carē HEALTH INSURANCE

BEST HEALTH INSURANCE COMPANY OF THE YEAR
INDIA INSURANCE SUMMIT & AWARDS 2023

group global carē

Know Your Policy Better

Policy Terms and Conditions

Preamble

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

In return for premium paid, the Company will pay the Insured in case a valid claim is made:

In consideration of the premium paid by the Policy Holder, subject to the terms & conditions contained herein, the Company agrees to pay/indemnify the Insured Member(s), the amount of such expenses that are reasonably and necessarily incurred up to the limits specified against respective benefit in any Cover Period.

For the purposes of interpretation and understanding of the product the Company has defined, herein below some of the important words used in the product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, regulations notified by the Insurance Regulatory and Development Authority ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein. The terms and conditions, insurance coverage and exclusions, other benefits, various procedures and conditions which have been built-in to the product are to be construed in accordance with the applicable provisions contained in the product.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate.

1. Definitions

1.1. Standard Definitions

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

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

(a) Central or State Government AYUSH Hospital or

(b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy;or

(c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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

i. Having qualified registered AYUSH Medical Practitioner(s) in charge;

ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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

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

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

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

i. Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body

ii. External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

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

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

(a) has qualified nursing staff under its employment;

(b) has qualified Medical Practitioner/s in-charge;

(c) has a fully equipped operation theatre of its own, where surgical procedures is carried out.

(d) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

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

i. undertaken under general or local anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and

ii. Which would have otherwise required Hospitalization of more than 24 hours.

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

As listed in Annexure "I"

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

Note: Under this Policy, deductible for a specified number of days/hours is applicable on the following Benefits in addition to the deductible applicable on Indemnity / hospital cash benefits:

Temporary Total Disablement and Convalescence Benefit

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

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

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

i. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or

ii. The patient takes treatment at home on account of non-availability of room in a Hospital.

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

1.1.16. **Grace Period** means the specified period of time immediately following the premium due date during which payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

1.1.17. **Hospital** means any institution established for in-patient care and day care

treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;

ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

iii. has qualified Medical Practitioner(s) in charge round the clock;

iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;

v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

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

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

(a) **Acute condition -** Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

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

(a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests;

(b) It needs ongoing or long-term control or relief of symptoms;

(c) It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;

(d) It continues indefinitely;

(e) It recurs or is likely to recur.

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

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

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

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

1.1.24. **Maternity expenses shall include—**

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).

ii. expenses towards lawful medical termination of pregnancy during the policy period.

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

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

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

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

a. Is required for the medical management of the Illness or Injury suffered by the Insured Person;

b. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

c. Must have been prescribed by a Medical Practitioner;

d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

1.1.29. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

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

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

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

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

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

1.1.35. **Pre-existing Disease** means any condition, ailment, injury or disease:

i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

ii. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by insurer or its reinstatement.

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

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Company.

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

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and

ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the Company

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

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

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

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

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

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

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

1.2. **Specific Definitions**

1.2.1. **Act of God Perils** means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities;

1.2.2. **Actively at Work** Refers to an employee who is actually at work on his/her eligibility date and performing each and every duty of his/her present occupation on a customary and full- time basis. An employee shall also be deemed actively at work if he/she is on annual leave and is not absent from work due to long term illness, irrecoverable condition,. If an employee is not actively at work on his/her eligibility date, he/she will not be covered.

1.2.3. **Activities of Daily Living Applies to a member** (who is eligible for cover

under this policy) and who is aged at least five 5 years old who can perform atleast 3 out 6 the following activities:

- Dressing: The ability to put on, take off, secure, and unfasten all garments and as appropriate, any braces, artificial limbs, or other surgical appliances;
- Feeding: The ability to feed one's self once food has been prepared and made available;
- Mobility: The ability to move indoors from room to room on level surfaces;
- Toileting: The ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Washing: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means.

1.2.4. **Age** means the completed age of the Insured Member as on his last birthday.

1.2.5. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and include Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

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

1.2.7. **Annexure** means the document attached and marked as Annexure to this Policy.

1.2.8. **Area/Area of Cover** Refers to one of the following as stated on Policy Schedule and/or endorsement:

(a) Zone 1:Worldwide: worldwide

(b) Zone 2:Worldwide excluding USA: worldwide excluding the USA and US Minor Outlying Islands

(c) Zone 3:Asia: Afghanistan, Bangladesh, Bhutan, Brunei, Cambodia, China, Hong Kong, India, Indonesia, Japan, Kazakhstan, Kyrgyzstan, Laos, Macau, Malaysia, Maldives, Mongolia, Myanmar, Nepal, North Korea, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand,Timor-Leste, Turkmenistan,Uzbekistan, Vietnam.

(d) Zone 4:Indian Sub continental + South East Asia (excluding SINGAPORE)

(e) Zone 5:India

Insured member's principal country of residence must be in a country within his/her selected area of cover.

Principal Country of Residence : The country where the Insured lives or intends to live for most of the Policy Year being one hundred eighty-five (185) days or more and which will be shown as the place of residence in our records.

1.2.9. **Assistance Service Provider** means the service provider specified in the Policy Schedule or as appointed by the Company from time to time.

1.2.10. **Certificate of Insurance** means the certificate the Company issues to an Insured Member evidencing cover under the Policy.

1.2.11. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Member as covered under the Policy.

1.2.12. **Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.

1.2.13. **Common Carrier** means any civilian land or water conveyance or Scheduled Airline in each case operated under a valid license for the transportation of passengers for hire.

1.2.14. **Company** (also referred as Insurer/We/Us) means Care Health Insurance Limited.

1.2.15. **Complementary Practitioner** refers to a or practitioner who specializes in at least one of the following acupuncture, osteopathy, chiropractic or Chinese traditional medicine and is qualified and registered in the country where the out-patient treatment is to take place and is recognized by the Company.

1.2.16. **Cover End Date** means the date specified in Annexure 'A'(Certificate of Insurance) for the respective Insured Member on which the Insured Member's cover under the Policy expires.

1.2.17. **Cover Period** means the period commencing from the Cover Start Date and ending on the Cover End Date for each Insured Member as specified in Annexure 'A' (Certificate of Insurance).

1.2.18. **Cover Start Date:** means the date specified in Annexure 'A' (Certificate of Insurance) for the respective Insured Member on which the Insured Member's cover under the Policy commences.

1.2.19. **Dependent** means a person who is a member of the Primary Insured Member's family who is legally wedded spouse, natural or legally adopted child, dependent parents, dependent parent-in-law, dependent brothers , dependent sisters and who is named in Annexure "A" to the Policy as an Insured Member;

1.2.20. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the Primary Insured Member or proposer and does not have his/her independent sources of income.

1.2.21. **Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histo-pathological and laboratory evidence wherever applicable.

1.2.22. **Hazardous Activities** (or Adventure sports) means any sport or activity or Adventure sport, which is potentially dangerous to the Insured whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/ obstacle riding, bobsleighing/ using skeletons, bouldering, boxing, canyoning, caving/ pot holing, cave tubing, rock climbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro – lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.

1.2.23. **Immediate Family Member** means an Insured Member's lawful spouse, children only.

1.2.24. **Indemnity/Indemnify** means compensating the Policy Holder/Insured Member up to the extent of Expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the Insurance Cover.

1.2.25. **Insured Event** means an event that is covered under the Policy; and which is in accordance with the Policy Terms & Conditions.

1.2.26. **Insured Member** (Insured) means a person whose name specifically appears under Insured in the Annexure A or the Certificate of Insurance and is a covered group member.

1.2.27. **Nominee** means the person named in the Certificate of Insurance who is nominated to receive the benefits under this Policy in accordance with the terms of the Policy, if the Insured Member is deceased.

1.2.28. **Non-Allopathic Medical Practitioner for the purpose of Alternative Forms of Medicine** means a Medical Practitioner qualified and practicing Ayurveda or Unani or Sidha or Homeopathic forms of Medicine for treatment of Illness/Injury, and registered as per Indian Medicine Central Council Act, 1970.

1.2.29. **Physiotherapist** refers to a person who is licensed to practice as a physiotherapist where the treatment is to take place and is recognized as a physiotherapist.

1.2.30. **Preferred Provider** means the Hospital empanelled by the Company or TPA and enlisted on the Preferred Provider Network List, specified in the Policy Schedule (and as updated by the Company from time to time).

An updated list of 'Preferred Provider Network' may be obtained from the Company's website or the call centre.

1.2.31. **Policy** means these Policy Terms & Conditions, Optional Extensions (if any), the Proposal Form, Policy Schedule, Endorsements, Certificate of Insurance, Member List and Annexures which form part of the policy contract and shall be read together.

1.2.32. **Policy Schedule** is a Schedule attached to and forming part of this Policy.

1.2.33. **Policy Currency** refers to the currency in which Benefit sum insured define under the policy and cashless claims will be paid in same currency. Policy currency must be selected by policyholder at policy commencement date.

1.2.34. **Policy Year** means a period of one year commencing on the Policy Period Start Date or any anniversary thereof.

1.2.35. **Policyholder** (also referred as You) means the person or the entity who is the Group Administrator and named in the Policy Schedule as the Policyholder.

1.2.36. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date of the Policy as specifically appearing in the Policy Schedule.

1.2.37. **Policy Period End Date** means the date on which the Policy expires, as specifically appearing in the Policy Schedule.

1.2.38. **Policy Period Start Date** means the date on which the Policy commences, as specifically appearing in the Policy Schedule.

1.2.39. **Prescription** Refers to out-patient drugs (excluding supplements, vitamins and traditional medicine) and dressings as prescribed by a medical practitioner for the treatment of a medical condition covered by your member's plan. For avoidance of doubt, prescription will not include vitamins nor supplements nor over the counter medication even if they are prescribed by a medical practitioner.

1.2.40. **Preventive Care** means any kind of treatment taken as a pro-active care measure without actual requirement or symptoms of a disease or illness.

1.2.41. **Primary Insured Member** means employee or a member of any group who satisfies and continues to satisfy the eligibility criteria specified in the Certificate of Insurance and who is named in Annexure "A" to the Policy as an Insured Member.

1.2.42. **Rehabilitation** means assisting an Insured Member who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.

1.2.43. **Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a Single room in that Hospital.

1.2.44. **Scheduled Airline** means any civilian aircraft operated by a civilian scheduled air carrier holding a certificate, license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and specified times, on regular or chartered flights operated by such carrier.

1.2.45. **Senior Citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of the policy.

1.2.46. **Service Provider** means any person, organization, institution that has been empanelled with the Company to provide Services specified under the benefits.

1.2.47. **Sum Insured** (Coverage Amount) means the amount specified against each Benefit for Member in the Policy Schedule which represents Our maximum liability for that Insured Member for any and all Claims incurred in respect of that Insured Member during the Cover Period.

1.2.48. **Third Party Administrator** or TPA means a company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services as mentioned under IRDAI (TPA-Health Services) Regulations as amended from time to time.

1.2.49. **Twin Sharing Room** means a Hospital room where at least two patients are accommodated at the same time. Such room shall be the most basic and the most economical of all accommodations available as twin sharing rooms in that Hospital.

1.2.50. **Associate Medical Expenses** means those Medical Expenses as listed below which vary in accordance with the Room Rent or Room Category applicable in a Hospital:

(a) Room, boarding, nursing and operation theatre expenses as charged by the Hospital where the Insured Member availed medical treatment;

(b) Fees charged by surgeon, anesthetist, Medical Practitioner;

Note: Associate Medical Expenses are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category

'Outside India': The following definitions are redefined:

1.2.51. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities in that country or complies with all minimum criteria as under:

(a) has qualified nursing staff under its employment round the clock;

(b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

(c) has qualified Medical Practitioner(s) in charge round the clock;

(d) has a fully equipped operation theatre of its own where surgical procedures are carried out;

(e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

1.2.52. **Medical Practitioner** means a person who holds a valid registration issued by the Medical Council/Statutory Regulatory Authority for Medical Education in that Country and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

Refers to a person (other than you, your member, or a business partner or a relative of yours or your member) has the primary degrees in the practice of Allopathy and surgery following attendance at a recognized medical school and who is licensed to practice Allopathy by the relevant licensing authority where the treatment is given. By 'recognized medical school' we mean "a medical school which is listed in AVICENNA Directory, which is in collaboration with the World Health Organization and the World Federation for Medical Education".

1.2.53. **Network Provider** means Hospitals enlisted by an insurer or by a Assistance Service Provider together to provide services to an insured on payment by a cashless facility;

1.2.54. **Qualified Nurse** means a person who holds a valid registration issued by the Nursing Council/Statutory Regulatory Authority for Medical Education in that Country and thereby entitled to render Nursing Care within the scope and jurisdiction of license.

1.2.55. **Reasonable and customary (R&C)** means charges or treatment for medical care which shall be considered by the Company or by Company's medical advisers to be reasonable and customary to the extent that they do not exceed the general level of charges or treatment being made by others of similar standing in the locality where the charges or treatment are incurred when giving like or comparable treatment.

If the charges are higher than customary or the treatment is not reasonable and customary, the Company will only pay the amount which is, in the Company's experience, customarily charged and Insured has to pay the rest.

1.2.56. **Unproven/Experimental Treatment** means a treatment, procedure including drug experimental therapy and/or supply which is not based on established medical practice, is treatment experimental or unproven or investigational when it does not comply with the following requirements:

(a) It is medically accepted by a consensus of peer professionals and like specialists with evidence-based medicine (best practices) that a beneficial effect and demonstrated efficacy for a specific diagnosis exists.

(b) It is supported by evidence-based medicine with conclusive clinical research and demonstrated benefits.

(c) The service, procedure, drug, or treatment must meet the standard of practice guidelines accepted in the United States of America, regardless of the place where the service is performed. Drugs must have approval from the Food and Drug Administration (FDA) in the United States for use for the diagnosed condition, or other federal or state government agency approval required in the United States of America, independent of where the medical treatment is incurred or bills issued.

(d) All treatments must have passed through and completed all phases of human clinical trials, studies, and protocols under the supervision of appropriate medical review, investigational review boards, hospital ethics committees, and/or international scientific community or associations.

2. Scope Of Cover

General Conditions Applicable To All The Optional Benefits And Optional Extensions:

1. Deductible options available for Optional Benefit 1 (Hospitalization Expenses) and its Optional Extensions are:

   · On Per claim basis:

   - Rs.500/1000 – only available for geographies: India, Indian sub-continental & south east Asia (excluding Singapore)
   - No deductible /Rs.5k/10k/20k/30k/40k/50k/75k/1lac /2lacs/3lacs/4lacs/5lacs/7.5lacs/10lac – Available for all geographies

   · On aggregate claim basis: No deductible/5k/10k/20k/30k/40k/50k/75k/ 1lac/2lacs/3lacs/4lacs /5lacs/7.5lacs/10lac – Available for all geographies

   Deductible options available for Optional Extensions under Optional Benefit 5 (Personal Accident) and applicable only for geography "India":

   · On aggregate claim basis: No deductible/5k/10k/20k/30k/40k/50k/75k/1lac

2. The applicability of any Optional Benefit or Optional Extension is subject to the Policyholder having opted that Optional Benefit or Optional Extension and such applicability is specified in the Policy Schedule. Coverage will be restricted to the opted geographical scope.

3. Optional Extension will be available only when the respective Optional Benefit is opted by Insured Member/Policyholder.

4. 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 Extension.

5. Coverage Amount of any Optional Extension (excluding except Optional Extension 12: Corporate Floater of Optional Benefit 1) cannot be greater than the Coverage Amount of its respective Optional Benefit (wherever applicable) except Optional Benefit 5: Personal Accident & its Optional Extensions.

6. Coverage Amount of Optional Extension will always be a part of Coverage Amount of its respective Optional Benefit except Optional Extension 12: Corporate Floater under Optional Benefit 1 (Hospitalization Expenses), Optional Extension 3: Vaccination, Optional Extension 5: Health Check-up, Optional Extension 6: Second Opinion, Optional Extension 7: Alternative methods of Treatments under Optional Benefit 2: Out-patient Care and Optional Extensions under Optional Benefit 5: Personal Accident.

7. Any Optional Benefit or Optional Extension mentioned in the Policy Schedule can be availed either under Cashless or Reimbursement basis or both, which will be specified in the Policy Schedule.

8. A Policyholder can opt either Optional Cover 11 (Limit on Illness / Surgeries /

Procedures) or Optional Cover 13 (Sub-limits on Hospitalization Expenses) but not both under Optional Benefit 1 (Hospitalization Expenses)

9. All the limits and sub-limits mentioned here above are subject to modification based on the individual deal with the group as per Plan

10. The wait periods opted for Named Ailments and Maternity should be less than or equal to PED wait period opted.

11. If Policyholder has opted for both Optional Extension 6: Parent Accommodation and Optional Extension 7: Dependent Accommodation, then the Insured will be entitled to claim only under one of the benefits at a time but not under both.

12. Deductible, Co-payment is applicable on any Optional Benefit / Optional Extension only if opted for. The Company shall be liable to make payment under the Policy for any Claim in respect of the Insured only when the Deductible (if applicable), Co-payment (if applicable) on that Claim is exhausted.

13. Currency of Coverage amount will be calculated on exchange rate available at the beginning of the calendar month of the Risk start date.

14. Wait periods for Named ailment and Pre-existing disease, if opted, will be applicable on Optional Benefit 1: Hospitalization Expenses and its Optional Extensions, Optional Benefit 3:Daily Cash Allowance and Optional Benefit 4: Convalescence Benefit

15. The maximum, total and cumulative liability of the Company towards an Insured Member, for any and all Claims arising under this Policy during the Cover Period, on occurrence of an insured event in relation to that Insured Member, shall not exceed the Coverage Amount of that Insured Member which is specified against every Optional Benefit / Optional Extension, mentioned in the Policy Schedule.

16. All the valid OPD claim expenses incurred by the Insured Member in a Cover Period will be payable / reimbursed by the Company. However, claim can be filed with the Company, only quarterly during that Cover Period, as and when that Insured Member may deem fit. In case first claim is filed in last quarter of the Cover Period, then claimant will be allowed 1 more filing.

17. Admissibility of a Claim under Optional Benefit 1 (Hospitalization Expenses) is a pre-condition to the admission of a Claim under Optional Extension 1 (Pre Hospitalization & Post Hospitalization Medical Expenses), Optional Extension 3 (Alternative Treatments), Optional Extension 4 (Durable Medical Equipment), Optional Extension 5(Inpatient Rehabilitation), Optional Extension 6 (Parent Accommodation), Optional Extension 7 (Dependent Accommodation), Optional Extension 9 (Room Rent Modification)

18. Linear interpolation & extrapolation methodology will be applied to calculate the premium rates if an intermittent value of Coverage Amount is chosen by the Policyholder

19. 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

20. Coverage under Optional Benefit 3 (Daily cash Allowance), Optional Benefit 4 (Convalescence Benefit), Optional Benefit 5 (Personal Accident) & its Optional Extensions will be on Individual basis.

21. The Company will provide coverage under the Optional Benefits 5 and its Optional extensions 1, 2, 3, 6, 8, 9 & 13 to any Insured Event arising worldwide. Coverage under Optional extensions 4, 5, 7, 10, 11 & 12 is available only in Indian geography

22. Under this Product, the Company will provide Policy Schedule to Policyholder and access of Certificate of Insurance will be provided to each Insured Member, therefore the references to the 'Policy Schedule' shall include references to the 'Certificate of Insurance'.

23. In case of employer employee Group, Actively at work is eligibility criteria for Coverage under the policy.

1. Optional Benefit 1 : Hospitalization Expenses

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

(a) In-patient Care (Hospitalization)

The Company will indemnify the Medical Expenses incurred which are Reasonable and Customary Charges towards In-patient Care Hospitalization of the Insured Member, maximum up to the Coverage Amount as specified in the Certificate of Insurance, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in written, by a Medical Practitioner, where Insured is covered for hospital charges incurred for eligible treatment given between admission and discharge of hospital such as:

- diagnostic procedures
- surgical procedures
- operating theatre charges
- nursing care, drugs and dressings
- surgical appliances used by the medical practitioner during surgery except external prosthesis or orthosis or appliances
- surgeons' and anaesthetists' charges
- intensive care unit charges
- high dependency unit, coronary care unit charges
- physiotherapy while admitted for treatment of an eligible medical condition and when such treatment directly relates to it
- occupational therapy and speech therapy while admitted for Treatment of a Medical Condition and when such Treatment directly relates to it, but we will not pay for such occupational therapy and speech therapy when the Insured is admitted as an in-patient if these Treatments are purely for the convenience of the Insured or the Medical Practitioner, and can be reasonably rendered in an outpatient setting
- radiotherapy and/or chemotherapy
- computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques
- special nursing in hospital

(b) Reconstructive Surgery

The Company will indemnify the Medical Expenses incurred which are Reasonable and Customary Charges, maximum up to the Coverage Amount as specified in the Certificate of Insurance, where the Company indemnifies for initial treatment plan for reconstructive surgery and only when it is medically necessary and subject to the following:

a) it is carried out to restore function after an accident or following surgery for an eligible medical condition, provided that the Insured Member has been covered under this policy since before the accident or surgery happened; and

b) it must be done at a medically appropriate stage after the accident or surgery; and

c) the Company agrees to the cost of the treatment in writing before it is done.

(c) Surgical Implants

The Company will indemnify the Medical Expenses incurred, maximum up to the Coverage Amount as specified in the Certificate of Insurance, for medical device surgically implanted into the body as part of the treatment (excluding any dental implants).

(d) Day Care Treatment

The Company will indemnify the Medical Expenses incurred which are Reasonable and Customary Charges towards Day Care Treatment of the Insured Member, up to the Coverage Amount specified in the Certificate of Insurance provided that:

a) the Day Care Treatment is listed as per the Annexure-I to Policy Terms & Conditions; 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

(e) Radiotherapy and Chemotherapy for Cancer

The Company will indemnify up to the Coverage amount specified in the Certificate of Insurance, for the Medical Expenses incurred by the Insured Member in respect of radiotherapy (the use of radiation) and chemotherapy (the use of drugs) active treatment of Cancer.

(f) Kidney Dialysis Treatment

The Company will indemnify up to the Coverage amount specified in the Certificate of Insurance, for the Medical Expenses incurred by the Insured Member in respect of Kidney Dialysis.

The Company will indemnify the Reasonable and Customary Charges actually incurred for haemodialysis or peritoneal dialysis received by the Insured as part of kidney failure treatment on a day care at a medical facility.

Notwithstanding anything stated under exclusion clause 5 (b)(34), the Insured would be covered for 'Kidney Dialysis' up to the purview of this cover.

(g) Organ Transplant

The Company will indemnify the Insured Member, up to the amount specified against this Optional Extension in the Certificate of Insurance, Where the Company indemnifies for transplantation of kidneys, heart, liver, lung or bone marrow required as a result of an eligible medical condition and provided these organ(s) came from a relative or a legally certified and verified source of donation.

The policy does not cover the costs of collecting donor organs (including but not limited to, transportation and administration costs) or any expenses incurred by the donor.

(h) Road Ambulance Cover

The company will indemnify up to the Coverage amount specified in the Certificate of Insurance, 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.

(i) Domiciliary Hospitalization

The Company will indemnify the Insured Member, only through Reimbursement Facility, maximum up to the Coverage Amount as specified in the Certificate of Insurance, for the Medical Expenses incurred towards Domiciliary Hospitalization, i.e., Coverage extended when Medically Necessary treatment is taken at home (as explained in Definition 1.1.14), 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 Period.

(iii) The Medical Expenses are Reasonable and Customary Charges which are necessarily incurred.

(iv) Any Pre Hospitalization and Post Hospitalization Medical Expenses shall 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.

(vii) This benefit is available for insured member whose treatment is undertaken in India only

(j) Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

The Company 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 specified in the Certificate of Insurance, provided that the Medical Expenses so incurred are related to the same Illness/Injury for which the Company has accepted the Insured Member's Claim under Optional Benefit 1 (Hospitalization Expenses) 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 the Company 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.

(iii) The number of consultations covered by this benefit is limited to once per day.

(iv) This benefit does not cover follow-up consultation or treatment after the Insured Member is discharged from an in-patient rehabilitation facility.

(v) If the provisions of Clause 7.6(f) is applicable to a Claim, then:

a) The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for the Illness deemed or Injury sustained to be Any One Illness; and

b) The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to the Illness deemed or Injury sustained to be Any One Illness.

(k) Conditions applicable for Hospitalization Expenses (Optional Benefit 1):

(a) Room/Boarding and nursing expenses as charged by the Hospital where the Insured Member availed medical treatment (Room Category):

If the Insured Member is admitted in a Hospital room where the Room Category opted is higher than the eligible Room Category as specified in the Certificate of Insurance, then,

I. The Insured Member shall bear the ratable proportion of the total Associate Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent of the entitled Room Category to the Room Rent actually incurred.

The Certificate of Insurance will specify the eligibility of Room Category applicable for the Insured Member under the Policy as follows:

1) Single Private Room: If the Certificate of Insurance states 'Single Private Room' as eligible Room Category, it means the maximum eligible Room Category in case of Hospitalization of the Insured Member payable by the Company is limited to stay in a Single Private Room.

(b) Intensive Care Unit Charges (ICU Charges):

The Certificate of Insurance will specify the Limit of ICU Charges applicable for the Insured Member under the Policy as follows:

1) If the Certificate of Insurance states the eligibility of ICU Charges of the Insured Member as 'no sub-limit', it means that there is no separate restriction on ICU Charges incurred towards stay in ICU during Hospitalization.

(l) Advance Technology Methods:

The Company will indemnify the Insured Member up to Coverage Amount for expenses incurred under Optional Benefit 1 (Hospitalization Expenses) for treatment taken through following advance technology methods:

A. Uterine Artery Embolization and HIFU
B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. Immunotherapy- Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchical Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM - (Intra Operative Neuro Monitoring)

Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

1.1 Optional Extension 1: Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Extension, the Company agrees to modify:

a. the maximum amount

b. the Duration

as specified against this Optional Extension in the Certificate of Insurance, provided that:

i) the Medical Expenses incurred are admissible under Hospitalization Expenses(Optional Benefit 1)

ii) the Company shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Cover Start Date unless it is continuation of Policy for the Insured; and

iii) the Company 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

1.2 Optional Extension 2: Maternity Expenses (Pregnancy and Childbirth)

a) Pregnancy and Childbirth

The Company will indemnify up to amount specified in the Certificate of Insurance, for the Medical Expenses associated with Hospitalization of the Insured Member for the pregnancy & delivery of a child, provided that:

(a) The Company will be liable to make payment under this Optional Extension, only if the Insured Member who has delivered the child is the Primary Insured Member or the Primary Insured Member's spouse and over the age of eighteen (18) years of age.

(b) The delivery occurs after the completion of the waiting period (specified in the Certificate of Insurance) from the Cover Start Date under this Policy where Wait period will apply once the Insured Member attains age 18 years or above;

(c) The Company shall not be liable to make payment under this Optional Extension in respect of an Insured Member more than twice during that Insured Member's lifetime;

(d) The Company shall be liable to make payment for any :

(i) Pre- Hospitalization Medical Expenses (routine pre-natal care and check-ups which includes common screening and follow-up tests as required during a pregnancy) or Post- Hospitalization Medical Expenses (routine post-natal care and check-ups) received by the insured mother up to sixty (60) days of any Claim arising under this Optional Extension, maximum up to Rs.50,000 or up to the amount specified in Certificate of Insurance;

(ii) Birth through normal delivery, midwife fees (during labour only) and medically necessary caesarean section for the childbirth delivery costs up to the amount specified in Certificate of Insurance

(iii) For birth through elective or non-medically necessary caesarean section, the childbirth delivery costs will be limited up to the costs of a normal delivery. Any complications arising from such delivery will be paid up to the remainder of this Benefit. If we are not able to determine that a caesarean section was medically necessary, we will deem such elective caesarean section as not medically necessary.

(e) The Company shall be liable to make payment for any 'Well Baby Care' expenses or 'Well Mother Expenses', for any Claim arising under this Optional Extension, maximum up to Rs.5000 or up to the amount specified in Certificate of Insurance;

Definitions for the purpose of this Optional Extension only:

i) Well Baby Care: 'Well Baby Care' is the routine medical care provided to a new born baby, which includes limited to appropriate customary examinations required to assess the integrity and basic function of the child's organs and skeletal structures carried out immediately following birth, routine preventive care services and immunizations. For multiple birth babies born, subject to any benefit limit in place.

ii) Well Mother care: 'Well Mother Care' is routine medical care provided to an insured female (Mother), immediately after giving birth to a new born baby, which includes routine preventive care services and immunizations.

(f) The Company shall be liable to make payment in respect of any Hospitalization arising due to involuntary medical termination of pregnancy, as per India MTP Act, 1971(amended) and other applicable laws and rules;

Notwithstanding anything stated under exclusion clause 5(a)(2)(15) by opting for this optional extension, the Insured would be covered for 'Maternity Expenses' and 'treatment related to childbirth' up to the purview of this cover.

The amount specified in the Certificate of Insurance is for each:

(i) Cover Period, even if there is more than one pregnancy in that Cover Period;

(ii) Pregnancy, even if a pregnancy, which is eligible under this Benefit, falls across the policy anniversary and provided the policy and including this benefit has been renewed for the subsequent Cover Period.

(iii) If there is a change applied to the benefit limit at policy renewal, the following will apply:

a) All eligible expenses incurred in the first year will be subject to the benefit limit that applies in year one.

b) In the event that the benefit limit decreases in year two and this updated amount has been reached or exceeded by eligible costs incurred in year one, no additional benefit amount will be payable.

c) In the event that the benefit limit increases in year two, all eligible expenses incurred in the second year will be subject to the updated benefit limit that applies in year two, less the total benefit amount reimbursed in year one.

b) Maternity Complications (Pre and Post natal complications)

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Medical Expenses incurred in respect of the Hospitalization of the Insured Member for treatment of any of the complications specified below, occurring after the completion of the waiting period as specified in the Certificate of Insurance:

S. No	Pre-Post Natal Complication
1	Antiphospholipid syndrome
2	Cervical incompetence
3	Ectopic pregnancy
4	Gestational diabetes
5	Hydatidiform mole - molar pregnancy
6	Hyperemesis gravidarum
7	Obstetric cholestasis
8	Pre-eclampsia / Eclampsia
9	Rhesus (RH) factor
10	Miscarriage Requiring Immediate Surgical Treatment
11	Post partum haemorrhage
12	Retained placental membrane

This benefit pays for treatment of an eligible medical condition which is due and occurs to the Primary Insured Member or the Primary Insured Member's spouse over the age of eighteen (18) years during the pregnancy prior to the delivery or after the delivery of child.

Coverage under this Optional Extension is available only 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.

Under post-natal complications, the Company will only pay for treatment received within sixty (60) days following the delivery of child. This benefit is only payable where the Insured Member is covered under 'Maternity Expenses' benefit.

This benefit does not cover:

- the costs of delivery of any child (including still born) whether such delivery is normal, by caesarean section or by any other assisted means, or
- any complication arising from elective or non-Medically Necessary caesarean section birth, or
- treatment of any Medical Condition which is due to and occurs during the pregnancy prior to the delivery or after the delivery if the pregnancy was a result of any form of assisted conception.
- Complications arising from infertility treatment.

Notwithstanding anything stated under exclusion clause 5(a)(2)(15), by opting for this optional extension, the Insured would be covered for 'Maternity Expenses' and 'treatment related to childbirth' up to the purview of this cover.

c) New Born Accommodation

This benefit provides cover to a new born child (less than 16 weeks), when the mother who is an Insured Member under this benefit is receiving eligible in-patient treatment and the new born is required to stay in the Hospital with the insured mother.

This benefit pays for new born nursery accommodation of a standard class where the new born only receives nursery care during the stay in Hospital and is paid from the Insured mother's benefit.

This benefit shall not pay if the new born child is hospitalized for treatment for any medical condition of the new born child, or any new born child's preventive diagnostic procedures, such as routine swabs, blood typing and hearing tests or any medically necessary follow-up investigations and treatment.

d) Acute New Born Cover

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the treatment of acute medical condition, provided there is no underlying congenital condition, developed in a new born baby including nursing of pre-mature baby (i.e. where birth is prior to 37 weeks gestation) in Neonatal Intensive Care Unit (NICU). The common acute medical conditions for new born babies include neonatal jaundice, colic, diarrhea, constipation, vomiting and ear infection.

This benefit covers acute medical conditions resulting in Hospitalization received by a new born baby during the first thirty (30) days after birth. After thirty (30) days, such Hospitalization Medical Expenses can be covered under

the main benefits of the insured baby's plan by way of addition of dependent, all premiums due being paid and subject to 'Eligibility' criteria.

This benefit excludes treatment to the insured child (who is conceived by assisted conception/assisted pregnancy) for any condition or complication arising therefrom or associated therewith to assisted conception/assisted pregnancy (such as but not limited to premature or multiple births), that has arisen, or for which the need had arisen, during the first ninety (90) days after birth.

1.3 Optional Extension 3: Alternative methods of Treatments

The Company will indemnify the Insured Member, up to the amount specified in the Certificate of Insurance, towards Medical Expenses incurred with respect to the Insured Member's medical treatment undergone at any AYUSH Hospitals or health care facilities for any of the alternative treatments namely Ayurveda, Sidha, Unani and Homeopathy subject to the conditions specified below:

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

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

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

Notwithstanding anything stated under exclusion clause 5(b)(26), by opting for this optional extension, the Insured would be covered for 'Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine' up to the purview of this cover.

This benefit is available for insured member whose treatment is undertaken in India only.

1.4 Optional Extension 4: Durable Medical Equipment

a) Durable Medical Equipment and Medical Aid

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Reasonable and Customary charges necessarily incurred by the Insured Member, for procuring, fitting or hiring instruments, apparatuses or devices which are medically prescribed at the time of discharge as a medical aid and limited to compression stockings, hearing aids, speaking aids (electronic larynx), standard wheelchairs, crutches, orthopaedic supports/braces/corrective splints, orthotics and stoma supplies following an Hospitalization during the Cover Period and this benefit should be availed within 60 days of hospitalization or as defined by medical practitioner in discharge summary.

b) Artificial Limbs

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Reasonable and Customary charges necessarily incurred by the Insured Member, for procuring necessary prosthetic or artificial devices replacing body parts which is associated with fitting artificial limbs, its maintenance, consultation and necessary medical or surgical procedures immediately following an Hospitalization during the Cover Period and this benefit should be availed within 60 days of hospitalization or as defined by medical practitioner in discharge summary.

The benefit is only payable following a surgery or an accident for an eligible medical condition provided that the Insured has been covered under this policy since before the accident or surgery happened.

For the purpose of this Optional Extension, Durable Medical Equipment, Medical Aids, Artificial limbs or devices must satisfy the following conditions:

(a) Procurement amount of the durable medical equipment must not exceed the reasonable purchase price of the durable medical equipment for relevant geography/location.

(b) Spectacles, Thermometer, contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine are not included in the list of durable medical equipment for the purpose of this Optional Extension.

(c) Any Durable Medical Equipment or device cannot be procured more than once.

(d) The Durable Medical Equipment, Medical Aid or device is not part of the care for a chronic condition or terminal illness condition or vegetative state of insured.

In addition to the foregoing, the Company will also indemnify the reasonable repair charges, up to the amount specified in the Certificate of Insurance, incurred towards the repair of the purchased prosthetic devices or other purchased durable medical equipment originally obtained under this Optional Extension provided this benefit is available under the policy and the Insured Member is covered under the in-forced Policy.

Notwithstanding anything stated under exclusion clause 5(b)(9), by opting for this optional extension, the Insured would be eligible to claim for 'expenses related to Durable Medical Equipment', Medical Aid up to the purview of this cover.

1.5 Optional Extension 5: Inpatient Rehabilitation

The Company will indemnify up to an amount, as specified in the Certificate of Insurance, towards rehabilitation of the Insured Member.

The scope of cover under Optional Benefit 1 (Hospitalization Expenses) is extended to cover Medical Expenses incurred for treatment of rehabilitation at a government authorized rehabilitation center, following Medically necessary hospitalization, during the Cover Period:

i. it is an integral part of treatment for an eligible medical condition ; and

ii. it is carried out by a medical practitioner specialized in rehabilitation; and

iii. it is carried out in a rehabilitation hospital or unit which is recognized by Government ; and

iv. The costs have been agreed, in writing, by the Company before the rehabilitation begins.

Subject to the limit(s) specified in the Certificate of Insurance against this Optional Extension, the Company will reimburse the Reasonable and Customary Charges for in-patient rehabilitation of up to twenty-eight (28) days.

For cases such as in severe central nervous system damage caused by external trauma, the Company will not pay for in-patient rehabilitation for more than one hundred eighty (180) days.

Notwithstanding anything stated under exclusion clauses 5(a)(2)(2), by opting for this optional extension, the Insured would be covered for 'treatment related to Rehabilitation measures' only up to the purview of this cover.

1.6 Optional Extension 6: Parent Accommodation

a) The Company will indemnify the Insured Member, up to the amount specified in the Certificate of Insurance, for the expenses actually incurred towards accommodation in the hospital of the Parent, during the Hospitalization of a Child (who is an Insured Member) due to any covered Injury or Illness suffered during the Cover Period, provided that:

i. Claim is admitted under Optional Benefit 1 (Hospitalization Expenses); and

ii. The Hospitalized child's age should be less than 12 years of Age; and

iii. The Hospitalized Child's Parent, who is availing accommodation, should be covered under this Policy as Insured Member for the same Cover Period; and

iv. The treating Medical Practitioner certifies that the Hospitalized Child requires min. Hospitalization for at least XX consecutive days as specified in Certificate of Insurance.

b) The Company will reimburse the Reasonable and Customary Charges for an extra bed actually incurred by one parent staying in Hospital with the child in case of outside India and up to 2 (two) parents within India;

c) The Company will pay only one benefit entitlement of either Parent accommodation or Dependent accommodation, if opted for.

1.7 Optional Extension 7: Dependent Accommodation

a) The Company will indemnify the Insured Member, up to the amount specified in the Certificate of Insurance, for the expenses actually incurred towards accommodation in the hospital of an Immediate Family Member, during the Hospitalization of an Insured Member due to any covered Injury or Illness suffered during the Cover Period, provided that:

i. Claim is admitted under Optional Benefit 1 (Hospitalization Expenses); and

ii. The Insured Member's Immediate Family Member is also covered under this Policy as Insured Member for the same Cover Period; and

iii. The treating Medical Practitioner certifies that the Hospitalized Insured member requires Hospitalization for min. XX consecutive days as specified in Certificate of Insurance.

b) The Company will reimburse the Reasonable and Customary Charges for an extra bed actually incurred by one dependent Insured Member in case of outside India and up to 2 (two) dependent Insured Members within India;

c) The Company will pay only one benefit entitlement of either Parent accommodation or Dependent accommodation, if opted for.

1.8 Optional Extension 8: Sub-limit on Fees charged by a Surgeon, Anesthetist and Medica Practitioner

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Extension, the Company agrees to make payment towards Fees paid to the Surgeon, Anesthetist and Medical Practitioner under any admissible Claim shall be limited to the percentage (%) of claim amount, as specified in the Certificate of Insurance.

1.9 Optional Extension 9: Room Rent Modification

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Extension, the Company agrees to the following under this Policy:

a) Non-ICU Room Category:

The Company agrees 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 or Sub-limit on Single Private Room rent (in amts.), as specified in Certificate of Insurance

b) ICU Room Category:

The Company agrees 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 Twin Sharing Room or No sub-l imit or Sub-limit on Single Private Room rent (in amts.) is opted under Non ICU Room Category.

1.10 Optional Extension 10: Proportion Charge waive off

Notwithstanding anything to the contrary in the Policy, by opting this Optional Extension, the Insured Member will not bear the ratable Proportion on Associate Medical Expenses except Room Rent charges as per Clause 2.1 (K).

1.11 Optional Extension 11: Limit on Illness/Surgeries/Procedures

a) Notwithstanding anything to the contrary in the Policy, by choosing this Optional Extension, the Company agrees to make payment for Medical Expenses incurred in respect of below mentioned treatments under any admissible Claim under the Hospitalization Expenses (Optional Benefit 1), limited to the amount opted against each defined treatment, as specified in Certificate of Insurance

b) Sub-limit opted on any defined treatment cannot be greater than the Coverage Amount opted under Hospitalization Expenses (Optional Benefit 1) and can be chosen in any combination from the below:

Treatment Set	Treatment
1	Cataract
2	Total Knee Replacement
3	Treatment for each and every Ailment / Procedure mentioned below: i. Surgery for treatment of all types of Hernia ii. Hysterectomy iii. Surgeries for Benign Prostate Hypertrophy (BPH) iv. Surgical treatment of stones of renal system
4	Treatment for each and every Ailment / Procedure mentioned below: i. Treatment of Cerebrovascular and Cardiovascular disorders ii. Treatments/Surgeries for Cancer iii. Treatment of other renal complications and Disorders iv. Treatment for breakage of bones

c) This benefit is available for insured member whose treatment is undertaken in India only.

1.12 Optional Extension 12: Corporate Floater

If an Insured Member has exhausted his respective original Coverage Amount under Optional Benefit 1 (Hospitalization Expenses), and further incurs any medical expenses, the same would be payable from the Coverage Amount of Corporate Floater (as specified in the Certificate of Insurance). The amount payable under this Optional Extension for an Insured Member shall be restricted to any of the following conditions, as specified in the Certificate of Insurance:-

(i) Restricted to Named Illnesses and up to the Coverage Amount of Optional Benefit 1 for an Insured Member; Or

(ii) Restricted only up to the Coverage Amount of Optional Benefit 1 for an Insured Member;

Named illnesses which are referred above are:

- Cancer;
- End Stage Renal Failure;
- Multiple Sclerosis;
- Major Organ Transplant;
- Heart Valve Replacement;
- Coronary Artery Bypass Graft / Angioplasty (PTCA);
- Stroke excluding transient ischemic attack (TIA);
- Paralysis;
- Myocardial Infarction
- Brain surgery
- Road traffic accident with the following conditions:
  - Head injury or
  - Fractures in two or more limbs (upper / lower) or
  - RTA injury requiring ventilation support

Notes:

i) The maximum and cumulative liability of the Company will be up to Corporate Floater Coverage Amount, collectively for all insured members under the policy.

ii) This benefit is available for insured member whose treatment is undertaken in India only

1.13 Optional Extension 13: Sub-limits on Hospitalization Expenses

a) Notwithstanding anything to the contrary in the Policy, by choosing this Optional Extension, the Company's maximum liability to make payment for Medical Expenses incurred under any admissible Claim, in respect of Hospitalization due to Surgeries under the Hospitalization Expenses (Optional Benefit 1) shall be limited to amount opted, as specified in Certificate of Insurance.

b) This benefit is available for insured member whose treatment is undertaken in India only.

1.14 Optional Extension 14: Outside Area of Cover

Not with standing anything contrary in the Policy, by opting for this Optional Extension, coverage for medically necessary emergency hospitalization under Optional Benefit 1 (Hospitalization Expenses) is provided which arises suddenly whilst Insured member is outside his/her Geographical scope of cover, subject to acceptance by the Company, up to the limit as specified in the Certificate of Insurance.

The coverage nevertheless provided for temporary stay up to maximum of forty-five (45) days per trip and not exceeding ninety (90) days in a year, outside the selected area of cover. The coverage is no longer effective for stays of over forty-five days per trip or exceeds the maximum ninety (90) days in a year outside the selected area of cover, whichever occurs earlier.

In consultation with the treating medical practitioner, the company retains the right to determine what constitutes 'emergency hospitalization patient treatment'.

This benefit does not provide cover:

(a) for treatment of any condition if the member travelled outside his area of cover to get treatment (whether or not that was the only reason) or for any treatment which was, or may have reasonably been known about, before the travel commenced ; or

(b) for any aspect of pregnancy or childbirth whilst the member is outside area of cover of this policy.

Once the treating medical practitioner certifies that the eligible medical condition is stabilized or the member's health status allows him/her to travel back to his area of cover, the company shall stop paying for such emergency hospitalization in-patient treatment or once the benefit limits has attained whichever occurs earlier.

1.15 Optional Extension 15: Hormone Replacement Therapy

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Medical Expenses incurred by the Insured Member towards undergoing Hormone Replacement Therapy.

Subject to the availability of this benefit for Insured Member, the Company will pay for the consultations and the cost of the implants, injections, patches, tablets or any other medically approved form of administration of medications, when it is medically indicated and resulting from a medical intervention rather than for relief of menopausal symptoms. There must be a clear treatment plan from the practitioner with an end point and expected outcome.

Notwithstanding anything stated under exclusion clauses 5(b)(41), by opting for this optional extension, the Insured would be covered for 'Hormone Replacement Therapy' up to the purview of this cover and covered only during Post Hospitalization.

1.16 Optional Extension 16: Infertility Treatment

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Medical Expenses incurred by the Insured Member in respect of investigations into infertility up to the point of cause of infertility and diagnosis only.

The Company shall not be liable to make payment under this Optional Extension in respect of an Insured Member (both male and female) more than once during that Insured Member's lifetime

Notwithstanding anything stated under exclusion clauses 5(a)(2)(14), by opting for this optional extension, the Insured would be covered for 'treatment related to infertility' up to the purview of this cover.

1.17 Optional Extension 17 – Doctor On Call and / or Doctor on Chat

Up on the Insured Member's request, the Company shall arrange for a Doctor on Call and / or Doctor on Chat from a Medical Practitioner. The Medical Information /advice will be based only on the information and documentation provided to Medical Practitioner. This Optional Extension is for additional information purposes only and does not and should not be deemed to substitute the Insured Member's visit or consultation to an independent Medical Practitioner.

Note: This benefit is available only in Company's or Assistance Service Provider's network

1.18 Optional Extension 18: International Emergency Medical Assistance

(a) Medical Evacuation:

a) The Company will indemnify up to the Coverage Amount specified in the Certificate of Insurance for the reasonable cost incurred for the Medical Evacuation of the Insured Member in an Emergency through an Ambulance or any other transportation and evacuation services (including necessary medical care en-route forming part of the treatment) for any Illness contracted or Injury sustained by the Insured Member during the Period of Insurance, provided that:

(i) The treating Medical Practitioner certifies in writing that the severity or the nature of the Insured Member's Illness or Injury warrants the Insured Member's Emergency medical evacuation;

(ii) These transportation expenses are limited to transporting the Insured Member from the place of contracting or sustaining such Illness or Injury to the nearest appropriate Hospital;

(iii) This Optional benefit will be provided on a cashless basis if the costs are certified and authorized by the Company or the Assistance Service Provider in advance, unless the Insured Member has a Life Threatening Medical Condition and the Insured Member (or his representatives) arrange for the Medical evacuation at their own cost and expense in which case the Company will indemnify the costs incurred on the Medical evacuation in accordance with the terms of this Optional Benefit;

(iv) Payment under this Optional Benefit is subject to a Claim for the Illness or Injury which requires Hospitalization and is Medically Necessary.

b) Documents to be submitted for any Claim under this Optional Extension :

It is a condition precedent to the Company's liability under this Optional Extension that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Extension:

(i) Medical reports and transportation details issued by the evacuation agency, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Member and details of treatment rendered along with the statement confirming the necessity of evacuation;

(ii) Documentary proof for all expenses incurred towards the Medical Evacuation.

(b) REPATRIATION OF MORTAL REMAINS

If the Insured Member dies solely and directly due to an Accident, the Company will indemnify for the costs of repatriation of the mortal remains of the Insured Member or up to an equivalent amount, for a local burial or cremation at the place where death has occurred.

Documents to be submitted for any Claim under this Optional Extension :

It is a condition precedent to the Company's liability under this Optional Extension that the following information and documentation shall be submitted to the Company or the Assistance Service Provider immediately and in any event within 30 days of the event giving rise to the Claim under this Optional Extension:

(i) Copy of the death certificate providing details of the place, date, time, and the circumstances and cause of death;

(ii) Copy of the postmortem certificate, if conducted;

(iii) Documentary proof for expenses incurred towards disposal of the mortal remains;

(iv) In case of transportation of the body of the deceased to the Place of Residence, the receipt for expenses incurred towards preparation and packing of the mortal remains of the deceased and also for the transportation of the mortal remains of the deceased.

2. Optional Benefit 2: Out-Patient Care

The Company will indemnify the Insured Member, up to the Coverage Amount as specified in the Certificate of Insurance, for the Optional Benefit/Optional Extensions opted by the Policyholder towards Out-Patient Treatment, subject to the sub limits (specified in the Certificate of Insurance- Number of visits or/and per visit limit specified) against each Optional Extension.

Notwithstanding anything stated under exclusion clauses 5(b)(13), by opting for this optional Benefit, the Insured would be covered for 'Out-Patient Treatment' up to the purview of this cover.

'Day Care Treatment' which is covered under 'Hospitalization', will not be covered under this Optional Benefit / Optional Extensions.

Medical Consultations:

The Company will indemnify the Insured Member, up to the Coverage Amount as specified in the Certificate of Insurance, for the Out-patient Consultations taken from a Medical Practitioner and Specialist during the Cover Period.

2.1 Optional Extension 1: Sub-limits on Medical consultations

Notwithstanding anything to the contrary in the Policy, by choosing this Optional Extension, the Company's maximum liability on 'Medical Consultations' is limited to:

a. No. of Visits or/and

b. Amount per Visit

as specified against this Optional Extension in the Certificate of Insurance.

2.2 Optional Extension 2: Prescribed Diagnostic Tests

The Company will indemnify up to the amount as specified in the Certificate of Insurance, for the Medical Expenses incurred towards undergoing Prescribed Diagnostic Tests by the Insured Member, provided that:

(a) The treating Medical Practitioner has prescribed such diagnostic tests; and

(b) Hospitalization is not required for performing such tests.

This prescribed diagnostic tests are diagnostic scans limited to computerized tomography, magnetic resonance imaging, positron emission tomography, ultrasound scans (pelvis, abdomen, thyroid gland and breast), mammogram, bone densitometry, x-rays and gait scans and laboratory tests and pathology received as part of an outpatient treatment and not part of health screening or preventative measures.

Such treatment must be under the medical supervision of a medical practitioner. Medical supervision means that the reason for referral, where applicable, has been initiated by the medical practitioner who has requested such diagnostic scans.

2.3 Optional Extension 3: Vaccination

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Expenses incurred by the Insured Member up to age of 10 years, towards Vaccination of the Insured Member, provided that any one of the below condition is specified in Certificate of Insurance:

(a) All Vaccines as prescribed by treating Medical Practitioner or

(b) Vaccination so administered is approved by the World Health Organization (WHO) and as prescribed by treating Medical Practitioner.

Notwithstanding anything stated under exclusion clauses 5(b)(24) by opting for this optional extension, the Insured would be covered for 'Vaccination Expenses', up to the purview of this cover.

2.4 Optional Extension 4: Prescribed Pharmacy Expenses

The Company will indemnify the Insured Member, up to the amount specified in the Certificate of Insurance, for the Pharmacy Expenses incurred in respect of that Insured Member, provided that :

(a) The treating Medical Practitioner has prescribed such medicine for medical treatment covered by this policy ;

(b) Any Pharmacy related expenses covered under Hospitalization, Pre-Hospitalization Medical Expenses, Post-Hospitalization Medical Expenses, will not be covered under this Optional Extension.

2.5 Optional Extension 5: Health Check-up

The Company will indemnify the Insured member, up to the amount specified in the Certificate, for the Medical Expenses incurred for any eligible consultation in respect of that Insured Member's Health check-up tests (as specified in the Certificate of Insurance).

2.6 Optional Extension 6: Second Opinion

If the Insured Member is diagnosed with any Major Illness during the Cover Period, then up on that Insured Member's request, the Company shall arrange for a Second Opinion from a Medical Practitioner regarding the diagnosis of such Major Illness.

Second Opinion will be based only on the information and documentation provided to the Company, which will be shared with the Medical Practitioner, and is subject to the conditions specified below:

a) This Optional Extension can be availed maximum once by an Insured Member during the Cover Period for each Major Illness.

b) The Insured Member is free to choose whether or not to obtain the Second Opinion and, if obtained under this Optional Extension, then whether or not to act on it.

c) This Optional Extension is for additional information purposes only and does not and should not be deemed to substitute the Insured Member's visit or consultation to an independent Medical Practitioner.

d) The Company does not provide a Second Opinion or make any representation as to the adequacy or accuracy of the same, the Insured Member's or any other person's reliance on the same or the use to which the Second Opinion is put.

e) The Company does not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any Second Opinion or for any consequences of actions taken or not taken in reliance thereon.

f) The Policyholder/Insured Member shall hold the Company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or for any consequences of any action taken or not taken in reliance thereon.

g) Any Second Opinion provided under this Optional Extension shall not be valid for any medico-legal purposes.

h) The Second Opinion does not entitle the Insured Member to any consultation from or further opinions from that Medical Practitioner.

i) This benefit is available only in Company's or Assistance Service Provider's network

j) For the purposes of this Optional Extension only:

(a) Second Opinion means an additional medical opinion obtained by the Company from a Medical Practitioner, solely on the Insured Member's express request in relation to a Major Illness, which the Insured Member has been diagnosed with, during the Cover Period.

(b) Major Illness means one of the following only:

1. Benign Brain Tumor
2. Cancer
3. End Stage Lung Failure
4. Myocardial Infraction
5. Coronary Artery Bypass Graft
6. Heart Valve Replacement
7. Coma
8. End Stage Renal Failure
9. Stroke
10. Major Organ Transplant
11. Paralysis
12. Motor Neuron Disorder
13. Multiple Sclerosis
14. Major Burns
15. Total Blindness

2.7 Optional Extension 7: Alternative methods of Treatments (on OPD basis)

The Company will indemnify the Insured Member, up to the amount specified in the Certificate of Insurance, towards Medical Expenses incurred on out-patient basis with respect to the Insured Member's medical treatment undergone at any AYUSH Hospital or health care facilities for any of the alternative treatments namely Ayurveda, Sidha, Unani and Homeopathy, subject to the conditions specified below:

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

(ii) Such treatment taken is within the jurisdiction of India

Insured Member can also opt for sub-limit on the following under this Optional Extension:

a. No. of Visits or/and

b. Amount per Visit

as specified against this Optional Extension in the Certificate of Insurance.

c) Notwithstanding anything stated under exclusion clause 5(b)(26) by opting for this optional extension, the Insured would be covered for 'Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine' up to the purview of this cover. This benefit is available for insured member whose treatment is undertaken in India only

2.8 Optional Extension 8: Extended Alternative methods of Treatments

The Company will indemnify up to the amount specified in the Certificate of Insurance, for Medical expenses incurred towards the consultation and treatment given by a qualified Complementary Practitioner for Reasonable and Customary Charges actually incurred for courses of Chiropractic Treatment, Acupuncture, Osteopathy and Traditional Chinese Medicine received by the Insured as part of an Out-patient Treatment at a medical facility.

Such treatment must be given by a qualified practitioner (other than the Policyholder or , Insured or a member of the Insured's family member) who is registered to practice this where the treatment is given. A referral letter from a Medical Practitioner is required for any chiropractic treatment, osteopathy, acupuncture and traditional Chinese medicine, stating the reason for the Insured Member to have such treatment. Treatment given by a chiropractor, acupuncturist, osteopath, or Chinese Physician must be under the Medical Supervision of a Medical Practitioner.

There must be a clear treatment plan from the chiropractor, acupuncturist, osteopath and Chinese Physician with an end point and expected outcome.

Insured Member can also opt for sub-limit on the following under this Optional Extension:

a. No. of Visits or/and

b. Amount per Visit

as specified against this Optional Extension in the Certificate of Insurance.

Notwithstanding anything stated under exclusion clause 5(b)(26), by opting for this optional extension, the Insured would be covered for 'Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine' up to the purview of this cover.

2.9 Optional Extension 9: Psychiatric Treatment

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Consultations incurred by the Insured Member towards undergoing psychiatric treatment.

Insured Member can also opt for sub-limit on the following under this Optional Extension:

a. No. of Visits or/and

b. Amount per Visit

as specified against this Optional Extension in the Certificate of Insurance.

Notwithstanding anything stated under exclusion clauses 5(b)(12), by opting for this optional extension, the Insured would be covered for 'Psychiatric Treatment' up to the purview of this cover.

This benefit must be pre-authorized by the Company.

2.10 Optional Extension 10: Physiotherapy, occupational and speech Treatment or Therapy

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Medical Expenses incurred by the Insured Member towards undergoing Physiotherapy, occupational and speech Treatment or Therapy.

Such treatment must be given by a qualified practitioner who is recognized by us and registered to practice this where the eligible treatment is given.

This Benefit is payable only following in-patient treatment for an eligible medical condition provided that the Insured has been covered under the policy since before the in-patient treatment commenced. Treatment given by any of these practitioners must be under the medical supervision of a medical practitioner. Medical supervision means that the reason for referral, where applicable, has been initiated by the medical practitioner who has defined a diagnosis.

There must be a clear treatment plan from the practitioner with an end point and expected outcome.

2.11 Optional Extension 11: Outpatient Surgical Procedure

The Company will indemnify for any outpatient surgical procedure received as part of an out-patient treatment that do not require hospitalization or day-care treatment, up to the amount specified in the Certificate of Insurance. This shall include one (1) post-surgery consultation within ninety (90) days from the date of the surgical procedure.

3. Optional Benefit 3 : Daily Cash Allowance

The Company will pay a fixed amount, as specified against this Optional Benefit in the Certificate of Insurance, for each continuous and completed period of 24 hours of Hospitalization of an Insured Member, subject to the conditions specified below:

(i) The Company shall not be liable to make payment under this Optional Benefit until the deductible (in no. of days) opted (as specified in the Certificate of Insurance) is exhausted

(ii) The Company is liable to make payment under this Optional Benefit up to a maximum defined number of days (as specified in the Certificate of Insurance) in a Cover Period.

(iii) This Benefit is valid only during the Cover Period and only for Medically Necessary In-patient Hospitalization of that Insured Member.

4. Optional Benefit 4 : Convalescence Benefit

If the Insured Member undergoes Medically Necessary Hospitalization, during the Cover Period, then Company will pay the amount specified against this Optional Benefit in the Certificate of Insurance, for every completed period (which has defined number of days, as specified in the Certificate of Insurance) of hospitalization for each Claim provided that:

(i) The Company shall be liable to make payment under this benefit for any Claim in respect of the Insured Member only when the Minimum Hospitalization Duration (Deductible) on that Claim is exhausted.

(ii) This Benefit will be payable for a maximum of 2 times in a Cover Period (for different injury causing events leading to Hospitalization) and maximum 3 payments per hospitalization.

The combination of Coverage Amount, Minimum Hospitalization Duration and Period of Hospitalization should be same for all the policies under the group

5. Optional Benefit 5: Personal Accident Cover

The Company will provide coverage under Benefits 5(a), 5(b) and 5(c) of Benefit 'Personal Accident Cover' to any Insured Event arising worldwide. In case any Claim is admissible under Benefit 5(a) '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. The Company's 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:

(a) Optional Benefit 5 (a): 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), the Company will pay the Coverage Amount as specified in the Certificate of Insurance against 'Optional Benefit 5: Personal Accident'.

(b) Optional Benefit 5 (b): Permanent Total Disablement

i. If the Insured Member suffers an Injury during the Cover Period, which directly results in the Insured Member's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified against 'Optional Benefit 5: Personal Accident'in the Certificate of Insurance and as per the 'PTD Table' below :

Sr. No.	Insured Events	Amount payable = % of the Coverage Amount specified in the Certificate of Insurance against Optional Benefit 5 (b)
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.

ii. 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.

(c) Optional Benefit 5 ©: Permanent Partial Disablement

If the Insured Member suffers an Injury during the Cover Period, which directly results in the Insured Member's Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident), the Company will pay the amount as specified against 'Optional Benefit 5: Personal Accident' in the Certificate of Insurance and as per the 'PPD Table' below :

S.No.	Insured Events	Amount payable = % of the Coverage Amount specified in the Certificate of Insurance against Optional Benefit 5 (c)
I	Total and irrecoverable loss of hearing in: - a) Both ears b) One ear	 75% 20%
II	Loss of toes a) All b) Both phalanges of great toes bilateral c) Both phalanges of one great toe d) Both phalanges of other than great toes for each toe	 20% 5% 2% 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 b) One phalanx	 25% 10%
VI	Loss of index finger a) Three phalanges b) Two phalanges c) One phalanx	 10% 8% 4%
VII	Loss of middle finger a) Three phalanges b) Two phalanges c) One phalanx	 6% 4% 2%
VIII	Loss of ring finger a) Three phalanges b) Two phalanges c) One phalanx	 5% 3% 2%
IX	Loss of little finger a) Three phalanges b) Two phalanges c) One phalanx	 4% 3% 2%
X	Loss of metacarpus a) First or second b) Third, fourth or fifth	 3% 2%
XI	Permanent partial disablement not otherwise provided for under Sr. No. I to X inclusive	Such percentage of the Sum Insured as determined in accordance with the medical assessment carried out by the Company's Network Hospital provided that the percentage under Insured Event Sr. No. XI shall not exceed 50% of the Sum Insured.

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.

5.1 Optional Extension 1: Temporary Total Disablement (TTD)

If the Injury suffered by the Insured Member immediately results in Temporary Total Disablement of the Insured Member during the Cover Period, which completely prevents Insured Member from performing each and every duty

pertaining to his employment or occupation, then the Company will pay a fixed lump sum, for each continuous and completed week of that Insured Member's Temporary Total Disablement, as specified in the Certificate of Insurance, provided that:

(i) For a single claim, maximum duration till which this Optional Extension 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 Extension only, Temporary Total Disablement means the temporary and total inability of an Insured Member to engage in his/her occupation/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) The Company 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) The Company's liability to make payment under this Optional Extension shall commence only upon completion of the excess period (in number of days), as specified in the Certificate of Insurance.

(v) If a Claim arising out of an Injury is admissible under Optional Benefit 5.(b) or 5.(c), then a Claim arising out of the same Injury shall not be admitted under 'Temporary Total Disablement'.

(vi) If an Insured Member suffers a relapse / recurrence of Temporary Total Disablement after a Claim has been admitted under this Optional Extension and during the Cover Period due to the same or related causes, the subsequent period of Temporary Total Disablement shall be deemed to be a continuation of the prior period of Temporary Total Disablement, unless the Insured Member has worked for at least 7 (Seven) days between the 2 (Two) periods. For the purpose of this provision, the Excess Period specified in the Certificate of Insurance shall be calculated from the commencement of the Temporary Total Disablement in each Claim.

5.2 Optional Extension 2: Permanent Total Disablement Improvement

(i) Notwithstanding anything contrary to the coverage terms and conditions stated under Clause 5 (b) ('Permanent Total Disablement'), the Company agrees to pay the amount as specified against this Optional Extension in the Certificate of Insurance and as per the 'PTD Table' stated under Clause 6(b), in case the Insured Member suffers an Injury during the Cover Period, which directly results in the Insured Member's Permanent Total Disablement within 12 months from the date of Accident (including date of Accident).

(ii) The Coverage amount applicable under this Optional Extension will be in addition to the amount payable under Benefit 'Permanent Total Disablement'.

(iii) Claim pay-out under this Optional Extension triggers only when claim pay-out is triggered under Benefit 5 (b).

5.3 Optional Extension 3: Permanent Partial Disablement Improvement

(i) Notwithstanding anything contrary to the coverage terms and conditions stated under Clause 5© (Benefit 'Permanent Partial Disablement'), the Company agrees to pay the amount as specified against this Optional Extension in the Certificate of insurance and as per the 'PPD Table' stated under Clause 5 (c), in case the Insured Member suffers an Injury during the Cover Period, which directly results in the Insured Member's Permanent Partial Disablement within 12 months from the date of Accident (including date of Accident).

(ii) The Coverage amount applicable under this Optional Extension will be in addition to the amount payable under Benefit 'Permanent Partial Disablement'.

(iii) Claim pay-out under this Optional Extension triggers only when claim pay-out is triggered under Benefit 5 ©.

5.4 Optional Extension 4: Accidental Hospitalization

If the Insured Member's medically necessary Hospitalization occurs solely and directly due to Injury suffered by that Insured Member, then the Company will indemnify the Medical Expenses incurred for such Hospitalization, provided that:

(i) The Hospitalization is on the written advice of a Medical Practitioner; and

(ii) The Hospitalization commences within 7 (seven) days from the date of occurrence of the Injury.

5.5 Optional Extension 5: Medical Extension

If the Insured Member's medically necessary Hospitalization or Out Patient Treatment occurs solely and directly due to Injury suffered by that Insured Member, then the Company will indemnify the Medical Expenses incurred for such Hospitalization or Out Patient Treatment, provided that:

1. The Hospitalization/Out Patient Treatment undergone, is on the written advice of a Medical Practitioner; and
2. The Hospitalization/Out Patient Treatment commences within 7 (seven) days from the date of occurrence of the Injury.

5.6 Optional Extension 6: Funeral Expenses

If the Insured Member's demise happens and the Claim is payable under Optional Benefit 5(a), then the Company will pay a fixed lump sum, towards conducting the funeral ceremony of the Insured Member.

5.7 Optional Extension 7: Ambulance Service

If a Claim for any event under Benefit 5(a) or Benefit 5 (b) or Benefit 5 (c) or Optional Extension 4 (Accidental Hospitalization) or Hospitalization expenses under Optional Extension 5 (Medical Extension) of the Policy has been admitted, the Company will indemnify up to the amount as specified against this Optional Extension in the Certificate of Insurance, in addition to any amount payable under that Benefit / Optional Extension, for the reasonable expenses necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Member's necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.

5.8 Optional Extension 8: Children's Education

If a Claim for any Insured Event under Accidental Death (Optional Benefit 5 (a)) or Permanent Total Disablement (Optional Benefit 5 (b)) of the Policy has been admitted, then in addition to any amount payable under that Optional Benefit, the Company will pay the amount specified in the Certificate of Insurance against this Optional Extension, for the education of the Insured Member's child subject to following conditions:

(a) A valid document establishing the Age of child and relationship between the child and the Insured Member is submitted.

(b) For the purpose of this Optional Extension, "Child" means a child (natural or legally adopted), who is :

(i) Financially dependent on the Insured Member;

(ii) Does not have his independent sources of income; and

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

5.9 Optional Extension 9: Marriage Allowance

If a Claim for any Insured Event under Accidental Death (Optional Benefit 5 (a)) or Permanent Total Disablement (Optional Benefit 5 (b)) of the Policy has been admitted, then in addition to any amount payable under that Optional Benefit, the Company will pay a fixed lump sum, towards the marriage expenses of an unmarried son (of Age 21 Years or above, as on the date of the Injury of the Insured Parent) or unmarried daughter (of Age 18 Years or above, as on the date of the Injury of the Insured Parent) of the Insured Member.

5.10 Optional Extension 10: Home Modification

The Company will indemnify the relevant expenses incurred during the Cover Period, as specified in the Certificate of Insurance, for the reasonable and necessary modification of the Insured Member's regular place of residence, to facilitate the Insured Member's activities of daily living, consequent to an Injury, resulting in a Claim which is payable under Optional Benefit 5.(b): Permanent Total Disablement and provided that:

1. The expenses incurred shall not exceed the reasonable level of charges for similar alterations
2. The modifications are carried out in the house where Insured Member resides after Injury, within India

Additional conditions specific to Optional Extension 10:

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 5.(b): 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 Extension will be applicable only if the Policyholder has opted for Optional Benefit 5.(b): Permanent Total Disablement

5.11 Optional Extension 11: Vehicle Modification

The Company will indemnify the relevant expenses incurred during the Cover Period, as specified in the Certificate of Insurance, for the reasonable and necessary modification of the Insured Member's 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 5.(b): Permanent Total Disablement and provided that:

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

Additional conditions specific to Optional Extension 11:

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 5.(b): 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 Extension will be applicable only if the Policyholder has opted for Optional Benefit 5.(b): Permanent Total Disablement

5.12 Optional Extension 12: Mobility Extension

The Company will indemnify the reasonable and customary charges necessarily incurred by the Insured Member, for procuring medically necessary prosthetic devices (artificial devices replacing body parts, including artificial legs, arms or eyes), orthopedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to wheelchairs and Hospital beds) which fulfills the Insured Member's basic medical needs, consequent to an Injury for which a Claim is payable under Optional Benefit 5.(b) and provided that such devices or equipment are procured on the written advice of the treating Medical Practitioner.

For the purpose of this Optional Extension only, durable medical equipment or devices should satisfy the following minimum criteria:

1. Procurement amount must not exceed the reasonable purchase price of the durable medical equipment; and
2. Spectacles, contact lenses, hearing aids, blood pressure monitoring machine and diabetes monitoring machine are not included in the list of durable medical equipment for the purpose of this Optional Extension.

Notwithstanding anything stated under exclusion clause 5(b)(9), by opting for this optional extension, the Insured would be covered for 'expenses related to Durable Medical Equipment' up to the purview of this cover.

5.13 Optional Extension 13: Disappearance

(a) The Company shall admit its liability under this optional extension, 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 Period, where it is reasonable to believe that such Insured Member has died as a result of an Injury.

(b) The Company will only pay, when the nominee or legal heir provides a legally binding indemnity bond or any other document as required by the Company which guarantees, that the amount the Company pays will be repaid to the Company, if it is later found that the Insured Member survived such an Accident / Injury for which the Company had paid the Claim.

6. Optional Benefit 6: Dental Care

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Dental Expenses incurred by the Insured Member towards the following:

1. Dental consultations - Emergency Palliative Treatment of Dental pain and minor procedures
2. Conservative – per tooth
   a. Amalgam 1 – 5 surfaces, Permanent
   b. Metallic Inlay, 1 – 5 surfaces, Permanent (Gold Inlay)
   c. Composite resin 1-5 surfaces, Permanent
3. Extractions - per tooth
   a. Simple extraction – erupted tooth or exposed root
   b. Complicated extraction, tooth or root partially bony
   c. Removal of impacted, completely bony
4. Radiology
   a. X-ray intra-oral / bitewing
   b. Posterior – anterior or lateral skull and facial bone survey film
   c. Each additional x-ray bitewing
   d. Panoramic x-ray
5. Periodontal
   a. Provision splinting – extracoronal
   b. Gingivectomy or ginigivoplasty Per tooth
   c. Root amputation – per root
6. Endontic
   a. Root canal– x-ray included
   b. Therapeutic pulotomy (excluding final restoration)

Subject to any Waiting Period applicable under this Optional Extension as specified in Certificate of Insurance.

Accidental Damage to natural teeth following the accident:

Subject to availability of this benefit, the Company will indemnify up to the amount specified in the Certificate of Insurance, for the initial treatment required immediately within thirty (30) days following damage to natural teeth caused by an accident and provided the Insured has been covered under the policy since before the accident happened.

Benefit is not payable if:

(i) injury caused when professional sports without appropriate mouth protection was worn;

(ii) the damage was caused by normal wear and tear;

(iii) the damage was caused by tooth brushing or any other oral hygiene procedure;

(iv) the damage was caused as the result of consumption of food or drink even if it contained a foreign body;

(v) damage was not apparent within 7 days of impact which caused the injury

Note: All dental treatment must be carried out by a dentist.

7. Optional Benefit 7: Vision Care

The Company will indemnify up to the amount specified in the Certificate of Insurance, for the Medical Expenses related to consultations / prescribed diagnostic tests / treatments incurred by the Insured Member for Vision care.

The Company will pay for the Reasonable and Customary fees charged for corrective spectacle lenses along with frame and contact lenses as prescribed by the ophthalmologist or optometrist. This benefit also pays for one eye examination carried out by an ophthalmologist or optometrist per Cover Period.

This benefit does not pay for tinted / reactive lenses, sunglasses, non-corrective contact lenses, lasik / laser eye surgery, medical or surgical treatment of the eye(s) and/or similar, whether prescribed or not.

3. Additional Optional Benefits

1. Optional Benefit A: Network limited to Preferred Providers

Notwithstanding anything to the contrary in the Policy, it is hereby declared that, the Company will indemnify the Medical Expenses incurred for Hospitalization under Optional Benefit 1, Optional Benefit 2 only if a Claim is incurred in a Hospital which is on the Preferred Provider Network List, as specified in the Certificate of Insurance.

If any Claim is incurred in a Hospital which is not on the updated Preferred Provider Network List, the Insured Member shall bear a Co-payment up to 15% (in addition to any other applicable Copay or deductible) or as specified in the Certificate of Insurance of the final claim amount assessed by the Company.

2. Optional Benefit B: Modification of Wait Period

Notwithstanding anything to the contrary in the Policy, it is hereby stated that the waiting periods specified under Clause 5(a)(1) are modified as specified below:

Description	Revised Waiting Period
Modification of 'Initial Wait Period'	Option to modify the Initial Wait Period to 30 days
'Pre-Existing Diseases' Modification	Option to make the Wait Period 3 / 12 / 24 / 36/48 months
'Named Ailments' Modification	Option to make the Wait Period 3 / 12/24 months

i. Modification of Initial wait Period

(i) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

(ii) This exclusion shall not, however, apply if the Insured Member has Continuous Coverage for more than twelve months.

(iii) The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

ii. Modification of 'Named Ailments' Wait Period

(i) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of XX months of continuous coverage after the date of inception of the first policy with the

Company. This exclusion shall not be applicable for claims arising due to an accident.

(ii) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

(iii) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

(iv) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

(v) If the Insured Member is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

(vi) List of specific diseases/procedures:

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)
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. Treatment of Sinusitis, Rhinitis and Tonsillitis
4. Benign Prostatic Hypertrophy
5. Cataract
6. Dilatation and Curettage
7. Fissure / Fistula in Anus, Hemorrhoids / Piles, Pilonidal Sinus, perianal abscess
8. Ulcers and Erosions of Gastro-Intestinal Tract
9. Gastro-oesophageal reflux diseases(GERD)
10. Surgery of Genito-urinary system unless necessitated by malignancy
11. All types of Hernia, Hydrocele & Varicocele
12. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
13. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
14. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
15. Myomectomy for fibroids
16. Varicose veins and varicose ulcers
17. End stage liver disease
18. Pancreatitis
19. Procedures for Retinal disorders
20. Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
21. All treatment related to thyroid disorders
22. Organ transplant surgeries

iii. Modification of 'Pre-existing Disease' Wait Period:

(i) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of XX months of continuous coverage after the date of inception of the first policy with insurer.

(ii) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

(iii) If the Insured Member is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

(iv) Coverage under the policy after the expiry of XX months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

iv. The Waiting Periods as defined in Clauses 3.2(I), 3.2(ii), and 3.2(iii) shall be applicable individually for each Insured Member and Claims shall be assessed accordingly.

v. If Coverage for Optional Benefits or Optional Extensions is added afresh at the time of renewal, the Wait Periods as defined above shall be applicable afresh to the newly added Optional Benefits (as applicable) or Optional Extensions (as applicable), from the time of such renewal

Note: Wait periods, if opted, will be applicable on Optional Benefit 1: Hospitalization Expenses and its Optional Extensions, Optional Benefit 3: Daily Cash Allowance and Optional Benefit 4: Convalescence Benefit

3. Optional Benefit C: Cover during duty

The Company's liability under this Special Condition for Optional Benefit 5 (Personal Accident), is restricted to 'duration of the duty period' only or 'specified event' as specified in Certificate of Insurance.

2. Optional Benefit D: Cover restricted to Accident

The Company's liability under this Special Condition, for Optional Benefit 1 (Hospitalization Expenses) and its Optional extensions (as applicable) or Optional Benefit 2 (Out-patient Care) and its Optional extensions (as applicable), is restricted to Injury caused (during the Cover Period) solely and directly due to an Accident that occurs during the Cover Period, as specified in certificate of Insurance.

4. Special Conditions

The following special conditions are available and as applicable to the Optional benefits and their Optional Extensions (if opted):

1. Area of Cover

The Company will pay up to the amount specified in the Certificate of Insurance for Medical Expenses towards ailments incurred in area or area of cover specified in Certificate of Insurance, subject to the following terms for admissibility of Claim under this Special Conditions:

1. Cashless Facilities / reimbursement can be availed in accordance with the Certificate of Insurance.
2. Notwithstanding anything stated under exclusion clause 5(b)(14), the Insured would be covered for 'Treatment received in area of cover' as specified in Certificate of Insurance, up to the purview of this cover.
3. Notwithstanding anything stated under 'Payment Terms' clause 7.6.(a), the Insured would be covered for 'Treatment received in area of cover' as specified in Certificate of Insurance, up to the purview of this cover.
4. For all admissible reimbursement Claims, currency exchange rate is the rate on date of payment of Medical Expenses to the Hospital made by Insured Member or Date of Loss in case of benefit shall apply.
5. The member's principal country of residence must be in a country within his/her selected area of cover. The member's level declaration specifies a Principal Country of Residence and if the Company found the member declaration and actual status is different, then country specific regulations may impact a person's eligibility to be a member. The Company may be required to apply legitimate international sanctions to this policy and may be unable to meet its full obligations under the terms of this policy where to do so would render it subject to legal action under international or domestic law. The Company and other service providers will not provide cover or pay claims under this policy if doing so would expose the Company or the service provider to a breach of international economic sanctions, laws or regulations. If a potential breach is discovered, where possible the Company will advise the member in writing.

2. Floater Cover

(a) The maximum liability of the Company, for any and all Claims arising under this Policy, on occurrence of an insured event during the Cover Period shall not exceed the Coverage Amount which is specifically mentioned in the Certificate of Insurance.

(b) Only for the purpose of 'Floater Cover', 'Coverage Amount' is modified and defined as below:

Coverage Amount: The amount specified in the Certificate of Insurance which represents the Company's maximum, total and cumulative liability for all Insured Members, for any and all Claims specifically mentioned against each & every Optional Benefit/Optional Extension individually and collectively incurred during the Cover Period.

3. Co-payment

Notwithstanding anything to the contrary in the Policy, it is hereby stated that the Insured Member will bear a Co-payment, as specified in the Certificate of Insurance, in accordance with Clause 7.5 and Company's liability shall be restricted to the balance amount payable.

The Co-payment shall be applicable to each and every claim for each Insured Member as defined in the Policy.

4. Deductible

The Claim amount assessed by the Company towards Insured Member(s), made during the Cover Period shall be reduced by a Deductible, as specified in the Certificate of Insurance. The Company 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 exceeded.

For the purpose of this Special Condition, Deductible may be on 'per Claim

amount' basis or 'number of Days' basis or 'aggregate Claim amount' basis.

5. Additional Services

The Company or Assistance Service Provider will arrange for the Insured Member to avail any of the following services , subject to details as specified in the Certificate of Insurance, value added services as follows:

i. Medical Service Provider Referral

The Company shall provide to the Insured Member, upon request, with the name, address, telephone number and, if available, office hours of physicians, hospitals, clinics, dentists and dental clinics (collectively "Medical Service Providers"). The Company shall not be responsible for providing medical diagnosis or treatment. Although the Company shall make such referrals, it cannot guarantee the quality of the Medical Service Providers and the final selection of a Medical Service Provider shall be the decision of the Insured Member. The Company, however, will exercise care and diligence in selecting the Medical Service Providers.

ii. Arrangements of Appointments with Local Doctors for Treatment

The Company shall assist the Insured Member by arranging for appointments with local doctors for treatment.

iii. Health Portal: The Insured Member may access health related information and services such as health risk assessment, Special rates for OPD, Diagnostics and Pharmacy through network providers etc as available on the Company's website

iv. Medical Translation Service

The Company will arrange for the provision of medical translation to the Insured Member over the telephone.

v. Delivery of Essential Medicine

The Company will arrange to deliver to the Insured Member essential medicine, drugs and medical supplies that are necessary for a User's care and/or treatment but which are not available at the Insured Member's location. The delivery of such medicine, drugs and medical supplies will be subject to the laws and regulations applicable locally. The Company will not pay for the costs of such medicine, drugs or medical supplies and any delivery costs thereof.

vi. Embassy Referral

The Company shall provide the address, telephone number and hours of opening of the nearest appropriate consulate and embassy worldwide.

vii. Emergency Document Delivery

The Company shall assist the Insured Member to arrange for emergency document to be delivered to the Insured Member's Immediate Family Member, upon the Insured Member's request to do so.

viii. Home Care Assistance

If the medical condition of the Insured Member is of such gravity as to require qualified nurse, the Company will assist such Insured Member to provide reference of such qualified nurse.

ix. Diet and nutrition consultation

The Company shall assist the Insured Member by arranging for appointments with local diet and nutrition consultation.

x. Crisis Management Services provided by companies

The Company will arrange to provide emergency alerts for the country the Insured Member is travelling.

It is declared by the Company that:

(i) The Insured Member is free to choose whether or not to obtain the additional services and, if obtained under this Optional Benefit, then whether or not to act on it.

(ii) This Optional Benefit is for additional information purposes only and does not and should not be deemed to substitute the Insured Member's visit/ consultation to an independent Medical Practitioner.

(iii) The company do not provide the services under this Optional Benefit or make any representation as to the adequacy or accuracy of the same, the Insured Member's or any other person's reliance on the same or the use to which the services under this Optional Benefit are put.

(iv) The company do not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any service under this Optional Benefit or for any consequences of actions taken or not taken in reliance thereon.

(v) The Insured Member shall indemnify the Company and hold the company harmless for any loss or damage caused by or arising out of or in relation to any opinion, advise, prescription, actual or alleged errors, omissions or representations made by the Medical Practitioner or service provider or for any consequences of any action taken or not taken in reliance thereon.

Terms for admissibility of Claim under this Optional Benefit:

(i) Claim under this Optional Benefit can be claimed only under Cashless Facility in accordance with the Policy.

(ii) Authorizing any Claim under this Optional Benefit does not affect the Coverage Amount under the Policy.

5. Exclusions

a. Standard Exclusions

1. Wait Periods applicable under this Policy:

The following standard wait periods are not applicable under this Policy unless opted by Policyholder/Insured Member:

- Initial wait period
- Named Ailment wait period
- Pre-existing disease wait period

2. Permanent Exclusions:

The following list of permanent exclusions is applicable to all the Optional Benefits and Optional Extensions of Optional Benefits.

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 the Policy.

1. Investigation & Evaluation: (Code- Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

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

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

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

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

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

1) Surgery to be conducted is upon the advice of the Doctor

2) The surgery/Procedure conducted should be supported by clinical protocols

3) The member has to be 18 years of age or older and

4) Body Mass Index (BMI);

a) greater than or equal to 40 or

b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery: (Code- Excl08)

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure sports: (Code- Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. Breach of law: (Code- Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers: (Code- Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Note: Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.

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

10. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code- Excl14)**

12. Refractive Error: (Code- Excl15)

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

13. Unproven Treatments: (Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

15. Maternity: (Code Excl18)

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

b. Specific Exclusions

The following list of permanent exclusions is applicable to all the Optional Benefits and Optional Extensions of Optional Benefits.

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 the Policy.

1) Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II).

2) Any pre-existing injury / illness or disability and any complications thereof and its associated medical conditions unless we had agreed otherwise in writing;

3) Any condition caused by or associated with any sexually transmitted disease except arising out of HIV;

4) Any treatment directly related to surrogacy whether the member is acting as surrogate, or is the intended parent;

5) Any treatment begun or for which the need has arisen during the first ninety (90) days after birth, for any child conceived by artificial means or any form of assisted conception or if the child is born via surrogacy;

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 in connection with routine eye examinations and ear examinations, dentures, crowns, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment;

8) Expenses incurred on advanced treatment methods other than as mentioned in clause 2.1 (l);

9) Any expenses incurred on providing or fitting any external prosthesis or orthosis or appliance or medical aids or durable medical equipment of any kind, like wheelchairs, walkers, crutches, ambulatory devices, unless allowed under the Policy;

10) Treatment of any external Congenital Anomaly or Illness or defects or anomalies including their associated medical conditions or chronic medical conditions or vegetative state cover (on the basis of declaration by the treating doctor) or treatment relating to external birth defects;

We define vegetative state as a condition of profound non-responsiveness with no sign of awareness or consciousness or a functioning mind, even if the Insured can open their eyes and breathe unaided, and the person does not respond to stimuli such as calling their name or touching. This state must have remained for at least four (4) weeks with no sign of improvement or there could be no recovery;

11) Treatment whilst staying in a hospital for more than ninety (90) continuous days for permanent neurological damage on the basis of declaration by the treating doctor. It is stated that treatment up to 90 days for permanent neurological damage will be covered under this Policy;

12) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability;

13) Out-patient treatment;

14) Treatment received outside India;

15) Domiciliary hospitalization or treatment;

16) An Insured Member operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft or Scheduled Airline or any airline personal;

17) An Insured Member flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;

18) Participation in actual or attempted felony, riot, civil commotion or criminal misdemeanor or activity;

19) Professional fees charged by a member of the Insured Member's immediate family or by a person normally resident in the household of the Insured or under his employment.

20) Training for or participating in professional sport of any kind or any sport for which the insured receives a salary or monetary reimbursement, including grants or sponsorship;

21) The Insured Member serving in any branch of the military, navy, air force or any branch of armed forces or any paramilitary forces;

22) Radioactive contamination whether arising directly or indirectly ionizing radiation, toxic, explosive or other hazardous properties of nuclear material;

23) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident;

24) All preventive care, Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics;

25) All expenses related to donor treatment, including screening, surgery to remove organs from the donor, in case of transplant surgery;

26) Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine;

27) 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;

28) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens;

29) Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness or any administration costs or any other charges of a non-medical nature in connection with the provision and/or performance of medical supplies and/or services;

30) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies;

31) Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or any room upgrades, menu items not included as standard or visitors meals;

32) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

(a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death;

(b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death;

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

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 is also excluded.

33) Impairment of an Insured Member's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner;

34) Continuous ambulatory peritoneal dialysis. Coverage for 'Continuous ambulatory peritoneal dialysis' is available on OPD basis and as part of Pre-Post hospitalization expenses;

35) Alopecia wigs and/or toupee and all hair or hair fall treatment and products including any investigations; all forms of acne;

36) Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions;

37) Any medical or physical condition or treatment or service, which is specifically excluded under the Policy Schedule including the associated medical conditions shown on the endorsement;

38) Cryopreservation or harvesting or storage of stem cells as a preventive measure against possible disease/illness/injury;

39) Remicade, Avastin or similar injectable treatment not part of In-patient care hospitalization or Day care treatment;

40) All bank or credit or foreign exchange charges when the claims payment is made in a currency other than the policy currency upon the member's request;

41) Hormone Replacement Therapy;

42) The evacuation would involve moving Insured Member from a ship, oil-rig platform or similar off-shore location;

43) The Company have not been Inform about the medical condition within 30 days of the condition becoming an emergency (unless this was not reasonably possible);

44) Any treatment of impotence or any consequence of it;

45) All types of learning disorders, educational problems, behavioural problems, physical development or psychological development including assessment or grading of such problems;

46) Dental, Orthodontics, Periodontics, Endodontics or any preventative dentistry no matter who gives the treatment;

47) Charges for residential stays in Hospital which are not medically necessary or are incurred for social or domestic reasons or for reasons which are not directly connected with treatment or where the Hospital has effectively become the place of domicile or permanent abode;

48) Any charges made by the medical practitioner, hospital, laboratory or any such medical services which are not reasonable and customary;

49) Genetic tests nor for any counselling made necessary following genetic tests, even when those tests are undertaken to establish whether or not the Insured may be genetically disposed to the development of a medical condition in the future. This is because such tests are carried out for purposes of establishing whether a medical condition might develop and not for the treatment of a medical condition;

50) Insured Member suffering from or has been diagnosed with or has been treated for Down's Syndrome/Turner's Syndrome/Sickle Cell Anaemia/ Thalassemia Major/G6PD deficiency prior to the first Policy Start Date, then costs of treatment related to or arising from the disorder whether directly or indirectly will be treated as a Pre-existing Disease and will not be covered within first 48 months from the date of first issuance of the Policy.

51) Ear or body piercing and tattoing or treatment needed as a result of any of these;

52) Any charges for treatment incurred during a period for which the premium is not paid;

53) Any claim or part of a claim in which the member has to pay a deductible or co-insurance (where applicable). In such a claim, we will only pay the balance of the claim after we have deducted the excess (or deductible or co-insurance) amount;

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

6. GENERAL TERMS AND CLAUSES

6.1. Standard General Terms & Clauses

6.1.1. Disclosure of Information

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

Note:

a. "Material facts" for the purpose of this clause policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

b. In continuation to the above clause the Company may also adjust the scope of cover and / or the premium paid or payable, accordingly.

6.1.2. Condition Precedent to Admission of Liability

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

6.1.3. Claim Settlement (provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate .

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

6.1.4. Complete discharge

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

6.1.5. Multiple Policies

a. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

b. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/ policies, even if the sum insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this policy.

c. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.

d. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

6.1.6. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any

fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

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

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

A. The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;

B. The active concealment of a fact by the Insured Person having knowledge or belief of the fact;

C. Any other act fitted to deceive; and

D. Any such act or omission as the law specially declares to be fraudulent

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

6.1.7. Cancellation / Termination

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

Refund % to be applied on premium received

Cancellation period up to (x months) from Cover Start Date in case of single premium policy	Refund%
1 month	75
3 months	50
6 months	25
Beyond 6 months	0

(b) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

(c) The Company may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

a) In case of demise of the Policyholder,

(i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded (exclusive of taxes) for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

(ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:

I. Written notice in this regard is given to the Company before the Policy Period End Date; and

II. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

b) Termination for the Insured Member's cover shall automatically terminate on the earliest occurrence of any of the following events:

i. the date the policy is terminated or expired;

ii. the date the Primary Insured Member's coverage is terminated;

iii. in case of employer employee, the employee is not working for Policyholder and in case of non-employer employee is not part of the group

iv. death of Insured Member;

v. if outside the agreed Principal Country of Residence unless otherwise agreed by us in writing;

vi. non-payment of premium for this policy;

vii. if there shall be any misrepresentation, non-disclosure or fraud on the part of the Policyholder and/or the Insured Member;

viii. the expiry of the policy year where the Primary Insured Member or his/her spouse has reached age sixty-five (65) or as specified in Certificate of Insurance;

ix. the dependant ceases to be a dependent; or

x. if there is a breach of any regulation and/or law and/or economic sanctions.

c) In case Premium Installment mode is opted for, then:

If Policyholder cancels the Policy after the Free look period or demise of Policyholder where he/she is the only insured in the Policy, then the Company will refund 50% of the installment premium for the unexpired installment period, provided no Claim has been made under the Policy

6.1.8. Migration:

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

For Detailed Guidelines on Migration, kindly refer the link:

https://www.careinsurance.com/other-disclosures.html

6.1.9. Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link:

https://www.careinsurance.com/other-disclosures.html

6.1.10. Renewal of Policy

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

(a) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

(b) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

(c) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

(d) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

(e) No loading shall apply on renewals based on individual claims experience.

6.1.11. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

6.1.12. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments,

deductibles as per the policy contract.

6.1.13. Premium payment Installment

lf the Insured Member has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly, as mentioned in the policy Schedule/Certificate of lnsurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.

ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.

iii. The Insured Member will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged lf the instalment premium is not paid on due date

v. ln case of instalment premium due not received within the grace period, the policy will get cancelled.

vi. ln the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

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

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

6.1.15. Grievances

In case of any grievance the insured person may contact the company through

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

Mobile App: Care Health - Customer App

Tollfree (WhatsApp Number): 8860402452

Courier: Any of Company's Branch Office or Corporate Office

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or Corporate Office. For updated details of grievance officer,

Kindly refer the link https://www.careinsurance.com/customer-grievance-redressal.html

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of

Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

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

6.1.9. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. ln the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

6.2. Specific General Terms & Clauses

6.2.1. A Eligibility

To be eligible for cover under this Policy, and unless otherwise accepted by the Company in writing and shown in the Policy Schedule a member must be:

a) a Primary Insured Member, aged eighteen (18) and above as specified in the Certificate of Insurance. In case of an Employer-employee Policy, if an employee is not actively at work on his/her eligibility date, he/she will become eligible for coverage as soon as he/she becomes actively at work; and

b) family member(s) of the Primary Insured Member, aged 1 day above as specified in the Certificate of Insurance and/or being able to perform all the activities of daily living.

For a family member who cannot perform all activities of daily living on the Primary Insured Member's eligibility date, he/she becomes eligible for coverage only when he/she can perform all activities of daily living.

Please note:

(i) Any new born baby born to a Primary Insured Member may be added to this policy and enjoy cover commencing from time of birth provided all the following factors are fulfilled:

- the eligibility of cover in this policy for the Primary Insured Member includes cover for his/her children and they are insured on a non-contributory basis and
- the Company will add that new born baby into this policy within thirty (30) days from the time of birth upon intimation from the Policyholder.

However, the Company will require details of the baby's medical history if the baby has been adopted or was born after taking any prescription or non-prescription drug or other treatment which increases fertility, or as the result of any method of assisted conception such as IVF.

In such circumstances the Company reserve the right to apply particular restrictions to the cover offered by the Company and will notify the Insured Member of those terms as soon as reasonably possible. This may limit baby's cover for existing medical conditions. This would mean that the baby will not be covered for treatment carried out for medical conditions which existed prior to joining, such as treatment in a Special Care Baby Unit and you will be liable for these costs.

(ii) Cover for the eligible family member must be same of the Primary Insured Member.

When a new member becomes eligible, the Policyholder must write to the Company within thirty (30) days from the eligibility date of that member to apply for his/her cover. If the application is approved, the Company will then update the membership listing and issue an endorsement to this policy accordingly.

B Mid-term Addition/ Deletion of Insured Members

a) Mid-term addition of an Insured Member

Any person may be added as an Insured Member during the Policy Period provided that his application for cover has been accepted by the Company, additional premium, on pro-rata basis in respect of such Member has been received by the Company and the Company has issued an endorsement confirming the addition of such person as an Insured Member.

As a condition precedent to our liability, the Policyholder/Insured Member will take reasonable steps to establish the good health and suitability of their family members as appropriate and shall not permit to insure any Insured Member and/or his/her family member known by the Policyholder/Insured Member at the date of enrolment in the policy to be in need of or likely to require in-patient treatment, day-care treatment and out-patient treatment, unless such facts are fully disclosed to and accepted by us in writing prior to commencement of cover for your member concerned.

b) Mid-term deletion of an Insured Member (applicable in case of Employer-employee groups)

Name of any Insured Member who is covered under the Policy and whose name specifically appears in Annexure A may be deleted on Policyholder's request, during the Policy Period. Refund of premium shall be made on pro-rata basis provided that Primary Insured Member or any of his Dependent has not made any Claim during the Cover Period under this Policy.

6.2.2. Material Change

It is a condition precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business at his own expense or any material information that the Insured Member and/or Policyholder is aware of, or could reasonably be expected to know, that relates to questions in the Proposal Form and which is relevant to the Company in order to accept the risk of insurance and if so on what terms. The Insured Member/Policyholder must exercise the duty of disclosure to Company before Renewal, extension, variation, endorsement. The Company may, in its discretion, adjust the scope of cover and / or the premium paid or payable, accordingly.

6.2.3. Records to be maintained

Policyholder and the Insured Members shall keep an accurate record containing all relevant medical records and shall allow the Company or the Company representatives to inspect such records. Policyholder or the Insured Member shall furnish such information as the Company may require under this Policy at any time during the Cover Period and up to three years after the Policy

Period End Date, or until final adjustment (if any) and resolution of all Claims under this Policy.

6.2.4. No constructive Notice

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

6.2.5. Free Look Period

i. The Policyholder/Insured Member may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.

ii. If no Claim has been made under the Policy, the Company 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.

iii. Provision for Free look period is not applicable and available at the time of renewal of the Policy.

6.2.6. Policy Disputes

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

6.2.7. Limitation of Liability

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

6.2.8. Communication

a. Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule/ Certificate of Insurance. Any communication meant for the Policyholder or Insured Member will be sent by the Company to his last known address or the address as shown in the Policy Schedule/ Certificate of Insurance.

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

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

6.2.9. Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company.

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

6.2.11. Electronic Transactions

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

6.2.12. Obligation in respect to minor

If an Insured Member is less than 18 years of age, the Primary Insured Member shall be responsible for ensuring compliance with all terms and conditions of this Policy on behalf of that Insured Member.

6.2.13. Proximate Clause

The Company covers the Policyholder/Insured Member only to the extent of Proximity cause which means active and efficient cause that sets in motion a chain of events which brings about a result, without the intervention of any force started and working actively from a new and independent source.

6.2.14. Sanctions and Compliance with Laws

This insurance does not apply to the extent that trade or economic sanctions or other similar laws or regulations prohibit the coverage provided by this insurance.

7. Claims Intimation, Assessment and Management

1. Upon occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to the Company's liability under the Policy, the Insured Member shall undertake all of the following:

(a) Claims Intimation

(i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Insured Member (or Nominee or legal heir if the Insured Member is deceased), shall notify the Company either at Company call Centre or in writing immediately.

(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: 7.1 (a) (i) and 7.1 (a) (ii) are precedent to admission of liability under the policy.

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

(iv) The following details are to be provided to the Company at the time of intimation of Claim:

I Policy Number ;

II Name of Primary Insured Member;

III Name and unique identification number of the Insured Member in respect of whom the Claim is being made;

IV Nature of Illness or Injury and the Benefit and/or Optional Extension under which the Claim is being made;

V Date and place of Injury or Death and/or date and place of admission to Hospital (as applicable);

VI Name and address of the attending Medical Practitioner and Hospital;

VII Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;

VIII Any other information / document as required by the Company to assess the Claim, in case fraud is suspected.

(v) A Claim has to be notified to the Company within 24 hours or before discharge (whichever is earlier) for Emergency Hospitalization.

2. Claims Procedure

(a) Cashless :

Cashless facility is available only at Network Hospitals of the Company or Assistance Service Provider. The Insured Members can avail cashless facility at the time of admission into a Network Hospital, by presenting the health card, provided by the Company under this Policy, along with a valid photo identification document (like: Voter ID card / Driving License / Passport / PAN Card / any other identification documentation as approved by the Company).

(b) In addition to the above, in order to avail cashless facility, the following procedure must be followed:

(i) Pre-authorization: the Insured Member must call the Company or Assistance Service Provider call centre (1800-102-4488) and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least 48 hours prior before the commencement of a planned Hospitalization or within 24 hours of admission to Hospital, if the Hospitalization is required in an Emergency.

(ii) The Company will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury for which cashless facility is sought to be availed. The Company or Assistance Service Provider will confirm in writing authorization or rejection of the request to avail cashless facility for the Insured Member's Hospitalization.

(iii) If the request for availing cashless facility is authorized by the Company or Assistance Service Provider, 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 the Company for availing

cashless facility. Payment in respect of co-payments (if applicable) or within Deductible (if applicable) or any other costs and expenses not authorized under the cashless facility shall be made directly by the Insured Member to the Network 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 at Clause 7.4 shall be submitted to the Network Hospital immediately and in any event before the Insured Member's discharge from Hospital.

(iv) In case Policyholder/Insured Member cannot avail the cashless facility, payment for the treatment will have to be made by the Insured Member to the Network Hospital, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.

(c) The list of updated Network Hospitals is available with the Company or Assistance Service Provider and is subject to amendment or modification of the Network Hospitals and/or the extent of cashless facilities available at particular Network Hospitals from time to time.

(d) Before availing the cashless facility, Policyholder or the Insured Member is required to check the applicable list of Network Providers for the area where he intends to avail the cashless facility through the call center number as provided in the Certificate of Insurance.

(e) **Health card issued by the Company shall not be used**

(i) On termination or cancellation of this Policy

(ii) After Cover End Date

(iii) On death of Insured Member

(f) **Re-imbursement :**

(i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or the Company specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 7.1 and Clause 7.4 shall be submitted to the Company at Insured Member's own expense, immediately and in any event within 30 days of Insured Member's discharge from Hospital.

(ii) The Company shall give an acknowledgement of collected documents. However, in case of any delayed submission, the Company 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, the Company will pay the Insured Member. In the event of death of the Insured Member, the Company will pay the nominee (as named in the Certificate of Insurance) 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.

(vi) Insured Member (or Nominee or legal heir if the Insured Member is deceased) shall (at his expense) give the documentation specified at Clause 7.4 and any additional documentation specified in the Benefit provision and/or Optional Extension under which the Claim is being made to the Company immediately and in any event within 30 days of the occurrence of the Injury.

3. Policyholder's and Insured Member's duty at the time of Claim

(a) The Insured Member shall check the updated list of Network Hospitals before submission of a pre-authorization request for cashless facility; and

(b) As a condition precedent for a Claim to be considered under this Policy:

(i) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.

(ii) 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 7 of the Policy.

(iii) The Insured Member will, at the Company request submit himself/herself for a medical examination by the Company's/Assistance Service Provider nominated Medical Practitioner as often as the Company consider reasonable and necessary. The cost of such medical examination shall be borne by the Company.

(iv) The Company's /Assistance Service Provider 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.

(v) The Company shall be provided with complete documentation and information which the Company has requested to establish the Company liability for the Claim, its circumstances and its quantum.

4. Claim Documents

(a) The following information and documentation shall be submitted to the Company /Assistance Service Provider in accordance with the procedures and within the timeframes specified in Clause 7 of the Policy in respect of all Claims:

(i) Duly completed and signed Claim form, in original;

(ii) Identity proof with photo, Age proof and Address Proof;

(iii) Medical Practitioner's referral letter advising Hospitalization;

(iv) Medical Practitioner's prescription advising drugs / diagnostic tests / consultation;

(v) Original bills, receipts and discharge card from the Hospital / Medical Practitioner;

(vi) Original bills from pharmacy / chemists;

(vii) Original pathological / diagnostic test reports and payment receipts;

(viii) Indoor case papers (if applicable);

(ix) Accident proof - First Information Report/ final police report, if applicable;

(x) Disability Certificate from Government Medical Board, Fitness Certificate, Medical Prescription

(xi) Post mortem report, if conducted;

(xii) Any other information/document as required by the Company or Assistance Service Provider to assess the Claim, in case fraud is suspected

(b) Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company or to a reimbursement provider The Company will accept properly verified photocopies of such documents attested by such other insurance company/reimbursement provider along with an original certificate of the extent of payment received from such insurance company/reimbursement provider.

(c) The Company will only accept bills/invoices which are made in the Insured Member's name.

(d) The Company may give a waiver to one or few of the above mentioned documents depending upon the case.

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

(f) **Additional Claim documents for Personal Accident (Optional Benefit 5):**

It is a condition precedent to the Company's liability under these Benefits that the following information and documentation shall be submitted to the Company 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. Claim Assessment

(a) The Company shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, the Company 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 the Company in the following progressive order:

(i) If a room accommodation has been opted for where the rent or category is higher than the eligible limit for that Insured Member under the Policy, then, the Insured Member shall bear the ratable

proportion of the Associate Medical Expenses (including surcharge or taxes thereon) in the proportion of the room rent actually incurred less room rent limit and divided by room rent actually incurred.

(ii) If any sub-limits on Medical Expenses are applicable as specified in the Certificate of Insurance, the Company's 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 the Company after applying Clause 7.5.(b)(I), (ii).

(c) The Claim amount assessed in Clause 7.5(b) above would be deducted from the Coverage Amount of respective Optional Benefit or Optional Extension.

6. Payment Terms

(a) This Policy covers only medical treatment taken entirely within India and within area of cover as shown in the Certificate of Insurance.

(b) For all admissible reimbursement Claims and benefit (fixed pay-out) Claims, the exchange rate on the date of loss shall be applied.

(c) If the Assistance Service Provider or the Company requests that bills or vouchers in a local language or vernacular be accompanied by an appropriate translation into English then the costs of such translation must be borne by the Policyholder or the Insured Member.

(d) The Claim amount assessed for any Benefit or for any Optional Extensions would be deducted from the Coverage Amount and for the unexpired Policy Period, balance Coverage Amount shall be available.

(e) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Member, once the Coverage Amount for that Insured Member is exhausted.

(f) If the Insured Member suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.

(g) Under cashless facility, the payment of Claims shall be made to the Network Hospital and the Company discharge would be complete and final.

(h) For the Reimbursement Claims, the Company will pay to the Primary Insured Member unless specified otherwise in the Certificate of Insurance. In the event of death of the Primary Insured Member, unless specified otherwise in the Certificate of Insurance, the Company will pay the nominee (as named in Annexure A to the Policy) 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 its liability under the Policy.

(i) The Company shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder / Insured Member an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Member, the Company shall make payment within 7 days from the date of receipt of such acceptance.

(j) The Claim shall be paid only for the Cover Period in which the Insured event which gives rise to a Claim under this Policy occurs.

(k) The Company may change the Assistance Service Provider or utilize the service of any other assistance service provider by giving written notification to the Policyholder.

Annexure 1 - 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 PAPILLOTOMY
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. COLONSCOPY STENTING OF STRICTURE
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W / STENT
92. EUS + COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS

BLEEDING ULCERS

6. General Surgery Related:

94. INCISION OF A PILONIDAL SINUS / ABSCESS
95. FISSURE IN ANO SPHINCTEROTOMY
96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97. ORCHIDOPEXY
98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99. SURGICAL TREATMENT OF ANAL FISTULAS
100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101. EPIDIDYMECTOMY
102. INCISION OF THE BREAST ABSCESS
103. OPERATIONS ON THE NIPPLE
104. EXCISION OF SINGLE BREAST LUMP
105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106. SURGICAL TREATMENT OF HEMORRHOIDS
107. OTHER OPERATIONS ON THE ANUS
108. ULTRASOUND GUIDED ASPIRATIONS
109. SCLEROTHERAPY, ETC.
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
111. THERAPEUTIC LAPAROSCOPY WITH LASER
112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
113. INFECTED KELOID EXCISION
114. AXILLARY LYMPHADENECTOMY
115. WOUND DEBRIDEMENT AND COVER
116. ABSCESS-DECOMPRESSION
117. CERVICAL LYMPHADENECTOMY
118. INFECTED SEBACEOUS CYST
119. INGUINAL LYMPHADENECTOMY
120. INCISION AND DRAINAGE OF ABSCESS
121. SUTURING OF LACERATIONS
122. SCALP SUTURING
123. INFECTED LIPOMA EXCISION
124. MAXIMAL ANAL DILATATION
125. PILES
126. A)INJECTION SCLEROTHERAPY
127. B)PILES BANDING
128. LIVER ABSCESS- CATHETER DRAINAGE
129. FISSURE IN ANO- FISSURECTOMY
130. FIBROADENOMA BREAST EXCISION
131. OESOPHAGEAL VARICES SCLEROTHERAPY
132. ERCP - PANCREATIC DUCT STONE REMOVAL
133. PERIANAL ABSCESS I&D
134. PERIANAL HEMATOMA EVACUATION
135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136. BREAST ABSCESS I& D
137. FEEDING GASTROSTOMY
138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139. ERCP - BILE DUCT STONE REMOVAL
140. ILEOSTOMY CLOSURE
141. COLONOSCOPY
142. POLYPECTOMY COLON
143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
144. UGI SCOPY AND POLYPECTOMY STOMACH
145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146. FEEDING JEJUNOSTOMY
147. COLOSTOMY
148. ILEOSTOMY
149. COLOSTOMY CLOSURE
150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155. ZADEK'S NAIL BED EXCISION
156. SUBCUTANEOUS MASTECTOMY
157. EXCISION OF RANULA UNDER GA
158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159. EVERSION OF SAC
160. UNILATERAL
161. ILATERAL
162. LORD'S PLICATION
163. JABOULAY'S PROCEDURE
164. SCROTOPLASTY
165. CIRCUMCISION FOR TRAUMA
166. MEATOPLASTY
167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168. PSOAS ABSCESS INCISION AND DRAINAGE
169. THYROID ABSCESS INCISION AND DRAINAGE
170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
171. ESOPHAGEAL GROWTH STENT
172. PAIR PROCEDURE OF HYDATID CYST LIVER
173. TRU CUT LIVER BIOPSY
174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175. EXCISION OF CERVICAL RIB
176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177. MICRODOCHECTOMY BREAST
178. SURGERY FOR FRACTURE PENIS
179. SENTINEL NODE BIOPSY
180. PARASTOMAL HERNIA
181. REVISION COLOSTOMY
182. PROLAPSED COLOSTOMY- CORRECTION
183. TESTICULAR BIOPSY
184. LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186. LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)

7. Gynecology Related:

187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
188. INCISION OF THE OVARY
189. INSUFFLATIONS OF THE FALLOPIAN TUBES
190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
191. DILATATION OF THE CERVICAL CANAL
192. CONISATION OF THE UTERINE CERVIX

193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY
194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (HYSTERECTOMY)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. HYSTEROSCOPIC REMOVAL OF MYOMA
204. D&C
205. HYSTEROSCOPIC RESECTION OF SEPTUM
206. THERMAL CAUTERISATION OF CERVIX
207. MIRENA INSERTION
208. HYSTEROSCOPIC ADHESIOLYSIS
209. LEEP
210. CRYOCAUTERISATION OF CERVIX
211. POLYPECTOMY ENDOMETRIUM
212. HYSTEROSCOPIC RESECTION OF FIBROID
213. LLETZ
214. CONIZATION
215. POLYPECTOMY CERVIX
216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217. VULVAL WART EXCISION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION
219. UTERINE ARTERY EMBOLIZATION
220. LAPAROSCOPIC CYSTECTOMY
221. HYMENECTOMY (IMPERFORATE HYMEN)
222. ENDOMETRIAL ABLATION
223. VAGINAL WALL CYST EXCISION
224. VULVAL CYST EXCISION
225. LAPAROSCOPIC PARATUBAL CYST EXCISION
226. REPAIR OF VAGINA (VAGINAL ATRESIA)
227. HYSTEROSCOPY, REMOVAL OF MYOMA
228. TURBT
229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
230. VAGINAL MESH FOR POP
231. LAPAROSCOPIC MYOMECTOMY
232. SURGERY FOR SUI
233. REPAIR RECTO- VAGINA FISTULA
234. PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
235. URS + LL
236. LAPAROSCOPIC OOPHORECTOMY
237. NORMAL VAGINAL DELIVERY AND VARIANTS

8. Neurology Related:

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

9. Oncology Related:

252. RADIOTHERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT- IMAGE GUIDED RADIOTHERAPY
265. IMRT- STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT- DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOSURGERY
275. X-KNIFE SRS
276. 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 RADIOTHEARPY 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 BURSIRTIS
325. TENNIS ELBOW RELEASE

12. Operations on the Tongue:

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

13. Ophthalmology Related:

331. SURGERY FOR CATARACT
332. INCISION OF TEAR GLANDS
333. OTHER OPERATIONS ON THE TEAR DUCTS
334. INCISION OF DISEASED EYELIDS
335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341. INCISION OF THE CORNEA
342. OPERATIONS FOR PTERYGIUM
343. OTHER OPERATIONS ON THE CORNEA
344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
350. ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
351. ENUCLEATION OF EYE WITHOUT IMPLANT
352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
354. BIOPSY OF TEAR GLAND
355. TREATMENT OF RETINAL LESION

14. Orthopedics Related:

356. SURGERY FOR MENISCUS TEAR
357. INCISION ON BONE, SEPTIC AND ASEPTIC
358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360. REDUCTION OF DISLOCATION UNDER GA
361. ARTHROSCOPIC KNEE ASPIRATION
362. SURGERY FOR LIGAMENT TEAR
363. SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
364. REMOVAL OF FRACTURE PINS/NAILS
365. REMOVAL OF METAL WIRE
366. CLOSED REDUCTION ON FRACTURE, LUXATION
367. REDUCTION OF DISLOCATION UNDER GA
368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
369. EXCISION OF VARIOUS LESIONS IN COCCYX
370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371. CLOSED REDUCTION OF MINOR FRACTURES
372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373. TENDON SHORTENING
374. ARTHROSCOPIC MENISCECTOMY - KNEE
375. TREATMENT OF CLAVICLE DISLOCATION
376. HAEMARTHROSIS KNEE- LAVAGE
377. ABSCESS KNEE JOINT DRAINAGE
378. CARPAL TUNNEL RELEASE
379. CLOSED REDUCTION OF MINOR DISLOCATION

380. REPAIR OF KNEE CAP TENDON
381. ORIF WITH K WIRE FIXATION- SMALL BONES
382. RELEASE OF MIDFOOT JOINT
383. ORIF WITH PLATING- SMALL LONG BONES
384. IMPLANT REMOVAL MINOR
385. K WIRE REMOVAL
386. POP APPLICATION
387. CLOSED REDUCTION AND EXTERNAL FIXATION
388. ARTHROTOMY HIP JOINT
389. SYME'S AMPUTATION
390. ARTHROPLASTY
391. PARTIAL REMOVAL OF RIB
392. TREATMENT OF SESAMOID BONE FRACTURE
393. SHOULDER ARTHROSCOPY / SURGERY
394. ELBOW ARTHROSCOPY
395. AMPUTATION OF METACARPAL BONE
396. RELEASE OF THUMB CONTRACTURE
397. INCISION OF FOOT FASCIA
398. CALCANEUM SPUR HYDROCORT INJECTION
399. GANGLION WRIST HYALASE INJECTION
400. PARTIAL REMOVAL OF METATARSAL
401. REPAIR / GRAFT OF FOOT TENDON
402. REVISION/REMOVAL OF KNEE CAP
403. AMPUTATION FOLLOW-UP SURGERY
404. EXPLORATION OF ANKLE JOINT
405. REMOVE/GRAFT LEG BONE LESION
406. REPAIR/GRAFT ACHILLES TENDON
407. REMOVE OF TISSUE EXPANDER
408. BIOPSY ELBOW JOINT LINING
409. REMOVAL OF WRIST PROSTHESIS
410. BIOPSY FINGER JOINT LINING
411. TENDON LENGTHENING
412. TREATMENT OF SHOULDER DISLOCATION
413. LENGTHENING OF HAND TENDON
414. REMOVAL OF ELBOW BURSA
415. FIXATION OF KNEE JOINT
416. TREATMENT OF FOOT DISLOCATION
417. SURGERY OF BUNION
418. 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 OFTEMPORAL ARTERY FOR VARIOUS LESIONS
508. EXTERNAL ARTERIO-VENOUS SHUNT
509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY
516. CYSTOSCOPY AND REMOVAL OF POLYP
517. SUPRAPUBIC CYSTOSTOMY
518. PERCUTANEOUS NEPHROSTOMY
519. CYSTOSCOPY AND "SLING" PROCEDURE.
520. TUNA- PROSTATE
521. EXCISION OF URETHRAL DIVERTICULUM
522. REMOVAL OF URETHRAL STONE
523. EXCISION OF URETHRAL PROLAPSE
524. MEGA-URETER RECONSTRUCTION
525. KIDNEY RENOSCOPY AND BIOPSY
526. URETER ENDOSCOPY AND TREATMENT
527. VESICO URETERIC REFLUX CORRECTION
528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529. ANDERSON HYNES OPERATION
530. KIDNEY ENDOSCOPY AND BIOPSY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE- CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB

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

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

Sr. No.	List - II - Items that are to be subsumed into Room Charges	Sr. No.	List III – Items that are to be subsumed into Procedure Charges
1	Baby Charges (unless Specified/ indicated)	1	Hair Removal Cream
2	Hand Wash	2	Disposables Razors Charges (for Site Preparations)
3	Shoe Cover	3	Eye Pad
4	Caps	4	Eye Sheild
5	Cradle Charges	7	Camera Cover
6	Comb	6	Dvd, Cd Charges
7	Eau-de-cologne / Room Freshners	7	Gause Soft
8	Foot Cover	8	Gauze
9	Gown	9	Ward And Theatre Booking Charges
10	Slippers	10	Arthroscopy And Endoscopy Instruments
11	Tissue Paper	11	Microscope Cover
12	Tooth Paste	12	Surgicalblades, Harmonicscalpel, Shaver
13	Tooth Brush	13	Surgical Drill
14	Bed Pan	14	Eye Kit
15	Face Mask	15	Eye Drape
16	Flexi Mask	16	X-ray Film
17	Hand Holder	17	Boyles Apparatus Charges
18	Sputum Cup	18	Cotton
19	Disinfectant Lotions	19	Cotton Bandage
20	Luxury Tax	20	Surgical Tape
21	Hvac	21	Apron
22	House Keeping Charges	22	Torniquet
23	Air Conditioner Charges	23	Orthobundle, Gynaec Bundle
24	Im Iv Injection Charges		
25	Clean Sheet		
26	Blanket/warmer Blanket		
27	Admission Kit		
28	Diabetic Chart Charges		
29	Documentation Charges / Administrative Expenses		
30	Discharge Procedure Charges		
31	Daily Chart Charges		
32	Entrance Pass / Visitors Pass Charges		
33	Expenses Related To Prescription On Discharge		
34	File Opening Charges		
35	Incidental Expenses / Misc. Charges (not Explained)		
36	Patient Identification Band / Name Tag		
37	Pulseoxymeter Charges		

Sr. No.	List IV – Items that are to be subsumed into costs of treatment
1	Admission/registration Charges
2	Hospitalisation For Evaluation/ Diagnostic Purpose
3	Urine Container
4	Blood Reservation Charges And Ante Natal Booking Charges
5	Bipap Machine
6	Cpap/ Capd Equipments
7	Infusion Pump– Cost
8	Hydrogen Peroxide\spirit\ Disinfectants Etc
9	Nutrition Planning Charges - Dietician Charges- Diet Charges
10	HIV Kit
11	Antiseptic Mouthwash
12	Lozenges
13	Mouth Paint
14	Vaccination Charges
15	Alcohol Swabes
16	Scrub Solution/sterillium
17	Glucometer & Strips
18	Urine Bag

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

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
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
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

Hospital Name	Address
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
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, Aaradhnanagar 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
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 - SERVICE REQUEST FORM

For Change in Occupation / Nature of Job

(Refer Clause 6.2.2 of Policy Terms and Conditions)

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

Policyholder Details

☐ Mr. ☐ Ms. ☐ M/S. Policy No :

Name :

(First Name) (Middle Name) (Last Name)

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

☐ Mr. ☐ Ms. ☐ M/S.

Name :

(First Name) (Middle Name) (Last Name)

Occupation :

Declaration

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

Date : / / (DD/MM/YYYY)

Place :

Signature of the Policyholder :_____

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

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

Annexure V - Office of the Ombudsman

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, AHMEDABAD-380 001. Tel : 079-25501201/02/05/06 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, BENGALURU - 560 078. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. Tel : 0755-2769201/9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel : 0674-2596455/2596003 , Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel : 0172-2706468/2705861, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel : 044-24333668 /24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel : 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@cioins.co.in	Delhi, Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel : 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040 - 23312122, Fax : 040-23376599 E-mail : bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry
JAIPUR	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 Email : Bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338, Fax : 0484-2359336 E-mail : bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R.Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-32341320 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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

Office of the 'Executive Council of Insurers'

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai – 400 054.

Tel : 022-69038801/03/04/05/06/07/08/09

Email- inscoun@cioins.co.in

Care Health Insurance Limited
Registered Office: 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence Office: Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road,
Sector-43, Gurugram-122009 (Haryana)
CIN: U66000DL2007PLC161503 UIN: RHIHLGP21406V032021
IRDAI Registration Number - 148

REACH US @

Care Health-
Customer App

WhatsApp
8860402452

Self Help Portal:
www.careinsurance.com/self-help-portal.html

Submit Your Queries/Requests:
www.careinsurance.com/contact-us.html

Ver: April/23/AS