#### PROSPECTUS AND SALES LITERATURE

#### **Eligibility Criteria**

| Entry Age – Minimum        | Adult: 18 years  |
|----------------------------|--|
|                            | Child: 1 day   |
|                            | New Born: 1 day  |
| Entry Age – Maximum        | Adult: 65 years  |
|                            | Child: 24 years  |
|                            | New Born: 90 days  |
| Exit Age                   | Lifelong   |
| Age of Proposer            | 18 Years or above  |
| How can you cover yourself | Individual basis (maximum up to 6 Persons) or floater basis                  |
| Floater combinations       | 2 Adults   |
|                            | 2 Adults + 1 child   |
|                            | 2 Adults + 2 children  |
| Who are covered            | 1. Individual: Self, legally married spouse, son, daughter, brother, sister, |
|                            | grandson, granddaughter, nephew, niece, son-in-law, daughter-in-law,         |
|                            | employee   |
|                            | 2. Family Floater: Self, legally married spouse, children & parents,         |
|                            | employee & their dependent   |

#### Note:

- 1. Child 1 day to 24 years would be covered only under a floater. Child would be ported to an individual policy and treated as adult upon attaining age of 25 at the time of renewal.
- 2. 2 Adults implies 1 Male & 1 Female

#### **Key Benefits**

#### 1. Hospitalization Expenses

#### i. In-patient Care

We indemnify for the medical expenses incurred during Hospitalization for a minimum period of 24 consecutive hours like room charges, nursing expenses and Intensive Care Unit charges, surgeon's fee, doctor's fee, anesthesia, blood, oxygen, operation theater charges, etc.

#### ii. Day Care Treatment

We indemnify for your medical expenses if you undergo a Day Care Treatment at a hospital or a day care centre that requires Hospitalization for less than 24 hours.

#### iii. Advance Technology Methods:

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

- a. Uterine Artery Embolization and HIFU
- **b.** Balloon Sinuplasty
- c. Deep Brain stimulation
- **d.** Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection
- **f.** Intra vitreal injections
- g. Robotic surgeries
- **h.** Stereotactic radio surgeries
- i. Bronchical Thermoplasty
- j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
- **k.** IONM (Intra Operative Neuro Monitoring)

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

#### 2. Pre-hospitalization Medical Expenses & Post-Hospitalization Medical Expenses

This benefit indemnifies for

- i. The medical expenses incurred by you for a period 30 days immediately before your Hospitalization; and
- ii. The medical expenses incurred by you for a period 60 days immediately after your discharge from Hospital.

#### 3. Ambulance Cover

We will indemnify you for expenses incurred on an ambulance service offered by the hospital or any service provider, in an emergency situation.

#### 4. Maternity Cover (including Pre-natal & Post-natal Expenses)

We will indemnify for the expenses incurred related to Maternity including pre-natal & post-natal expenses incurred in respect of the Hospitalization of the Insured Person for the delivery of the child.

**NOTE:** Cover under this Benefit is available only up to 45 years of Age.

## 5. New Born Baby Cover

We Cover Your New Born from birth till 90 days. We shall pay for the medical expenses incurred towards Your New Born too. 91 days and above, Your baby would be covered under the regular policy upon payment of additional premium.

#### 6. New Born Birth Defects

We will pay the amount as a lump sum in case the New Born Baby is diagnosed with Down's Syndrome or Cerebral Palsy provided that no Claim under Benefit - 'New Born Baby Cover' shall be made with respect to Down's syndrome or Cerebral Palsy in case Claim is payable under this Benefit.

#### 7. AYUSH Treatments

It has been observed at times that a combination of conventional medical treatment and AYUSH therapies quicken & aid the process of recovery. Therefore, we will pay you up to Sum Insured for medical expenses incurred by you towards your in-patient admission at any AYUSH Hospitals or health care facilities for any of the listed AYUSH Treatments namely Ayurveda, Yoga, Naturopathy, Sidha, Unani and Homeopathy, subject to the conditions specified below.

- i. A Claim will be admissible under this Benefit only if the Claim is admissible under 'In-patient Care' of Benefit 1 Hospitalization Expenses.
- ii. Medical Treatment should be rendered from a registered Medical Practitioner who holds a valid practicing license in respect of such AYUSH Treatments; and
- iii. Such treatment taken is within the jurisdiction of India.

#### **Special Conditions**

#### 1. Floater Cover

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

### 2. Co-payment

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

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

<sup>\*</sup>Entry Age means the age of the Insured Person at the time first buying of the Policy with us

#### **Optional Cover**

### 1. No Claim Bonanza

If the option is chosen by you and you do not have any occasion to claim health insurance in a block of completed and continuous three policy year, we raise a cheer to your good health in the form of a bonus for you.

You receive an increase of 100 percent in your sum insured on a cumulative basis. In any case the No Claim Bonanza will not exceed 100% of the total of sum insured under the policy and in the event there is a claim in a policy year then the No Claims Bonanza accrued will not be available but in no case shall the sum insured be reduced. It's just our way to tell you that we're there with you in good times and in bad.

#### **Salient Features**

#### 1. Policy Term

The Policy term for Joy Today would be three years. Your policy term for Joy Tomorrow can be one year, two years or three years.

#### 2. Tax Benefit

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

# 3. Cashless Facility

With Cashless Facility, you no longer need to run around paying off hospital bills and then follow up for a reimbursement. All you now need to do is get admitted to any of our Network Hospitals and concentrate only on your recovery. Leave the bill payment arrangements to us, except for any non-medical expenses that you incur at the Hospital.

#### 4. Free Look Period

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

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

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

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- **iii.** Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

#### 5. Premium

The premium charged under the Policy depends upon the Sum Insured, Age, gender, number of members in the policy, policy term and the health status of the individual.

The premium rates for the plans offered are annexed hereto with the prospectus.

#### 6. Cancellation/Termination

The policyholder may cancel this policy by giving 7 days 'written notice and in such an event, we shall refund proportionate premium for the unexpired policy period

- **a.** 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.
- **b.** If the risk under the Policy has already commenced, or only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then the expenses such as pre-policy medical examination etc. incurred by the Company will also be deducted before

refunding of premium.

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

#### **Notes:**

In case of Your demise,

- i. Where the Policy covers you, this Policy shall stand null and void from the date and time of your demise and the Company shall refund proportionate premium for unexpired Policy Period subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- ii. Where the Policy covers other Insured Person, this Policy shall continue till the end of Policy Period. If the other Insured Persons wish to continue with the same Policy, We will renew the Policy subject to the appointment of a policyholder provided that:
  - i. Written notice in this regard is given to us before the Policy Period End Date; and
  - ii. A person over age 18 who satisfies our criteria to become a Policyholder.

# 7. Multiple Policies

- 1. 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.
- 2. 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.
- 3. 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.
- **4.** 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.

#### 8. Portability

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

# 9. Migration

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

# 10. Withdrawal of Policy

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.

Insured Person will have a one-time option to renew the existing product, if renewal falls within the 90 days from the date of withdrawal of the product or option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break

# 11. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

#### 12. Grievance Redressal

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

Website: www.careinsurance.com

Toll free: (WhatsApp): 8860402452

Submit Your Queries/Requests: www.careinsurance.com/contact-us.html

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/

#### Claims Management

We directly process the claims. Your claims would be managed In-house.

We take pride in offering hassle-free clearance and speedy settlements.

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

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

#### **Claim Process**

- 1. Any Claim under this Policy shall be settled either on cashless or on reimbursement basis as per the Benefit.
- 2. Please send the duly signed claim form and all the information/documents mentioned therein to us. Please refer to claim form for complete documentation.
- 3. If there is any deficiency in the documents/information submitted by you, we will send the deficiency letter.
- 4. On receipt of the complete set of claim documents, we will send the cheque for the admissible amount, along with a settlement statement in your name.

#### **Cashless**

The Cashless Facility is available only at Our Network Hospitals. All you have to do is present the Care Health

Insurance Card along with a valid photo identification document at Our nation-wide network of leading hospitals and avail of the cashless service. The list of these hospitals is available on our website www.careinsurance.com or call our call centre.

You need to request for the cashless facility in a prescribed format. We may authorize your request and thereafter you shall not be required to pay for the hospital bills, except for the non-medical expenses.

#### Re-imbursement

In case of reimbursement of expenses when you use a non-networked hospital, all you need to do is notify us within 48 hours in case of a planned hospitalization or within 24 hours in case of an emergency about the claim. Call us directly, send us the documents specified below and we will process your claim.

#### List of Documents to be submitted for reimbursement claims:

- 1. Duly completed and signed Claim form, in original;
- 2. Medical Practitioner's first consultation paper and referral letter advising Hospitalization;
- **3.** Medical Practitioner's prescription advising drugs/ diagnostic tests/ consultation;
- 4. Original numbered bills/ receipts and discharge card from the Hospital/ Medical Practitioner;
- 5. Original numbered bills from licensed pharmacy/ chemists;
- **6.** Original pathological/ diagnostic test reports/ radiology reports and payment receipts;
- 7. Emergency Notes, Initial Assessment Sheet and Indoor case papers;
- **8.** Original investigation test reports and payment receipts
- 9. Ambulance Receipt
- 10. Any other document as required by us to assess the Claim

#### Claim Assessment

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

- **i.** If the room category opted for, is higher than the eligible limit as applicable, then the Associate Medical Expenses payable shall be pro-rated.
- ii. Balance amount, if any, shall be the claim payable.

#### **Duties of the Claimant**

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

- i. You shall check the updated list of Network Hospitals before submission of a pre-authorisation request for Cashless Facility
- ii. All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- iii. Intimation of the Claim, Notification of Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 of the Policy Terms & Conditions.
- iv. You will, at our request, submit yourself for a medical examination by our nominated Medical Practitioner as often as we consider reasonable and necessary. The cost of such examination will be borne by us.

- v. Our Medical Practitioner and representatives shall be given access and co-operation to inspect your medical and Hospitalization records and to investigate the facts and examine you.
- **vi.** We shall be provided with complete documentation and information which we have requested to establish its liability for the Claim, its circumstances and its quantum.
- vii. List of black listed hospitals have been mentioned in Annexure III of Policy Terms & Conditions. Modification of hospitals can be made to this list from time to time. A list of such hospitals will be available on our website.

# **Payment Terms**

- **a.** This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- **b.** We shall have no liability to make payment of a Claim under the Policy in respect, once the Sum Insured for that Insured Person is exhausted.
- **c.** Claim Settlement (provision for Penal Interest)
  - i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of intimation on receipt of last necessary document.
  - ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of intimation to the date of payment of claim at a rate 2% above the bank rate.
  - iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of intimation on receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of intimation on receipt of last necessary document.
  - iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of intimation to the date of payment of claim.
    - Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due
- **d.** If You or Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- **e.** For cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- **f.** For the Reimbursement Claims, we will pay you. In the event of your death, we will pay the nominee (as named in the Policy Schedule) and in case of no nominee at our discretion to your legal heirs whose discharge shall be treated as full and final discharge of its liability under the Policy.
- **g.** Policy covers Reasonable and Customary Charges incurred towards medical treatment taken or any other expenses triggers under any Benefit during the Policy Period.
- **h.** Under this Policy, the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the Sum Insured unless any additional Sum Insured available or accrued under any Benefit.
- i. For diseases or conditions or procedure that have a specified sub-limit then all related expenses shall be covered up to the sub-limit specified for that disease or condition or procedure. In case there is a specified sub-limit then the Company's total, cumulative, maximum liability during the Policy Year is maximum up to the specified sub-limit subject to the available Sum Insured in the Policy Year.

For example- if the Policy specifies a sub-limit of Rs.50,000 for a particular disease then all expenses related to the treatment of that disease (including but not limited to pre-hospitalization, hospitalization and post-hospitalization) will be covered up to Rs.50,000, subject to Sum Insured availability in the

Policy Year even if the overall Sum Insured is higher.

#### **Exclusions**

## 1. 30-day waiting period (Code-Excl03)

- **a.** Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- **b.** This exclusion shall not, however, apply if you have Continuous Coverage for more than twelve months.
- **c.** The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

# 2. Specific Waiting Period (Code-Excl02)

- **a.** Expenses related to the treatment of the listed Conditions, surgeries/ treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- **b.** In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- **c.** If any of the specified disease/ procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- **d.** The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- **e.** If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- **f.** List of specific diseases/ procedures:
  - i. Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
  - **ii.** Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders;
  - iii. Benign Prostatic Hypertrophy;
  - iv. Cataract:
  - v. Dilatation and Curettage;
  - vi. Fissure/ Fistula in anus, Hemorrhoids/ Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers;
  - vii. Surgery of Genito urinary system unless necessitated by malignancy;
  - viii. All types of Hernia, Hydrocele;
  - ix. Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
  - **x.** Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
  - xi. Kidney Stone/ Ureteric Stone/ Lithotripsy/ Gall Bladder Stone;
  - **xii.** Myomectomy for fibroids;
  - **xiii.** Varicose veins and varicose ulcers

# 3. Pre-existing Disease (Code-Excl01)

- **a.** Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- **b.** In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- **c.** If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- **d.** Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

# 4. Maternity Wait Period

Claims will not be admissible for any expenses incurred for diagnosis/ treatment related to any Maternity Expenses until 9 months of continuous coverage has elapsed under Plan-Joy Today or 24 months of continuous coverage has elapsed under Plan-Joy Tomorrow, since the inception of the first Policy with the Company. If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods shall be applicable afresh to the incremental amount of the Sum Insured only.

5. The Waiting Periods as defined in Clauses 4.1(a), 4.1(b), 4.1(c) and 4.1(d) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

#### 6. Permanent Exclusions

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy terms and conditions:

- i. Any item or condition or treatment specified in List of Non-Medical Items (Annexure II to Policy Terms & Conditions).
- ii. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.
- iii. 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
- iv. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
- v. Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and/ or devices whether for diagnosis or treatment.
- vi. Unproven Treatments (Code- Excl16)

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

vii. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/ thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea

- syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition, cost of cochlear implants.
- viii. Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.
- ix. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability Cosmetic or plastic Surgery: (Code-Excl08)
- **x.** 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.
- xi. 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.
- xii. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
- **xiii.** All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment) and tonics.
- **xiv.** Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances
- **xv.** All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.
- **xvi.** Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
- xvii. Any OPD Treatment.
- xviii. Treatment received outside India.
- xix. 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.
- **xx.** 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.
- xxi. 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.
- **xxii.** Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane.
- **xxiii.** Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
- **xxiv.** Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.

- **xxv.** Expenses related to any kind of RMO charges, service charge, surcharge, night charges levied by the hospital under whatever head.
- **xxvi.** Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
  - i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
  - ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
  - iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/ or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- **xxvii.** Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner..
- **xxviii.** Alopecia, wigs and/ or toupee and all hair or hair fall treatment and products.
- **xxix.** Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions.
- **xxx.** Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1(d).
- xxxi. 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.
- **xxxii.** Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
- **xxxiii.** 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**)
- **xxxiv.** 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**)
- xxxv. 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
- xxxvi. 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

xxxvii. Refractive Error (Code- Excl15)

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

xxxviii. 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

- **xxxix.** Any Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.
  - **xl.** Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.

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

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

#### **Pre-Policy Issuance Medical Check-up**

We may ask the Insured Person to undergo requisite Medical Check- as per the medical grid defined. The result of hese tests shall be valid for a period of 3 months from the date of tests.

The cost of the medical tests would be borne by us in case you opt for a 2 year or 3 year tenure and your proposal is accepted. We shall bear 50% of the cost of medical tests in case you opt for a 1 year tenure and your proposal is accepted.

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

## The test is to be taken as per the corresponding grid:

| Age/ Sum Insured     | Rs. 3 Lac      | Rs. 5 Lac      |
|----------------------|----------------|----------------|
| Up to 45 years       | Not Applicable | Not Applicable |
| 46 years to 60 years | Not Applicable | Not Applicable |
| 61 years & above     | Yes            | Yes            |

## The Pre-policy health check-up medical test grid is as under:

| <b>Tests Cover</b>     |
|------------------------|
| MER                    |
| RUA                    |
| HbA1c                  |
| CBC & ESR              |
| ECG                    |
| S. Creatinine)         |
| USG (Abdomen & Pelvis) |
| SGPT                   |

#### The explanation of these tests is:

| Test                   | Full Form                            |
|------------------------|--------------------------------------|
| MER                    | Medical Examination Report           |
| RUA                    | Routine & Microscopic Urine Analysis |
| CBC                    | Complete Blood Count                 |
| ESR                    | Erythrocyte Sedimentation Rate       |
| HBA1C                  | Glycosylated Hemoglobin              |
| ECG                    | Electro Cardio Gram                  |
| S CREATININE           | Serum Creatinine                     |
| USG (Abdomen & Pelvis) | Ultrasonography                      |
| SGPT                   | Serum Glutamic Pyruvic Transaminase  |

Height and weight is mandatory for all members under this product.

#### **Renewal Terms**

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

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

# **Discounts**

| Sr. | Description  | Rates |
|-----|--|-------|
| 1   | Discount for Employees and their dependents of : CHIL & CHIL's Promoters           | 15%   |
| 2   | Co-pay (@ 20% per claim, where age of eldest member at entry is 61 years or above) | 15%   |

# Note:

Maximum discount on a cumulative basis shall not exceed 20% of the premium.

# **Schedule of Benefits**

| Plan Name   | Joy Today   | Joy Tomorrow  |
|---|---|---|
| Sum Insured - on annual basis                               | 3 Lac/ 5 Lac  | 3 Lac/ 5 Lac  |
| Hospitalization Expenses                                    |   |   |
| In-Patient Care   | Up to Sum Insured   | Up to Sum Insured   |
| Day Care Treatment  | 170 surgeries   | 170 surgeries   |
| Room Category   | Single Private Room with A.C.   | Single Private Room with A.C.   |
| Pre-Hospitalization Medical Expenses                        | Up to 30 days   | Up to 30 days   |
| Post-Hospitalization Medical Expenses                       | Up to 60 days   | Up to 60 days   |
| Ambulance Cover   | Up to Rs.1,000 per Claim  | Up to Rs.1,000 per Claim  |
| Maternity Cover (including Pre-natal & Post natal expenses) | Up to Rs.35,000   | Up to Rs.50,000   |
| New Born Baby Cover   | Up to Rs.30,000   | Up to Rs.50,000   |
| New Born Birth Defects                                      | Not Applicable  | Rs.50,000   |
| AYUSH Treatment   | Up to Sum Insured   | Up to Sum Insured   |
| Optional Cover : No Claim Bonanza                           |   |   |
|   | 100% increase of Sum Insured in case of 3 continuous claim free   | 100% increase of Sum Insured in case of 3 continuous claim free   |
|   | years; maximum upto 100% of<br>Sum Insured. In case a claim is<br>made during a policy year, the<br>accumulated/ accrued No Claim<br>Bonanza would be reduced to nil. | years; maximum upto 100% of Sum Insured. In case a claim is made during a policy year, the accumulated/ accrued No Claim Bonanza would be reduced to nil. |

# Note:

1. Maternity Benefit under both the above plans shall be available only till age of 45 years.

#### **About Us**

Care Health Insurance is a specialized health insurer offering products in the retail segment for Health Insurance, Top-up Coverage, Personal Accident, Maternity, International Travel Insurance and Critical Illness along with Group Health Insurance and Group Personal Accident Insurance for Corporates, Micro Insurance Products for the Rural Market and a Comprehensive Set of Wellness Services. With its operating philosophy being based on the principal tenet of 'consumer-centricity', the company has consistently invested in the effective application of technology to deliver excellence in customer servicing, product innovation and value-for-money services.

Apart from numerous awards since inception, in March 2025, Care Health Insurance (CHI) was awarded 'Best Claim Settlement Company of the Year' at the 9th Annual India Insurance Summit & Awards 2025; in December 2024 CHI was conferred the 'Overall Achievement Award' (SAHI category) at the ASSOCHAM 16th Global Insurance Summit & Awards, and 'Smart Insurer' and 'Sales Champion' awards in Health Insurance category at the 11th ET Now Insurance Summit & Awards 2024. The company was also awarded 'Best Health Insurance Plan – Care Plus at the Global Financial Planner's Summit 2024 held in October'24.

| Registered Office                    | Care Health Insurance Limited                                       |
|--------------------------------------|---|
|                                      | 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019           |
| <b>Correspondence Office</b>         | Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, |
|                                      | Gurugram-122009   |
| Tollfree (WhatsApp Number)           | 8860402452  |
| E-mail ID for Claims                 | claims@careinsurance.com  |
| <b>Submit Your Queries/ Requests</b> | https://www.careinsurance.com/contact-us.html                       |
| Website                              | www.careinsurance.com   |

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

Insurance is a subject matter of solicitation.

UAN:25086843 UIN:RHIHLIP21373V022021 CIN:U66000DL2007PLC161503

#### IRDAI Registration Number - 148

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

#### Note:

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

# **Annexure I - List of Day Care Surgeries**

|          | Annexure I - Lis                   | t of Da | iy Care Surgeries  |
|----------|------------------------------------|---------|--|
| 1.       | Cardiology Related:                |         | Inner Ear  |
|          |                                    | 26.     | Palatoplasty   |
| 1.       | Coronary Angiography               | 27.     | Transoral Incision And Drainage Of A   |
|          |                                    |         | Pharyngeal Abscess   |
| 2.       | Critical Care Related:             | 28.     | Tonsillectomy Without  |
|          |                                    | 20.     | Adenoidectomy  |
| 2.       | Insert Non- Tunnel Cv Cath         | 29.     | Tonsillectomy With   |
| 3.       | Insert Picc Cath ( Peripherally I  | 2).     | Adenoidectomy  |
| 3.       | Serted Central Catheter)           | 30.     | Excision And Destruction Of A  |
| 4.       | Replace Picc Cath ( Peripherally   | 30.     | Lingual Tonsil   |
| ٦٠.      | Inserted Central Catheter)         | 31.     | Revision Of A Tympanoplasty  |
| 5.       | Insertion Catheter, Intra Anterior | 32.     | Other Microsurgical Operations   |
| 6.       | Insertion Of Portacath             | 32.     | On The Middle Ear  |
| 0.       | inscrion of i offacatii            | 33.     | Incision Of The Mastoid Process  |
| 3.       | Dental Related:                    | 33.     | And Middle Ear   |
| ٥.       | Dental Related:                    | 24      |  |
| 7        | Salinting Of Arming d Tooth        | 34.     | Mastoidectomy  |
| 7.<br>8. | Splinting Of Avulsed Teeth         | 35.     | Reconstruction Of The Middle Ear Other Excisions Of The Middle And Inner Ear |
|          | Suturing Lacerated Lip             | 36.     |  |
| 9.       | Suturing Oral Mucosa               | 37.     | Incision (Opening) And Destruction   |
| 10.      | Oral Biopsy In Case Of Abnormal    | 20      | (Elimination) Of The Inner Ear   |
|          | Tissue Presentation                | 38.     | Other Operations On The Middle And Inner Ear                                 |
| 11.      | Fnac                               | 39.     | Excision And Destruction Of Diseased Tissue                                  |
| 12.      | Smear From Oral Cavity             |         | Of The Nose  |
|          |                                    | 40.     | Other Operations On The Nose   |
| 4.       | Ent Related:                       | 41.     | Nasal Sinus Aspiration   |
|          |                                    | 42.     | Foreign Body Removal From Nose   |
| 13.      | Myringotomy With Grommet Inser     | 43.     | Other Operations On The Tonsils  |
| ١        | Tion                               |         | And Adenoids   |
| 14.      | Tympanoplasty (Closure Of An       | 44.     | Adenoidectomy  |
|          | Eardrum Perforation/               | 45.     | Labyrinthectomy For Severe   |
|          | Reconstruction Of The Auditory     |         | Vertigo  |
|          | Ossicles)                          | 46.     | Stapedectomy Under Ga  |
| 15.      | Removal Of A Tympanic Drain        | 47.     | Stapedectomy Under La  |
| 16.      | Keratosis Removal Under Ga         | 48.     | Tympanoplasty (Type Iv)  |
| 17.      | Operations On The Turbinates       | 49.     | Endolymphatic Sac Surgery For  |
|          | (Nasal Concha)                     |         | Meniere's Disease  |
| 18.      | Tympanoplasty (Closure Of An       | 50.     | Turbinectomy   |
|          | Eardrum Perforation/               | 51.     | Endoscopic Stapedectomy  |
|          | Reconstruction Of The Auditory     | 52.     | Incision And Drainage Of   |
|          | Ossicles)                          |         | Perichondritis   |
| 19.      | Removal Of Keratosis Obturans      | 53.     | Septoplasty  |
| 20.      | Stapedotomy To Treat Various       | 54.     | Vestibular Nerve Section   |
|          | Lesions In Middle Ear              | 55.     | Thyroplasty Type I   |
| 21.      | Revision Of A Stapedectomy         | 56.     | Pseudocyst Of The Pinna - Excision   |
| 22.      | Other Operations On The Auditory   | 57.     | Incision And Drainage - Haematoma  |
|          | Ossicles                           |         | Auricle  |
| 23.      | Myringoplasty (Post-Aura/          | 58.     | Tympanoplasty (Type Ii)  |
|          | Endaural Approach As Well As       | 59.     | Reduction Of Fracture Of Nasal   |
|          | Simple Type -I Tympanoplasty)      |         | Bone   |
| 24.      | Fenestration Of The Inner Ear      | 60.     | Thyroplasty Type Ii  |
| 25.      | Revision Of A Fenestration Of The  | 61.     | Tracheostomy   |
|          |                                    |         |  |

| 62.       | Excision Of Angioma Septum                  | 97.  | Orchidopexy                                    |
|-----------|---|------|--|
| 63.       | Turbinoplasty                               | 98.  | Abdominal Exploration In Cryptorchidism        |
| 64.       | Incision & Drainage Of Retro                | 99.  | Surgical Treatment Of Anal Fistulas            |
|           | Pharyngeal Abscess                          | 100. | Division Of The Anal Sphincter                 |
| 65.       | Uvulo Palato Pharyngo Plasty                |      | (Sphincterotomy)                               |
| 66.       | Adenoidectomy With Grommet                  | 101. | Epididymectomy                                 |
|           | Insertion                                   | 102. | Incision Of The Breast Abscess                 |
| 67.       | Adenoidectomy Without Grommet               | 103. | Operations On The Nipple                       |
|           | Insertion                                   | 104. | Excision Of Single Breast Lump                 |
| 68.       | Vocal Cord Lateralisation                   | 105. | Incision And Excision Of Tissue In The Periana |
|           | Procedure                                   |      | Region   |
| 69.       | Incision & Drainage Of Para                 | 106. | Surgical Treatment Of Hemorrhoids              |
|           | Pharyngeal Abscess                          | 107. | Other Operations On The Anus                   |
| 70.       | Tracheoplasty                               | 108. | Ultrasound Guided Aspirations                  |
|           |   | 109. | Sclerotherapy, Etc.                            |
| <b>5.</b> | Gastroenterology Related:                   | 110. | Laparotomy For Grading Lymphoma With           |
|           |   |      | Splenectomy/Liver/Lymph Node Biopsy            |
| 71.       | Cholecystectomy And Choledocho-Jejunostomy/ | 111. | Therapeutic Laparoscopy With Laser             |
|           | Duodenostomy/Gastrostomy/Exploration        | 112. | Appendicectomy With/Without Drainage           |
|           | Common Bile Duct                            | 113. | Infected Keloid Excision                       |
| 72.       | Esophagoscopy, Gastroscopy, Duodenoscopy    | 114. | Axillary Lymphadenectomy                       |
|           | With Polypectomy/ Removal Of Foreign Body/  | 115. | Wound Debridement And Cover                    |
|           | Diathermy Of Bleeding Lesions               | 116. | Abscess-Decompression                          |
| 73.       | Pancreatic Pseudocyst Eus & Drainage        | 117. | Cervical Lymphadenectomy                       |
| 74.       | Rf Ablation For Barrett's Oesophagus        | 118. | Infected Sebaceous Cyst                        |
| 75.       | Ercp And Papillotomy                        | 119. | Inguinal Lymphadenectomy                       |
| 76.       | Esophagoscope And Sclerosant Injection      | 120. | Incision And Drainage Of Abscess               |
| 77.       | Eus + Submucosal Resection                  | 121. | Suturing Of Lacerations                        |
| 78.       | Construction Of Gastrostomy Tube            | 122. | Scalp Suturing                                 |
| 79.       | Eus + Aspiration Pancreatic Cyst            | 123. | Infected Lipoma Excision                       |
| 80.       | Small Bowel Endoscopy (Therapeutic)         | 124. | Maximal Anal Dilatation                        |
| 81.       | Colonoscopy ,Lesion Removal                 | 125. | Piles  |
| 82.       | Ercp  | 126. | A)Injection Sclerotherapy                      |
| 83.       | Colonscopy Stenting Of Stricture            | 127. | B)Piles Banding                                |
| 84.       | Percutaneous Endoscopic Gastrostomy         | 128. | Liver Abscess- Catheter Drainage               |
| 85.       | Eus And Pancreatic Pseudo Cyst Drainage     | 129. |  |
| 86.       | Ercp And Choledochoscopy                    | 130. |  |
| 87.       | Proctosigmoidoscopy Volvulus Detorsion      | 131. | Oesophageal Varices Sclerotherapy              |
| 88.       | Ercp And Sphincterotomy                     | 132. | Ercp - Pancreatic Duct Stone Removal           |
| 89.       | Esophageal Stent Placement                  | 133. | Perianal Abscess I&D                           |
| 90.       | Ercp + Placement Of Biliary Stents          | 134. | Perianal Hematoma Evacuation                   |
| 91.       | Sigmoidoscopy W / Stent                     | 135. | Ugi Scopy And Polypectomy Oesophagus           |
| 92.       | Eus + Coeliac Node Biopsy                   | 136. |  |
| 93.       | Ugi Scopy And Injection Of Adrenaline,      | 137. | Feeding Gastrostomy                            |
|           | Sclerosants Bleeding Ulcers                 | 138. | Oesophagoscopy And Biopsy Of Growth            |
|           | <u> </u>                                    |      | Oesophagus                                     |
| 6.        | General Surgery Related:                    | 139. | Ercp - Bile Duct Stone Removal                 |
|           | , ·   | 140. | Ileostomy Closure                              |
| 94.       | Incision Of A Pilonidal Sinus / Abscess     | 141. | Colonoscopy                                    |
| 95.       | Fissure In Ano Sphincterotomy               | 142. | Polypectomy Colon                              |
| 96.       | Surgical Treatment Of A Varicocele And A    | 143. | Splenic Abscesses Laparoscopic Drainage        |
|           | Hydrocele Of The Spermatic Cord             | 144. | Ugi Scopy And Polypectomy Stomach              |
|           |   |      |  |

|      |  |              | 1   |
|------|--|--------------|---|
| 145. | Rigid Oesophagoscopy For Fb Removal            | 191.         | Dilatation Of The Cervical Canal  |
| 146. | Feeding Jejunostomy                            | 192.         | Conisation Of The Uterine Cervix  |
| 147. | Colostomy                                      | 193.         |   |
| 148. | Ileostomy                                      |              | Diathermy/Cryosurgery/  |
| 149. | Colostomy Closure                              | 194.         | Laser Therapy Of Cervix For Various Lesions                                 |
| 150. | Submandibular Salivary Duct Stone Removal      |              | Of Uterus   |
| 151. | Pneumatic Reduction Of Intussusception         | 195.         | Other Operations On The Uterine Cervix                                      |
| 152. | Varicose Veins Legs - Injection Sclerotherapy  | 196.         | Incision Of The Uterus (Hysterectomy)                                       |
| 153. | Rigid Oesophagoscopy For Plummer Vinson        | 197.         | Local Excision And Destruction Of Diseased                                  |
|      | Syndrome                                       |              | Tissue Of The Vagina And The Pouch Of                                       |
| 154. | Pancreatic Pseudocysts Endoscopic Drainage     |              | Douglas   |
| 155. | Zadek's Nail Bed Excision                      | 198.         | Incision Of Vagina  |
| 156. | Subcutaneous Mastectomy                        | 199.         | Incision Of Vulva   |
| 157. | Excision Of Ranula Under Ga                    | 200.         | Culdotomy   |
| 158. | Rigid Oesophagoscopy For Dilation Of Benign    | 201.         | Salpingo-Oophorectomy Via Laparotomy  |
|      | Strictures                                     | 202.         | Endoscopic Polypectomy  |
| 159. | Eversion Of Sac                                | 203.         | Hysteroscopic Removal Of Myoma  |
| 160. | Unilateral                                     | 204.         | D&C   |
| 161. | Ilateral                                       | 205.         | Hysteroscopic Resection Of Septum   |
| 162. | Lord's Plication                               | 206.         | Thermal Cauterisation Of Cervix   |
| 163. | Jaboulay's Procedure                           | 207.         | Mirena Insertion  |
| 164. | Scrotoplasty                                   | 208.         | Hysteroscopic Adhesiolysis  |
| 165. | Circumcision For Trauma                        | 209.         | Leep  |
| 166. | Meatoplasty                                    | 210.         | Cryocauterisation Of Cervix   |
| 167. | Intersphincteric Abscess Incision And Drainage | 211.         | Polypectomy Endometrium   |
| 168. | Psoas Abscess Incision And Drainage            | 212.         | Hysteroscopic Resection Of Fibroid  |
| 169. | Thyroid Abscess Incision And Drainage          | 213.         | Lletz   |
| 170. | Tips Procedure For Portal Hypertension         | 214.         | Conization  |
| 171. | Esophageal Growth Stent                        | 215.         | Polypectomy Cervix  |
| 172. | Pair Procedure Of Hydatid Cyst Liver           | 216.         | Hysteroscopic Resection Of Endometrial Polyp                                |
| 173. | Tru Cut Liver Biopsy                           | 217.         |   |
| 174. | Photodynamic Therapy Or Esophageal Tumour      | 218.         | Laparoscopic Paraovarian Cyst Excision                                      |
| 155  | And Lung Tumour                                | 219.         |   |
| 175. | Excision Of Cervical Rib                       | 220.         | Laparoscopic Cystectomy   |
| 176. | Laparoscopic Reduction Of Intussusception      | 221.         | Hymenectomy(Imperforate Hymen)  |
| 177. | Microdochectomy Breast                         | 222.         | Endometrial Ablation  |
| 178. | Surgery For Fracture Penis                     | 223.         | Vaginal Wall Cyst Excision  |
| 179. | Sentinel Node Biopsy                           | 224.         |   |
| 180. | Parastomal Hernia                              | 225.         | Laparoscopic Paratubal Cyst Excision  |
| 181. | Revision Colostomy                             | 226.         | Repair Of Vagina (Vaginal Atresia)  |
| 182. | Prolapsed Colostomy- Correction                | 227.         | Hysteroscopy, Removal Of Myoma  |
| 183. | Testicular Biopsy                              | 228.         | Turbt Linetana and a Romain. Componital Internal                            |
| 184. | Laparoscopic Cardiomyotomy( Hellers)           | 229.         | 1   |
| 185. | Sentinel Node Biopsy Malignant Melanoma        | 230.         | Vaginal Mesh For Pop  |
| 186. | Laparoscopic Pyloromyotomy( Ramstedt)          | 231.<br>232. | Laparoscopic Myomectomy   |
| 7.   | Cynocology Polotod                             | 232.         | Surgery For Sui   |
| '•   | Gynecology Related:                            | 233.         | Repair Recto- Vagina Fistula Pelvic Floor Repair( Excluding Fistula Repair) |
| 187. | Operations On Bartholin's Glands (Cyst)        | 234.         | Urs + L1  |
| 188. | Incision Of The Ovary                          | 233.         | Laparoscopic Oophorectomy   |
| 189. | Insufflations Of The Fallopian Tubes           | 230.         | Normal Vaginal Delivery And Variants  |
| 190. | Other Operations On The Fallopian Tube         | 231.         | Troinial vaginal Delivery And variants                                      |
| 170. | omer operations on the ranopian race           |              |   |

| 8.   | Neurology Related:  |  | Interstitial Brachytherapy  |
|--|---|--|---|
| 220  | E '1N DI '4   | 286.   | Intracavity Brachytherapy   |
| 238.   | Facial Nerve Physiotherapy  | 287.   | 3d Brachytherapy  |
| 239.   | Nerve Biopsy  | 288.   | Implant Brachytherapy   |
| 240.   | Muscle Biopsy   |  | Intravesical Brachytherapy  |
| 241.   | Epidural Steroid Injection  | 290.   | Adjuvant Radiotherapy   |
| 242.   | Glycerol Rhizotomy  | 291.   | Afterloading Catheter Brachytherapy   |
| 243.   | Spinal Cord Stimulation   | 292.   | Conditioning Radiothearpy For Bmt   |
| 244.   | Motor Cortex Stimulation  | 293.   | Extracorporeal Irradiation To The Homologous  |
| 245.   | Stereotactic Radiosurgery   | 204  | Bone Grafts   |
| 246.   | Percutaneous Cordotomy  | 294.   | Radical Chemotherapy  |
| 247.   | Intrathecal Baclofen Therapy  | 295.   | Neoadjuvant Radiotherapy  |
| 248.   | Entrapment Neuropathy Release   | 296.   | Ldr Brachytherapy   |
| 249.   | Diagnostic Cerebral Angiography   |  | Palliative Radiotherapy   |
| 250.   | Vp Shunt  | 1  | Radical Radiotherapy  |
| 251.   | Ventriculoatrial Shunt  | 299.   | Palliative Chemotherapy   |
|  |   | 300.   | Template Brachytherapy  |
| 9.   | Oncology Related:   | 301.   | Neoadjuvant Chemotherapy  |
|  |   | 302.   | Adjuvant Chemotherapy   |
| 252.   | Radiotherapy For Cancer   |  | Induction Chemotherapy  |
| 253.   | Cancer Chemotherapy   | 304.   | Consolidation Chemotherapy  |
| 254.   | Iv Push Chemotherapy  | 305.   | Maintenance Chemotherapy  |
| 255.   | Hbi-Hemibody Radiotherapy   | 306.   | Hdr Brachytherapy   |
| 256.   | Infusional Targeted Therapy   |  |   |
| 257.   | Srt-Stereotactic Arc Therapy  |  |   |
| 258.   | Sc Administration Of Growth Factors   |  |   |
|  |   |  |   |
| 259.   | Continuous Infusional Chemotherapy  | 10.  | Operations On The Salivary Glands &   |
| 259.<br>260.   | Infusional Chemotherapy   | 10.  | Operations On The Salivary Glands & Salivary Ducts:   |
|  | - · · · · · · · · · · · · · · · · · · ·   | 10.  | _ ·   |
| 260.   | Infusional Chemotherapy Ccrt-Concurrent Chemo + Rt 2d Radiotherapy  | <b>10.</b> 307.                                    | _ ·   |
| 260.<br>261.   | Infusional Chemotherapy Ccrt-Concurrent Chemo + Rt 2d Radiotherapy  |  | Salivary Ducts:   |
| 260.<br>261.<br>262.   | Infusional Chemotherapy Ccrt-Concurrent Chemo + Rt 2d Radiotherapy  |  | Salivary Ducts:  Incision And Lancing Of A Salivary Gland And   |
| 260.<br>261.<br>262.<br>263.   | Infusional Chemotherapy Ccrt-Concurrent Chemo + Rt 2d Radiotherapy 3d Conformal Radiotherapy Igrt- Image Guided Radiotherapy Imrt- Step & Shoot   | 307.   | Salivary Ducts:  Incision And Lancing Of A Salivary Gland And A Salivary Duct   |
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|              | The Skin And Subcutaneous Tissues  |              | Trabeculotomy And Filtering And Allied                             |
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| 317.         | Free Skin Transplantation, Donor Site  |              | Operations To Treat Glaucoma                                       |
| 318.         | Free Skin Transplantation, Recipient Site  | 351.         | Enucleation Of Eye Without Implant                                 |
| 319.         | Revision Of Skin Plasty  | 352.         | Dacryocystorhinostomy For Various Lesions Of                       |
| 320.         | Other Restoration And Reconstruction Of The  |              | Lacrimal Gland   |
|              | Skin And Subcutaneous Tissues.   | 353.         | Laser Photocoagulation To Treat Ratinal Tear                       |
| 321.         | Chemosurgery To The Skin.  | 354.         | Biopsy Of Tear Gland   |
| 322.         | Destruction Of Diseased Tissue In The Skin And                                       | 355.         | Treatment Of Retinal Lesion  |
|              | Subcutaneous Tissues   |              |  |
| 323.         | Reconstruction Of Deformity/Defect In Nail Bed                                       | 14.          | Orthopedics Related:   |
| 324.         | Excision Of Bursirtis  |              |  |
| 325.         | Tennis Elbow Release   | 356.         | Surgery For Meniscus Tear  |
|              |  | 357.         | Incision On Bone, Septic And Aseptic                               |
| 12.          | Operations On The Tongue:  | 358.         | Closed Reduction On Fracture, Luxation Or                          |
|              |  |              | Epiphyseolysis With Osteosynthesis                                 |
| 326.         | Incision, Excision And Destruction Of Diseased                                       | 359.         | Suture And Other Operations On Tendons And                         |
|              | Tissue Of The Tongue   |              | Tendon Sheath  |
| 327.         | Partial Glossectomy  | 360.         | Reduction Of Dislocation Under Ga                                  |
| 328.         | Glossectomy  | 361.         | Arthroscopic Knee Aspiration                                       |
| 329.         | Reconstruction Of The Tongue   | 362.         | Surgery For Ligament Tear  |
| 330.         | Other Operations On The Tongue   | 363.         | Surgery For Hemoarthrosis/Pyoarthrosis                             |
|              |  | 364.         | Removal Of Fracture Pins/Nails                                     |
| 13.          | Ophthalmology Related:   |              | Removal Of Metal Wire  |
| 221          |  | 366.         | ,  |
| 331.         | Surgery For Cataract   | 367.         | Reduction Of Dislocation Under Ga                                  |
| 332.         | Incision Of Tear Glands  | 368.         | Epiphyseolysis With Osteosynthesis                                 |
| 333.         | Other Operations On The Tear Ducts   | 369.         | Excision Of Various Lesions In Coccyx                              |
| 334.         | Incision Of Diseased Eyelids   | 370.         | Arthroscopic Repair Of Acl Tear Knee                               |
| 335.         | Excision And Destruction Of Diseased Tissue Of                                       | 371.         | Closed Reduction Of Minor Fractures                                |
| 226          | The Eyelid   | 372.         | Arthroscopic Repair Of Pcl Tear Knee                               |
| 336.         | 1  | 373.<br>374. |  |
| 337.<br>338. | Corrective Surgery For Entropion And Ectropion Corrective Surgery For Blepharoptosis | 374.         | Arthroscopic Meniscectomy - Knee Treatment Of Clavicle Dislocation |
| 339.         | Removal Of A Foreign Body From The   | 376.         | Haemarthrosis Knee- Lavage   |
| 337.         | Conjunctiva  | 377.         | Abscess Knee Joint Drainage  |
| 340.         | Removal Of A Foreign Body From The Cornea  | 378.         | Carpal Tunnel Release  |
| 341.         | Incision Of The Cornea   | 379.         | Closed Reduction Of Minor Dislocation                              |
| 342.         | Operations For Pterygium   | 380.         | Repair Of Knee Cap Tendon  |
| 343.         | Other Operations On The Cornea   | 381.         | Orif With K Wire Fixation- Small Bones                             |
| 344.         | Removal Of A Foreign Body From The Lens Of   | 382.         | Release Of Midfoot Joint   |
| 5            | The Eye  | 383.         | Orif With Plating- Small Long Bones                                |
| 345.         | Removal Of A Foreign Body From The Posterior   | 384.         | Implant Removal Minor  |
|              | Chamber Of The Eye   | 385.         | K Wire Removal   |
| 346.         | Removal Of A Foreign Body From The Orbit   | 386.         | Pop Application  |
| 2 .0.        | And Eyeball  | 387.         | Closed Reduction And External Fixation                             |
| 347.         | Correction Of Eyelid Ptosis By Levator   | 388.         | Arthrotomy Hip Joint   |
|              | Palpebrae Superioris Resection (Bilateral)   | 389.         | Syme's Amputation  |
| 348.         | Correction Of Eyelid Ptosis By Fascia Lata   | 390.         | Arthroplasty   |
|              | Graft (Bilateral)  | 391.         | Partial Removal Of Rib   |
| 349.         | Diathermy/Cryotherapy To Treat Retinal Tear  | 392.         | Treatment Of Sesamoid Bone Fracture                                |
| 350.         | Anterior Chamber Paracentesis/   | 393.         | Shoulder Arthroscopy / Surgery                                     |
|              | Cyclodiathermy/Cyclocryotherapy/ Goniotomy/  | 394.         | Elbow Arthroscopy  |
|              | · · · · · · · · · · · · · · · · · ·  | 1            |  |

| 395.             | Amputation Of Metacarpal Bone                 | 437. |  |
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| 396.             | Release Of Thumb Contracture                  | 438. |  |
| 397.             | Incision Of Foot Fascia                       |      | Oesophageal                              |
| 398.             | Calcaneum Spur Hydrocort Injection            | 439. | Presacral Teratomas Excision             |
| 399.             | Ganglion Wrist Hyalase Injection              | 440. | Removal Of Vesical Stone                 |
| 400.             | Partial Removal Of Metatarsal                 | 441. | Excision Sigmoid Polyp                   |
| 401.             | Repair / Graft Of Foot Tendon                 | 442. | Sternomastoid Tenotomy                   |
| 402.             | Revision/Removal Of Knee Cap                  | 443. | Infantile Hypertrophic Pyloric Stenosis  |
| 403.             | Amputation Follow-Up Surgery                  |      | Pyloromyotomy                            |
| 404.             | Exploration Of Ankle Joint                    | 444. | Excision Of Soft Tissue Rhabdomyosarcoma |
| 405.             | Remove/Graft Leg Bone Lesion                  | 445. |  |
| 406.             | Repair/Graft Achilles Tendon                  | 446. | , &                                      |
| 407.             | Remove Of Tissue Expander                     | 447. | Excision Of Cervical Teratoma            |
| 408.             | Biopsy Elbow Joint Lining                     | 448. | Rectal-Myomectomy                        |
| 409.             | Removal Of Wrist Prosthesis                   | 449. | Rectal Prolapse (Delorme's Procedure)    |
| 410.             | Biopsy Finger Joint Lining                    | 450. | Detorsion Of Torsion Testis              |
| 411.             | Tendon Lengthening                            | 451. |  |
| 412.             | Treatment Of Shoulder Dislocation             | 452. | Cystic Hygroma - Injection Treatment     |
| 413.             | Lengthening Of Hand Tendon                    |      |  |
| 414.             | Removal Of Elbow Bursa                        | 17.  | Plastic Surgery Related:                 |
| 415.             | Fixation Of Knee Joint                        |      |  |
| 416.             | Treatment Of Foot Dislocation                 | 453. | 1  |
| 417.             | Surgery Of Bunion                             | 454. | Gluteal Pressure Ulcer-Excision          |
| 418.             | Intra Articular Steroid Injection             | 455. | , 5                                      |
| 419.             | Tendon Transfer Procedure                     | 456. | Removal Of Bone For Graft                |
| 420.             | Removal Of Knee Cap Bursa                     | 457. | Muscle-Skin Graft Duct Fistula           |
| 421.             | Treatment Of Fracture Of Ulna                 | 458. | Removal Cartilage Graft                  |
| 422.             | Treatment Of Scapula Fracture                 | 459. | 1  |
| 423.             | Removal Of Tumor Of Arm/ Elbow Under Ra       | 460. | 1  |
|                  | Ga  | 461. | Breast Reconstruction Surgery After      |
| 424.             | 1   |      | Mastectomy                               |
| 425.             | Decompress Forearm Space                      | 462. | Sling Operation For Facial Palsy         |
| 426.             | Revision Of Neck Muscle (Torticollis Release) | 463. | Split Skin Grafting Under Ra             |
| 427.             | Lengthening Of Thigh Tendons                  | 464. | Wolfe Skin Graft                         |
| 428.             | Treatment Fracture Of Radius & Ulna           | 465. |  |
| 429.             | Repair Of Knee Joint                          |      | Under Ga                                 |
| 15.              | Other Operations On The Mouth & Face:         | 18.  | Thoracic Surgery Related:                |
| 430.             | External Incision And Drainage In The Region  | 466. | Thoracoscopy And Lung Biopsy             |
| 750.             | Of The Mouth, Jaw And Face                    | 467. | Excision Of Cervical Sympathetic Chain   |
| 431.             | Incision Of The Hard And Soft Palate          | 707. | Thoracoscopic                            |
| 432.             | Excision And Destruction Of Diseased Hard     | 468. | Laser Ablation Of Barrett's Oesophagus   |
| 752.             | And Soft Palate                               | 469. | Pleurodesis                              |
| 433.             | Incision, Excision And Destruction In The     | 470. | Thoracoscopy And Pleural Biopsy          |
| <del>1</del> 55. | Mouth   | 470. | Ebus + Biopsy                            |
| 434.             | Other Operations In The Mouth                 | 471. | Thoracoscopy Ligation Thoracic Duct      |
| 7 <b>.71.</b>    | other operations in the Mouth                 | 473. | Thoracoscopy Assisted Empyaema Drainage  |
| 16.              | Pediatric Surgery Related:                    | 7/3. | Thoracoscopy Assisted Empyacina Diamage  |
|                  |   |      |  |
| 435.             | Excision Of Fistula-In-Ano                    | 19.  | <b>Urology Related:</b>                  |
| 436.             | Excision Juvenile Polyps Rectum               |      |  |

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| 474. | Haemodialysis                                  | 516. | Cystoscopy And Removal Of Polyp                 |
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| 475. | Lithotripsy/Nephrolithotomy For Renal Calculus | 517. | Suprapubic Cystostomy                           |
| 476. | Excision Of Renal Cyst                         | 518. | Percutaneous Nephrostomy                        |
| 477. | Drainage Of Pyonephrosis/Perinephric Abscess   | 519. | Cystoscopy And "Sling" Procedure.               |
| 478. | Incision Of The Prostate                       | 520. | Tuna- Prostate                                  |
| 479. | Transurethral Excision And Destruction Of      | 521. | Excision Of Urethral Diverticulum               |
|      | Prostate Tissue                                | 522. | Removal Of Urethral Stone                       |
| 480. | Transurethral And Percutaneous Destruction Of  | 523. | Excision Of Urethral Prolapse                   |
|      | Prostate Tissue                                | 524. | Mega-Ureter Reconstruction                      |
| 481. | Open Surgical Excision And Destruction Of      | 525. | Kidney Renoscopy And Biopsy                     |
|      | Prostate Tissue                                | 526. | Ureter Endoscopy And Treatment                  |
| 482. | Radical Prostatovesiculectomy                  | 527. | Vesico Ureteric Reflux Correction               |
| 483. | Other Excision And Destruction Of Prostate     | 528. | Surgery For Pelvi Ureteric Junction Obstruction |
|      | Tissue   | 529. | Anderson Hynes Operation                        |
| 484. | Operations On The Seminal Vesicles             | 530. | Kidney Endoscopy And Biopsy                     |
| 485. | Incision And Excision Of Periprostatic Tissue  | 531. | Paraphimosis Surgery                            |
| 486. | Other Operations On The Prostate               | 532. | Injury Prepuce- Circumcision                    |
| 487. | Incision Of The Scrotum And Tunica Vaginalis   | 533. | Frenular Tear Repair                            |
|      | Testis   | 534. | Meatotomy For Meatal Stenosis                   |
| 488. | Operation On A Testicular Hydrocele            | 535. | Surgery For Fournier's Gangrene Scrotum         |
| 489. | Excision And Destruction Of Diseased Scrotal   | 536. | Surgery Filarial Scrotum                        |
|      | Tissue   | 537. | Surgery For Watering Can Perineum               |
| 490. | Other Operations On The Scrotum And Tunica     | 538. | Repair Of Penile Torsion                        |
|      | Vaginalis Testis                               | 539. | Drainage Of Prostate Abscess                    |
| 491. | Incision Of The Testes                         | 540. | Orchiectomy                                     |
| 492. | Excision And Destruction Of Diseased Tissue Of | 541. | Cystoscopy And Removal Of Fb                    |
|      | 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                            |      |   |
|      |  |      |   |

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

| ~   |  | `<br> ~ |   |
|-----|--|---------|---|
| Sr. | List I – Optional Items                      | Sr.     | List I – Optional Items                     |
| No. |  | No.     |   |
| 1   | Baby Food                                    | 45      | Knee Braces (Long/ Short/ Hinged)           |
| 2   | Baby Utilities Charges                       | 46      | Knee Immobilizer/Shoulder Immobilizer       |
| 3   | Beauty Services                              | 47      | Lumbo Sacral Belt                           |
| 4   | Belts/ Braces                                | 48      | Nimbus Bed Or Water Or Air Bed Charges      |
| 5   | Buds   | 49      | Ambulance Collar                            |
| 6   | Cold Pack/Hot Pack                           | 50      | Ambulance Equipment                         |
| 7   | Carry Bags                                   | 51      | Abdominal Binder                            |
| 8   | Email / Internet Charges                     | 52      | Private Nurses Charges- Special Nursing     |
| 9   | Food Charges (Other Than Patient's Diet      |         | Charges                                     |
|     | Provided By Hospital)                        | 53      | Sugar Free Tablets                          |
| 10  | Leggings                                     | 54      | Creams Powders Lotions (Toiletries Are Not  |
| 11  | Laundry Charges                              |         | Payable, Only Prescribed Medical            |
| 12  | Mineral Water                                |         | Pharmaceuticals Payable)                    |
| 13  | Sanitary Pad                                 | 55      | Ecg Electrodes                              |
| 14  | Telephone Charges                            | 56      | Gloves                                      |
| 15  | Guest Services                               | 57      | Nebulisation Kit                            |
| 16  | Crepe Bandage                                | 58      | Any Kit With No Details Mentioned [Delivery |
| 17  | Diaper Of Any Type                           |         | Kit, Orthokit, Recovery Kit, Etc]           |
| 18  | Eyelet Collar                                | 59      | Kidney Tray                                 |
| 19  | Slings                                       | 60      | Mask  |
| 20  | Blood Grouping And Cross Matching Of Donors  | 61      | Ounce Glass                                 |
|     | Samples                                      | 62      | Oxygen Mask                                 |
| 21  | Service Charges Where Nursing Charge Also    | 63      | Pelvic Traction Belt                        |
|     | Charged                                      | 64      | Pan Can                                     |
| 22  | Television Charges                           | 65      | Trolly Cover                                |
| 23  | Surcharges                                   | 66      | Urometer, Urine Jug                         |
| 24  | Attendant Charges                            | 67      | Ambulance                                   |
| 25  | Extra Diet Of Patient (Other Than That Which | 68      | Vasofix Safety                              |
|     | 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                           |         |   |

| Sr. | List II- Items that are to be subsumed into Room |
|-----|--|
| No. | Charges  |
| 1   | BABY CHARGES (UNLESS SPECIFIED                   |
| 2   | INDICATED) HAND WASH                             |
| 2   |  |
| 3   | SHOE COVER                                       |
| 4   | CAPS  CDAPLE CHAPCES                             |
| 5   | CRADLE CHARGES                                   |
| 6   | COMB   |
| 7   | EAU-DE-COLOGNE / ROOM FRESHNERS                  |
| 8   | FOOT COVER                                       |
| 9   | GOWN   |
| 10  | SLIPPERS  TYGGLIF DA DED                         |
| 11  | TISSUE PAPER                                     |
| 12  | TOOTH PASTE                                      |
| 13  | TOOTH BRUSH                                      |
| 14  | BED PAN  |
| 15  | FACE MASK  |
| 16  | FLEXI MASK                                       |
| 17  | HAND HOLDER                                      |
| 18  | SPUTUM CUP                                       |
| 19  | DISINFECTANT LOTIONS                             |
| 20  | LUXURY TAX                                       |
| 21  | HVAC   |
| 22  | HOUSE KEEPING CHARGES                            |
| 23  | AIR CONDITIONER CHARGES                          |
| 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.      | List III- Items that are to be subsumed into | Sr. | List III- Items that are to be subsumed into |
|----------|--|-----|--|
| No.      | Procedure Charges                            | No. | Procedure Charges                            |
| 1        | HAIR REMOVAL CREAM                           | 21  | APRON  |
| 2        | DISPOSABLES RAZORS CHARGES (for site         | 22  | TORNIQUET                                    |
|          | preparations)                                | 23  | ORTHOBUNDLE, GYNAEC BUNDLE                   |
| 3        | EYE PAD                                      |     |  |
| 4        | EYE SHEILD                                   |     |  |
| 5        | CAMERA COVER                                 |     |  |
| 6        | DVD, CD CHARGES                              |     |  |
| 7        | GAUSE SOFT                                   |     |  |
| 8        | GAUZE  |     |  |
| 9        | WARD AND THEATRE BOOKING CHARGES             |     |  |
| 10       | ARTHROSCOPY AND ENDOSCOPY                    |     |  |
|          | INSTRUMENTS                                  |     |  |
| 11       | MICROSCOPE COVER                             |     |  |
| 12       | SURGICAL BLADES,                             |     |  |
| 12       | HARMONICSCALPEL,SHAVER                       |     |  |
| 13       | SURGICAL DRILL                               |     |  |
| 14<br>15 | EYE KIT<br>EYE DRAPE                         |     |  |
|          |  |     |  |
| 16       | X-RAY FILM                                   |     |  |
| 17       | BOYLES APPARATUS CHARGES                     |     |  |
| 18       | COTTON BANDAGE                               |     |  |
| 19       | COTTON BANDAGE                               |     |  |
| 20       | SURGICAL TAPE                                |     |  |

| Sr. | List IV- Items that are to be subsumed into costs |
|-----|---|
| No. | 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   |
|     |   |

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# 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<br>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,<br>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,<br>Lokhandwala, Near Laxmi Industrial Estate, Andheri,<br>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<br>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,<br>National Highway No 43, Raipur, Chhattisgarh                            |
| Gupta Multispeciality Hospital                    | B-20, Vivek Vihar, New Delhi, Delhi   |
| R.K.Hospital                                      | 3C/ 59, BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana  |
| Hospital Name                                     | Address   |
| Prakash Hospital                                  | D-12, 12A, 12B, Noida, Sector 33, Noida, Uttar Pradesh  |
| Aryan Hospital Pvt. Ltd.                          | Old Railway Road, Near New Colony, New Colony,<br>Gurgaon, Haryana  |
| Medilink Hospital Research Centre Pvt. Ltd.       | Near Shyamal Char Rasta, 132, Ring Road, Satellite,<br>Ahmedabad, Gujarat   |
| Mohit Hospital                                    | Khoya B-Wing, Near National Park, Borivali(E), Kandivali<br>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   |
| 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,<br>Maharashtra  |
| Dr. Malwankar's Romeen Nursing Home            | Ganesh Marg, Tagore Nagar, Vikhroli East, Mumbai,<br>Maharashtra  |
| Noble Medical Centre                           | SVP Road, Borivali West, Mumbai, Maharashtra  |
| Rama Hospital                                  | Sonepat Road, Bahalgarh, Sonipat, Haryana   |
| S.B.Nursing Home & ICU                         | Lake Bloom 16, 17, 18 Opposite Solaris Estate, L.T.Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai, Mumbai, Maharashtra |
| Saraswati Hospital                             | Divya Smruti Building, 1st Floor, Opp Toyota Showroom,<br>Malad Link Road, Malad West, Mumbai, Maharashtra            |
| Shakuntla Hospital                             | 3-B Tashkant Marg, Near St. Joseph Collage, Allahabad,<br>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,<br>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<br>Pradesh  |
| Hospital Name                                  | Address   |
| Sona Medical Centre                            | 5/ 58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh   |
| City Super Speciality Hospital                 | Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana  |
| Navjeevan Hospital & Maternity Centre          | 753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana  |
| Abhishek Hospital                              | C-12, New Azad Nagar, Kanpur, Kanpur, Uttar Pradesh   |
| Raj Nursing Home                               | 23-A, Park Road, Allahabad, Uttar Pradesh   |
| 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,<br>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,<br>Aanand-Mahal Rd., Adajan, Surat, Gujarat                        |
| Abhinav Hospital                               | Harsh Apartment, Nr Jamna Nagar Bus Stop, Goddod Road,<br>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,<br>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   |

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| 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,<br>Gujarat                     |  |  |  |  |
| Kalrav Children Hospital                             | Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat                                 |  |  |  |  |
| Kanchan General Surgical Hospital                    | Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat                |  |  |  |  |
| Krishnavati General Hospital                         | Bamroli Road, Surat, Gujarat   |  |  |  |  |
| Niramayam Hosptial & Prasutigruah                    | Shraddha Raw House, Near Natures Park, Surat, Gujarat                                    |  |  |  |  |
| Hospital Name  | Address  |  |  |  |  |
| Patna Hospital                                       | 25, Ashapuri Soc - 2, Bamroli Road, Surat, Gujarat                                       |  |  |  |  |
| Poshia Children Hospital                             | Harekrishan Shoping Complex 1St Floor, Varachha Road,<br>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,<br>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                               |  |  |  |  |

# **Annexure IV - Benefit / Premium illustration**

# Illustration I

| Age of<br>mem-<br>bers<br>Insured   | Coverage individual covering of member of family sep (at a single time) | l basis<br>each<br>of the<br>parately | Coverage opted on individual basis<br>covering multiple members of the family<br>under a single Policy (Sum Insured is<br>available for each member of family) |                   |                              |   | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) |                                 |                              |                         |
|---|---|---------------------------------------|--|-------------------|------------------------------|---|---|---------------------------------|------------------------------|-------------------------|
|   | Premium (Rs.)   | Sum<br>Insured<br>(Rs.)               | Premium (Rs.)  | Discount (if any) | Premium after discount (Rs.) | Sum<br>Insured<br>(Rs.)   | Premium or consolidated premium for all members of family (Rs.)   | Floater<br>Discount<br>(if any) | Premium after discount (Rs.) | Sum<br>Insured<br>(Rs.) |
| 41  | 16,166  | 3,00,000                              | 16,166   | NA                | 16,166                       | 3,00,000  | 18,620  | NA                              | 18,620                       | 3,00,000                |
| 39  | 7,274   | 3,00,000                              | 7,274  | NA                | 7,274                        | 3,00,000  |   |                                 |                              |                         |
|   | 23,440  |                                       |  |                   | 23,440                       |   |   |                                 |                              |                         |
| Total Premium for all members of family is Rs.23440 when each member is covered separately.  Sum Insured available for each individual is Rs.3,00,000 |   |                                       | Total Premium for all members of family is Rs.23,440 when they are covered under a single policy  Sum Insured available for each family member is Rs.3,00,000  |                   |                              | Total Premium when policy is opted on floater basis is Rs.18,620  Sum Insured of Rs.3,00,000 is available for entire family |   |                                 |                              |                         |

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# Illustration II

| Age of<br>mem-<br>bers<br>Insured  | Coverage individual covering of member of family sept (at a single time) | l basis<br>each<br>of the | covering i  | opted on in<br>multiple mo<br>ingle Policy<br>for each mo | embers of t<br>(Sum Insu     | the family ared is  | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family) |                                 |   |                         |
|--|--|---------------------------|---|---|------------------------------|---|---|---------------------------------|---|-------------------------|
|  | Premium (Rs.)  | Sum<br>Insured<br>(Rs.)   | Premium (Rs.)   | Discount (if any)   | Premium after discount (Rs.) | Sum<br>Insured<br>(Rs.)   | Premium or consolidated premium for all members of family (Rs.)   | Floater<br>Discount<br>(if any) | Premi-<br>um after<br>discount<br>(Rs.) | Sum<br>Insured<br>(Rs.) |
| 52   | 9,108  | 3,00,000                  | 9,108   | NA  | 9,108                        | 3,00,000  | 15,978  | NA                              | 15,978                                  | 3,00,000                |
| 48   | 7,894  | 3,00,000                  | 7,894   | NA  | 7,894                        | 3,00,000  |   |                                 |   |                         |
|  | 17,002   |                           |   |   | 17,002                       |   |   |                                 |   |                         |
| Total Premium for all members of family is Rs.17,002 when each member is covered separately.  Sum Insured available for each individual is Rs.3,00,000 |  |                           | Total Premium for all members of family is Rs.17,002 when they are covered under a single policy  Sum Insured available for each family member is Rs.3,00,000 |   |                              | Total Premium when policy is opted on floater basis is Rs.15,978  Sum Insured of Rs.3,00,000 is available for entire family |   |                                 |   |                         |

# **Illustration III**

| Age of<br>mem-<br>bers<br>Insured  | Coverage opted on individual basis covering each member of the family separately (at a single point of time) |                         | Coverage opted on individual basis covering multiple members of the family under a single Policy (Sum Insured is available for each member of family)         |                   |                              | Coverage opted on family floater basis with overall Sum Insured (only one Sum Insured is available for the entire family)   |   |                                 |                              |                         |
|--|--|-------------------------|---|-------------------|------------------------------|---|---|---------------------------------|------------------------------|-------------------------|
|  | Premium (Rs.)  | Sum<br>Insured<br>(Rs.) | Premium (Rs.)   | Discount (if any) | Premium after discount (Rs.) | Sum<br>Insured<br>(Rs.)   | Premium or consolidated premium for all members of family (Rs.) | Floater<br>Discount<br>(if any) | Premium after discount (Rs.) | Sum<br>Insured<br>(Rs.) |
| 70   | 28,365   | 3,00,000                | 28,365  | NA                | 28,365                       | 3,00,000  | 49,678  | NA                              | 49,678                       | 3,00,000                |
| 67   | 28,365   | 3,00,000                | 28,365  | NA                | 28,365                       | 3,00,000  |   |                                 |                              |                         |
|  | 56,730   |                         |   |                   |                              |   |   |                                 |                              |                         |
| Total Premium for all members of family is Rs.56,730 when each member is covered separately.  Sum Insured available for each individual is Rs.3,00,000 |  |                         | Total Premium for all members of family is Rs.56,730 when they are covered under a single policy  Sum Insured available for each family member is Rs.3,00,000 |                   |                              | Total Premium when policy is opted on floater basis is Rs.49,678  Sum Insured of Rs.3,00,000 is available for entire family |   |                                 |                              |                         |

# Notes:

- 1. Premium rates (excl taxes) specified in above illustration shall be standard premium rates without considering any loading.
- 2. premium shown is for Joy Tomorrow plan where members considered are 1 male and 1 female in the illustration

# Office of the Ombudsman

| Office of the Ombudsman | Contact Details  | Jurisdiction of Office (Union Territory, District)                        |
|-------------------------|--|---|
| AHMEDABAD               | Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash, 6th floor, Tilak Marg, Near S.V College Relief Road, Ahmedabad-380 001. Tel.: 079-25501201/ 02 E-mail: bimalokpal.ahmedabad@cioins. co.in  | Gujarat, Dadra & Nagar Haveli, Daman and Diu                              |
| BENGALURU               | Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27- N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru-560 078. Tel.: 080-26652048/ 26652049 Email: bimalokpal.bengaluru@cioins.co.in                                    | Karnataka   |
| BHOPAL                  | Office of the Insurance Ombudsman,<br>LIC of India Zonal Office Building,<br>1st Floor, South Wing, Jeevan Shikha,<br>opp. Gayatri Mandir, 60-B, Hoshangabad<br>Road, Bhopal-462011 Tel.: 0755-2769201/<br>2769202/ 2769203<br>Email: bimalokpal.bhopal@cioins.co.in | Madhya Pradesh & Chhattisgarh   |
| BHUBANESHWAR            | Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar-751 009. Tel.: 0674-2596461/2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins. co.in   | Orissa  |
| CHANDIGARH              | Office of the Insurance Ombudsman, Jeevan Deep, Ground Floor, LIC of India Building, SCO 20-27, Sector 17-A, Chandigarh-160 017. Tel.: 0172-2706468/2707468 Email: bimalokpal.chandigarh@cioins. co.in   | Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh            |
| CHENNAI                 | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668/ 24333678 Email: bimalokpal.chennai@cioins.co.in  | Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry) |

| DELHI     | Office of the Insurance Ombudsman, 2/2 A, 1st Floor, Universal Insurance Building, Asaf Ali Road, New Delhi-110 002. Tel.: 011-23232481/23213504/46013992 Email: bimalokpal.delhi@cioins.co.in   | Delhi, Haryana- Gurugram, Faridabad, Sonepat<br>& Bahadurgarh   |
|-----------|--|---|
| GUWAHATI  | Office of the Insurance Ombudsman,<br>Jeevan Nivesh Building, 5th Floor,<br>Nr. Panbazar, S.S. Road,<br>Guwahati-781001(ASSAM).<br>Tel.: 0361-2632204/ 2632205/ 2631307<br>Email: bimalokpal.guwahati@cioins.co.in   | Assam, Meghalaya, Manipur, Mizoram,<br>Arunachal Pradesh, Nagaland and Tripura  |
| HYDERABAD | Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court",<br>Lane Opp. Hyundai Showroom,<br>A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad-500 004.<br>Tel.: 040-23312122/ 23376599/ 23376991/<br>23328709/ 23325325<br>Email: bimalokpal.hyderabad@cioins.<br>co.in | Andhra Pradesh, Telangana and Yanam-a part of Territory of Pondicherry  |
| JAIPUR    | Office of the Insurance Ombudsman,<br>Jeevan Nidhi-II Bldg., Gr. Floor,<br>Bhawani Singh Marg, Ambedkar Circle<br>Jaipur-302 005.<br>Tel.: 0141-2740363<br>Email: Bimalokpal.jaipur@cioins.co.in   | Rajasthan   |
| КОСНІ     | Office of the Insurance Ombudsman, 10TH Floor, LIC Building, Jeevan Prakash Opp. Maharaj College Ground M. G. Road, Ernakulam-682 011. Tel.: 0484-2358759 Email: bimalokpal.ernakulam@cioins. co.in  | Kerala, Lakshadweep, Mahe-a part of<br>Pondicherry  |
| KOLKATA   | Office of the Insurance Ombudsman, 7th Floor of Hindusthan Bldg.(Annex), 4, C.R. Avenue, KOLKATA-700 072. Tel.: 033-22124339/ 22124341 Email: bimalokpal.kolkata@cioins.co.in  | West Bengal, Andaman & Nicobar Islands,<br>Sikkim   |
| LUCKNOW   | Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.: 0522-4002082/ 3500613 Email: bimalokpal.lucknow@cioins.co.in   | Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, 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. |

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| MUMBAI | Office of the Insurance Ombudsman,      | Goa,   |
|--------|---|--|
|        | 3rd Floor, Jeevan Seva Annexe,          | Mumbai Metropolitan Region                       |
|        | S. V. Road, Santacruz West,             | excluding Navi Mumbai & Thane                    |
|        | Mumbai-400 054.                         |  |
|        | Tel.: 022 -69038800/ 33                 |  |
|        | Email: bimalokpal.mumbai@cioins.co.in   |  |
| PATNA  | Office of the Insurance Ombudsman,      | Bihar, Jharkhand                                 |
|        | 2nd Floor, Lalit Bhawan,                |  |
|        | Baily Road, Patna                       |  |
|        | Tel.: 0612-2547068                      |  |
|        | Email: bimalokpal.patna@cioins.co.in    |  |
| NOIDA  | Office of the Insurance Ombudsman,      | State of Uttaranchal and the following Districts |
|        | Bhagwan Sahai Palace                    | of Uttar Pradesh: Agra, Aligarh, Bagpat,         |
|        | 4th Floor, Main Road,                   | Bareilly, Bijnor, Budaun, Bulandshehar,          |
|        | Naya Bans, Sector 15,                   | Etah, Kanooj, Mainpuri, Mathura, Meerut,         |
|        | Distt: Gautam Buddh Nagar,              | Moradabad, Muzaffarnagar, Oraiyya,               |
|        | U.P-201301.                             | Pilibhit, Etawah, Farrukhabad, Firozbad,         |
|        | Tel.: 0120- 2514252/ 2514253            | Gautambodhanagar, Ghaziabad, Hardoi,             |
|        | Email: bimalokpal.noida@cioins.co.in    | Shahjahanpur, Hapur, Shamli, Rampur,             |
|        |   | Kashganj, Sambhal, Amroha, Hathras,              |
|        |   | Kanshiramnagar, Saharanpur                       |
| PUNE   | Office of the Insurance Ombudsman,      | Maharashtra,                                     |
|        | Jeevan Darshan- LIC of India Bldg., 3rd | Area of Navi Mumbai and Thane excluding          |
|        | Floor,                                  | Mumbai Metropolitan Region.                      |
|        | N.C. Kelkar Road, Narayan Peth,         |  |
|        | Pune-411 030.                           |  |
|        | Tel.: 020-24471175                      |  |
|        | Email: bimalokpal.pune@cioins.co.in     |  |

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

Office of the 'Executive Council of Insurers' 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai – 400 054.

Tel: 022-69038800/33

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