. TREATMENT OF RETINAL LESION

14. Orthopedics Related:

- 356. SURGERY FOR MENISCUS TEAR
- 357. INCISION ON BONE, SEPTIC AND
ASEPTIC
- 358. CLOSED REDUCTION ON FRACTURE,
LUXATION OR EPIPHYSEOLYSIS WITH
OSTEOSYNTHESIS
- 359. SUTURE AND OTHER OPERATIONS ON
TENDONS AND TENDON SHEATH
- 360. REDUCTION OF DISLOCATION UNDER
GA
- 361. ARTHROSCOPIC KNEE ASPIRATION
- 362. SURGERY FOR LIGAMENT TEAR
- 363. SURGERY FOR
HEMOARTHROSIS/PYOARTHROSIS
- 364. REMOVAL OF FRACTURE PINS/NAILS
- 365. REMOVAL OF METAL WIRE
- 366. CLOSED REDUCTION ON FRACTURE,
LUXATION
- 367. REDUCTION OF DISLOCATION UNDER
GA
- 368. EPIPHYSEOLYSIS WITH
OSTEOSYNTHESIS
- 369. EXCISION OF VARIOUS LESIONS IN
COCCYX
- 370. ARTHROSCOPIC REPAIR OF ACL TEAR
KNEE
- 371. CLOSED REDUCTION OF MINOR
FRACTURES
- 372. ARTHROSCOPIC REPAIR OF PCL TEAR
KNEE

- 373. TENDON SHORTENING
- 374. ARTHROSCOPIC MENISCECTOMY - KNEE
- 375. TREATMENT OF CLAVICLE DISLOCATION
- 376. HAEMARTHROSIS KNEE- LAVAGE
- 377. ABSCESS KNEE JOINT DRAINAGE
- 378. CARPAL TUNNEL RELEASE
- 379. CLOSED REDUCTION OF MINOR
DISLOCATION
- 380. REPAIR OF KNEE CAP TENDON
- 381. ORIF WITH K WIRE FIXATION- SMALL
BONES
- 382. RELEASE OF MIDFOOT JOINT
- 383. ORIF WITH PLATING- SMALL LONG
BONES
- 384. IMPLANT REMOVAL MINOR
- 385. K WIRE REMOVAL
- 386. POP APPLICATION
- 387. CLOSED REDUCTION AND EXTERNAL
FIXATION
- 388. ARTHROTOMY HIP JOINT
- 389. SYME'S AMPUTATION
- 390. ARTHROPLASTY
- 391. PARTIAL REMOVAL OF RIB
- 392. TREATMENT OF SESAMOID BONE
FRACTURE
- 393. SHOULDER ARTHROSCOPY / SURGERY
- 394. ELBOW ARTHROSCOPY
- 395. AMPUTATION OF METACARPAL BONE
- 396. RELEASE OF THUMB CONTRACTURE
- 397. INCISION OF FOOT FASCIA
- 398. CALCANEUM SPUR HYDROCORT
INJECTION
- 399. GANGLION WRIST HYALASE INJECTION
- 400. PARTIAL REMOVAL OF METATARSAL
- 401. REPAIR / GRAFT OF FOOT TENDON
- 402. REVISION/REMOVAL OF KNEE CAP
- 403. AMPUTATION FOLLOW-UP SURGERY
- 404. EXPLORATION OF ANKLE JOINT
- 405. REMOVE/GRAFT LEG BONE LESION
- 406. REPAIR/GRAFT ACHILLES TENDON
- 407. REMOVE OF TISSUE EXPANDER
- 408. BIOPSY ELBOW JOINT LINING
- 409. REMOVAL OF WRIST PROSTHESIS
- 410. BIOPSY FINGER JOINT LINING
- 411. TENDON LENGTHENING

- 412. TREATMENT OF SHOULDER DISLOCATION
- 413. LENGTHENING OF HAND TENDON
- 414. REMOVAL OF ELBOW BURSA
- 415. FIXATION OF KNEE JOINT
- 416. TREATMENT OF FOOT DISLOCATION
- 417. SURGERY OF BUNION
- 418. INTRA ARTICULAR STEROID INJECTION
- 419. TENDON TRANSFER PROCEDURE
- 420. REMOVAL OF KNEE CAP BURSA
- 421. TREATMENT OF FRACTURE OF ULNA
- 422. TREATMENT OF SCAPULA FRACTURE
- 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
- 424. REPAIR OF RUPTURED TENDON
- 425. DECOMPRESS FOREARM SPACE
- 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
- 427. LENGTHENING OF THIGH TENDONS
- 428. TREATMENT FRACTURE OF RADIUS & ULNA
- 429. REPAIR OF KNEE JOINT

15. Other operations on the mouth & face:

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

16. Pediatric surgery Related:

- 435. EXCISION OF FISTULA-IN-ANO
- 436. EXCISION JUVENILE POLYPS RECTUM
- 437. VAGINOPLASTY
- 438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
- 439. PRESACRAL TERATOMAS EXCISION
- 440. REMOVAL OF VESICAL STONE
- 441. EXCISION SIGMOID POLYP

- 442. STERNOMASTOID TENOTOMY
- 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
- 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
- 445. MEDIASTINAL LYMPH NODE BIOPSY
- 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
- 447. EXCISION OF CERVICAL TERATOMA
- 448. RECTAL-MYOMECTOMY
- 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
- 450. DETORSION OF TORSION TESTIS
- 451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
- 452. CYSTIC HYGROMA - INJECTION TREATMENT

17. Plastic Surgery Related:

- 453. CONSTRUCTION SKIN PEDICLE FLAP
- 454. GLUTEAL PRESSURE ULCER-EXCISION
- 455. MUSCLE-SKIN GRAFT, LEG
- 456. REMOVAL OF BONE FOR GRAFT
- 457. MUSCLE-SKIN GRAFT DUCT FISTULA
- 458. REMOVAL CARTILAGE GRAFT
- 459. MYOCUTANEOUS FLAP
- 460. FIBRO MYOCUTANEOUS FLAP
- 461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
- 462. SLING OPERATION FOR FACIAL PALSY
- 463. SPLIT SKIN GRAFTING UNDER RA
- 464. WOLFE SKIN GRAFT
- 465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA

18. Thoracic surgery Related:

- 466. THORACOSCOPY AND LUNG BIOPSY
- 467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
- 468. LASER ABLATION OF BARRETT'S OESOPHAGUS
- 469. PLEURODESIS
- 470. THORACOSCOPY AND PLEURAL BIOPSY
- 471. EBUS + BIOPSY

- 472. THORACOSCOPY LIGATION THORACIC DUCT
- 473. THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE

19. Urology Related:

- 474. HAEMODIALYSIS
- 475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
- 476. EXCISION OF RENAL CYST
- 477. DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
- 478. INCISION OF THE PROSTATE
- 479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
- 481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 482. RADICAL PROSTATOVESICULECTOMY
- 483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 484. OPERATIONS ON THE SEMINAL VESICLES
- 485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
- 486. OTHER OPERATIONS ON THE PROSTATE
- 487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 488. OPERATION ON A TESTICULAR HYDROCELE
- 489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
- 490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 491. INCISION OF THE TESTES
- 492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
- 493. UNILATERAL ORCHIDECTOMY
- 494. BILATERAL ORCHIDECTOMY
- 495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
- 496. RECONSTRUCTION OF THE TESTIS

- 497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
- 498. OTHER OPERATIONS ON THE TESTIS
- 499. EXCISION IN THE AREA OF THE EPIDIDYMIS
- 500. OPERATIONS ON THE FORESKIN
- 501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
- 502. AMPUTATION OF THE PENIS
- 503. OTHER OPERATIONS ON THE PENIS
- 504. CYSTOSCOPICAL REMOVAL OF STONES
- 505. CATHETERISATION OF BLADDER
- 506. LITHOTRIPSY
- 507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
- 508. EXTERNAL ARTERIO-VEINOUS SHUNT
- 509. AV FISTULA - WRIST
- 510. URSL WITH STENTING
- 511. URSL WITH LITHOTRIPSY
- 512. CYSTOSCOPIC LITHOLAPAXY
- 513. ESWL
- 514. BLADDER NECK INCISION
- 515. CYSTOSCOPY & BIOPSY
- 516. CYSTOSCOPY AND REMOVAL OF POLYP
- 517. SUPRAPUBIC CYSTOSTOMY
- 518. PERCUTANEOUS NEPHROSTOMY
- 519. CYSTOSCOPY AND "SLING" PROCEDURE.
- 520. TUNA- PROSTATE
- 521. EXCISION OF URETHRAL DIVERTICULUM
- 522. REMOVAL OF URETHRAL STONE
- 523. EXCISION OF URETHRAL PROLAPSE
- 524. MEGA-URETER RECONSTRUCTION
- 525. KIDNEY RENOSCOPY AND BIOPSY
- 526. URETER ENDOSCOPY AND TREATMENT
- 527. VESICO URETERIC REFLUX CORRECTION
- 528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
- 529. ANDERSON HYNES OPERATION
- 530. KIDNEY ENDOSCOPY AND BIOPSY
- 531. PARAPHIMOSIS SURGERY
- 532. INJURY PREPUCE- CIRCUMCISION
- 533. FRENULAR TEAR REPAIR
- 534. MEATOTOMY FOR MEATAL STENOSIS
- 535. SURGERY FOR Fournier's GANGRENE SCROTUM

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- 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

Sr. No.	Annexure – II List of Expenses Excluded ("Non-medical") in Hospital Indemnity Policy
TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
3	BABY FOOD
4	BABY UTILITES CHARGES
5	BABY SET
6	BABY BOTTLES
7	BRUSH
8	COSY TOWEL
9	HAND WASH
10	MOISTURISER PASTE BRUSH
11	POWDER
12	RAZOR
13	SHOE COVER
14	BEAUTY SERVICES
15	BELTS/ BRACES
16	BUDS
17	BARBER CHARGES
18	CAPS
19	COLD PACK/HOT PACK
20	CARRY BAGS
21	CRADLE CHARGES
22	COMB
23	DISPOSABLES RAZORS CHARGES (for site preparations)
24	EAU-DE-COLOGNE / ROOM FRESHNERS
25	EYE PAD
26	EYE SHEILD
27	EMAIL / INTERNET CHARGES
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
29	FOOT COVER
30	GOWN
31	LEGGINGS
32	LAUNDRY CHARGES
33	MINERAL WATER
34	OIL CHARGES
35	SANITARY PAD
36	SLIPPERS
37	TELEPHONE CHARGES
38	TISSUE PAPER

Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
39	TOOTH PASTE
40	TOOTH BRUSH
41	GUEST SERVICES
42	BED PAN
43	BED UNDER PAD CHARGES
44	CAMERA COVER
45	CLINIPLAST
46	CREPE BANDAGE
47	CURAPORE
48	DIAPER OF ANY TYPE
49	DVD, CD CHARGES
50	EYELET COLLAR
51	FACE MASK
52	FLEXI MASK
53	GAUSE SOFT
54	GAUZE
55	HAND HOLDER
56	HANSAPLAST/ ADHESIVE BANDAGES
57	LACTOGEN/ INFANT FOOD
58	SLINGS
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS, ETC.,
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
62	HORMONE REPLACEMENT THERAPY
63	HOME VISIT CHARGES
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES
69	DONOR SCREENING CHARGES
70	ADMISSION/REGISTRATION CHARGES
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
74	STEM CELL IMPLANTATION/ SURGERY and storage

Sr. No.	List of Expenses Excluded ("Non-medical") in Hospital Indemnity Policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS
77	MICROSCOPE COVER
78	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
79	SURGICAL DRILL
80	EYE KIT
81	EYE DRAPE
82	X-RAY FILM
83	SPUTUM CUP
84	BOYLES APPARATUS CHARGES
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
86	SAVLON
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES
88	COTTON
89	COTTON BANDAGE
90	MICROPORE/ SURGICAL TAPE
91	BLADE
92	APRON
93	TORNIQUET
94	ORTHOBUNDLE, GYNAEC BUNDLE
95	URINE CONTAINER
ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX
97	HVAC
98	HOUSE KEEPING CHARGES
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
100	TELEVISION & AIR CONDITIONER CHARGES
101	SURCHARGES
102	ATTENDANT CHARGES
103	IM IV INJECTION CHARGES
104	CLEAN SHEET
105	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
106	BLANKET/ WARMER BLANKET
ADMINISTRATIVE OR NON-MEDICAL CHARGES	
107	ADMISSION KIT
108	BIRTH CERTIFICATE
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES

Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
110	CERTIFICATE CHARGES
111	COURIER CHARGES
112	CONVENYANCE CHARGES
113	DIABETIC CHART CHARGES
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
115	DISCHARGE PROCEDURE CHARGES
116	DAILY CHART CHARGES
117	ENTRANCE PASS / VISITORS PASS CHARGES
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
119	FILE OPENING CHARGES
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
121	MEDICAL CERTIFICATE
122	MAINTAINANCE CHARGES
123	MEDICAL RECORDS
124	PREPARATION CHARGES
125	PHOTOCOPIES CHARGES
126	PATIENT IDENTIFICATION BAND / NAME TAG
127	WASHING CHARGES
128	MEDICINE BOX
129	MORTUARY CHARGES
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)
EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES
132	BIPAP MACHINE
133	COMMODE
134	CPAP/ CAPD EQUIPMENTS
135	INFUSION PUMP - COST
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
137	PULSEOXYMETER CHARGES
138	SPACER
139	SPIROMETRE
140	SPO2 PROBE
141	NEBULIZER KIT
142	STEAM INHALER
143	ARMSLING
144	THERMOMETER
145	CERVICAL COLLAR
146	SPLINT
147	DIABETIC FOOT WEAR

Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
148	KNEE BRACES (LONG/ SHORT/ HINGED)
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
150	LUMBO SACRAL BELT
151	NIMBUS BED OR WATER OR AIR BED CHARGES
152	AMBULANCE COLLAR
153	AMBULANCE EQUIPMENT
154	MICROSHEILD
155	ABDOMINAL BINDER
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
159	SUGAR FREE Tablets
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
161	Digestion gels
162	ECG ELECTRODES
163	GLOVES
164	HIV KIT
165	LISTERINE/ ANTISEPTIC MOUTHWASH
166	LOZENGES
167	MOUTH PAINT
168	NEBULISATION KIT
169	NOVARAPID
170	VOLINI GEL/ ANALGESIC GEL
171	ZYTEE GEL
172	VACCINATION CHARGES
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
173	AHD
174	ALCOHOL SWABES
175	SCRUB SOLUTION/STERILLIUM OTHERS
176	VACCINE CHARGES FOR BABY
177	AESTHETIC TREATMENT / SURGERY
178	TPA CHARGES
179	VISCO BELT CHARGES
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
181	EXAMINATION GLOVES
182	KIDNEY TRAY
183	MASK

Sr. No.	List of Expenses Excluded ("Non-medical")in Hospital Indemnity Policy
184	OUNCE GLASS
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
186	OXYGEN MASK
187	PAPER GLOVES
188	PELVIC TRACTION BELT
189	REFERAL DOCTOR'S FEES
190	ACCU CHECK (Glucometry/ Strips)
191	PAN CAN
192	SOFNET
193	TROLLY COVER
194	UROMETER, URINE JUG
195	AMBULANCE
196	TEGADERM / VASOFIX SAFETY
197	URINE BAG
198	SOFTOVAC
199	STOCKINGS

Note: Items mentioned under sub heading “Items payable if supported by a Prescription” will be payable only if supported by Medical Practitioner’s prescription. All other items mentioned are excluded under this Policy.

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

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road,Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala,Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra
Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township 1 , Faridabad , Haryana

Hospital Name	Address
Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132, Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234,- , Greater Kailash 1 , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41 , Noida , Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road , Ahmedabad , Gujarat
Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka
East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No.6,Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -1, Greater Noida , Noida , Uttar Pradesh
Hardik Hospital	29c,Budh Bazar, Vikas Nagar , New Delhi , Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing,Naptier Town, Jabalpur , Madhya Pradesh
Panvel Hospital	Plot No. 260A,Uran Naka, Old Panvel , Navi Mumbai , Maharashtra
Santosh Hospital	L-629/631,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh

Hospital Name	Address
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Navjeevan Hospital & Maternity Centre	753/21,Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Sparsh Medicare and Trauma Centre	Shakti Khand - III/54 ,Behind Cambridge School , Indirapuram, Ghaziabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnagar Soc,B/H. Bhulkabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
Adhar Ortho Hospital	Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc,60 Feet, Godadara Road , Surat , Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara , Surat , Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat
Hari Milan Hospital	L H Road , Surat , Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hosptial & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat

Hospital Name	Address
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shoping Complex 1St Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

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 –List of Hospitals where Co-Payment of 20% is not applicable under Optional Cover “Smart Select”

Hospital Name	Address
Chaudhry Eye Centre & Lazer Vision	No.4802, No.24,Bharat Ram Road,Ansari Road,Daryaganj,New Delhi-110002,Delhi
Sanjeevan Medical Research Centre Pvt. Ltd.	4869/24,Ansari Road, Daryaganj,New Delhi-110002,Delhi
Shree Jeewan Hospital	67/1, New Rohtak Road,Karol Bagh,New Delhi-110005,Delhi
Fortis Jessa Ram Hospital	R.B.Seth Jessa Ram Hospital, West Extension Area,Karol Bagh,New Delhi-110005,Delhi
Jeewan Hospital & Nursing Home Pvt. Ltd.	150, Gate No 1Jeevan Nagar,New Delhi-110014,Delhi
Handa Nursing Home	57,Near Swadeshi Motor, Raja Garden,New Delhi-110015,Delhi
Khetarpal Hospital	F-95 Bali Nagar, Bali Nagar,New Delhi-110015,Delhi
Sawan Neelu Angel'S Nursing Home	J-293, Near Main Road,Saket,New Delhi-110017,Delhi
M.K.W.Hospital	T-Block Community Centre, Rajouri Garden,Rajouri Garden,New Delhi-110027,Delhi
Behl Hospital	B-128, Naraina Vihar,New Delhi-110028,Delhi
Kuber Hospital	No.12, Chanderlok Enclave,Pitampura,New Delhi-110034,Delhi
Satyabhama Hospital Pvt. Ltd.	RZ-10,Naresh Park Najafgarh Road,Nangloi,New Delhi-110041,Delhi
Bhagat Chandra Hospital	R.Z.F.1/1, Near Dwarka Flyover,Palam Davri Road,Mahavir Enclave,New Delhi-110045,Delhi
Ashok Nursing Home	F-3/15-16, Vijay Chowk,Krishna Nagar,New Delhi-110051,Delhi
Ganesh Ortho Trauma & Medical Centre	F-15/7, Near BSES Office,Krishna Nagar,New Delhi-110051,Delhi
Panchsheel Hospitals Pvt. Ltd.	C3/64 A, Yamuna Vihar,New Delhi-110053,Delhi
Amar Leela Hospital Pvt. Ltd.	B-1/6,Main Najafgarh Road, Nearby East Metro Station,Janakpuri,New Delhi-110058,Delhi
Genesis Hospital Pvt. Ltd.	C-1/130, Near Mata Chanan Devi Hospital,Janakpuri,New Delhi-110058,Delhi
Orchid Hospital	C-3/91,92, Janakpuri,New Delhi-110058,Delhi
Pawan Gandhi Health Care Pvt. Ltd.	C-5D-51, Om Vihar,Uttam Nagar,New Delhi-110059,Delhi
Sehgal Neo Hospital	R-364,Meera Bagh, Outer Ring Road,Paschim Vihar,New Delhi-110063,Delhi
Jeewan Hospital And Nursing Home	150, Gate No 2Jeevan Nagar,New Delhi-110014,Delhi
Samvit Health Care	Plot No.1,Sohna Road,Islampur, Near Rajiv Chowk,Islampur,Gurgaon-122001,Haryana
Saraswati Hospital	299/2,Old Delhi Road, Gurgaon,Gurgaon-122001,Haryana
Sethi Hospital Pvt. Ltd.	No.301-302/4, Model Town,Basai Road,Gurgaon-122001,Haryana

Hospital Name	Address
Kriti Hospital	Plot No.196, Sec-56,Behind Jalvayu Towers,Saraswati Vihar,Gurgaon-122002,Haryana
Ganesh Hospitals Pvt. Ltd.	LI-C/3, Near Kalagiri Chowk,Nehru Nagar,Ghaziabad-201001,Uttar Pradesh
Pushpanjali Crosslay Hospital	W-3,Sector-1, Vaishali,Ghaziabad-201010,Uttar Pradesh
Ambay Hospital-A Unit Of Navodya Hospital & Research	No 1,Near St.Thomas School, Sahibabad,Lajpat Nagar 4,Ghaziabad-201005,Uttar Pradesh
Gargi Hospital-Unit Of Kaushalya Medical & Research Centre Pvt. Ltd.	R-9,182, Near Alt Centre,Near Sector-10 Market,Raj Nagar,Ghaziabad-201002,Uttar Pradesh
Bhatia Nursing Home	Punjabi Mohalla,Near Gupta Hotel, Mohna Road,Punjabi Mohalla,Ghaziabad-201010,Uttar Pradesh
Paras Hosptial	130 Sector 4, Vaishali,Ghaziabad-201010,Uttar Pradesh
I-Care Eye Hospital	E-3A, Sector 26,Noida-201301,Uttar Pradesh
Samvedana Health Services Pvt.Ltd.	B 206 A, Sector- 48,Sector 48,Noida-201301,Uttar Pradesh
Navin Hospitals Pvt. Ltd.	N.H.3,Pocket 2, Greater Noida,Alpha 2,Noida-201308,Uttar Pradesh
Ram Lal Kundan Lal Orthopaedic Hospital	Bunglow Plot No-8, Pandu Nagar,Parpar Ganj Road,Off Mother Dairy,Patparganj,New Delhi-110091,Delhi
Shreya Eye Centre	D-163, Surajmal Vihar,New Delhi-110092,Delhi
Malik Radix Health Care	C-218, Nirmal Vihar,Vikas Marg,Dayanand Vihar,New Delhi-110092,Delhi
Dr.M.L.Gupta Memorial Centre	5E/4 B.P.Railway Road, New Industrial Township 1,Faridabad-121001,Haryana
Aggarwal Medical Centre	Jiwan Nagar Gaunchi, Sector 55-F,Jiwan Nagar Gaunchi,Faridabad-121001,Haryana
C.K.Memorial Kapoor Hospital	No.3B/8A, DAV College Road,Near Eros Institute,Near Chimni Bai Dharamshala,New Industrial Township 1,Faridabad-121001,Haryana
Ashwani Hospital	No.8-D-1, Sector 11,Near H.U.D.A.Market,Sector 11,Faridabad-121001,Haryana
Shivmani Hospital	5E/9,B.P,N.I.T, Near Neelam Chowk,New Industrial Township 1,Faridabad-121001,Haryana
Anuj Hospital	No.2159-2161,Near Old Market, Old Faridabad,Sector 16,Faridabad-121002,Haryana
Gupta Nursing Home	House No: 160,Sector 16-A, Near Capital Bus Stand,Sector 16,Faridabad-121002,Haryana
Sirohi Medical Centre Pvt.Ltd.	Clinic Plot No.4&5, Sector 3,Faridabad-121004,Haryana
Lohan Children Hospital	5 C,B.P, N.I.T,Sector 14,Faridabad-121007,Haryana
National Institute Of Medical Sciences	Sector 23-A, Near Sector-23 Market,Near Navchetna Hospital,Sector 23,Faridabad-121005,Haryana

Hospital Name	Address
Ghai Hospital	Plot No 29, Sector 9, Faridabad-121006, Haryana
Geeta Hospital	Near H.U.D.A. Market, Near Water Tank, Sector 28, Faridabad-121008, Haryana
Jaipur Golden Hospital	2, Institutional Area, Sector 3, Rohini, New Delhi-110085, Delhi
Lall Eye Care Centre	New Railway Road, Civil Lines, Gurgaon-122001, Haryana
Mamta Hospital	877/2, Mata Road, Near Workshop, Civil Lines, Gurgaon-122001, Haryana
Metro Heart Institute-Metro Speciality HospitalS Pvt. Ltd.	Sector -16 A, Sector 16A, Faridabad-121002, Haryana
Narinder Mohan Hospital And Heart Center	Near Mohan Nagar Chowk, Near Police Station, Opposite P.N.B. Bank, Mohan Nagar, Ghaziabad-201007, Uttar Pradesh
Paras Hospitals	C-1, Sushantlok, Sushant Lok Phase 1, Gurgaon, Gurgaon-122009, Haryana
St. Stephen's Hospital	St. Stephen's Hospital Marg, Nawab Ganj, Opposite Tis Hazari Metro Station, Tis Hazari, New Delhi-110054, Delhi
Tirupati Stone Centre and Hospital	6, Gagan Vihar, Near Karkardooma Court, Vikas Marg, New Delhi, New Delhi-110051, Delhi
Virmani Hospital Pvt. Ltd.	Plot No.8, Commercial Complex, L.S.C., Mayur Vihar Phase 2, New Delhi-110091, Delhi
Navjyoti Eye Centre	No.90, Near Golcha Cinema, Daryaganj, New Delhi-110002, Delhi
Jeewan Mala Hospital Pvt. Ltd.	67/1, New Rohtak Road, Karol Bagh, New Delhi-110005, Delhi
Bharti Eye Foundation	No.1/3, Near Metro Station, Patel Nagar (E), New Delhi-110008, Delhi
Rockland Hospitals Ltd	B-33-34, Qutab Institutional Area, Ber Sarai, New Delhi-110016, Delhi
Dr Patnaik's Laser Eye Institute	C2, Near Moolchand Hospital, Lajpat Nagar 2, New Delhi-110024, Delhi
Bajaj Eye Care Centre	No.101, Vikas Surya Plot No.7, DDA Community Centre, Road No 44, Pitampura, New Delhi-110034, Delhi
Khandelwal Hospital And Urology Centre	B-16, Main Road East Krishna Nagar, Krishna Nagar, New Delhi-110051, Delhi
B M Gupta Nursing Home Pvt. Ltd.	H-11, 15, Arya Samaj Road, Uttam Nagar, New Delhi-110059, Delhi
Mohan Eye Institute	11-B, Ganga Ram Hospital Marg, Old Rajendra Nagar, New Delhi-110060, Delhi
EYE Q Super Speciality Eye Hospital	4306, DLF Phase 4, Saraswati Vihar, Gurgaon-122002, Haryana
Ayushman Hospital	Plot-No 2, H.L. Galleria, Sector 12, Dwarka, New Delhi-110075, Delhi
Santom Hospital Pvt. Ltd.	D-5-6, Outer Ring Road, Prashant Vihar, New Delhi-110085, Delhi
Aastha Eye Centre	No.5-R/5, Behind Neelam Petrol Pump, New Industrial Township 1, Faridabad-121001, Haryana

Hospital Name	Address
Surya Ortho & Trauma Centre	No.5,R/5, New Industrial Township 1,Faridabad-121001,Haryana
Aar Pee Hospital	1276-P, Near Barkal Chowk,Sector 28,Faridabad-121008,Haryana
Perfect Wellness Pvt. Ltd. ,Eye Centre	Plot No.7,Sector 27 A, Main Mathura Road,Near Badkhal Road,Sector 27A,Faridabad-121011,Haryana
Dr Nand Lal Sharma Memorial Hospital	701,Sector-8, Sector 6,Faridabad-121006,Haryana
Eye Care Centre	1368-B, 14/15,Dividing Road,Sector 14,Faridabad-121007,Haryana
Vision Eye Centre	No.12/27, Near Arya Samaj Mandir,Patel Nagar,New Delhi-110008,Delhi
Ahuja Laser Eye Centre	No.212,Paramanand Colony, GTB Nagar,New Delhi-110009,Delhi
Vasan Eye Care Hospital	No.36-B,Parvtesh Tower,Pusa Road, Opposite Metro Pillar No.125,Karol Bagh,New Delhi-110005,Delhi
Sumitra Hospital	A-119A, Near Prakash Hospital,Sector 35,Noida-201301,Uttar Pradesh
Maharaja Agrasen Hospital	N.H.-10, West Punjabi Bagh,Punjabi Bagh,New Delhi-110026,Delhi
Sarvodaya Hospital And Research Centre	Sector-8, YMCA Road,Near E.S.I.Hospital,Sector 8,Faridabad-121002,Haryana
Aakash Hospital	No.90/43, Opposite Green Fields School,Malviya Nagar,New Delhi-110017,Delhi
Holy Family Hospital	Okhla Road, Okhla Vihar,New Delhi-110025,Delhi
Mata Chanan Devi Hospital	C-1, Janakpuri,Rajouri Garden,New Delhi-110058,Delhi
Rescue Hospital India Pvt. Ltd.	S-5,Vishwas Park, Behind Sector-3 Petrol Pump,Dwarka,New Delhi-110059,Delhi
Drishti Eye Centre	20-21, Fruit Garden,New Industrial Township 1,Faridabad-121001,Haryana
Mahindru Hospital	E-1,Kiran Garden, Uttam Nagar,New Delhi-110059,Delhi
Vasan Eye Care Hospital	A-120, Janakpuri,New Delhi-110058,Delhi
Visitech Eye Hospital	R-13, Greater Kailash 1,New Delhi-110048,Delhi
Bhagat Hospitals Pvt Ltd	D-2,48/49, Janakpuri,New Delhi-110058,Delhi
Rockland Hospitals Ltd	H.A.F, Pocket-B,Sector-12,Dwarka,New Delhi-110075,Delhi
Vasan Eye Care Hospital	F14,Opposite Metro Pillar No. 94, Near Metro Station Gate No. 2,Preet Vihar,New Delhi-110092,Delhi
Vasan Eye Care Hospital	Plot 500, Opp metro pillar 345,Pitampura,New Delhi-110034,Delhi
Vasan Eye Care Hospital	Sco-379 & 380, Sector-29,Near Iffco Chowk,Gurgaon,Gurgaon-122001,Haryana
Pushpanjali Medical Centre	A-15,Pushpanjali, Vikas Marg Extn,Preet Vihar,New Delhi-110092,Delhi

Hospital Name	Address
Vasan Eye Care Hospital	E-16, Greater Kailash-1, Opposite HSBC Bank, Greater Kailash, New Delhi-110048, Delhi
Karuna Hospital	D-62, Dilshad Colony, New Delhi-110095, Delhi
Kailash Healthcare Ltd	H-33, Sector 27, Noida, Noida-201301, Uttar Pradesh
Eye Health Clinic	E-1, Sector 61, Noida, Noida-201307, Uttar Pradesh
Deepak Memorial Hospital	5, Institutional Area, Vikas Marg Extn - II, Vikas Marg, New Delhi-110092, Delhi
Krishna Hospital & Trauma Centre	J 85, Patel Nagar - I, Ghaziabad, Ghaziabad-201001, Uttar Pradesh
Mahajan Eye Centre	AD-21DA, Outer Ring Road, Pitampura, New Delhi-110034, Delhi
Kailash Hospitals Ltd	23 KP-1, Greater Noida, Noida-201308, Uttar Pradesh
Eternity Hospital	914, Niti Khand - I, Indirapuram, Ghaziabad-201014, Uttar Pradesh
Sodhi Nursing Home and Ent Hospital	455, Bhera Enclave, Paschim Vihar, New Delhi-110087, Delhi
Sarvodaya Hospital & Research Centre	KJ-7, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh
Dr. Shroffs Charity Eye Hospital	5027, Kedarnath Road, Daryaganj, New Delhi-110002, Delhi
Sarvodaya Superspeciality Hospital and Heart Centre	D-3, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh
Medicheck Hospital	1-C, 76&53, Near IOB Bank, NIT, Faridabad-121001, Haryana
EYE Q Super Speciality Eye Hospital	Sheetla Hospital, New Railway Road, Gurgaon-122001, Haryana
EYE Q Super Speciality Eye Hospital	Basement & 1st Floor, NS-3 AD Block, East of Shalimar Bagh, New Delhi-110088, Delhi
Mohan Swarup Hospital	NH 91, GT Road, Opp. Electric Station, Near Baba Peer, Dadri-203207, Uttar Pradesh
Shishu Sadan Multispeciality Children Hospital	A-1/169A, Metro Pillar No. 616, Janak Puri, New Delhi-110058, Delhi
Uttam Hospital	E-230, Sector-9, New Vijay Nagar, Ghaziabad-201009, Uttar Pradesh
ASG Hospital Pvt Ltd	C-52A, RDC Raj Nagar Distt. Centre, Raj Nagar, Ghaziabad-201002, Uttar Pradesh
S.R Krishna Hospital Pvt Ltd	Plot No. 23-24, Jain Park, Opp. Metro Pillar No. 722, 723, Matiala Road, New Delhi-110059, Delhi
Vision Eye Hospital	F-24/136, Sector-7, Rohini, New Delhi-110085, Delhi
Park Hospital	J-Block, Near Court, Sector - 10, Faridabad-121004, Haryana
J.P. Memorial Hospital	F-189, Dilshad Colony, New Delhi-110095, Delhi
Kathuria Hospital	19/8, Model Town, Opp. S.D. School, Khandsa Road, Gurgaon-122001, Haryana
Foresight Eye Clinic	106, RPS Flats, Sheikh Sarai - 1, Opp. Apeejay School, Malviya Nagar, New Delhi-110017, Delhi

Hospital Name	Address
Roopali Medical Centre Pvt Ltd	C/477A, Yamuna Vihar, Yamuna Vihar, New Delhi-110053, Delhi
Royale Multispeciality Hospital	B-5, Central Green, NIT NH-5, Near B.K Chowk, Faridabad-121001, Haryana
Eye7 Chaudhary Eye Centre	34 Grd Floor, Lajpat Nagar-IV, Main Ring Road, Lajpat Nagar, New Delhi-110024, Delhi
Kalyani Hospital Pvt Ltd	354/2, Mehravli, Gurgaon Road, Gurgaon-122001, Haryana
Mata Roop Rani Mggo & Mahindru Hospital	C-9, Om Vihar, Phase-1, Uttamnagar, New Delhi-110059, Delhi
Gautam Nursing home & Maternity Centre	D-2/148, Jeewan Park, Pankha Road, New Delhi-110059, Delhi
Shri Daya Dutt Vashist Hospital	J-34, Ganga Ram Vatika, Near Raj Cinema, Chowkhandi, Tilak Nagar, New Delhi-110018, Delhi
B R Memorial Hospital	FCA-103, Mukesh Colony, Ballabgarh, Faridabad-121004, Haryana
Sunetra Eye Centre Pvt Ltd	KC-120, C-Block, C-Block Market, Kavi Nagar, Ghaziabad-201002, Uttar Pradesh
Vasan Eye Care Hospital	B-190, Derawal nagar, Model Town, New Delhi-110009, Delhi
Vasan Eye Care Hospital	# A-6/A, First and Second Floor, Nehru Ground, New Industrial Township 1, Industrial Township, Haryana Neelam Batta Road, Faridabad-121001, Haryana
Nav Drishti Eye Centre	B-5/351, Yamuna Vihar, Opp. Maharaja Agarsen Park, New Delhi-110053, Delhi
Save Sight Centre	A-14, G.T karnal Road, Adarsh Nagar, New Delhi-110033, Delhi
Ahooja Eye & Dental Institute	560/1, Dayanand Colony, New Railway Road, Gurgaon-122001, Haryana
M. R Hospital & Orthopaedic Centre	C1-3, Rama Park Near Dwarka Mor Metro Station, Opp. Pillar No. 772, New Delhi-110059, Delhi
Chopra Eye Hospital	H.No-3, Pkt-C-8, Sec-7, Rohini, New Delhi-110085, Delhi
Hi-Tech Eye Centre	A-12, 1st Floor, Vikas Puri, New Delhi-110018, Delhi
Holy Child Nursing Home	C-43-44, East Krishna Nagar, New Delhi-110051, Delhi
Jeevan Hospital & Stone Centre	GT Road, Near Amber Cinema, Modi Nagar, Ghaziabad-201201, Uttar Pradesh
Dr. Nanda Eye Care Centre	A-200, Sector-8, Dwarka, New Delhi-110075, Delhi
Patel Hospital	U-158, Main Vikas Marg, Shakarpur, New Delhi-110092, Delhi
Cygnus Orthocare Hospital	C-5/29, Opp. IIT Gate, Safdarjung Development Area, New Delhi-110016, Delhi
Agrawal Eye Institute	A-235, Shivalik, Malviya Nagar, New Delhi-110017, Delhi
Pushpawati Singhanian Research Institute	Press Enclave Marg, Sheikh Sarai Phase 2, New Delhi-110017, Delhi
Qrg Central Hospital & Research Centre Ltd.	Plot No -69, Sec 20 A, Near Neelam Flyover, Ajronda Chowk, Sector 20 A, Faridabad-121001, Haryana
Sant Parmanand Hospital	18, Sham Nath Marg, Civil Lines, New Delhi-110054, Delhi

Hospital Name	Address
Lotus Hospital	389-3, Mata Road, Prem Nagar 2, Gurgaon-122001, Haryana
Yashomati Hospital Pvt. Ltd.	No.237 1,3, HAL Airport, Varthur Main Road, Munnekolala Bangalore -560037 Karnataka
Vishwabharathi Hospital Pvt Ltd	No.10/4 & 10/5, 3rd Main Road, Hanumanthnagar Bangalore -560019 Karnataka
Vijaya ENT Care Centre	No.1, IX Cross, Hoy Ice Cream Camp, Malleshwaram Bangalore -560003 Karnataka
Vasan Eye Care Hospital	No.5, 20th Cross, Malagala Under Pass, Ring Road, Nagarbhavi 2nd Stage, Nagarabhavi Bangalore - 560091 Karnataka
Vasan Eye Care Hospital	DPS Towers, No.40, First Floor, ICICI Bank Ltd, Arekere, Bannerghatta Road Bangalore -560076 Karnataka
Vasan Eye Care Hospital	Plot No.2(A-2), A type, BBMP PID No.57-64-2, Shivam Arcade, 41st Main Road, Kanakapura Main Road, J.P. Nagar Bangalore -560078 Karnataka
Vasan Eye Care Hospital	No.46, 19th Main Road, 1st Block, Near Navrang Theatre, Rajaji Nagar Bangalore -560010 Karnataka
Vasan Eye Care Hospital	No.205-4C, 4th Cross, 3rd Block, H.R.B.R. Layout, Next To Hennur Bus Depo, Banaswadi Bangalore - 560043 Karnataka
Vagus Super Speciality Hospital Pvt Ltd	# 6,7&8, 4th Main, 8th Cross, Malleshwaram Bangalore -560003 Karnataka
Unity Life Line Hospital India Pvt. Ltd.	No.-193, 2nd Block, 2nd Stage, O Nagarbhavi Bangalore -560072 Karnataka
Trinity Hospital And Heart Foundation	No.27, Sri Ram Mandir Road, Near R.V. Teacher's College Circle, Basavanagudi Bangalore -560004 Karnataka
The Pulse Multispeciality Hospital	5/8/1, 20th Main Road, 50 ft Road, Muneshwara Block, Girinagar Bangalore -560085 Karnataka
Tamara Hospital & IVF Centre	No. 34/3, 10th Cross, 1st 'N' Block, Rajajinagar, Bangalore Bangalore -560010 Karnataka
Syamala Hospital	# 17/4, Cambridge Road, Halasur Bangalore -560008 Karnataka
Sundar Hospital	1&2, Hennur Road Cross, Lingarajpuram Bangalore -560084 Karnataka
Sumathi Nursing & Maternity Home	426/12, 2nd Cross, Mathikere Lay-out Bangalore -560054 Karnataka
Suguna Narayana Heart Centre	1A/87, Dr Rajkumar Road, 4th N Block, Rajajinagar Bangalore -560010 Karnataka
St. Theresas Hospital	Dr. Rajkumar Road, 1st Block, Rajajinagar Bangalore -560010 Karnataka
Sridevi Nursing Home	#726, 23rd Cross, BSK 2nd Stage, KR Road, Behind Upahara Sagar, Bangalore Bangalore -560070 Karnataka
Sri Vinayaka Multi Speciality Hospital & Trauma Centre	Mylanahalli, B.K. Halli Post, Jala Hobli Bangalore -562149 Karnataka
Sri Sai Ram Hospital	#6, JC Industrial Area, Yelechenahalli Near Metro, Kanakapura Main Road, Bangalore Bangalore - 560060 Karnataka

Hospital Name	Address
Sri Sai Northside Hospital	No.8, G Block,60 Feet Road, Sahakaranagar Bangalore -560092 Karnataka
Sri Sai Krupa Hospital	19/A, Mathikere Main Road, Opp. LIC Bangalore -560054 Karnataka
Sri Ram Hospital	No. 107/2,Nishvasaha Centre, Opp. Traffic police,Old Madras Road, K. R. Puram Bangalore - 560036 Karnataka
Sri Lakshmi Multispeciality Hospital	# 127/1,Sri Gandhada Kaval, Magadi Main Road, Sunkadakatte Bangalore -560091 Karnataka
Sri Kanchi kamakoti Medical Trust - Sankara Eye Hospital	Varthur Main Road, Kundalahalli Gate, Bangalore Bangalore -560037 Karnataka
South City Hospital	53/1 (45),Shalini, Susheela Road,Lalbagh, Upparahalli Bangalore -560004 Karnataka
Soukya Hospital	No.17, NTI Layout,Vidyaranyapura Main Road, Bangalore Bangalore -560097 Karnataka
Smt. Shantha & Sri J.A. Narayana Rao Foundation for Medical Sciences	# 878,879, 1st 'A' Main Road, Kengeri Satellite Town Bangalore -560060 Karnataka
Shreya Hospital	73,3rd Main,6th Cross, 0 Kengeri Satellite Town Bangalore -560060 Karnataka
Shirdi Sai Hospital Pvt. Ltd.	519,2nd Main, Nethravathi Street,Newbel Road, Devasandra Bangalore -560054 Karnataka
Shekhar Hospital	81,Bull Temple Road, Basavangudi, Basavangudi Bangalore -560019 Karnataka
Shaker Nursing Home	260,Near 17th Cross, Sampige Road, Malleshwaram Bangalore -560003 Karnataka
Sapthagiri Hospital	#15, Hesaraghatta Main Road, Chikkasandra Bangalore -560090 Karnataka
Rajalakshmi Hospital	No.21/1, Lakshmipura Main Road, Opp. Lakshmipura Lake, Vidyaranyapura Post Bangalore - 560097 Karnataka
Radhakrishna Multispeciality Hospital	No. 3-4, Sunrise Towers,J.P. Road, Girinagar Bangalore -560085 Karnataka
Punya Hospitals India Pvt Ltd	#52/10,80 Feet Road, KHB Colony, Basaveshwaranagar Bangalore -560079 Karnataka
Prisitne Hosptial	No.877,Modi Hospital Road, West Of Chord Road,2nd Stage Extension, Basaveshwaranagar Bangalore -560079 Karnataka
Premier Sanjeevini Hospital	No.6/2,NH4, 0 Dasarahalli Bangalore -560057 Karnataka
Prashanth Hospital	No.90,D,Hosur Main Road, Bommanahalli Circle, Hosur Bangalore -560068 Karnataka
Pragathi Nursing Home	674/A,10th Cross, 5th Main II Stage,West Of Chord Road, Bangalore Bangalore -560086 Karnataka
Panacea Hospital Pvt. Ltd.	No.334, 8th Main,3rd Stage,4th Block, Basaveshwaranagar Bangalore -560079 Karnataka
P.D.Hinduja Sindhi Hospital	S.R.Nagar, 0 Sampangiramnagar Bangalore -560027 Karnataka
Om Shakthi Hospital	#1 & 2, Balaji Homes, 1st Main Kempegowda International Airport Road,Bagalur Cross,Yelahanka, Anand Nagar Bangalore -560063 Karnataka
NRR Hospital	No.3&3A,Hesaraghatta Main Road, Chikkabanavara, Chikkasendra Bangalore -560090 Karnataka

Hospital Name	Address
NMPC Health Care Pvt Ltd	No.66, 9th Main Road, Jayaram Reddy Layout,Horamavu Main Road, Banaswadi Bangalore - 560043 Karnataka
New Akshay Mallya Hospital	#93/1,565, Srinivasa Complex,Varthur Main Road, Marthahalli Main Road Bangalore -560037 Karnataka
Neighbourhood Hospital Pvt Ltd	#9,WGBCS, Near Brigade Millinium,Kothnur Main Road,7th Phase, J.P Nagar Bangalore -560078 Karnataka
Neha Prakash Hospital	No.8 V Phase,6th Cross, New Town, Yelahanka Bangalore -560064 Karnataka
Narayana Hrudayalaya	No.258/A,Bommasandra Industrial Area, Anekal Taluk, Bommasandra Bangalore -560099 Karnataka
Namratha Nursing & Maternity Home	No.158,6th Main,2nd phase, West of Chord Road,2nd Stage, Bangalore Bangalore -560086 Karnataka
N.D. R Hospital	#2118,MIG House,12th Main 'B Sector', Behind Shanthi Sagar,Near Mother Dairy Circle,Yelahanka New Town, Bangalore Bangalore -560106 Karnataka
MGMI Hospitals India Pvt Ltd	5/2,13th Cross, Hosur Road,Near Brand Factory, Wilson Garden Bangalore -560027 Karnataka
Mediscope Hospital	No.11, 3rd Stage,Pillanna Garden,Kadugondana Halli Stage 1, Kadugondana Halli Bangalore - 560045 Karnataka
Manjushree Hospital	#91, Kavalbyrasandra,R.T Nagar Post, Bangalore Bangalore -560032 Karnataka
Manjunatha Maternity Home & Surgical Centre	90/1, West Park Road, Between 17th & 18th Cross, Malleshwaram Bangalore -560055 Karnataka
Manasa Hospital	G. Chandranna Building, Devanahalli Old Bus Stop, Devanahalli Bangalore -562110 Karnataka
Manasa Hospital	No. 107, 6th Main, 2nd Cross, Vijayanagar Bangalore -560040 Karnataka
Manasa Hospital	#189, Shiva Complex, M Dalapalya,Near Vijaya Bank, Shivanand Nagar Bangalore -560072 Karnataka
Mallya Hospital	#2, Vittal Mallya Road, Bangalore Bangalore -560001 Karnataka
Maharaja Agrasen Hospital	15Th Main Road,Banashankari, 17th Cross,2nd Stage, Padmanabhnagar Bangalore -560070 Karnataka
Mahanth Hospital	No.8,1st Cross, N.G.R Layout,Roopena Agraha, Bangalore Bangalore -560068 Karnataka
Live 100 Hospital Pvt. Ltd.	104/1, Hosur Main Road, Singasandra Bangalore -560068 Karnataka
Lakshmi Hospital	2nd Cross, Judges Colony, Ganga Nagar Bangalore -560006 Karnataka
Kaveri Speciality Hospital	15/2,4th Cross, Hosur Main Road, Madivala Bangalore -560068 Karnataka

Hospital Name	Address
Karthik Netralaya Institute Of Ophthalmology Pvt. Ltd.	89,6th Cross,NR Colony,Ashok Nagar,Stage 1 Near Kathabhavana Buildng,BSK 1St Stage, Banashankari Bangalore -560050 Karnataka
K.R.Puram Super Speciality Hospital	3rd Main Road, OLD Extension, K. R. Puram Bangalore -560036 Karnataka
K K Hospital	No. 9,A1,A2,Opp. MEC School, A Sector,New Colony, Yelahanka Bangalore -560064 Karnataka
Jeevika Hospitals Pvt Ltd	#95/3, Marthahalli Outer Ring Road, Doddanekkundi Bangalore -560037 Karnataka
Jayashree Multispeciality Hospital	No. 25/26/27,1st Cross, B Block,Vishwapriya Nagar, Begur Bangalore -560068 Karnataka
ISIS Medicare & Research Centre Pvt Ltd	No. 18,Universal House, Bellary Road, Sadashivnagar Bangalore -560080 Karnataka
Health Cottage Hospital	#289,1st Cross, Cambridge Layout,Opp. Salapuria Residency, Halasur Bangalore -560008 Karnataka
H.K Hospital	106/2, Mysore Road,Near Rainbow Bridge, Kengeri Bangalore -560060 Karnataka
Gayathri Hospital Pvt. Ltd.	No.91,Magadi Chord Road, O Vijayanagar Bangalore -560040 Karnataka
Garden City Hospital	#132/18, 3rd Block, 22nd Cross, Jayanagar Bangalore -560011 Karnataka
Gangothri Hospital	# 27,100 Feet Ring Road, Kuvempuna, BTM Layout Bangalore -560076 Karnataka
Family Health Providers Pvt Ltd	No. 423/2,60 Feet Road,1st Main, 1st Stage,1st Phase,Behind SBM Gokula, Mathikere Bangalore -560054 Karnataka
Dr. Natesh ENT & Surgical Care Centre	#8/45,80 Feet Road, Banashankari 1st Stage,S.B.M Colony, Banashankari Bangalore -560050 Karnataka
Dr. B.R Ambedkar Medical College Hospital	No.24, O Kadugondanahalli Bangalore -560045 Karnataka
Divine Speciality Hospital	No.110,6th Main, ITI Layout, Benson Town Bangalore -560046 Karnataka
Divakars Speciality Hospital	No. 220, 9th Cross,2nd Phase, J.P. Nagar Bangalore -560078 Karnataka
Dhanush Hospital	63,2nd Main, Nagarabhavi Main Road, Byraveshwara Nagar Bangalore -560072 Karnataka
Deeksha Hospital	#387/347,Yelahanka Old Town, Next to Post Office,B.B Road, Nehru Nagar Bangalore -560064 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#1533, 9th Main,3rd Block, Jayanagar Bangalore -560011 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	#115, Kodihalli Old Airport Road, Opp. Total Mall Bangalore -560017 Karnataka
Cloudnine - KIDS Clinic India Pvt. Ltd.	# 47, 17th Cross,11th Main, Malleshwaram Bangalore -560055 Karnataka
Chinmaya Narayana Hrudayalaya	CMH Complex, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chinmaya Mission Hospital	1/1, CMH Road, Indiranagar Bangalore -560038 Karnataka
Chaya Hospital	No.66-335,4th Main Road,6th Cross, O.M.B.R.Layout,HRBR Layout Block 1, Kalyan Nagar Bangalore -560043 Karnataka
Chaitanya Hospital	No.80,3rd Cross, P & T Colony, RT Nagar Bangalore -560032 Karnataka

Hospital Name	Address
C.R Medical Centre	#6/2, Brigade Champak, Union Street, Infantry Road, Bangalore Bangalore -560001 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	# 1141, BMS Plaza, Mangammanapalya Main Road, Bommanahalli Bangalore -560068 Karnataka
Blossom Multispeciality Hospitals & Day Care Centre Pvt Ltd	#1023, Post-Singasandra, Hosa Road, Channakeshavanagar Bangalore -560100 Karnataka
Bilva Hospital	#21-22, 2nd Main Road, Palace Guttahalli, Bangalore Bangalore -560003 Karnataka
Bhaanu Nursing Home	69/5B, Hosur Main Road, Near Central Silk Board, Bommanahalli Bangalore -560068 Karnataka
Bellevues Cambridge Hospital	No 18/17, Cambridge Road, Ulsoor Bangalore -560008 Karnataka
Beams Hospitals Pvt Ltd	640, 12th main, 80 Ft. Road, 4th Block, Koramangala Bangalore -560034 Karnataka
Axon Speciality Hospital-Unit Of Sapna Medical Sciences Ltd.	Building No.321, 6th Main, Hal 2nd Stage, Indiranagar Bangalore -560038 Karnataka
Abhaya Hospital	No.17, Dr.M.H.Mari Gowda, Hosur Road, Opposite Park Area, Raja Ram Mohan Roy Extension Wilson Garden Bangalore Bangalore -560027 Karnataka
Raksha Multispeciality Hospital	No.141/142, 1st Main, Krishnanandnagar, KBH Colony, Police Quarters, Nandini Layout, Bangalore – 560096 Karnataka
St. Johns Medical College Hospital	John Nagar, Sarjapur Road, Koramangala, Bangalore – 560034 Karnataka
Vasan Eye Care Hospital	No.897/C, 80 Feet Road, 6th Block, Opposite I.B.L.Petrol Bunk, Koramangala Bangalore -560095 Karnataka
Vasan Eye Care Hospital	No.28&29, 7th Main, Diagonal Road, 4th Block, Jayanagar Bangalore -560011 Karnataka
Vasan Eye Care Hospital	Sri Murthy Complex, No.43, Garvey Bhav Palya, Hongasandra Village Begur, Hobli, Hosur Main Road, Bommanahalli Bangalore -560068 Karnataka
Vasan Eye Care Hospital	No.25/5-D, Outer Ring Road, Marathalli, Bangalore -560037 Karnataka
Vasan Eye Care Hospital	No.483, 16th Cross, 8th Main Road, Rajarajeshwari Nagar Bangalore -560098 Karnataka
Vasan Eye Care Hospital	No-533, 108b Circle, Vijayalakshmi Arcade, Ganga Nagar Bus Stand, R. T. Nagar Bangalore -560032 Karnataka
Vasan Eye Care Hospital	1127/A, 7th Sector, Near BDA Complex, HSR Layout Bangalore -560102 Karnataka

Note: For an updated list of Hospitals, please visit the Company's website.