

Prospectus

Advantages of Super Mediciclaim

This is an Individual and Family health indemnity cover which is simple to buy and easy to understand. This Product provides the flexibility to choose from any of the following benefits according to the plan suitable to Your need.

- Critical Mediciclaim -Covers Comprehensive list of 32 defined Critical Illnesses
- Cancer Mediciclaim -Covers defined Cancer
- Heart Mediciclaim Covers 16 defined Heart related Critical Illnesses
- Operation Mediciclaim Covers all defined Surgical Procedures

Highlight Features* Of Super Mediciclaim

Service Features

- SIMPLE
- Disease Specific Benefits
- Flexible

Benefits at a glance

- Hospitalization Expenses
- Pre & Post Hospitalization Medical Expenses
- Ambulance Cover
- Dialysis Cover
- Chemotherapy and Radiotherapy Cover
- Organ Donor Cover
- Alternative Treatments
- Second Opinion
- Annual Health Check-up
- No Claims Bonus
- Quick Recovery Counseling and Doctor on Call
- Global Coverage
- OPD Expenses

Optional Benefits

- Deductible Option
- Co-Payment Option
- Unlimited Automatic Recharge
- International Second Opinion
- Room Rent Modification
- Additional Sum Insured for Accidental Hospitalization
- Air Ambulance Cover
- Reduction in PED Wait Period

Special Features

- Feature to avail lifelong coverage
- Feature to avail Preventive Care through Annual Health Check-up for all insured persons
- Feature to reduce Your Premium by choosing Deductible, Co-pay and Tenure options
- Feature to make monthly and quarterly payments through Installment Option
- Feature to avail counseling from a psychologist through Our 'Quick Recovery Counseling'
- Feature to double Your Sum Insured via No Claim Bonus in 3 claim-free years

I. Eligibility Criteria

Entry Age – Minimum	Child: 91 days to 4 years with at least 1 member of age 18 years or above is covered or; 5 years on Individual basis Adult: 18 years and above
Entry Age – Maximum	Lifelong
Exit Age	No Exit age
Age of Proposer (Adult)	18 Years or above
How can You cover Yourself	Individual basis (maximum up to 6 Persons having same/different Sum Insured)
Who are covered (Relationship with respect to the Proposer)	Self, Legally married spouse, son, daughter, father, mother, brother, sister, mother-in-law, father-in law, grandmother, grandfather, grandson, granddaughter, uncle, aunt, nephew, niece, employee or any other relationship having an insurable interest.

Notes:

- All the Age calculations are as per “Age Last Birthday” as on the date of first issue of Policy and / or at the time of Renewal.
- Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth; Additional differential premium will be calculated on a pro rata basis.
- Insured persons belonging to the same family are covered on an Individual basis, then every Insured person can opt for different Sum Insured and different Optional Benefits.

2. Scope of Cover

General conditions applicable to all the benefits and optional benefits

1. The Eligibility Criteria, Benefits & Optional Covers mentioned in this Prospectus & Sales Literature form part of the coverage provided under the Policy.
2. In this document, words like “We”, “Us” or “Our/Ours” represents the Insurer i.e., “Care Health Insurance” and “You” or “Your/Yours” represents the “Proposer” or “Insured Person(s)”.
3. All the Benefits and Optional Covers will be applicable only during the Policy Period considering all the terms, conditions, exclusions, Wait Periods, sub-limits and maximum up to limits specified under the section – 'Schedule of Benefits'.
4. The maximum, total and cumulative liability of the Company in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year shall not exceed the Total Sum Insured for that Insured Person.
 - i. For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum total of Sum Insured, No Claims Bonus, Quick Recovery Counseling, OPD Expenses, Unlimited Automatic Recharge, Additional Sum Insured for Accidental Hospitalization and Air Ambulance Cover.
 - ii. All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Total Sum Insured.
 - iii. The Company's liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured.
5. The Co-payment proportion (if applicable) shall be borne by the Insured Person on each Claim which will be applicable on Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Chemotherapy and Radiotherapy Cover, Dialysis Cover, Ambulance Cover, Organ Donor Cover, Alternative Treatments, Quick Recovery Counseling, Global Coverage, OPD Expenses, Room Rent Modification, Air Ambulance Cover and Additional Sum Insured for Accidental Hospitalization.
6. At the time of issue of the first Policy with the Company, if Age of Insured Person is 61 Years or above, such Insured Person shall bear a mandatory Co-payment of 20% per Claim (over & above any other co-payment, if any) and the Company's liability shall be restricted to the payment of the balance amount subject to the available Total Sum Insured. All the existing customers who have been issued a policy before attaining 61 years of age will have an option of Co-payment of 20% per claim (over & above any other co-payment, if any). The Premium will be adjusted accordingly.
7. Deductible Option (if opted) is applicable on the Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Chemotherapy and Radiotherapy Cover, Dialysis Cover, Ambulance Cover, Organ Donor Cover, Alternative Treatments, Global Coverage, Room Rent Modification, Air Ambulance Cover and Additional Sum Insured for Accidental Hospitalization.
8. Any Claim paid for Benefits namely Hospitalization Expenses, Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses, Chemotherapy and Radiotherapy Cover, Dialysis Cover, Ambulance Cover, Organ Donor Cover, Alternative Treatments, Global coverage, Quick Recovery Counseling ,OPD Expenses, Room Rent Modification(Optional Benefit),Air Ambulance(Optional Benefit) and Additional Sum Insured for Accidental Hospitalization(Optional Benefit) shall reduce the Total Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
9. Admissibility of a Claim under Benefit “Hospitalization Expenses” is a pre-condition to the admission of a Claim under Pre Hospitalization Medical Expenses and Post Hospitalization Medical expenses, Chemotherapy and Radiotherapy Cover ,Dialysis Cover, Ambulance Cover, Organ Donor Cover, Alternative Treatments, Quick Recovery Counseling, Unlimited Automatic Recharge, OPD Expenses, Air Ambulance Cover, Additional Sum Insured for Accidental Hospitalization and the event giving rise to a Claim under Benefit “Hospitalization Expenses” shall be within the Policy Period for the Claim of such Benefit to be accepted.

10. If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation 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 of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.
11. Coverage amount limits for Benefits 'OPD Expenses', 'Quick Recovery Counseling', 'Air Ambulance Cover' and Additional Sum Insured for Accidental Hospitalization are covered over and above the 'Sum Insured'.
12. Premium can be paid in Installments (Monthly/Quarterly) or single payment option. Installment option can only be opted during policy inception and for policy tenure of 2/3 years.
13. Admissibility of a claim under the policy is subject to purview of coverage under the policy
14. There is no restriction on the number of plans that can be opted by you and the Benefits of each plan will be independently available to you.
15. Coverage under this Policy is on Individual basis. Coverage for Child less than 5 years of age is provided only if 1 Adult aged 18 years or above is covered under the same Policy. Sum Insured/Optional Benefit coverage amount opted for Child less than 5 years of age should not be more than Sum Insured/ Optional Benefit coverage amount opted for the Adult under the same Policy.
16. Benefit Coverage opted for Child less than 5 years of age should be same as of that Adult covered under the Policy.

2.1 Benefit 1 : Hospitalization Expenses

- (i) In-patient Care: Hospitalization for at least 24 hours - If You are admitted to a hospital for in-patient care due to Covered Conditions as chosen by You, which should be Medically Necessary, for a minimum period of 24 consecutive hours, We will pay for the medical expenses, through Cashless or Reimbursement Facility maximum up to Sum Insured, incurred by You at the hospital - from room charges, nursing expenses and intensive care unit charges to Surgeon's fee, Doctor's fee, Anesthesia, blood, oxygen, Operation theater charges which forms a part of Hospitalization.
- (ii) Day Care Treatment: Hospitalization involving less than 24 hours – Some surgeries doesn't require or need not necessarily require Hospitalization Stay for minimum 24 Hours. It may be for Your convenience or it may happen that the surgery underwent is minor or of intermediate complexity. We will pay through Cashless or Reimbursement Facility for all such day care treatments as per Annexure-I to Prospectus, maximum up to Sum Insured. The Day care List will Vary as per the Plan opted by you(Please refer Page 1 of Annexure –I to Prospects).

(iii) Advance Technology Methods:

We will indemnify you for the Hospitalization Expenses due to Covered Conditions incurred for treatment taken through following advance technology methods:

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

2.2 Benefit 2 : Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

(i) Pre-Hospitalization Medical Expenses:

Examination, tests and medication - Sometimes the procedures that finally lead You to hospital, such as Investigative tests, Consultation Fees and medication, can be quite financially draining. We cover the medically necessary expenses (maximum up to Sum Insured) incurred by You for a period of 30 days immediately before the Date of Your Admissible Hospitalization, provided that We shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were incurred before the Policy Start Date .

(ii) Post-Hospitalization Medical Expenses:

Back home and till You are back on Your feet - The expenses don't end once You are discharged. There might be follow-up visits to Your medical practitioner, medication that is required and sometimes even further confirmatory tests. We also cover the medically necessary expenses (maximum up to Sum Insured) incurred by You for a period of 60 days immediately after the Date of Discharge of Your Admissible Hospitalization.

Note: Payment under this benefit will only be on re-imburement basis

2.3 Benefit 3: Chemotherapy and Radiotherapy Cover:

Cancer is a dreaded disease and it requires constant care. We believe in providing the necessary care and ensuring Your smooth recovery even beyond the post-hospitalization period through Chemotherapy and Radiotherapy cover. We provide You with Chemotherapy and Radiotherapy Cover up to Sum Insured through Cashless or Reimbursement Facility, if a claim for Covered Condition (Cancer) under Benefit 1: Hospitalization Expenses has been accepted.

However a Claim under 'Oral Chemotherapy' will only be admissible if:

1. If a Claim is made under Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses
2. If a Claim is made under Benefit 13(OPD Expenses)

2.4 Benefit 4: Dialysis Cover

Some Critical illness doesn't say and come! But have no worries as We are there to take care of Your health by providing necessary medical expenses that even go beyond Post hospitalization period.

Under this Benefit till the purview of coverage under the policy, We will pay You through Cashless or Reimbursement Facility for availing Dialysis up to Sum Insured if You have already claimed under Hospitalization Expenses for the same illness.

2.5 Benefit 5: Ambulance Cover

It is one of Our utmost concerns that You get the medical attention which You require as soon as possible, especially in an emergency for the Covered Conditions under the Policy. Towards that end, We will pay You up to a specified amount per hospitalization through Cashless or Reimbursement Facility, for expenses that You incur on an ambulance service offered by the hospital or any service provider, in an emergency situation. Through this cover, We will pay Your necessary transportation fares from the Place of occurrence of Medical Emergency to nearest Hospital and/or from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing Your health condition.

2.6 Benefit 6: Organ Donor Cover

We care about those who help You as much as We care for you. So, beyond ensuring that Your medical needs are met, We will pay You through Cashless or Reimbursement Facility up to a specified amount for medical expenses that are incurred by You towards Your organ donor, while undergoing the organ transplant surgery, if the donation confirms to the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules and You have already claimed for the same Covered Condition under Hospitalization Expenses.

'Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses' shall not be payable in respect to the donor. Clause 4.2 (19) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.7 Benefit 7: Alternative Treatments

It has been observed at times that a combination of conventional medical treatment and alternative therapies quicken & aid the process of recovery. Therefore, We will pay You through Cashless or Reimbursement Facility up to a specified amount/limit for in-patient medical expenses incurred by You towards Your in-patient admission in a Government hospital or in any Institute recognized by Government and / or accredited by Quality Council of India / National Accreditation Board on Health or teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine and Central Council of Homeopathy in India, which administers treatment related to the disciplines of medicine namely Ayurveda, Unani, Sidha and Homeopathy. Clause 4.2 (20) under Permanent Exclusions, is superseded to the extent covered under this Benefit.

2.8 Benefit 8: Second Opinion

We take Your illnesses as seriously as You do. If You are diagnosed with or You have undergone/undergoing with any of the Covered Condition and feel uncertain about Your diagnosis/treatment or wish to get a second opinion within India from a doctor on Your medical reports for any other reason, We arrange one for you, without any impact on Sum Insured amount. This second opinion is available to every Insured Person, once for each Illness / Surgery per Policy year.

2.9 Benefit 9: Annual Health Check-up

Our prime concern is Your good health! To pre-empt Your ever having to visit a hospital, as a preventive measure, We provide an annual health check-up from second Policy Year on Continuous Coverage at Our Network Provider/ Empanelled Provider in India for all the Insured Persons covered under the Policy, on a Cashless basis. This Benefit shall be available only once during a Policy Year per Insured Person.

- a) Medical Tests covered in the Annual Health Check-up, applicable for Sum Insured up to 50 Lakh Rupees for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows :-

Set No.	List of Medical Tests covered as a part of Annual Health Check-up	Sum Insured in Lakhs
1	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Serum Cholesterol, SGPT, Serum Creatinine, ECG	1L/2L/3L/4L
2	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, Kidney Function Test, ECG	5L/7L/10L
3	Complete Blood Count with ESR, Urine Routine, Blood Group, Fasting Blood Sugar, Lipid Profile, TMT, Kidney Function Test	20L/25L/50L

- b) Medical Tests covered in the Annual Health Check-up, applicable for SI=100L/200L/300L/600L, for Insured Persons who are of Age 18 years or above on the Policy Period Start Date, are as follows:-

Infection Markers Complete Blood Count (CBC) ESR ABO Group & Rh Type Urine Routine Stool Routine	Lipid Profile Cholesterol LDL HDL Triglycerides VLDL
Liver Function Test S Bilirubin (Total/Direct) SGPT SGOT GGT Alkaline Phosphatase Total Protein Albumin : Globulin	Kidney Function Test Creatinine Blood Urea Nitrogen Uric Acid
Lung Function Markers Lung Function Test	Diabetes Markers Hba1c
Cardiac Markers Treadmill Test ECG	Imaging Tests X-Ray – Chest Ultrasound Abdomen

- c) Medical Tests covered in the Annual Health Check-up, applicable for Insured Persons who are of Age below 18 years on the Policy Period Start Date for all Plans are as follows :-

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

2.10 Benefit 10: No Claims Bonus:

If no Claim has been paid by us in the expiring Policy Year, We raise a cheer to Your good health in the form of a bonus for you. At the end of 1st Claim free Policy Year, We will enhance the Sum Insured by 50%, at the end of 2nd Claim free Policy Year by 25% and at the end of 3rd Claim free Policy Year by 25%, on a cumulative basis, as a No Claims Bonus for each completed and continuous Policy Year/s.

In any case the No Claims bonus (NCB) will not exceed 100% of the Sum insured under the policy and in the event there is a claim in a policy year, the accrued No Claims Bonus will be reduced by same rate at which it is accrued at the commencement of next Policy Year, but in no case shall the Total Sum Insured be reduced than the Sum Insured. In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with 2 or 3 year policy tenure).

NCB illustration:

	Year 1 ^{st*}	Year 2 ^{nd*}	Year 3 ^{rd*}	Year 4 th	Year 5 ^{th**}	Year 6 ^{th***}	Year 7 th
Sum Insured (in Lakhs)	5	7.5	8.75	10	10	7.5	10
NCB % Accrued	+ 50%	+25%	+25%		-50%	+50%	
NCB Sum Insured (in Lakhs)	0	2.5	1.25	1.25		-2.5	2.5

Note:

*Years 1st, 2nd, 3rd are claim free years so the NCB has been accrued in the order of 50%, 25%, 25% of the base sum insured

**Year 5th is a year with claim so the NCB will reduce at the same rate which it is accrued i.e 50% of the base sum insured

***Years 6th is again a claim free year so the order of the NCB addition gets repeated which is 50 % of the base sum insured.

2.11 Benefit 11: Health Services: Serious illnesses or Surgeries don't only drain Our finances, they also drain us mentally. We have understood this and therefore provide You.

- Quick Recovery Counseling:** If a claim has been admitted under Hospitalization expenses, to deal with post hospitalization trauma, We provide Quick Recovery Counseling to You and/or Your adult family member covered under the Policy to Seek the advice of a psychologist through face to face consultation up to the amount per Session specified against this Benefit .This service can be availed maximum up to 8 times in a policy year and twice in a month. Clause 4.2 a (14) under Permanent Exclusions, is superseded to the extent covered under this Benefit.
- Doctor on Call:** You may seek medical advice from a Medical Practitioner through the telephonic or online mode by contacting us on the helpline details specified on Our website
- Health Portal:** The Insured Person may access health related information and services such as health risk assessment, Doctor on chat, Special rates for OPD, Diagnostics and Pharmacy through Network Providers , etc as available on the Company's website.

2.12 Benefit 12 Global Coverage:

On opting for specific sum insured under the policy, through this benefit, You can avail Hospitalization expenses (Benefit 1) through Cashless or Reimbursement Facility for the Covered Conditions incurred outside India, maximum up to Sum Insured. This Benefit is available for 45 continuous days from the date of travel in a single trip and 90 days on a cumulative basis as a whole, in a Policy Year. The Medical expenses payable shall be limited to Hospitalization Expenses (i.e., In-Patient Care and Day Care Treatment) only and a mandatory Co-Payment of 10% per Claim is applicable, which will be in addition to any other co-payment (if any) applicable in the Policy. Optional Benefit 5 (Room Rent Modification) is not applicable for any Claims made under Global Coverage.

2.13 Benefit 13:OPD Expenses :

We understand how trivial but important are bills pertaining to OPD consultations, diagnostics and medicines. Collectively, they can sum-up to cause a major financial impact.

Hence through this Benefit, We will pay you, maximum up to a specified amount/limit for the Covered Conditions under the Policy, for the following Out-patient care Services during the Policy Year -

- (a) Out Patient consultations
- (b) Diagnostic Examinations
- (c) Pharmacy

Note: Coverage for 'OPD Expenses' is provided for entire Policy year. All the valid OPD claim expenses incurred by the Insured Person in a policy year will be payable But in case of re-imburement, claim can be filed with us only twice during that Policy year, as and when that Insured Person may deem fit. Benefit can be availed under OPD Expenses only if a claim is already admitted under hospitalization expenses.

3. Optional Benefits

The Policy provides the following Optional Benefits which can be opted either at the inception of the policy or at the time of renewal. The Policy Schedule will specify the Optional Benefits that are in force for the Insured Persons.

3.1 Optional Benefit 1: Deductible Option:

On opting for this, You are entitled for a reduction on the Premium Payable. The claim amount assessed by us for a particular claim shall be reduced by the Deductible amount opted by You and We will only pay for any Claim only when the Deductible on that Claim is exhausted. The Deductible shall be applicable on an aggregate basis for all Claims made by the Insured Person in a Policy Year. Illustration for applicability of Deductible in claim reported under the same Policy Year:

Case	Sum Insured	Deductible	Claim 1	Claim 2	Claim 3	Payable 1	Payable 2	Payable 3
1	500,000	100,000	75,000	125,000	100,000	-	100,000	100,000
2	500,000	100,000	75,000	250,000	300,000	-	225,000	275,000
3	500,000	100,000	250,000	400,000	400,000	150,000	350,000	Claim not payable as SI is exhausted
4	500,000	1,00,000	7,00,000	0	0	5,00,000	0	0

3.2 Optional Benefit 2: Co-Payment Option:

By choosing this Optional Benefit, You will bear a Co-payment of 20% per claim and Our liability shall be restricted to the balance amount payable.

Note: This Optional Benefit is not applicable in case the Insured Person age at entry is 61 years and above- please refer to Section 2 (6) of General conditions for details.

3.3 Optional Benefit 3: Unlimited Automatic Recharge:

By choosing specific Sum Insured Through this Optional Benefit, your sum insured can be reinstated unlimited times, whenever you need it the most. If, due to claims made, you ever run out of/exhaust your health cover, we reinstate the entire sum insured unlimited times in a policy year provided you use the recharge amount only under Hospitalization Expenses(Benefit-1).

This re-instated amount can be used by You only for future/further claims, not related to the Illness / Injury for which the claim has been made during the same Policy year. Any unutilized Recharge cannot be carried forward to any subsequent Policy Year. Benefit No Claims Bonus (Benefit – 10) shall not be considered while calculating 'Unlimited Automatic Recharge'.

3.4 Optional Benefit 4: International Second Opinion:

“International Second Opinion” is an extension to Benefit 8 (Second Opinion) and hence all the provisions stated under Clause 2.8, holds good for Clause 3.4 as well, except that the geographical scope of coverage through Optional Benefit 4 is applicable to worldwide excluding India only.

3.5 Optional Benefit 5:Room Rent Modification:

Just like care should has no Boundary! We thought Your Room Rent/Category and ICU Charges should not have any restrictions or limit.

This is the reason why by choosing this Optional Benefit You will have no limit on Room Rent/Room Category during Hospital Accommodation for In -patient Care for the Covered Conditions as specified in the Policy.

You should choose a Sum Insured of Rs 5 Lakhs or more to avail this benefit and this benefit is not valid in case of a Claim made under Benefit 12: Global Coverage

3.6 Optional Benefit 6: Additional Sum Insured for Accidental Hospitalization:

In case any Claim is made for Emergency Care of any Injury due to an Accident during the Policy Period, We shall automatically provide an additional Sum Insured equal to Sum Insured for In-patient Care provided that:

- (i) If at all there is any concurrency between the Coverage under the Policy and the claim made under Accidental Hospitalization The 'additional Sum Insured for Accidental Hospitalization' shall be utilized only after the Sum Insured and No Claims Bonus(if any) has been completely exhausted,
- (ii) The 'additional Sum Insured for Accidental Hospitalization' shall be available only for such Insured Person for whom Claim for Hospitalization following the Accident has been accepted under the Policy;
- (iii) The 'additional Sum Insured for Accidental Hospitalization' shall be applied only once during the Policy Period

3.7 Optional Benefit 7: Air Ambulance Cover:

Through this cover, We will pay You up to the amount specified in the Policy for availing Air Ambulance services in India, offered by a Hospital or by an Ambulance service provider, for Your necessary transportation from the place of occurrence of Medical Emergency, to the nearest Hospital. Through this cover, We will also pay Your necessary transportation fares from one Hospital to another Hospital, for advanced/better equipped medical support/aid required for rescuing Your health condition.

However, the treating Medical Practitioner should certify in writing that the severity or the nature of Your Illness or Injury warrants Your requirement for the Air Ambulance.

This Benefit will be available through Cashless facility; however in-case of Life threatening Medical Condition You may use re-imburement facility.

3.8 Optional Benefit 8: Reduction of PED Wait period

Choosing this Optional Benefit reduces the applicable wait period of 48 months for Claims related to Pre-existing diseases, to 24 months.

Hence all the provisions for wait periods(Clause 4.1(iii)) holds good for this benefit as well, except that the claims will be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease after just 24 months of continuous coverage has elapsed, since the inception of the first Policy with us.

NOTE: This Optional Benefit will be available only at the time of inception of the Policy and only for the Sum Insured chosen at that time

4. Exclusions

4.1. Wait Period

- (i) Initial waiting period- Code- Excl03
 - a. Expenses related to the treatment of any illness within 90 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently
- (ii) Specific Waiting Period: Code- Excl02 (applicable only for Operation Mediclaim)
 - a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Company. This exclusion shall not be applicable for claims arising due to an accident.
 - b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f. List of specific diseases/procedures:
 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery(unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
 2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries for Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders and surgeries related to disorders of internal ear, middle ear, external ear disorders, and Upper airway disease

3. Benign Prostatic Hypertrophy
4. Cataract
5. Dilatation and Curettage
6. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
7. Surgery of Genito-urinary system unless necessitated by malignancy
8. All types of Hernia & Hydrocele
9. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy
10. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
11. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
12. Myomectomy for fibroids
13. Varicose veins and varicose ulcers

(iii) Pre-Existing Diseases: Code- Excl01

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- iv. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(iv) The Waiting Periods as defined in Clauses 4.1(I), 4.1(ii) and 4.1(iii) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

(v) If Coverage for Benefits (in case of change in Product Plan) or Optional Benefits are added afresh at the time of renewal of this Policy, the Waiting Periods as defined above in Clauses 4.1 (i), 4.1(ii) and 4.1(iii) shall be applicable afresh to the newly added Benefits or Optional Benefits, from the time of such renewal.

4.2. 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.

a) The following list of permanent exclusions is applicable to all the Benefits including Optional Benefits

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Prospectus Cum Sales Literature).
2. 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 Prospectus Cum Sales Literature for list of excluded hospitals.

3. Treatments rendered by a Doctor who shares the same residence as an Insured Person or who is a member of an Insured Persons's family.
4. Any condition caused by or associated with any sexually transmitted disease except arising out of HIV and not specifically mentioned in definition above.
5. Maternity: (Code Excl18)
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
6. 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.

7. 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.
8. Charges incurred (or Treatment undergone) in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
9. 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.
10. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1 (iv).
11. Any expenses related to instruments used in treatment of sleep disorder or sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
12. 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
13. Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to external birth defects.
14. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
15. Cosmetic or plastic Surgery: (Code- Excl08)
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
16. 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.
17. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
18. All preventive care (except eligible and entitled for Benefit 9: Annual Health Check-up), Vaccination, including Inoculation and Immunizations (except in case of post-bite treatment).
19. All expenses (or Treatment undergone) related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
20. Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.
21. 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.
22. 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.
23. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol ,tobacco(smoking/non -smoking)or hallucinogens.
24. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
25. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
26. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
27. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.

28. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).
29. 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.
30. 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.
31. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
32. 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
33. 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)
34. Refractive Error: (Code- Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
35. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
36. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.
37. Treatment sought for any medical condition, not covered under the Benefit but arising during the Hospitalization for the condition covered under the Benefit.
- b) Additional Exclusions applicable to any Claim under the Optional Benefit 6 'Additional Sum Insured due to Accidental Hospitalization'
Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible, unless expressly stated to the contrary elsewhere in the Policy terms and conditions:
- 1) The Insured Person operating or learning to operate any aircraft or performing duties as a Person of a crew on any aircraft or Scheduled Airline or any airline personnel;
 - 2) The Insured Person flying in an aircraft other than as a fare paying passenger in a Scheduled Airline;
 - 3) Participation in actual or attempted felony, riots, civil commotion or criminal misdemeanor;
 - 4) The Insured Person engaging in sporting activities in so far as they involve the training for or participation in competitions of professional sports;
 - 5) Persons whilst working with in activities like racing on wheels or horseback, winter sports, canoeing involving white water rapids, any bodily contact sport;
 - 6) Resulting due to any disease or infection except where such condition arises directly as a consequence of an accident during the Policy Year;
 - 7) Infections (except pyogenic infection which occurs through an Accidental cut or wound);
 - 8) As a result of any curative treatments or interventions that the Insured Person has carried out or have carried out on the Insured Person's body.
- c) Additional Exclusions applicable to any Claim for the Covered Condition related to Operation Mediclaim Plan:
1. All OPD based procedures not requiring day care/hospitalization

2. Any Surgery done for diagnostic/investigative purpose except in case of Pre and Post Hospitalization

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

5. Claims Procedure and Management

This section explains about procedures involved to file a valid Claim by the Insured Person and related processes involved to manage the Claim by us.

5.1 Pre-requisite for admissibility of a Claim:

Any claim being made by You or attendant of Your's during Hospitalization on behalf of You should comply with the following conditions:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. We will not be liable to indemnify the Insured Person for any loss other than the covered benefits and any other person who is not accepted by the Us as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.
- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. We may call for additional documents wherever required.

5.2 Claim settlement - Facilities

(a) Cashless Facility

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

- (i) Submission of Pre-authorization Form: A Pre-authorization form which is available on Our Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted Electronically by the Network Provider to us for approval. Only upon due approval from us, Cashless Facility can be availed at any Network Hospital.
- (ii) Identification Documents: The "Health card" provided by us under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to us for authentication purposes. Valid Photo Identification Proof documents which will be accepted by us are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by us.
- (iii) Our Approval: We will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) Our Authorization:
 - a) If the request for availing Cashless Facility is authorized by us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by us for availing Cashless Facility.
 - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.
 - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request us for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) Event of Discharge from Hospital: All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 5.4 and 5.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) Our Rejection: If We do not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to us to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to us which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) Network Provider related: We may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on Our website or at the call center.

- (viii) Claim Settlement: For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.
- (ix) Claims incurred outside India: The Company's Assistance Service Provider should be intimated for availing Cashless Facility outside India under Optional Benefit 4(International Second Opinion) and Benefit 12(Global Coverage)

(b) Re-imburement Facility

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or We specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 5.4 and Clause 5.5 shall be submitted to us at Policyholder's / Insured Person's own expense, immediately and in a n y event within 30 days of Insured Person's discharge from Hospital.
- (ii) We shall give an acknowledgement of collected documents. However, in case of any delayed submission, We may examine and relax the time limits mentioned upon the merits of the case.
- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, We will pay the Policyholder. In the event of death of the Policyholder, We will pay the nominee (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

5.3 Duties of a Claimant/ Insured Person in the event of Claim

- (a) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:
 - (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization 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 the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 5 (Claims Procedure and Management) of the Policy.
 - (iv) If We request You to submit 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 the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
 - (vi) We shall be provided with complete necessary documentation and information which We have requested to establish its liability for the Claim, its circumstances and its quantum.

5.4 Claims Intimation

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

- (i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, We shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Our call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization benefits.

Note: 5.4 (i) and 5.4 (ii) are precedent to admission of liability under the policy.

- (iii) The following details are to be disclosed to us at the time of intimation of Claim:

1. Policy Number;
2. Name of the Policyholder;
3. Name of the Insured Person in respect of whom the Claim is being made;
4. Nature of Illness or Injury and Benefit under which the Claim is being made
5. Name and address of the attending Medical Practitioner and Hospital;
6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
7. Any other necessary information, documentation or details requested by us

- (iv) In case of an Emergency Hospitalization, We shall be notified either at Our call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.
- (v) In case of an Planned Hospitalization, We shall be notified either at Our call center or in writing at least 48 hours prior to planned

date of admission to Hospital

5.5 Documents to be submitted for filing a valid Claim

- a) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 5 in respect of all Claims:
1. Duly filled and signed Claim form by the Insured Person;
 2. Copy of Photo ID of Insured Person;
 3. Medical Practitioner's referral letter advising Hospitalization;
 4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
 5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
 6. Original bills from pharmacy/chemists;
 7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
 8. Operation Theatre Notes;
 9. Indoor case papers;
 10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
 11. Ambulance Receipt;
 12. Any other document as required by the us to assess the Claim , in case fraud is suspected.

- b) Additional Documents to be submitted for any Claim under Optional Benefit 7(Air Ambulance Cover)

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

- i. Medical reports and transportation details issued by the air ambulance service provider, prescriptions and medical report by the attending Medical Practitioner furnishing the name of the Insured Person and details of treatment rendered along with the statement confirm the necessity of air ambulance services.
- ii. Documentary proof for expenses incurred towards availing Air Ambulance services.

Notes:

- We may give a waiver to one or few of the above mentioned documents depending upon the case.
- Additional documents as specified against any benefit shall be submitted to us
- We will accept bills/invoices which are made in the Insured person's name only.
- We may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance company, We will accept properly verified photocopies of such documents attested by such other insurance company along with an original certificate of the extent of payment received from such insurance company.

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

5.6 Claim Assessment

- (a) We shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, We may call for any additional documents or information as required, based on the circumstances of the Claim.
- (b) All admissible Claims under this Policy shall be assessed by us in the following progressive order:

- (i) If a Room accommodation has been opted for where the Room Rent or Room Category is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Schedule, then the Associate Medical Expenses payable shall be pro-rated as per the applicable limits in accordance with Clause 2.1(iii) (a).

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

- I. Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment;
- II. Fees charged by surgeon, anesthetist, Medical Practitioner;

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

- (ii) If any sub-limits on Medical Expenses are applicable as specified in the Policy Schedule, the Our liability to make payment shall be limited to the extent of the applicable sub-limit for that Medical Expense.
- (iii) The Deductible (if applicable) shall be applied to the aggregate of all Claims that are either paid or payable under this Policy. Our liability to make payment shall commence only once the aggregate amount of all Claims payable or paid exceed the Deductible .Similarly, if 'Deductible per claim' is applicable, Our liability to make payment shall commence only once the 'Deductible per

claim' limit is exceeded Co-payment shall be applicable on the amount payable by us

- (iv) Co-payment (if applicable) shall be applicable on the admissible claim amount payable by us.
- (c) The Claim amount assessed in Clause 5.6 (b) above would be deducted from the following amounts in the following progressive order:
 - (i) Sum Insured;
 - (ii) No Claims Bonus (if applicable);
 - (iii) Additional Sum Insured for Accidental Hospitalization (if applicable);
 - (iv) Unlimited Automatic Recharge (if applicable).
- (d) All claims incurred in India are dealt by the Company directly.

5.7 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 of an Insured Person during the Policy Period, once the Total Sum Insured for that Insured Person is exhausted.
- (c) We shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by us. We shall provide the Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person We shall make payment within 7 days from the date of receipt of such acceptance.
- (d) If the Policyholder / 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) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (f) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

6. Salient Features

6.1 Cashless Facility

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

6.2 Reimbursement

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

6.3 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.

6.4 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 fifteen days (30 days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

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

such period;

6.5 Underwriting Loading

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

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

6.6 Renewal Terms

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

- (a) The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- (b) Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- (c) Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- (d) At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period
- (e) No loading shall apply on renewals based on individual claims experience.

6.7 Cancellation / Termination

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

Refund % to be applied on premium received:

Cancellation date up to (x months) from Policy Period Start Date	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 3 Year
Upto 1 month	75.0%	87.5%	91.5%
1 month to 3 months	50.0%	75.0%	88.5%
3 months to 6 months	25.0%	62.5%	75.0%
6 months to 12 months	0.0%	50.0%	66.5%
12 months to 15 months	N.A.	25.0%	50.0%
15 months to 18 months	N.A.	12.5%	41.5%
18 months to 24 months	N.A.	0.0%	33.0%
24 months to 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

- (b) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (c) The Company may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

In case of demise of the Policyholder:

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded (exclusive of taxes) for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.
- (ii) Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
 - I. Written notice in this regard is given to the Company before the Policy Period End Date; and
 - II. A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

In case Premium Installment mode is opted for, then:

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

6.8 Pre-Policy Medical Check-up

You will be required to undergo Pre-Policy Medical Check-up on case of case basis as per Underwriting policy. The cost of the medical tests would be borne by Us in case Your proposal is accepted.

6.9 Tax Benefit

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

6.10 Portability

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

For Detailed Guidelines on Portability, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>.

6.11 Premium Payment Installment

If the insured person has opted for Payment of Premium on an installment basis i.e. Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

1. Grace Period of 15 days would be given to pay the installment premium due for the policy.
2. During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company
3. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period
4. No interest will be charged If the installment premium is not paid on due date.
5. In case of installment premium due not received within the grace period, the policy will get cancelled
6. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
7. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Notes:

- i. Tenure Discount will not be applicable if the Insured Person has opted for Premium Payment in Installments.
- ii. This option will be applicable to policy with tenure of 2 year or 3 year.

6.12 Mid Term addition and Assignment

a) Special Terms and Conditions Applicable for Mid Term addition of some Optional Benefits

Notwithstanding anything to the contrary in the Policy, the Policyholder/Insured Person has an option to apply for the specified Optional Benefits within 90 days of the Policy Period Start date or Renewal date, subject to Conditions specified below:

1. This feature can only be availed for Optional Benefit 3: Unlimited Automatic Recharge, Optional Benefit 4 :International Second Opinion, Optional Benefit 6: Additional Sum Insured for Accidental Hospitalization and Optional Benefit 7: Air Ambulance Cover
2. Additional Premium for the Optional Benefit opted will be Calculated on a Pro-rated basis form the date of addition of the Benefit
3. All the Waiting Periods on the Optional Benefit/s opted will be applicable from the date of addition of the Optional Benefit, except those Medical Expenses incurred as a result of an Injury within the Policy Period.

b) Assignment of Policy

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer or assignment shall not be operative as against an Insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the Insurer.
6. The Insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is (a) not bonafide or (b) not in the interest of the policyholder or (c) not in public interest or (d) is for the purpose of trading of the insurance policy.
7. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

Note: This is only a simplified version of (Assignment or Transfer) for general information purpose only. For full texts of this section please refer to Section 38 of Insurance Act, 1938 as amended by Insurance Laws(Amendment) Act,2015.

6.13 Migration

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

For Detailed Guidelines on Migration, kindly refer the link: <https://www.careinsurance.com/other-disclosures.html>

6.14 Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

6.15 Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

6.1 Possibility of Revision of Terms of the Policy Including the Premium Rates

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

7 Grievances:

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

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

Mobile App: Care Health - Customer App

Tollfree (WhatsApp Number): 8860402452

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

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

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

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

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

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

8 Schedule of Discounts / Loading

Sr. No.	Description	Parameters	Rates
1	Fixed 2.5% discount on premium of additional member(s) covered in the same policy having Sum Insured on Individual basis.		
2	Discount for multi-year policies (on single premium)	Tenure	Discount
	2 year rate = Annual Rate × 2 × (1 - Discount applicable)	2 Year	7.50%
	3 year rate = Annual Rate × 3 × (1 - Discount applicable)	3 Year	10.00%
3	Discount for Employees and / or their dependents of :	-	15.00%
	CHIL		
	CHIL Promoters		

Notes: – Any other discount offered, other than mentioned above, is due to product features (e.g. offering deductible under Optional Benefit – 1 and Co-payment under Optional Benefit -2) or pricing related considerations (e.g. adding additional Insured Person). They are adequately explained in the premium rates annexed hereto with the prospectus.

– All discounts mentioned in the Schedule above, are multiplicative in nature, subject to aggregate maximum discount (which will not exceed 25% of the Premium)

9. Schedule of Benefits

Plan Details

Plan Name	Critical Mediclaim	Cancer Mediclaim	Heart Mediclaim	Operation Mediclaim
Sum Insured (SI) - on annual basis (in Rs.)	1L,2L,3L,5L,7L,10L,20L,25L,50L,100L,200L,300L,600L	1L,2L,3L,5L,7L,10L,20L,25L,50L,100L,200L,300L,600L	1L,2L,3L,5L,7L,10L,20L,25L,50L,100L,200L,300L,600L	1L,2L,3L,5L,7L,10L,20L,25L,50L,100L,200L,300L,600L
Covered Conditions(Illnesses/ Diseases/Surgeries)	32 Critical illnesses (Please refer Appendix-III)	Cancer	Heart related Critical illnesses (Please refer Appendix-III)	All Surgeries
Age of Proposer (Adult)	18 years or above	18 years or above	18 years or above	18 years or above
Entry Age - Minimum	Child: 91 days to 4 years with at least 1 member of age 18 years or above is covered or; 5 years on Individual basis Adult: 18 years and above	Child: 91 days to 4 years with at least 1 member of age 18 years or above is covered or; 5 years on Individual basis Adult: 18 years and above	Child: 91 days to 4 years with at least 1 member of age 18 years or above is covered or; 5 years on Individual basis Adult: 18 years and above	Child: 91 days to 4 years with at least 1 member of age 18 years or above is covered or; 5 years on Individual basis Adult: 18 years and above
Entry Age - Maximum	Lifelong	Lifelong	Lifelong	Lifelong
Exit Age	No exit age	No exit age	No exit age	No exit age
Cover Type (on individual basis)	Maximum up to 6 Persons	Maximum up to 6 Persons	Maximum up to 6 Persons	Maximum up to 6 Persons
Pre-policy Issuance Medical Check-up	Yes, as per Appendix - I	No Medicals required	Yes, as per Appendix - I	Yes, as per Appendix - I
Tenure	1/2/3 Years	1/2/3 Years	1/2/3 Years	1/2/3 Years
Premium Payment Mode*	Single/Monthly/Quarterly	Single/Monthly/Quarterly	Single/Monthly/Quarterly	Single/Monthly/Quarterly
Benefits				
Hospitalization Expenses				
- In-Patient Care	Up to SI	Up to SI	Up to SI	Up to SI
- Day Care Treatment	Up to SI	Up to SI	Up to SI	Up to SI
Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI	Pre-Hospitalization for 30 days & Post-Hospitalization for 60 days; Maximum up to SI
Chemotherapy and Radiotherapy Cover	Up to SI	Up to SI	Not Available	Not Available
Dialysis Cover	Up to SI	Not Available	Not Available	Not Available
Ambulance Cover	Up to Rs 3000 per hospitalization	Up to Rs 3000 per hospitalization	Up to Rs 3000 per hospitalization	Up to Rs 3000 per hospitalization
Organ Donor Cover	Up to SI or 15 L whichever is lower	Up to SI or 15 L whichever is lower	Up to SI or 15 L whichever is lower	Up to SI or 15 L whichever is lower
Alternative Treatments	Up to 25% of SI	Up to 25% of SI	Up to 25% of SI	Not Available
Second Opinion	Once per Covered Condition per policy year	Once per Covered Condition per policy year	Once per Covered Condition per policy year	Once per Covered Condition per policy year
Annual Health Check-up	Annual from 2nd Policy Year on Continuous Coverage	Annual from 2nd Policy Year on Continuous Coverage	Annual from 2nd Policy Year on Continuous Coverage	Annual from 2nd Policy Year on Continuous Coverage
No Claims Bonus(NCB)	50%/25%/25%-Corresponding increase in SI for 1st, 2nd and 3rd continuous claim-free Policy Years respectively, Max up to 100% of SI(50%/25%/25%-Corresponding decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	50%/25%/25%-Corresponding increase in SI for 1st, 2nd and 3rd continuous claim-free Policy Years respectively, Max up to 100% of SI(50%/25%/25%-Corresponding decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	50%/25%/25%-Corresponding increase in SI for 1st, 2nd and 3rd continuous claim-free Policy Years respectively, Max up to 100% of SI(50%/25%/25%-Corresponding decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)	50%/25%/25%-Corresponding increase in SI for 1st, 2nd and 3rd continuous claim-free Policy Years respectively, Max up to 100% of SI(50%/25%/25%-Corresponding decrease in SI per Policy Year in case a claim has been paid; Such decrease is only in SI accrued as NCB)
Health Services				
- Quick Recovery Counseling	Up to Rs 1000 Per Session, Maximum 8 Sessions Post Hospitalization in a Policy year (can be availed twice in a month)	Up to Rs 1000 Per Session, Maximum 8 Sessions Post Hospitalization in a Policy year (can be availed twice in a month)	Up to Rs 1000 Per Session, Maximum 8 Sessions Post Hospitalization in a Policy year (can be availed twice in a month)	Up to Rs 1000 Per Session, Maximum 8 Sessions Post Hospitalization in a Policy year (can be availed twice in a month)
- Doctor on Call	Yes (Telephonic/Online Mode)	Yes (Telephonic/Online Mode)	Yes (Telephonic/Online Mode)	Yes (Telephonic/Online Mode)
- Health Portal	Value added Services through Company's Website	Value added Services through Company's Website	Value added Services through Company's Website	Value added Services through Company's Website
Global Coverage: Coverage outside India - 45 continuous days in a single trip; Max. 90 days on a cumulative basis, in a Policy Year.	Up to SI; only for SI >= 1Cr (Limited to In-Patient Care and Day-Care treatment) with a Co-payment of 10% per Claim	Up to SI; only for SI >= 1Cr (Limited to In-Patient Care and Day-Care treatment) with a Co-payment of 10% per Claim	Up to SI; only for SI >= 1Cr (Limited to In-Patient Care and Day-Care treatment) with a Co-payment of 10% per Claim	Up to SI; only for SI >= 1Cr (Limited to In-Patient Care and Day-Care treatment) with a Co-payment of 10% per Claim
OPD Expenses (Diagnostics + Consultations + Pharmacy)	Up to 1% of SI, Max up to Rs 25,000	Up to 1% of SI, Max up to Rs 25,000	Up to 1% of SI, Max up to Rs 25,000	Not Available

*Premium payment mode other than single payment is only available for Policy tenure of 2/3 years

Plan Name	Critical Mediclaim	Cancer Mediclaim	Heart Mediclaim	Operation Mediclaim
Optional Benefits				
Deductible Option– on an aggregate basis per Policy Year (in Rs.)	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L/7L/10L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L/7L/10L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L/7L/10L	5K / 10K / 25K / 50K / 1L / 2L / 3L / 5L/7L/10L
Co-Payment Option	20 % per claim, for all customers whose entry age is 60 years and below (Mandatory for customers whose entry age is 61 years and above, please refer to point 5 of the notes for details)	20 % per claim, for all customers whose entry age is 60 years and below (Mandatory for customers whose entry age is 61 years and above, please refer to point 5 of the notes for details)	20 % per claim, for all customers whose entry age is 60 years and below (Mandatory for customers whose entry age is 61 years and above, please refer to point 5 of the notes for details)	20 % per claim, for all customers whose entry age is 60 years and below (Mandatory for customers whose entry age is 61 years and above, please refer to point 5 of the notes for details)
Unlimited Automatic Recharge	Up to SI available only for 2/3/5/7/10/20/25/50 Lacs SI options	Up to SI available only for 2/3/5/7/10/20/25/50 Lacs SI options	Up to SI available only for 2/3/5/7/10/20/25/50 Lacs SI options	Up to SI available only for 2/3/5/7/10/20/25/50 Lacs SI options
International Second Opinion	Once per Covered Condition per policy year	Once per Covered Condition per policy year	Once per Covered Condition per policy year	Once per Covered Condition per policy year
Room Rent Modification	No sub-limit on Room Rent/Room Category only if SI>=5 L and Claims Made in India	No sub-limit on Room Rent/Room Category only if SI>=5 L and Claims Made in India	No sub-limit on Room Rent/Room Category only if SI>=5 L and Claims Made in India	No sub-limit on Room Rent/Room Category only if SI>=5 L and Claims Made in India
Additional Sum Insured for Accidental Hospitalization	100% of SI, if an Insured is admitted under In-patient Care due to an accident	100% of SI, if an Insured is admitted under In-patient Care due to an accident	100% of SI, if an Insured is admitted under In-patient Care due to an accident	100% of SI, if an Insured is admitted under In-patient Care due to an accident
Air Ambulance Cover	Up to Rs 5 Lakhs	Up to Rs 5 Lakhs	Up to Rs 5 Lakhs	Up to Rs 5 Lakhs
Reduction in PED Wait Period	Option to reduce the Wait Period from 48 to 24 Months	Option to reduce the Wait Period from 48 to 24 Months	Option to reduce the Wait Period from 48 to 24 Months	Option to reduce the Wait Period from 48 to 24 Months
Sub-limits				
Room Rent/Room Category	Up to 1% of SI per day for SI less than 5 Lakhs; Single Private Room for SI greater than equal to 5 Lakhs	Up to 1% of SI per day for SI less than 5 Lakhs; Single Private Room for SI greater than equal to 5 Lakhs	Up to 1% of SI per day for SI less than 5 Lakhs; Single Private Room for SI greater than equal to 5 Lakhs	Up to 1% of SI per day for SI less than 5 Lakhs; Single Private Room for SI greater than equal to 5 Lakhs
ICU Charges	Up to 2% of SI per day for SI less than 5 Lakhs ;and No Sub-limit for SI greater than equal to 5 Lakhs	Up to 2% of SI per day for SI less than 5 Lakhs ;and No Sub-limit for SI greater than equal to 5 Lakhs	Up to 2% of SI per day for SI less than 5 Lakhs ;and No Sub-limit for SI greater than equal to 5 Lakhs	Up to 2% of SI per day for SI less than 5 Lakhs ;and No Sub-limit for SI greater than equal to 5 Lakhs
Wait Period				
Initial Waiting Period	90 Days	90 Days	90 Days	90 Days
Specific Waiting Period	Not Available	Not Available	Not Available	24 months
Pre-existing Disease	48 months	48 months	48 months	48 months

Appendix - I (Pre-policy Issuance Medical Check-up)

Critical Mediclaim

Age/ Sum Insured	Upto 10 Lakhs	10 L - 25L	50 L - 1 Cr	2 Cr - 6 Cr
Upto 50 Yrs	-	Tele UW	Tele UW	MER+Tele UW
51-55 years	PPC 4	PPC 6	PPC 6	PPC 7
56 years and above	PPC 4	PPC 6	PPC 6	PPC 7

Cancer Mediclaim

Age/ Sum Insured	Upto 10 Lakhs	10L - 25L	50 L	1 Cr - 6 Cr
0 - 50 years	Tele UW	Tele UW	Tele UW	Tele UW
56-60 years	Tele UW	Tele UW	Tele UW	Tele UW
>60 years	Tele UW	Tele UW	Tele UW	Tele UW

Heart Mediclaim

Age/ Sum Insured	Upto 10 Lakhs	10L - 25L	50 L	1 Cr - 6 Cr
Upto 50 years	-	Tele UW	Tele UW	Tele UW
51 and 60 years	PPC 1	PPC 1	PPC 1	PPC 5
60 years and above	PPC 2	PPC 2	PPC 3	PPC 5

Operation Mediclaim

Age/ Sum Insured	Upto 10 Lakhs	10L - 25L	50 L - 1 Cr	2 Cr - 6 Cr
Upto 50 Yrs	-	Tele UW	Tele UW	MER+Tele UW
51-55 years	PPC 4	PPC 6	PPC 6	PPC 7
56 years and above	PPC 4	PPC 6	PPC 6	PPC 7

Note: The above mentioned grid may be modified/waived after due approval by Head underwriter.

Sets	Medical Tests
PPC 1	MER, CBC & ESR, HBA1C, T. Cholesterol, ECG, SGPT, S. Creatinine, RUA
PPC 2	MER, CBC & ESR, HBA1C, T. Cholesterol, TMT, SGPT, S. Creatinine, RUA
PPC 3	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, TMT, HBsAg, S. Creatinine
PPC 4	CBC, ESR, Urine Routine, GPE, CXR, HBA1C, S.Cholesterol, ECG, LFT, KFT
PPC 5	MER, CBC & ESR, HBA1C, Lipids, Chest - X Ray, TSH, 2D ECHO, TMT
PPC 6	CBC, ESR, Urine Routine, MER, CXR, HBA1C, Lipid Profile, TMT, LFT, KFT, TM (PSA - Male, PAP - Females)
PPC 7	MER, CBC & ESR, HBA1C, Lipids, LFT with GGT, RUA, HBsAg, RFT, USG abd/pelvis (M&F), CEA, PSA (M), PAP (F), Chest - X Ray, PFT, TSH, 2D ECHO, TMT

Appendix - II - Basis of treatment of Optional Covers

Optional Covers	Pay-out Basis	Sum Insured and Impact on Basic / Medical Sum Insured
1. Deductible Option	Indemnity	Not Applicable
2.Co-payment Option	Indemnity	Not Applicable
3.Unlimited Automatic Recharge	Indemnity	SI as per the Original Basic / Medical SI is recharged Unlimited times
4.International Second Opinion	Benefit	Not Applicable
5. Room Rent Modification	Indemnity	No limit on Room Rent
6. Additional Sum Insured for Accidental Hospitalization	Indemnity	Additional SI as per the Original Basic / Medical SI; For Critical Illness/Surgery due to accidents, Basic/Medical SI to exhaust first
7. Air Ambulance Cover	Indemnity	Separate SI - claim doesn't impact the Basic / Medical SI
8.Reduction of PED Wait Period	Indemnity	Not applicable

Appendix - III - List of Critical Illness(s) and Surgeries

Sr. No	Critical Mediclaim	Cancer Mediclaim	Heart Mediclaim	Operation Mediclaim
1	Cancer	Cancer	Pulmonary Thromboembolism	All Surgeries
2	End Stage Renal Failure		Primary(Idiopathic) Pulmonary	
3	Multiple Sclerosis		Infective Endocarditis	
4	Benign Brain Tumor		Heart Valve Replacement/repair	
5	Parkinson's Disease		Surgery of Aorta	
6	Alzheimer's Disease		Cardiomyopathy	
7	End Stage Liver Disease		Surgery for cardiac arrhythmia	
8	Motor Neuron Disorder		Angioplasty	
9	End Stage Lung Disease		Balloon Valvotomy/Valvuloplasty	
10	Bacterial Meningitis		Carotid Artery Surgery	
11	Aplastic Anaemia		Coronary Artery Bypass Graft	
12	Pulmonary Thromboembolism		Pericardectomy	
13	Primary(Idiopathic) Pulmonary Hypertension		Surgery to Place Ventricular Assist Devices or Total Artificial Hearts	
14	Infective Endocarditis		Myocardial Infarction	
15	Major Organ Transplant		Implantation of Pacemaker of Heart	
16	Heart Valve Replacement/repair		Implantable Cardioverter Defibrillator	
17	Surgery of Aorta			
18	Cardiomyopathy			
19	Surgery for cardiac arrhythmia			
20	Angioplasty			
21	Balloon Valvotomy/Valvuloplasty			
22	Carotid Artery Surgery			
23	Coronary Artery Bypass Graft			
24	Pericardectomy			
25	Surgery to Place Ventricular Assist Devices or Total Artificial Hearts			
26	Stroke			
27	Paralysis			
28	Myocardial Infarction			
29	Implantation of Pacemaker of Heart			
30	Implantable Cardioverter Defibrillator:			
31	Major Burns			
32	Blindness			

Notes:

- All the Sum Insured mentioned are on a Policy Year basis.
- If the Insured Person suffers a relapse within 45 days from the date of last discharge / consultation 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 of Per Claim Limit under this Policy shall be applied as if they were under a single Claim.

Annexure I - List of Day Care Surgeries

Plan Name					
Sr. No	Related Procedures*	Heart Mediclaim	Operation Mediclaim	Critical Mediclaim	Cancer Mediclaim
1.	Cardiology	Yes	Yes	Yes	No
2.	Critical Care Related	Yes	Yes	Yes	No
3.	Dental Related(Except FNAC)	No	Yes	No	No
4.	FNAC	No	Yes	Yes	Yes
5.	ENT Related	No	Yes	Yes	Yes
6.	Gastroenterology	No	Yes	Yes	Yes
7.	General Surgery Related	No	Yes	Yes	Yes
8.	Gynecology	No	Yes	Yes	Yes
9.	Neurology	No	Yes	Yes	Yes
10.	Oncology	No	No	Yes	Yes
11.	Operations on the Salivary glands and Salivary ducts	No	Yes	Yes	Yes
12.	Operations on the skin & Subcutaneous tissues	No	Yes	Yes	Yes
13.	Operations on tongue	No	Yes	Yes	Yes
14.	Ophthalmology related except Cataract	No	Yes	Yes	Yes
15.	Cataract	No	Yes	No	No
16.	Orthopedic related	No	Yes	No	No
17.	Other operations of mouth and face	No	Yes	Yes	Yes
18.	Pediatric surgery related	No	Yes	Yes	Yes
19.	Plastic Surgery related	No	Yes	Yes	Yes
20.	Thoracic Surgery related	No	Yes	Yes	Yes
21.	Urology except Hemodialysis	No	Yes	Yes	Yes
22.	Hemodialysis	No	No	Yes	Yes

* Please refer below for details of Procedures Covered

- 1. Cardiology Related:**
 1. CORONARY ANGIOGRAPHY
- 2. Critical Care Related:**
 2. INSERT NON-TUNNEL CV CATH
 3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
 4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
 5. INSERTION CATHETER, INTRA ANTERIOR
 6. INSERTION OF PORTACATH
- 3. Dental Related:**
 7. SPLINTING OF AVULSED TEETH
 8. SUTURING LACERATED LIP
 9. SUTURING ORAL MUCOSA
 10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
 11. FNAC
 12. SMEAR FROM ORAL CAVITY
- 4. ENT Related:**
 13. MYRINGOTOMY WITH GROMMET INSERTION
 14. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
 15. REMOVAL OF A TYMPANIC DRAIN
 16. KERATOSIS REMOVAL UNDER GA
 17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
 18. TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)
 19. REMOVAL OF KERATOSIS OBTURANS
 20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
 21. REVISION OF A STAPEDECTOMY
 22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
 23. MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE-I TYMPANOPLASTY)
 24. FENESTRATION OF THE INNER EAR
 25. REVISION OF A FENESTRATION OF THE INNER EAR
 26. PALATOPLASTY
 27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
 28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
 29. TONSILLECTOMY WITH ADENOIDECTOMY
 30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
 31. REVISION OF A TYMPANOPLASTY
 32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
 33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
 34. MASTOIDECTOMY
 35. RECONSTRUCTION OF THE MIDDLE EAR
 36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
 37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
 38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
 39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
 40. OTHER OPERATIONS ON THE NOSE
 41. NASAL SINUS ASPIRATION
 42. FOREIGN BODY REMOVAL FROM NOSE
 43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
 44. ADENOIDECTOMY
 45. LABYRINTHECTOMY FOR SEVERE VERTIGO
 46. STAPEDECTOMY UNDER GA
 47. STAPEDECTOMY UNDER LA
 48. TYMPANOPLASTY (TYPE IV)
 49. ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
 50. TURBINECTOMY
 51. ENDOSCOPIC STAPEDECTOMY
 52. INCISION AND DRAINAGE OF PERICHONDRIITIS
 53. SEPTOPLASTY
 54. VESTIBULAR NERVE SECTION
 55. THYROPLASTY TYPE I
 56. PSEUDOCYST OF THE PINNA - EXCISION
 57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
 58. TYMPANOPLASTY (TYPE II)
 59. REDUCTION OF FRACTURE OF NASAL BONE
 60. THYROPLASTY TYPE II
 61. TRACHEOSTOMY
 62. EXCISION OF ANGIOMA SEPTUM
 63. TURBINOPLASTY
 64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
 65. UVULO PALATO PHARYNGO PLASTY
 66. ADENOIDECTOMY WITH GROMMET INSERTION
 67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
 68. VOCAL CORD LATERALISATION PROCEDURE
 69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
 70. TRACHEOPLASTY
- 5. Gastroenterology Related:**
 71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT
 72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
 73. PANCREATIC PSEUDOCYST EUS & DRAINAGE
 74. RF ABLATION FOR BARRETT'S OESOPHAGUS
 75. ERCP AND PAPILOTOMY
 76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
 77. EUS + SUBMUCOSAL RESECTION
 78. CONSTRUCTION OF GASTROSTOMY TUBE
 79. EUS + ASPIRATION PANCREATIC CYST
 80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
 81. COLONOSCOPY ,LESION REMOVAL
 82. ERCP
 83. COLONOSCOPY STENTING OF STRICTURE
 84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
 85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
 86. ERCP AND CHOLEDOCHOSCOPY
 87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
 88. ERCP AND SPHINCTEROTOMY
 89. ESOPHAGEAL STENT PLACEMENT
 90. ERCP + PLACEMENT OF BILIARY STENTS
 91. SIGMOIDOSCOPY W/ STENT
 92. EUS + COELIAC NODE BIOPSY
 93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS

BLEEDING ULCERS

6. General Surgery Related:

- 94. INCISION OF A PILONIDAL SINUS / ABSCESS
- 95. FISSURE IN ANO SPHINCTEROTOMY
- 96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
- 97. ORCHIDOPEXY
- 98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
- 99. SURGICAL TREATMENT OF ANAL FISTULAS
- 100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
- 101. EPIDIDYMECTOMY
- 102. INCISION OF THE BREAST ABSCESS
- 103. OPERATIONS ON THE NIPPLE
- 104. EXCISION OF SINGLE BREAST LUMP
- 105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
- 106. SURGICAL TREATMENT OF HEMORRHOIDS
- 107. OTHER OPERATIONS ON THE ANUS
- 108. ULTRASOUND GUIDED ASPIRATIONS
- 109. SCLEROTHERAPY, ETC.
- 110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY
- 111. THERAPEUTIC LAPAROSCOPY WITH LASER
- 112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
- 113. INFECTED KELOID EXCISION
- 114. AXILLARY LYMPHADENECTOMY
- 115. WOUND DEBRIDEMENT AND COVER
- 116. ABSCESS-DECOMPRESSION
- 117. CERVICAL LYMPHADENECTOMY
- 118. INFECTED SEBACEOUS CYST
- 119. INGUINAL LYMPHADENECTOMY
- 120. INCISION AND DRAINAGE OF ABSCESS
- 121. SUTURING OF LACERATIONS
- 122. SCALP SUTURING
- 123. INFECTED LIPOMA EXCISION
- 124. MAXIMAL ANAL DILATATION
- 125. PILES
- 126. A) INJECTION SCLEROTHERAPY
- 127. B) PILES BANDING
- 128. LIVER ABSCESS- CATHETER DRAINAGE
- 129. FISSURE IN ANO- FISSURECTOMY
- 130. FIBROADENOMA BREAST EXCISION
- 131. OESOPHAGEAL VARICES SCLEROTHERAPY
- 132. ERCP - PANCREATIC DUCT STONE REMOVAL
- 133. PERIANAL ABSCESS I&D
- 134. PERIANAL HEMATOMA EVACUATION
- 135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
- 136. BREAST ABSCESS I&D
- 137. FEEDING GASTROSTOMY
- 138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
- 139. ERCP - BILE DUCT STONE REMOVAL
- 140. ILEOSTOMY CLOSURE
- 141. COLONOSCOPY
- 142. POLYPECTOMY COLON

- 143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
- 144. UGI SCOPY AND POLYPECTOMY STOMACH
- 145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
- 146. FEEDING JEJUNOSTOMY
- 147. COLOSTOMY
- 148. ILEOSTOMY
- 149. COLOSTOMY CLOSURE
- 150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
- 151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
- 152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
- 153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
- 154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
- 155. ZADEK'S NAIL BED EXCISION
- 156. SUBCUTANEOUS MASTECTOMY
- 157. EXCISION OF RANULA UNDER GA
- 158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
- 159. EVERSION OF SAC
- 160. UNILATERAL
- 161. ILATERAL
- 162. LORD'S PPLICATION
- 163. JABOULAY'S PROCEDURE
- 164. SCROTOPLASTY
- 165. CIRCUMCISION FOR TRAUMA
- 166. MEATOPLASTY
- 167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
- 168. PSOAS ABSCESS INCISION AND DRAINAGE
- 169. THYROID ABSCESS INCISION AND DRAINAGE
- 170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
- 171. ESOPHAGEAL GROWTH STENT
- 172. PAIR PROCEDURE OF HYDATID CYST LIVER
- 173. TRU CUT LIVER BIOPSY
- 174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
- 175. EXCISION OF CERVICAL RIB
- 176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
- 177. MICRODOCHECTOMY BREAST
- 178. SURGERY FOR FRACTURE PENIS
- 179. SENTINEL NODE BIOPSY
- 180. PARASTOMAL HERNIA
- 181. REVISION COLOSTOMY
- 182. PROLAPSED COLOSTOMY- CORRECTION
- 183. TESTICULAR BIOPSY
- 184. LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
- 185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
- 186. LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)

7. Gynecology Related:

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

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

8. Neurology Related:

238. FACIAL NERVE PHYSIOTHERAPY
239. NERVE BIOPSY
240. MUSCLE BIOPSY
241. EPIDURAL STEROID INJECTION
242. GLYCEROL RHIZOTOMY

243. SPINAL CORD STIMULATION
244. MOTOR CORTEX STIMULATION
245. STEREOTACTIC RADIOSURGERY
246. PERCUTANEOUS CORDOTOMY
247. INTRATHECAL BACLOFEN THERAPY
248. ENTRAPMENT NEUROPATHY RELEASE
249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250. VP SHUNT
251. VENTRICULOATRIAL SHUNT

9. Oncology Related:

252. RADIOTHERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRT- IMAGE GUIDED RADIOTHERAPY
265. IMRT- STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT- DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. SBRT-STEREOTACTIC BODY RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOSURGERY
275. X-KNIFE SRS
276. GAMMAKNIFE SRS
277. TBI- TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESIUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY
285. INTERSTITIAL BRACHYTHERAPY
286. INTRACAVITY BRACHYTHERAPY
287. 3D BRACHYTHERAPY
288. IMPLANT BRACHYTHERAPY
289. INTRAVESICAL BRACHYTHERAPY
290. ADJUVANT RADIOTHERAPY
291. AFTERLOADING CATHETER BRACHYTHERAPY
292. CONDITIONING RADIOTHERAPY FOR BMT
293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS

- 294. RADICAL CHEMOTHERAPY
 - 295. NEOADJUVANT RADIOTHERAPY
 - 296. LDR BRACHYTHERAPY
 - 297. PALLIATIVE RADIOTHERAPY
 - 298. RADICAL RADIOTHERAPY
 - 299. PALLIATIVE CHEMOTHERAPY
 - 300. TEMPLATE BRACHYTHERAPY
 - 301. NEOADJUVANT CHEMOTHERAPY
 - 302. ADJUVANT CHEMOTHERAPY
 - 303. INDUCTION CHEMOTHERAPY
 - 304. CONSOLIDATION CHEMOTHERAPY
 - 305. MAINTENANCE CHEMOTHERAPY
 - 306. HDR BRACHYTHERAPY
- 10. Operations on the salivary glands & salivary ducts:**
- 307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
 - 308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
 - 309. RESECTION OF A SALIVARY GLAND
 - 310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
 - 311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
- 11. Operations on the skin & subcutaneous tissues:**
- 312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
 - 313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
 - 314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
 - 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
 - 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
 - 317. FREE SKIN TRANSPLANTATION, DONOR SITE
 - 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
 - 319. REVISION OF SKIN PLASTY
 - 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
 - 321. CHEMOSURGERY TO THE SKIN.
 - 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
 - 323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
 - 324. EXCISION OF BURSITIS
 - 325. TENNIS ELBOW RELEASE
- 12. Operations on the Tongue:**
- 326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
 - 327. PARTIAL GLOSSECTOMY
 - 328. GLOSSECTOMY
 - 329. RECONSTRUCTION OF THE TONGUE
 - 330. OTHER OPERATIONS ON THE TONGUE
- 13. Ophthalmology Related:**
- 331. SURGERY FOR CATARACT
 - 332. INCISION OF TEAR GLANDS
 - 333. OTHER OPERATIONS ON THE TEAR DUCTS
 - 334. INCISION OF DISEASED EYELIDS
 - 335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
 - 336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
 - 337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
 - 338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
 - 339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
 - 340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
 - 341. INCISION OF THE CORNEA
 - 342. OPERATIONS FOR PTERYGIUM
 - 343. OTHER OPERATIONS ON THE CORNEA
 - 344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
 - 345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
 - 346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
 - 347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
 - 348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
 - 349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
 - 350. ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
 - 351. ENUCLEATION OF EYE WITHOUT IMPLANT
 - 352. DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
 - 353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
 - 354. BIOPSY OF TEAR GLAND
 - 355. TREATMENT OF RETINAL LESION
- 14. Orthopedics Related:**
- 356. SURGERY FOR MENISCUS TEAR
 - 357. INCISION ON BONE, SEPTIC AND ASEPTIC
 - 358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
 - 359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
 - 360. REDUCTION OF DISLOCATION UNDER GA
 - 361. ARTHROSCOPIC KNEE ASPIRATION
 - 362. SURGERY FOR LIGAMENT TEAR
 - 363. SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
 - 364. REMOVAL OF FRACTURE PINS/NAILS
 - 365. REMOVAL OF METAL WIRE
 - 366. CLOSED REDUCTION ON FRACTURE, LUXATION
 - 367. REDUCTION OF DISLOCATION UNDER GA
 - 368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
 - 369. EXCISION OF VARIOUS LESIONS IN COCCYX
 - 370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
 - 371. CLOSED REDUCTION OF MINOR FRACTURES
 - 372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
 - 373. TENDON SHORTENING
 - 374. ARTHROSCOPIC MENISCECTOMY - KNEE
 - 375. TREATMENT OF CLAVICLE DISLOCATION
 - 376. HAEMARTHROSIS KNEE- LAVAGE
 - 377. ABSCESS KNEE JOINT DRAINAGE
 - 378. CARPAL TUNNEL RELEASE
 - 379. CLOSED REDUCTION OF MINOR DISLOCATION

- 380. REPAIR OF KNEE CAP TENDON
 - 381. ORIF WITH K WIRE FIXATION- SMALL BONES
 - 382. RELEASE OF MIDFOOT JOINT
 - 383. ORIF WITH PLATING- SMALL LONG BONES
 - 384. IMPLANT REMOVAL MINOR
 - 385. K WIRE REMOVAL
 - 386. POP APPLICATION
 - 387. CLOSED REDUCTION AND EXTERNAL FIXATION
 - 388. ARTHROTOMY HIP JOINT
 - 389. SYME'S AMPUTATION
 - 390. ARTHROPLASTY
 - 391. PARTIAL REMOVAL OF RIB
 - 392. TREATMENT OF SESAMOID BONE FRACTURE
 - 393. SHOULDER ARTHROSCOPY / SURGERY
 - 394. ELBOW ARTHROSCOPY
 - 395. AMPUTATION OF METACARPAL BONE
 - 396. RELEASE OF THUMB CONTRACTURE
 - 397. INCISION OF FOOT FASCIA
 - 398. CALCANEUM SPUR HYDROCORT INJECTION
 - 399. GANGLION WRIST HYALASE INJECTION
 - 400. PARTIAL REMOVAL OF METATARSAL
 - 401. REPAIR / GRAFT OF FOOT TENDON
 - 402. REVISION/REMOVAL OF KNEE CAP
 - 403. AMPUTATION FOLLOW-UP SURGERY
 - 404. EXPLORATION OF ANKLE JOINT
 - 405. REMOVE/GRAFT LEG BONE LESION
 - 406. REPAIR/GRAFT ACHILLES TENDON
 - 407. REMOVE OF TISSUE EXPANDER
 - 408. BIOPSY ELBOW JOINT LINING
 - 409. REMOVAL OF WRIST PROSTHESIS
 - 410. BIOPSY FINGER JOINT LINING
 - 411. TENDON LENGTHENING
 - 412. TREATMENT OF SHOULDER DISLOCATION
 - 413. LENGTHENING OF HAND TENDON
 - 414. REMOVAL OF ELBOW BURSA
 - 415. FIXATION OF KNEE JOINT
 - 416. TREATMENT OF FOOT DISLOCATION
 - 417. SURGERY OF BUNION
 - 418. INTRA ARTICULAR STEROID INJECTION
 - 419. TENDON TRANSFER PROCEDURE
 - 420. REMOVAL OF KNEE CAP BURSA
 - 421. TREATMENT OF FRACTURE OF ULNA
 - 422. TREATMENT OF SCAPULA FRACTURE
 - 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
 - 424. REPAIR OF RUPTURED TENDON
 - 425. DECOMPRESS FOREARM SPACE
 - 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
 - 427. LENGTHENING OF THIGH TENDONS
 - 428. TREATMENT FRACTURE OF RADIUS & ULNA
 - 429. REPAIR OF KNEE JOINT
- 15. Other operations on the mouth & face:**
- 430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE

- 431. INCISION OF THE HARD AND SOFT PALATE
- 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
- 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
- 434. OTHER OPERATIONS IN THE MOUTH

16. Pediatric surgery Related:

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

17. Plastic Surgery Related:

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

18. Thoracic surgery Related:

- 466. THORACOSCOPY AND LUNG BIOPSY
- 467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
- 468. LASER ABLATION OF BARRETT'S OESOPHAGUS
- 469. PLEURODESIS
- 470. THORACOSCOPY AND PLEURAL BIOPSY
- 471. EBUS + BIOPSY
- 472. THORACOSCOPY LIGATION THORACIC DUCT
- 473. THORACOSCOPY ASSISTED EMPYEMA DRAINAGE

19. Urology Related:

- 474. HAEMODIALYSIS
- 475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
- 476. EXCISION OF RENAL CYST

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

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

Sr. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	Sr. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
	TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS		TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS
1	Hair removal cream	55	Hand holder
2	Baby charges (unless specified/indicated)	56	Hansaplast/Adhesive bandages
3	Baby food	57	Lactogen/Infant food
4	Baby utilites charges	58	Slings
5	Baby set	Items specifically excluded in the policies	
6	Baby bottles	59	Weight control programs/supplies/services
7	Brush	60	Cost of spectacles/contact lenses/hearing aids, etc.
8	Cosy towel	61	Dental treatment expenses that do not require hospitalisation
9	Hand wash	62	Hormone replacement therapy
10	Moisturizer paste brush	63	Home visit charges
11	Powder	64	Infertility/subfertility/assisted conception procedure
12	Razor	65	Obesity (including morbid obesity) treatment
13	Shoe cover	66	Psychiatric & psychosomatic disorders
14	Beauty services	67	Corrective surgery for refractive error
15	Belts/braces	68	Treatment of sexually transmitted diseases
16	Buds	69	Donor screening charges
17	Barber charges	70	Admission/registration charges
18	Caps	71	Hospitalisation for evaluation/diagnostic purpose
19	Cold pack/Hot pack	72	Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed
20	Carry bags	73	Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/AIDS etc is detected/directly or indirectly
21	Cradle charges		
22	Comb	74	Stem cell implantation/surgery and storage
23	Disposables razors charges (for site preparations)		
24	Eau-de-cologne/Room fresheners	items which form part of hospital services where separate consumables are not payable but the service is	
25	Eye pad		
26	Eye shield		
27	Email/Internet charges	75	Ward and Theatre booking charges
28	Food charges (other than patient's diet provided by Hospital)	76	Arthroscopy & Endoscopy instruments
29	Foot cover	77	Microscope cover
30	Gown	78	Surgical blades, Harmonic scalpel, shaver
31	Leggings	79	Surgical drill
32	Laundry charges	80	Eye kit
33	Mineral water	81	Eye drape
34	Oil charges	82	X-ray film
35	Sanitary pad	83	Sputum cup
36	Slippers	84	Boyles apparatus charges
37	Telephone charges	85	Blood grouping and cross matching of donors samples
38	Tissue paper	86	Savlon
39	Tooth paste	87	Band aids, bandages, sterile injections, needles, syringes
40	Tooth brush	88	Cotton
41	Guest services	89	Cotton bandage
42	Bed Pan	90	Micropore/Surgical tape
43	Bed under pad charges	91	Blade
44	Camera cover	92	Apron
45	Cliniplast	93	Torniquet
46	Crepe bandage	94	Orthobundle, Gynaec bundle
47	Curapore	95	Urine container
48	Diaper of any type	Elements of room charge	
49	DVD, CD charges	96	Luxury tax
50	Eyelet collar	97	HVAC
51	Face mask	98	House keeping charges
52	Flexi mask	99	Service charges where nursing charge also charged
53	Gause soft	100	Television & Air conditioner charges
54	Gauze	101	Surcharges

Sr. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy	Sr. No.	List of expenses generally excluded ("Non-medical")in hospital indemnity policy
102	Attendant charges	153	Ambulance equipment
103	Im Iv Injection charges	154	Microsheild
104	Clean sheet	155	Abdominal binder
105	Extra diet of patient (other than that which forms part of bed charge)	Items payable if supported by a prescription	
106	Blanket/Warmer blanket	156	Betadine\Hydrogen peroxide\Spirit\Disinfectants etc.
Administrative or Non-medical charges		157	Private nurses charges- Special nursing charges
107	Admission kit	158	Nutrition planning charges - Dietician charges - Diet charges
108	Birth certificate	159	Sugar free tablets
109	Blood reservation charges and Ante-natal booking charges	160	Creams, powders, lotions (toileteries are not payable, only prescribed medical pharmaceuticals payable)
110	Certificate charges		
111	Courier charges	161	Digestion gels
112	Conveyance charges	162	Ecg electrodes
113	Diabetic chart charges	163	Gloves
114	Documentation charges/Administrative expenses	164	HIV kit
115	Discharge Procedure charges	165	Listerine/Antiseptic mouthwash
116	Daily chart charges	166	Lozenges
117	Entrance pass/Visitors pass charges	167	Mouth paint
118	Expenses related to prescription on discharge	168	Nebulisation kit
119	File opening charges	169	Novarapid
120	Incidental expenses/Misc. charges (not explained)	170	Volini gel/Analgesic gel
121	Medical certificate	171	Zytee gel
122	Maintenance charges	172	Vaccination charges
123	Medical records	Part of hospital's own costs and not payable	
124	Preparation charges	173	AHD
125	Photocopies charges	174	Alcohol swabes
126	Patient identification band/Name tag	175	Scrub solution/Sterillium others
127	Washing charges	176	Vaccine charges for baby
128	Medicine box	177	Aesthetic treatment/Surgery
129	Mortuary charges	178	TPA charges
130	Medico legal case charges (MLC charges)	179	Visco belt charges
External durable devices		180	Any kit with no details mentioned, Delivery kit, Orthokit, Recovery kit, etc.
131	Walking aids charges	181	Examination gloves
132	BIPAP machine	182	Kidney tray
133	Commode	183	Mask
134	CPAP/CAPD equipments	184	Ounce glass
135	Infusion pump - cost	185	Outstation consultant's/Surgeon's fees
136	Oxygen cylinder (for usage outside the hospital)	186	Oxygen mask
137	Pulseoxymeter charges	187	Paper gloves
138	Spacer	188	Pelvic traction belt
139	Spirometre	189	Referral doctor's fees
140	SpO2 Probe	190	Accu check (glucometry/strips)
141	Nebulizer Kit	191	Pan can
142	Steam Inhaler	192	Sofnet
143	Arm sling	193	Trolley cover
144	Thermometer	194	Urometer, Urine jug
145	Cervical collar	195	Ambulance
146	Splint	196	Tegaderm/Vasofix safety
147	Diabetic foot wear	197	Urine bag
148	Knee braces (long/short/hinged)	198	Softovac
149	Knee immobilizer/Shoulder immobilizer	199	Stockings
150	Lumbo sacral belt		
151	Nimbus bed or water or air bed charges		
152	Ambulance collar		

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

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines,Kingsway Camp,Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15,Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema,Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70,S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55,Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162,Lowther Road, Bai Ka Bagh , Allahabad , Uttar Pradesh
City Hospital & Trauma Centre	C-1,Cinder Dump Complex,Opposite Krishna Cinema Hall,Kanpur Road, Alambagh , Lucknow , Uttar Pradesh
Dayal Maternity & Nursing Home	No.953/23,D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road,Athwalines, Surat , Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex,S.A.B.T.V.Lane Road,Lokhandwala.Near Laxmi Industrial Estate, Andheri , Mumbai , Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises,Andheri Kurla Road , Andheri , Mumbai , Maharashtra
Gokul Hospital	Thakur Complex , Kandivali East , Mumbai , Maharashtra
Shree Sai Hospital	Gokul Nagri I,Thankur Complex,Western Express Highway, Kandivali East , Mumbai , Maharashtra
Shreedevi Hospital	Akash Arcade,Bhanu Nagar,Near Bhanu Sagar Theatre,Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk,Kamatwada Road,Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2,Imli Bazar,Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave,Pachpedhi Naka,Dhamtri Road,National Highway No 43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar , New Delhi , Delhi
R.K.Hospital	3C/59,BP,Near Metro Cinema, New Industrial Township I , Faridabad , Haryana
Prakash Hospital	D -12,12A,12B,Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road,Near New Colony, New Colony , Gurgaon , Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta,132, Ring Road, Satellite , Ahmedabad , Gujarat
Mohit Hospital	Khoya B-Wing,Near National Park,Borivali(E), Kandivali West , Mumbai , Maharashtra
Scope Hospital	628,Niti Khand-I, Indirapuram , Ghaziabad , Uttar Pradesh
Agarwal Medical Centre	E-234,- , Greater Kailash I , New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan , Rohtak , Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/I, Sector 41 , Noida , Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road , Ahmedabad , Gujarat
Palwal Hospital	Old G.T. Road,Near New Sohna Mod, Palwal , Haryana
B.K.S. Hospital	No.18,1st Cross,Gandhi Nagar, Adyar , Bellary , Karnataka
East West Medical Centre	No.711,Sector 14, Sector 14 , Gurgaon , Haryana
Jagtap Hospital	Anand Nagar,Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg,Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road,Bahalgarh, Sonipat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16,17,18 Opposite Solaris Estate, L.T.Gate No.6,Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Sparsh Multy Specality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

Hospital Name	Address
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp Toyota Showroom, Malad Link Road, Malad West , Mumbai , Maharashtra
Shakuntla Hospital	3-B Tashkant Marg,Near St. Joseph Collage, Allahabad , Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E,Station Road, Panki , Kanpur , Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9,Near Sub Registrar Office, Gandhi Nagar , Hyderabad , Andhra Pradesh
Amrapali Hospital	Plot No. NH-34,P-2,Omega -I, 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-629/63 I,Hapur Road, Shastri Nagar , Meerut , Uttar Pradesh
Sona Medical Centre	5/58,Near Police Station, Vikas Nagar , Lucknow , Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump,Gohana Road, Rohtak , Haryana
Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk , Gurgaon , Haryana
Abhishek Hospital	C-12,New Azad Nagar, Kanpur , Kanpur , Uttar Pradesh
Raj Nursing Home	23-A, Park Road , Allahabad , Uttar Pradesh
Sparsh Medicare and Trauma Centre	Shakti Khand - III/54 ,Behind Cambridge School , Indirapuram, Ghaziabad , Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12 ,Pratap Vihar , Ghaziabad , Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn. , Near Dayanand Park, Sahibabad , Ghaziabad , Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34 , Noida , Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc,B/H. Bhulabhavan School, Aanand-Mahal Rd. , Adajan , Surat , Gujarat
Abhinav Hospital	Harsh Apartment,Nr Jamna Nagar Bus Stop, Goddod Road , Surat , Gujarat
Adhar Ortho Hospital	Dawer Chambers,Nr. Sub Jail, Ring Road , Surat , Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc.60 Feet, Godadara Road , Surat , Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd. , Surat , Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara , Surat , Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - I , Plot No. 20/21 , Near Piyush Point, Pandesara , Surat , Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road , Bhatar Road , Surat , Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc. , Puna Gam , Surat , Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya,Kaji Medan, Gopipura , Surat , Gujarat
Hari Milan Hospital	L H Road , Surat , Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi , Surat , Gujarat
Jeevan Path Gen. Hospital	2Nd. Fl., Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan , Surat , Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna , Surat , Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwamagar Soc, Bhamroli-Bhatar, Pandesara , Surat , Gujarat
Krishnavati General Hospital	Bamroli Road , Surat , Gujarat
Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park , Surat , Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat , Gujarat
Poshia Children Hospital	Harekrishan Shopping Complex 1st Floor, Varachha Road , Surat , Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara , Surat , Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, L H Road, Varachha Road, Surat , Gujarat
Santosh Hospital	L H Road , Varachha , Surat , Gujarat

Notes:

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

About Us

Care Health Insurance Limited

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.

Care Health Insurance was awarded 'Smart Insurer of the Year' and 'Sales Champion of the Year' at The Economic Times Insurance Summit & Awards 2022. The company was also conferred the 'Best Health Insurance Product' and 'Best Health Insurance Agents' at the Insurance Alerts Awards, 2021, and was adjudged 'Best Medical/Health Insurance Product Award' at FICCI Healthcare Excellence Awards 2019.

Contact details for Claims & Policy Servicing

Registered Office:	Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence address	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
Submit Your Queries/Requests:	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

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

Insurance is a subject matter of solicitation. UAN:23015573 UIN: RHIHLIP21374V022021 CIN: U66000DL2007PLC161503 IRDAI Registration Number - 148

Note:

1. The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
2. The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
3. Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
4. In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
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