

Arogya Sanjeevani Policy, Universal Sampo General Insurance Company

A. SCHEDULE

B.I. PREAMBLE

This Policy is a contract of insurance issued by Universal Sampo General Insurance Company (hereinafter called the 'Company') to the proposer mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The policy is based on the statements and declaration provided in the proposal Form by the proposer and is subject to receipt of the requisite premium.

B. II. OPERATIVE CLAUSE

If during the policy period one or more Insured Person (s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary, expenses towards the Coverage mentioned in the policy schedule. Provided further that, any amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), Exclusions, Conditions and Definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured (Individual or Floater) opted and Cumulative Bonus (if any) specified in the Schedule.

C. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

C.1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

C.2. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.

C.3. **Any One Illness** means continuous period of illness and it includes relapse within forty-five days from the date of last consultation with the hospital where treatment has been taken.

C.4. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

C.5. An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

C.6. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

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

C.7. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

C.8. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

C.9. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

C.10. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body.

C.11. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

C.12. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

C.13. **Day Care Centre** means any institution established for day care treatment of disease/injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:

i. has qualified nursing staff under its employment.

ii. has qualified medical practitioner (s) in charge.

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

iv. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

C.14. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:

i. undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty-four hours because of technological advancement, and

ii. which would have otherwise required a hospitalization of more than twenty-four hours.

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

C.15. **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

C.16. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or nondisclosure of any material fact.

C.17. **Emergency Care:** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

C.18. **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:

i. Legally wedded spouse.

ii. Parents and Parents-in-law.

iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

C.19. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received.

C.20. **Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments

specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
- iii. has qualified medical practitioner (s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
- v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

C.21. Hospitalization means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

C.22. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.

i. Acute Condition means a disease, illness or injury that is likely to response quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.

ii. Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics

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

C.23. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

C.24. **In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

C.25. **Insured Person** means person(s) named in the schedule of the Policy.

C.26. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

C.27. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

C.28. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

C.29. **Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

C.30. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.

C.31. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

i. is required for the medical management of illness or injury suffered by the insured;

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

iii. must have been prescribed by a medical practitioner;

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

C.32. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

C.33. **Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

C.34. **Non- Network Provider** means any hospital that is not part of the network.

C.35. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

C.36. **Out-Patient (OPD) Treatment** means treatment in which the insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner. The insured is not admitted as a day care or in-patient.

C.37. **Pre-Existing Disease (PED)**: Pre-existing disease means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or

b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

C.38. **Pre-hospitalization Medical Expenses** means medical expenses incurred during the period of 30 days preceding the hospitalization of the Insured Person, provided that:

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

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

C.39. **Post-hospitalization Medical Expenses** means medical expenses incurred during the period of 60 days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.

C.40. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

C.41. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person

C.42. **Policy period** means period of one policy year as mentioned in the schedule for which the Policy is issued

C.43. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy

C.44. **Policy year means** a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule.

C.45. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

C.46. **Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

C.47. **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

C.48. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

C.49. **Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.

C.50. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

C.51. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

C.52. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

D. BENEFITS

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

D.1. Hospitalization

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule, for,

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/- per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital

- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

D.1.2. Other expenses

- i. Expenses incurred on treatment of cataract subject to the sub limits
- ii. Dental treatment, necessitated due to disease or injury
- iii. Plastic surgery necessitated due to disease or injury
- iv. All the day care treatments as listed in Annexure A – List V are covered
- v. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment
2. In case of admission to a room/ICU/CCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/CCU charges.

D.2. AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

D.3. Cataract Treatment

The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per eye in one policy year.

D.4. Pre Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the policy.

D.5. Post Hospitalization

The company shall indemnify post-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

D.6. Modern Treatment

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- 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.

D.7. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

D.8. Cumulative Bonus (CB)

The Insured will have an option to opt from:

- a. Enhancement in Sum Insured: Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

Or

- b. Discount in Premium:

No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal where there is no claim, this will be available for maximum up to 10 years.

If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.

Age Bands	Sum Insured			
	0.5 L – 2.5 L	3 L – 5 L	5.5 L – 7.5 L	8 L – 10 L
91 days - 45 Years	30	50	60	70
46 Years - 60 Years	70	125	165	200
61 Years - 70 Years	200	300	400	500
>= 71 Years	380	680	800	900

The above discount will accumulate up to a maximum of 10 years.

Notes:

- i. In case where the policy is on individual basis, the CB shall be added and available individually to the insured person if no claim has been reported. CB shall reduce only in case of claim from the same insured Person.
- ii. In case where the policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.

- iv. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons
- v. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- vi. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy,
- vii. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
- viii. If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

E. EXCLUSIONS

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

a) Waiting Period:

E.a.1. Pre-Existing Diseases (Code- Excl 01)

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
- 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 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

E.a.2. Specific Waiting Period: (Code- Excl 02)

i. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.

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

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

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

v. If the Insured 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.

A) 24 Months waiting period

1. Benign ENT disorders

2. Tonsillectomy

3. Adenoidectomy

4. Mastoidectomy

5. Tympanoplasty

6. Hysterectomy

7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps

8. Benign prostate hypertrophy

9. Cataract and age related eye ailments

10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

B) 36 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

E.a.3. First Thirty Days Waiting Period (Code- Excl 03)

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

E.4. Investigation & Evaluation (Code- Excl 04)

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

E.5. Rest Cure, rehabilitation and respite care (Code- Excl 05)

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.

E.6. Obesity/ Weight Control (Code- Excl 06)

Expenses related to the surgical treatment of obesity that does not fulfil 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 comorbidities 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

E.7. Change-of-Gender treatments: (Code- Excl 07)

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

E.8. Cosmetic or plastic Surgery: (Code- Excl 08)

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.

E.9. Hazardous or Adventure sports: (Code- Excl 09)

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.

E.10. Breach of law: (Code- Excl 10)

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

E.11. Excluded Providers: (Code-Excl 11)

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.

E.12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl 12)

E.13. 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- Excl 13)

E.14. 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-Excl 14)

E.15. Refractive Error:(Code- Excl 15)

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

E.16. Unproven Treatments:(Code- Excl 16)

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.

E.17. Sterility and Infertility: (Code- Excl 17)

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

E.18. Maternity Expenses (Code- Excl 18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

E.19. 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.

E.20. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- iii Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or' biologically produced toxins

(including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

E.21. Any expenses incurred on Domiciliary Hospitalization and OPD treatment

E.22. Treatment taken outside the geographical limits of India

E.23. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes

F. GENERAL TERMS & CLAUSES

F.1. Disclosure of Information

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

F.2. Condition Precedent to Admission of Liability

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

F.3. Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim

F.4. 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 policyholder 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 if chosen by the policy holder 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. Policyholder 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(s) 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 after, the policyholder 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 hospitalization costs in accordance with the terms and conditions of the chosen policy.

F.5. Fraud

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

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

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

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

(b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact.

(c) any other act fitted to deceive; and

(d) any such act or omission as the law specially declares to be fraudulent

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

F.6. Cancellation

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

- a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage
- b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation

F.7. Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the 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. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

F.8. Portability:

The insured person will have the option to port the policy to other insurers 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.

F.9. Renewal of Policy

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

- i. The Company will endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years

iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

IV. No loading shall apply on renewals based on individual claims experience.

F.10. Premium Payment in Installments

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

i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium

ii. If the premium is paid in installments during the policy period, coverage will be available during such Grace period.

iii. The Benefits provided under — “Waiting Periods”, “Specific Waiting Periods” Sections shall continue in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the installment premium is not paid on due date.

v. In case of installment premium due not received within the grace Period, the Policy will get cancelled.

vi. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

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

F.11. 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.

F.12. Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/migrating the policy.

The insured shall be allowed a period of thirty days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

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

F.13. Moratorium Period

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

F.14. Nomination:

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

F.15. Redressal Of Grievance

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:

Step 1: Contact us

Write us at:

**Customer Service Universal Sampo
General Insurance Co. Ltd.**

Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708

E- mail Address

contactus@universalsampo.com

For more details:

www.universalsampo.com

**Toll Free Numbers: 1800-22-4030 or
1800-200-4030**

**Senior Citizen toll free number: 1800-267-
4030**

Step 2: Grievance Cell

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

**Customer Service Universal Sampo General
Insurance Co. Ltd.**

Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708

E- mail Address:

grievance@universalsampo.com

For more details:

www.universalsampo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern within 3 business days.
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of our response.

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

Customer Service Universal Sampo General Insurance Co. Ltd.

Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708

E- mail Address:

gro@universalsompo.com

For more details:

www.universalsompo.com

For updated details of grievance officer, kindly refer the link
<https://www.universalsompo.com/resource-grievance-redressal>

Step 4: Insurance Ombudsman

Bima Bharosa Portal link: <https://bimabharosa.irdai.gov.in/>

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at <https://www.gicouncil.in/>, the Consumer Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

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

Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Annexure B.

F.16. Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

F.17. Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of

any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

F.18. Notice & Communication

i Any notice, direction, instruction or any other communication related to the Policy should be made in writing. ii Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule. iii The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

F.19. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

F.20. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

i. In the case of his/ her (Insured Person) demise.

However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

ii. Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

F.21. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

F.22. Endorsements (Changes in Policy)

i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

F.23. Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

F.24. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

G. CLAIM PROCEDURE

G.1. Procedure for Cashless claims:

Follow below steps to avail Cashless facility through our In house Health Claims Management:

Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo

Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and

Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

➤ Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.

➤ Mail us at healthserve@universalsompo.com

G.2. Procedure for reimbursement of claims:

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@universalsompo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,
Health Claims Management Office,
1st FloorC-56- A/13,
Block- C Sector- 62,
Noida,
Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.

G.3. Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Claim form duly filled and signed by the Insured
- ii. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- iii. All treatment papers of current ailment including previous treatment papers if any.
- iv. Original Discharge Card from the hospital, Indoor Case Papers.
- v. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- vi. Original hospital bill and receipts.
- vii. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- viii. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- ix. Valid Photo ID Proof of the patient.
- x. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- xi. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card & Aadhaar Card as per AML/KYC Norms.

The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us.

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company

3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

G.4. Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

G.5. Claim Settlement (provision for Penal Interest)

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

G.6. Services Offered by TPA (To be stated where TPA is involved)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include

- i. Claim settlement and claim rejection.
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered with the Company.

All claims under the policy shall be payable in Indian currency only,

H. TABLE OF BENEFITS

Name	Arogya Sanjeevani Policy, Universal Sampo General Insurance Company
Product Type	Individual/ Floater

Category of Cover	Indemnity
Sum insured	INR On Individual basis — SI shall apply to each individual family member On Floater basis — SI shall apply to the entire family
Policy Period	1 year
Eligibility	<p>Policy can be availed by persons between the age of 18 years and 65years, as Proposer. Proposer with higher age can obtain policy for family, without covering self.</p> <p>Policy can be availed for Self and the following family members</p> <ul style="list-style-type: none"> i. legally wedded spouse. ii. Parents and Parents-in-law . iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
Grace Period	The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium
Hospitalization Expenses	<p>Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible</p> <p>Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.</p>
Pre Hospitalization	For 30 days prior to the date of hospitalization
Post Hospitalization	For 60 days from the date of discharge from the hospital
Sublimit for room/doctors fee	<p>1. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital/Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/- per day.</p> <p>2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (1CCU) charges all inclusive as provided by the Hospital / Nursing Home up to 5% of the sum insured subject to maximum of Rs. 10,000/- , per day</p>
Cataract Treatment	Up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.

AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to sum insured, during each Policy year as specified in the policy schedule.
Pre Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered after a waiting period of 3 years
Cumulative bonus	<p>Enhancement in Sum Insured: Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.</p> <p>Or</p> <p>Discount in Premium:</p> <p>No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid for every renewal where there is no claim, this will be available for maximum up to 10 years.</p>
Co Pay	5% co pay on all claims

Annexure-A

List I — Items for which coverage is not available in the policy

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD

14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER

47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II — Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER

9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MIS CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III — Items that are to be subsumed into Procedure Charges

SI No.	Item
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1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS

7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

List V: Day Care Procedure

A. Cardiology:

1. Coronary Angiography

B. Critical Care:

1. Insert Non - Tunnel CV Cath
2. Insert PICC CATH (Peripherally Inserted Central Catheter)
3. Replace PICC CATH (Peripherally Inserted Central Catheter)
4. Insertion Catheter, Intra Anterior
5. Insertion of Portacath

C. Dental:

1. Suturing Lacerated Lip
2. Suturing Oral Mucosa
3. Oral Biopsy In Case Of Abnormal Tissue Presentation
4. FNAC

D. ENT:

1. Bronchical Thermoplasty for Asthma
2. Myringotomy With Grommet Insertion
3. Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
4. Removal Of A Tympanic Drain
5. Keratosis Removal Under GA
6. Operations On The Turbinates (nasal Concha)
7. Removal Of Keratosis Obturans
8. Stapedotomy To Treat Various Lesions In Middle Ear
9. Revision Of A Stapedectomy
10. Other Operations On The Auditory Ossicles
11. Myringoplasty (post-aural/endaural Approach As Well As Simple Type-I Tympanoplasty)
12. Fenestration Of The Inner Ear
13. Revision Of A Fenestration Of The Inner Ear
14. Palatoplasty
15. Transoral Incision And Drainage Of A Pharyngeal Abscess
16. Tonsillectomy Without Adenoidectomy
17. Tonsillectomy With Adenoidectomy
18. Excision And Destruction Of A Lingual Tonsil
19. Revision Of A Tympanoplasty
20. Other Microsurgical Operations On The Middle Ear
21. Incision Of The Mastoid Process And Middle Ear
22. Mastoidectomy Reconstruction Of The Middle Ear
23. Other Excisions Of The Middle And Inner Ear
24. Incision (opening) And Destruction (elimination) Of The Inner Ear
25. Other Operations On The Middle And Inner Ear
26. Excision And Destruction Of Diseased Tissue Of The Nose
27. Other Operations On The Nose
28. Nasal Sinus Aspiration
29. Foreign Body Removal From Nose
30. Other Operations On The Tonsils And Adenoids
31. Adenoidectomy
32. Labyrinthectomy For Severe Vertigo
33. Stapedectomy Under GA
34. Stapedectomy Under LA
35. Tympanoplasty (type IV)

36. Endolymphatic Sac Surgery For Meniere's Disease
37. Turbinectomy
38. Endoscopic Stapedectomy
39. Incision And Drainage Of Perichondritis
40. Septoplasty
41. Vestibular Nerve Section
42. Thyroplasty Type I
43. Pseudocyst Of The Pinna - Excision
44. Incision And Drainage - Haematoma Auricle
45. Tympanoplasty (Type II)
46. Reduction Of Fracture Of Nasal Bone
47. Thyroplasty Type II
48. Tracheostomy
49. Excision Of Angioma Septum
50. Turbinoplasty
51. Incision & Drainage Of Retro Pharyngeal Abscess
52. Uvulo Palato Pharyngo Plasty
53. Adenoidectomy With Grommet Insertion
54. Adenoidectomy Without Grommet Insertion
55. Vocal Cord Lateralisation Procedure
56. Incision & Drainage Of Para Pharyngeal Abscess
57. Tracheoplasty
58. Total excision of Pinna
59. Middle ear polypectomy
60. Nasal septum cauterisation (and bilateral)
61. Excision of lesion of Internal nose
62. Balloon Sinuplasty

E. Gastroenterology:

1. Cholecystectomy And Choledocho-jejunostomy/Duodenostomy / Gastrostomy / Exploration Common Bile Duct
2. Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/Removal Of Foreign Body/diathermy Of Bleeding Lesions
3. Pancreatic Pseudocyst Eus & Drainage
4. RF Ablation For Barrett's Oesophagus
5. ERCP And Papillotomy
6. Esophagoscope And Sclerosant Injection

7. EUS + Submucosal Resection
8. Construction Of Gastrostomy Tube
9. EUS + Aspiration Pancreatic Cyst
10. Small Bowel Endoscopy (therapeutic)
11. Colonoscopy, Lesion Removal
12. ERCP
13. Colonoscopy Stenting Of Stricture
14. Percutaneous Endoscopic Gastrostomy
15. EUS And Pancreatic Pseudo Cyst Drainage
16. ERCP And Choledochoscopy
17. Proctosigmoidoscopy Volvulus Detorsion
18. ERCP And Sphincterotomy
19. Esophageal Stent Placement
20. ERCP + Placement Of Biliary Stents
21. Sigmoidoscopy W / Stent
22. EUS + Coeliac Node Biopsy
23. UGI Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers

F. General Surgery:

1. Robotic surgeries
2. Incision Of A Pilonidal Sinus / Abscess
3. Fissure In Ano Sphincterotomy
4. Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
5. Orchidopexy
6. Abdominal Exploration In Cryptorchidism
7. Surgical Treatment Of Anal Fistulas
8. Division Of The Anal Sphincter (sphincterotomy)
9. Epididymectomy
10. Incision Of The Breast Abscess
11. Operations On The Nipple
12. Excision Of Single Breast Lump
13. Incision And Excision Of Tissue In The Perianal Region
14. Surgical Treatment Of Hemorrhoids
15. Other Operations On The Anus
16. Ultrasound Guided Aspirations
17. Sclerotherapy, Etc.
18. Laparotomy For Grading Lymphoma With Splenectomy / liver/ lymph Node Biopsy

19. Therapeutic Laparoscopy With Laser
20. Appendicectomy With/without Drainage
21. Infected Keloid Excision
22. Axillary Lymphadenectomy
23. Wound Debridement And Cover
24. Abscess-decompression
25. Cervical Lymphadenectomy
26. Infected Sebaceous Cyst
27. Inguinal Lymphadenectomy
28. Incision And Drainage Of Abscess
29. Suturing Of Lacerations
30. Scalp Suturing
31. Infected Lipoma Excision
32. Maximal Anal Dilatation
33. Piles a. Injection Sclerotherapy b. Piles Banding
34. Liver Abscess- Catheter Drainage
35. Fissure In Ano-Fissurectomy
36. Fibroadenoma Breast Excision
37. Oesophageal Varices Sclerotherapy
38. ERCP - Pancreatic Duct Stone Removal
39. Perianal Abscess I&d
40. Perianal Hematoma Evacuation
41. UGI Scopy And Polypectomy Oesophagus
42. Breast Abscess I& D
43. Feeding Gastrostomy
44. Oesophagoscopy And Biopsy Of Growth Oesophagus
45. ERCP - Bile Duct Stone Removal
46. Ileostomy Closure
47. Colonoscopy
48. Polypectomy Colon
49. Splenic Abscesses Laparoscopic Drainage
50. UGI Scopy And Polypectomy Stomach
51. Rigid Oesophagoscopy For FB Removal
52. Feeding Jejunostomy
53. Colostomy
54. Ileostomy
55. Colostomy Closure

56. Submandibular Salivary Duct Stone Removal
57. Pneumatic Reduction Of Intussusception
58. Varicose Veins Legs - Injection Sclerotherapy
59. Rigid Oesophagoscopy For Plummer Vinson Syndrome
60. Pancreatic Pseudocysts Endoscopic Drainage
61. Zadek's Nail Bed Excision
62. Subcutaneous Mastectomy
63. Excision Of Ranula Under GA
64. Rigid Oesophagoscopy For Dilation Of Benign Strictures
65. Eversion Of Sac -unilateral -bilateral
66. Lord's Plication
67. Jaboulay's Procedure
68. Scrotoplasty
69. Circumcision For Trauma
70. Meatoplasty
71. Intersphincteric Abscess Incision And Drainage
72. PSOAS Abscess Incision And Drainage
73. Thyroid Abscess Incision And Drainage
74. Tips Procedure For Portal Hypertension
75. Esophageal Growth Stent
76. Pair Procedure Of Hydatid Cyst Liver
77. Tru Cut Liver Biopsy
78. Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
79. Excision Of Cervical Rib
80. Laparoscopic Reduction Of Intussusception
81. Microdocheotomy Breast
82. Surgery For Fracture Penis
83. Sentinel Node Biopsy
84. Parastomal Hernia
85. Revision Colostomy
86. Prolapsed Colostomy- Correction
87. Testicular Biopsy
88. Laparoscopic Cardiomyotomy(Hellers)
89. Sentinel Node Biopsy Malignant Melanoma
90. Laparoscopic Pyloromyotomy(Ramstedt)

G. Gynecology:

1. Operations On Bartholin's Glands (cyst)
2. Incision Of The Ovary
3. Insufflations Of The Fallopian Tubes
4. Other Operations On The Fallopian Tube
5. Dilatation Of The Cervical Canal
6. Conisation Of The Uterine Cervix
7. Therapeutic Curettage With Colposcopy / Biopsy /Diathermy / Cryosurgery
8. Laser Therapy Of Cervix For Various Lesions Of Uterus
9. Other Operations On The Uterine Cervix
10. Incision Of The Uterus (hysterectomy)
11. Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
12. Incision Of Vagina
13. Incision Of Vulva
14. Culdotomy
15. Salpingo-oophorectomy Via Laparotomy
16. Endoscopic Polypectomy
17. Hysteroscopic Removal Of Myoma
18. D&c
19. Hysteroscopic Resection Of Septum
20. Thermal Cauterisation Of Cervix
21. Mirena Insertion
22. Hysteroscopic Adhesiolysis
23. Leep
24. Cryocauterisation Of Cervix
25. Polypectomy Endometrium
26. Hysteroscopic Resection Of Fibroid
27. LLETZ
28. Conization
29. Polypectomy Cervix
30. Hysteroscopic Resection Of Endometrial Polyp
31. Vulval Wart Excision
32. Laparoscopic Paraovarian Cyst Excision
33. Uterine Artery Embolization
34. Laparoscopic Cystectomy
35. Hymenectomy(Imperforate Hymen)
36. Endometrial Ablation

37. Vaginal Wall Cyst Excision
38. Vulval Cyst Excision
39. Laparoscopic Paratubal Cyst Excision
40. Repair Of Vagina (Vaginal Atresia)
41. Hysteroscopy, Removal Of Myoma
42. TURBT
43. Vaginal Mesh For POP
44. Laparoscopic Myomectomy
45. Surgery For SUI
46. Repair Recto- Vagina Fistula
47. Pelvic Floor Repair(Excluding Fistula Repair)
48. URS + LL
49. Laparoscopic Oophorectomy
50. Normal Vaginal Delivery And Variants
51. Excision of lesion of vulva
52. Amputation of cervix uteri

H. Neurology:

1. IONM – (Intra Operative Neuro Monitoring)
2. Facial Nerve Glycerol Rhizotomy
3. Spinal Cord Stimulation
4. Motor Cortex Stimulation
5. Stereotactic Radiosurgery
6. Percutaneous Cordotomy
7. Intrathecal Baclofen Therapy
8. Entrapment Neuropathy Release
9. Diagnostic Cerebral Angiography
10. VP Shunt
11. Ventriculoatrial Shunt
12. Deep Brain stimulation

I. Oncology:

1. Radiotherapy For Cancer
2. Cancer Chemotherapy
3. IV Push Chemotherapy
4. HBI-hemibody Radiotherapy
5. Infusional Targeted Therapy

6. SRT-stereotactic ARC Therapy
7. SC Administration Of Growth Factors
8. Continuous Infusional Chemotherapy
9. Infusional Chemotherapy
10. CCRT-concurrent Chemo + RT
11. D Radiotherapy
12. D Conformal Radiotherapy
13. IGRT- Image Guided Radiotherapy
14. IMRT- Step & Shoot
15. Infusional Bisphosphonates
16. IMRT- DMLC
17. Rotational Arc Therapy
18. Tele Gamma Therapy
19. FSRT-fractionated SRT
20. VMAT-volumetric Modulated Arc Therapy
21. SBRT-stereotactic Body Radiotherapy
22. Helical Tomotherapy
23. SRS-stereotactic Radiosurgery
24. X-knife SRS
25. Gammaknife SRS
26. TBI- Total Body Radiotherapy
27. Intraluminal Brachytherapy
28. Electron Therapy
29. TSET-total Electron Skin Therapy
30. Extracorporeal Irradiation Of Blood Products
31. Telecobalt Therapy
32. Telecesium Therapy
33. External Mould Brachytherapy
34. Interstitial Brachytherapy
35. Intracavity Brachytherapy
36. D Brachytherapy
37. Implant Brachytherapy
38. Intravesical Brachytherapy
39. Adjuvant Radiotherapy
40. Afterloading Catheter Brachytherapy
41. Conditioning Radiotherapy For BMT
42. Nerve Biopsy

43. Muscle Biopsy
44. Epidural Steroid Injection
45. Extracorporeal Irradiation To The Homologous Bone Grafts
46. Radical Chemotherapy
47. Neoadjuvant Radiotherapy
48. LDR Brachytherapy
49. Palliative Radiotherapy
50. Radical Radiotherapy
51. Palliative Chemotherapy
52. Template Brachytherapy
53. Neoadjuvant Chemotherapy
54. Adjuvant Chemotherapy
55. Induction Chemotherapy
56. Consolidation Chemotherapy
57. Maintenance Chemotherapy
58. HDR Brachytherapy
59. Immunotherapy - Monoclonal Antibody to be given as injection
60. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions

J. Salivary Glands & Salivary Ducts:

1. Incision And Lancing Of A Salivary Gland And A Salivary Duct
2. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
3. Resection Of A Salivary Gland
4. Reconstruction Of A Salivary Gland And A Salivary Duct
5. Other Operations On The Salivary Glands And Salivary Ducts
6. Open extraction of calculus from parotid duct

K. Skin & Subcutaneous Tissues:

1. Other Incisions Of The Skin And Subcutaneous Tissues
2. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
3. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
4. Other Excisions Of The Skin And Subcutaneous Tissues
5. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
6. Free Skin Transplantation, Donor Site

7. Free Skin Transplantation, Recipient Site
8. Revision Of Skin Plasty
9. Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues.
10. Chemosurgery To The Skin.
11. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
12. Reconstruction Of Deformity/defect In Nail Bed
13. Excision Of Bursitis
14. Tennis Elbow Release

L. Tongue:

1. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
2. Partial Glossectomy
3. Glossectomy
4. Reconstruction Of The Tongue
5. Other Operations On The Tongue

M. Ophthalmology:

1. Surgery For Cataract
2. Incision Of Tear Glands
3. Other Operations On The Tear Ducts
4. Incision Of Diseased Eyelids
5. Excision And Destruction Of Diseased Tissue Of The Eyelid
6. Operations On The Canthus And Epicanthus
7. Corrective Surgery For Entropion And Ectropion
8. Corrective Surgery For Blepharoptosis
9. Removal Of A Foreign Body From The Conjunctiva
10. Removal Of A Foreign Body From The Cornea
11. Incision Of The Cornea
12. Operations For Pterygium
13. Other Operations On The Cornea
14. Removal Of A Foreign Body From The Lens Of The Eye
15. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
16. Removal Of A Foreign Body From The Orbit And Eyeball
17. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
18. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
19. Diathermy/cryotherapy To Treat Retinal Tear

20. Anterior Chamber Paracentesis / Cyclodiathermy /Cyclocryotherapy / Goniotomy
Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
21. Enucleation Of Eye Without Implant
22. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
23. Laser Photocoagulation To Treat Retinal Tear
24. Biopsy Of Tear Gland
25. Treatment Of Retinal Lesion
26. Curettage/cryotherapy of lesion of eyelid
27. Intra vitreal injections

N. Orthopedics:

1. Surgery For Meniscus Tear
2. Incision On Bone, Septic And Aseptic
3. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
4. Suture And Other Operations On Tendons And Tendon Sheath
5. Reduction Of Dislocation Under GA
6. Arthroscopic Knee Aspiration
7. Surgery For Ligament Tear
8. Surgery For Hemoarthrosis/pyoarthrosis
9. Removal Of Fracture Pins/nails
10. Removal Of Metal Wire
11. Closed Reduction On Fracture, Luxation
12. Reduction Of Dislocation Under GA
13. Epiphyseolysis With Osteosynthesis
14. Excision Of Various Lesions In Coccyx
15. Arthroscopic Repair Of Acl Tear Knee
16. Closed Reduction Of Minor Fractures
17. Arthroscopic Repair Of PCL Tear Knee
18. Tendon Shortening
19. Arthroscopic Meniscectomy - Knee
20. Treatment Of Clavicle Dislocation
21. Haemarthrosis Knee- Lavage
22. Abscess Knee Joint Drainage
23. Carpal Tunnel Release
24. Closed Reduction Of Minor Dislocation
25. Repair Of Knee Cap Tendon
26. ORIF With K Wire Fixation- Small Bones

27. Release Of Midfoot Joint
28. ORIF With Plating- Small Long Bones
29. Implant Removal Minor
30. K Wire Removal
31. Closed Reduction And External Fixation
32. Arthrotomy Hip Joint
33. Syme's Amputation
34. Arthroplasty
35. Partial Removal Of Rib
36. Treatment Of Sesamoid Bone Fracture
37. Shoulder Arthroscopy / Surgery
38. Elbow Arthroscopy Amputation Of Metacarpal Bone
39. Release Of Thumb Contracture
40. Incision Of Foot Fascia
41. Partial Removal Of Metatarsal
42. Repair / Graft Of Foot Tendon
43. Revision/removal Of Knee Cap
44. Amputation Follow-up Surgery
45. Exploration Of Ankle Joint
46. Remove/graft Leg Bone Lesion
47. Repair/graft Achilles Tendon
48. Remove Of Tissue Expander
49. Biopsy Elbow Joint Lining
50. Removal Of Wrist Prosthesis
51. Biopsy Finger Joint Lining
52. Tendon Lengthening
53. Treatment Of Shoulder Dislocation
54. Lengthening Of Hand Tendon
55. Removal Of Elbow Bursa
56. Fixation Of Knee Joint
57. Treatment Of Foot Dislocation
58. Surgery Of Bunion
59. Tendon Transfer Procedure
60. Removal Of Knee Cap Bursa
61. Treatment Of Fracture Of Ulna
62. Treatment Of Scapula Fracture
63. Removal Of Tumor Of Arm/ Elbow Under RA/GA

64. Repair Of Ruptured Tendon
65. Decompress Forearm Space
66. Revision Of Neck Muscle (torticollis Release)
67. Lengthening Of Thigh Tendons
68. Treatment Fracture Of Radius & Ulna
69. Repair Of Knee Joint

O. Mouth & Face:

1. External Incision And Drainage In The Region Of The Mouth, Jaw And Face
2. Incision Of The Hard And Soft Palate
3. Excision And Destruction Of Diseased Hard And Soft Palate
4. Incision, Excision And Destruction In The Mouth
5. Other Operations In The Mouth
6. Operations on uvula

P. Pediatric Surgery:

1. Excision Of Fistula-in-ano
2. Excision Juvenile Polyps Rectum
3. Vaginoplasty
4. Dilatation Of Accidental Caustic Stricture Oesophageal
5. Presacral Teratomas Excision
6. Removal Of Vesical Stone
7. Excision Sigmoid Polyp
8. Sternomastoid Tenotomy
9. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
10. Excision Of Soft Tissue Rhabdomyosarcoma
11. Mediastinal Lymph Node Biopsy
12. High Orchiectomy For Testis Tumours
13. Excision Of Cervical Teratoma
14. Rectal-myomectomy
15. Rectal Prolapse (delorme's Procedure)
16. Detorsion Of Torsion Testis
17. EUA + Biopsy Multiple Fistula In Ano

Q. Plastic Surgery:

1. Construction Skin Pedicle Flap

2. Gluteal Pressure Ulcer-excision
3. Muscle-skin Graft, Leg
4. Removal Of Bone For Graft
5. Muscle-skin Graft Duct Fistula
6. Removal Cartilage Graft
7. Myocutaneous Flap
8. Fibro Myocutaneous Flap
9. Breast Reconstruction Surgery After Mastectomy
10. Sling Operation For Facial Palsy
11. Split Skin Grafting Under RA
12. Wolfe Skin Graft
13. Plastic Surgery To The Floor Of The Mouth Under GA

R. Thoracic Surgery:

1. Thoracoscopy And Lung Biopsy
2. Excision Of Cervical Sympathetic Chain Thoracoscopic
3. Laser Ablation Of Barrett's Oesophagus
4. Pleurodesis
5. Thoracoscopy And Pleural Biopsy
6. EBUS + Biopsy
7. Thoracoscopy Ligation Thoracic Duct
8. Thoracoscopy Assisted Empyema Drainage
9. Operations for drainage of pleural cavity

S. Urology:

1. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
2. Haemodialysis
3. Lithotripsy/nephrolithotomy For Renal Calculus
4. Excision Of Renal Cyst
5. Drainage Of Pyonephrosis/perinephric Abscess
6. Incision Of The Prostate
7. Transurethral Excision And Destruction Of Prostate Tissue
8. Transurethral And Percutaneous Destruction Of Prostate Tissue
9. Open Surgical Excision And Destruction Of Prostate Tissue
10. Radical Prostatovesiculectomy
11. Other Excision And Destruction Of Prostate Tissue
12. Operations On The Seminal Vesicles

13. Incision And Excision Of Periprostatic Tissue
14. Other Operations On The Prostate
15. Incision Of The Scrotum And Tunica Vaginalis Testis
16. Operation On A Testicular Hydrocele
17. Excision And Destruction Of Diseased Scrotal Tissue
18. Other Operations On The Scrotum And Tunica Vaginalis Testis
19. Incision Of The Testes
20. Excision And Destruction Of Diseased Tissue Of The Testes
21. Unilateral Orchiectomy
22. Bilateral Orchiectomy
23. Surgical Repositioning Of An Abdominal Testis
24. Reconstruction Of The Testis
25. Implantation, Exchange And Removal Of A Testicular Prosthesis
26. Other Operations On The Testis
27. Excision In The Area Of The Epididymis
28. Operations On The Foreskin
29. Local Excision And Destruction Of Diseased Tissue Of The Penis
30. Amputation Of The Penis
31. Other Operations On The Penis
32. Cystoscopic Removal Of Stones
33. Lithotripsy
34. Biopsy Of Temporal Artery For Various Lesions
35. External Arterio-venous Shunt
36. AV Fistula - Wrist
37. URSL With Stenting
38. URSL With Lithotripsy
39. Cystoscopic Litholapaxy
40. ESWL
41. Bladder Neck Incision
42. Cystoscopy & Biopsy
43. Cystoscopy And Removal Of Polyp
44. Suprapubic Cystostomy
45. Percutaneous Nephrostomy
46. Cystoscopy And "SLING" Procedure.
47. TUNA- Prostate
48. Excision Of Urethral Diverticulum
49. Removal Of Urethral Stone

50. Excision Of Urethral Prolapse
51. Mega-ureter Reconstruction
52. Kidney Renoscopy And Biopsy
53. Ureter Endoscopy And Treatment
54. Vesico Ureteric Reflux Correction
55. Surgery For Pelvi Ureteric Junction Obstruction
56. Anderson Hynes Operation
57. Kidney Endoscopy And Biopsy
58. Paraphimosis Surgery
59. Injury Prepuce- Circumcision
60. Frenular Tear Repair
61. Meatotomy For Meatal Stenosis
62. Surgery For Fournier's Gangrene Scrotum
63. Surgery Filarial Scrotum
64. Surgery For Watering Can Perineum
65. Repair Of Penile Torsion
66. Drainage Of Prostate Abscess
67. Orchiectomy
68. Cystoscopy And Removal Of FB
69. Endoscopic anti-reflux procedure (and bilateral)
70. Excision of urethral caruncle
71. Dilatation of urethra (including cystoscopy)

Annexure-B

The contact details of the Insurance Ombudsman offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	AHMEDABAD Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001.

	<p>Tel.: 079 - 25501201/02</p> <p>Email: bimalokpal.ahmedabad@cioins.co.in</p>
Karnataka.	<p>BENGALURU</p> <p>Mr Vipin Anand</p> <p>Insurance Ombudsman</p> <p>Office of the Insurance Ombudsman,</p> <p>Jeevan Soudha Building,PID No. 57-27-N-19</p> <p>Ground Floor, 19/19, 24th Main Road,</p> <p>JP Nagar, Ist Phase, Bengaluru – 560 078.</p> <p>Tel.: 080 - 26652048 / 26652049</p> <p>Email: bimalokpal.bengaluru@cioins.co.in</p>
Madhya Pradesh Chattisgarh.	<p>BHOPAL</p> <p>Shri R. M. Singh</p> <p>Insurance Ombudsman</p> <p>Office of the Insurance Ombudsman,</p> <p>1st floor,"Jeevan Shikha",</p> <p>60-B,Hoshangabad Road, Opp. Gayatri Mandir,Arera Hills</p> <p>Bhopal – 462 011.</p> <p>Tel.: 0755 - 2769201 / 2769202 / 2769203</p> <p>Email: bimalokpal.bhopal@cioins.co.in</p>
Odisha	<p>BHUBANESHWAR</p> <p>Shri Manoj Kumar Parida</p> <p>Insurance Ombudsman</p> <p>Office of the Insurance Ombudsman,</p> <p>62, Forest park,</p> <p>Bhubaneswar – 751 009.</p> <p>Tel.: 0674 - 2596461 /2596455/2596429/2596003</p> <p>Email: bimalokpal.bhubaneswar@cioins.co.in</p>
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union	<p>CHANDIGARH</p> <p>Mr Atul Jerath</p> <p>Insurance Ombudsman</p> <p>Office Of The Insurance Ombudsman,</p> <p>Jeevan Deep Building SCO 20-27,</p>

Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	DELHI Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	HYDERABAD Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.

	<p>Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325</p> <p>Email: bimalokpal.hyderabad@cioins.co.in</p>
Rajasthan.	<p>JAIPUR</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	<p>KOCHI</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>
West Bengal, Sikkim, Andaman & Nicobar Islands.	<p>KOLKATA</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh,	<p>LUCKNOW</p> <p>Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.</p>

<p>Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>
<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)</p>	<p>MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p>
<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah,</p>	<p>NOIDA Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>

Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	
Bihar, Jharkhand.	PATNA Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)	PUNE Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in

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