

GROUP HOSPITAL CASH POLICY

POLICY WORDINGS

1. PREAMBLE:

The insurance cover provided under this Policy to the Insured / Insured Person up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) and (d) Policy Schedule/ Certificate of Insurance.

2. OPERATIVE CLAUSE

If during the policy period insured person 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 pay per day cash benefit as mentioned in the Policy Schedule / Certificate of Insurance.

Provided further that, this 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 opted and specified in the Schedule.

3. DEFINITIONS

Any word or expression, to which a specific meaning has been assigned in any part of this Policy Wording or the Policy Schedule/ Certificate of Insurance, shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meaning as set forth herein below:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
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.
4. **AYUSH Treatment** refers to the medical and/or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
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:
Central or State Government AYUSH Hospital or
Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

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:

- a. Having at least 5 in-patient beds;
- b. Having qualified AYUSH Medical Practitioner in charge round the clock;
- c. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- d. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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:

- a. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- c. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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.

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

9. 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.

10. 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:

- a. has qualified nursing staff under its employment;
- b. has qualified medical practitioner (s) in charge;
- c. has a fully equipped operation theatre of its own where surgical procedures are carried out
- d. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

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

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

12. Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case

of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

13. **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **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 non-disclosure of any material fact.
15. **Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
 - a. Legally wedded spouse.
 - b. Parents and Parents-in-law.
 - c. Dependent Children (i.e. natural or legally adopted) between the age 1 Day 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.
16. **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. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
17. **Home Care Treatment** means treatment availed by the Insured Person at home for Covid 19 on positive diagnosis of Covid 19 in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is taken at home provided that: The Medical practitioner advises the Insured person to undergo treatment at home.
There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
18. **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:
 - a. has qualified nursing staff under its employment round the clock;
 - b. 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;
 - c. has qualified medical practitioner (s) in charge round the clock;
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
19. **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.
20. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

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.

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

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

21. **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.
22. **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.
23. **Insured Person** means person(s) named in the schedule of the Policy.
24. **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.
25. **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.
26. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
27. **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.
28. **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 license.
29. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - a. is required for the medical management of illness or injury suffered by the insured;
 - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - c. must have been prescribed by a medical practitioner;
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

30. **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.
31. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
32. **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.
33. **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
34. **Policy period** means period of one policy year as mentioned in the schedule for which the Policy is issued
35. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy
36. **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
37. **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.
38. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
39. **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.
40. **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
41. **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.
42. **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.
43. **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.

- 44. 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.
- 45. Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

4. BASE COVERAGE

Note: It is mandatory that the Insured Person shall choose at-least one of the following benefits.

Choosing at least one cover 4.1. Hospital Cash Due to Sickness, 4.2. Hospital Cash Due to Accident Only and 4.3. Hospital Cash Due to Accident & Sickness out of 3 covers is compulsory.

4.1. Hospital Cash Due to Sickness

The company will pay to the Insured Person(s) in case of Hospitalization including ICU hospitalization for a Medically Necessary treatment due to any sickness sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

4.2. Hospital Cash Due to Accident Only

The company will pay to the Insured Person(s) in case of Hospitalization including ICU hospitalization for a continuous period of more than 24 hours for a Medically Necessary treatment due to any accidental bodily Injury sustained or contracted within the Policy Period. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

4.3. Hospital Cash Due to Accident & Sickness

The company will pay to the Insured Person(s) in case of Hospitalization including ICU hospitalization for a Medically Necessary treatment due to any Accident and/or sickness sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

5. OPTIONAL COVERAGE

5.1. Hospital Daily Cash Extension

The Company will extend the Coverage up to the limit specified in the Policy Schedule / Certificate of Insurance incase an inpatient Insured person once exhausts the limit towards maximum number of days as mentioned in the Policy Schedule / Certificate of Insurance and the Medical Practitioner further require Insured person to continue as an in-patient,. Provided there is an admissible claim under any of the Cover from Section 4. Base Cover

Special Condition - The cover can be opted only when any of the Base Cover 4.1. Hospital Cash Due to Sickness and/or 4.2. Hospital Cash Due to Accident Only or 4.3. Hospital Cash due to Accident & Sickness are taken under the Policy.

5.2. ICU Hospital Cash Benefit

The company will pay to the Insured Person(s) in case of ICU Hospitalization for a Medically Necessary treatment due to any sickness or accident sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit specified in the Policy Schedule / Certificate of Insurance.

Special Condition - The cover can be opted only when any of the Base Cover 4.1. Hospital Cash Due to Sickness and/or 4.2. Hospital Cash Due to Accident Only or 4.3. Hospital Cash due to Accident & Sickness are taken under the Policy.

5.3. Double Benefit

The company will pay Double Sum Insured to the Insured Person(s) in case of Hospitalization for a Medically Necessary treatment due to Accident sustained within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable double the base Sum Insured for every completed 24 hours of Hospitalization.

Special Condition –

- The cover can be opted only when any of the Base Cover 4.2. Hospital Cash Due to Accident Only or 4.3. Hospital Cash due to Accident & Sickness are taken under the Policy.
- The maximum Sum Insured payable under the Policy would be 200% of Base SI

5.4. Thirty (30) Days Waiting Period Modification

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, 30 days waiting period applicable for any claims in relation to a Hospitalization of the Insured Person including any Medical Expenses incurred thereof:

- a) Is waived off
- Or,
- b) Is modified to 15 days.

The Insured will have the choice of choosing between **5.4.(a) or 5.4.(b)**

5.5. Pre-Existing Disease Waiting Period Modification

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to;

- a) Is waived off Or,
- b) Or,
- c) Is modified to 24 months Or
- d) Is modified to 12 months

The Insured will have the choice of choosing between **5.5.(a) or 5.5.(b) or 5.5.(c) or 5.5.(d)**

Please Note: Waiting period is specifically shown in the Policy Schedule / Certificate of Insurance

5.6. Companion Benefit Cover

The Company will pay the fixed benefit towards expenses incurred on attendant of the Insured Person(s), accompanying at the Hospital during hospitalization of Insured Person up to the Sum Insured within Policy Period.

Condition:

1. Claim for Hospitalisation in respect of the Insured Person has been accepted;
2. Insured Person's attendant should be his/her Family.

5.7. Recovery Benefit:

We will additionally pay a lumpsum amount per insured, incase Insured person is hospitalized for a minimum period as specified in the Policy Schedule / Certificate of Insurance. This benefit is payable only once to an Insured Person during Policy Year.

5.8. Maternity (Excl 18) Modification Benefit :

We will pay daily fixed benefit amount as specified in the Policy Schedule/ Certificate of Insurance for every completed 24 hours of Hospitalization , in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy. Policy is restricted to pay for first 2 deliveries only.

- This benefit is subject to maternity waiting period of 3 Years and deductibles as specified in the Policy Schedule/Certificate of Insurance.
- We will not cover ectopic pregnancy under this benefit (although it shall be covered under base cover)
- We will not pay for Daily Cash benefit under Base cover above, if the claim is admissible under this Section.

Insured Person have an option to choose the reduction/waiver of waiting period as mentioned below.

Option 1. Exclusion removal with 9 months waiting period –

On availing this option, 9 month waiting period for Maternity Hospital Cash will be applicable. We are not liable to make any payment in respect of Maternity Expenses within 9 months from the date of Inception of the first Policy. We will reduce waiting period for Maternity Hospital Cash benefit from 3 years to 9 months

Option 2. Exclusion removal without any maternity waiting period –

On availing this option, daily cash benefit for hospitalization in case of maternity will be covered without any waiting period.

- Standard Exclusion (Excl-18) - Maternity stands modified/deleted.

5.9. Worldwide Hospital Cash:

The company will pay an Insured Person in case of Hospitalization for medically necessary treatment taken outside India due to Sickness or Accident within the Policy Period. a daily

Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

Specific Condition:

- Emergency Hospitalization are not covered
- Prior written approval of the Company will be required before leaving the country for treatment purpose.
- The Company shall require the following additional documents supporting the claim under this benefit:
 - a) Proof of diagnosis in India
 - b) Insured's Passport and Visa
 - c) Medical practitioner's Advice/Prescription

6. WAITING PERIOD

This section lists the Waiting Period under this Policy.

1. Pre-Existing Diseases (Excl-01)

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

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.

2. Specific Waiting Period (Excl-02)

- a) 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.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for preexisting diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

i **24 Months waiting period**

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
2. Benign ear, nose, throat disorders
3. Benign prostate hypertrophy
4. Cataract and age related eye ailments
5. Gastric/ Duodenal Ulcer
6. Gout and Rheumatism
7. Hernia of all types

8. Hydrocele
9. Non Infective Arthritis
10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
 13. Skin Disorders
 14. Stone in Gall Bladder and Bile duct, excluding malignancy
 15. Stones in Urinary system
 16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
 17. Varicose Veins and Varicose Ulcers
 18. Renal Failure
 19. Puberty and Menopause related Disorders
 20. HIV Disorders:
- a. Disorders of adult personality
- b. Disorders of speech and language including stammering, dyslexia

ii 36 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

3. First Thirty (30) Days Waiting Period

- i Expenses related to the treatment of any illness within Thirty 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.

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

4. Maternity Waiting period (applicable only if optional cover “Maternity Hospital Cash Benefit” is opted):

36 months waiting period applicable in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy.

7. EXCLUSIONS

The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for;

1. Investigation & Evaluation(Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes.

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

2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

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,

3. Obesity/ Weight Control (Code- Excl06)

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 co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

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

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

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

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

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

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

7. Breach of law: (Code- Excl10)

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

8. Excluded Providers: (Code-Excl11)

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

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

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

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

12. Refractive Error:(Code- Excl15)

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

13. Unproven Treatments:(Code- Excl16)

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

14. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

15. Maternity – (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.

16. 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.

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

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or' biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
18. Any expenses incurred on OPD treatment.
19. Treatment taken outside the geographical limits of India.
20. 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.

8. GENERAL CONDITIONS

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 policy holder.

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.

To Contract: Master policy would be issued for a period of 1 year however the duration of certificate of insurance would be from 1 year to 5 years(In case of Credit linked). Details of the policy term applicable to individual certificate of insurance would be clearly stated in Your certificate of insurance.

Effective date:

- i. For Master Policy The Policy will start on the date specified on Policy Schedule and would be subject to group health insurance guidelines as issued by IRDAI from time to time.
- ii. For Certificate of Insurance The cover shall begin as per the certificate start date mentioned in the certificate of insurance.

Expiration and Cancellation Clause: Master policy would expire on the date of expiry as mentioned on the policy schedule. However, certificate of insurance would expire on the date of expiry as mentioned on the certificate of insurance.

Termination

- a. We may cancel each Certificate of Insurance at any time on grounds of misrepresentation, non-disclosure of material facts or non-cooperation of the insured by

giving you 15 Days written notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective.

c. Each Certificate of Insurance will get cancelled on the earliest of the following dates: i. The date You or We cancel the Certificate of Insurance ii. The member opts out of the scheme iii. Foreclosure/closure of loan availed (wherever applicable)

d. In the event of cancellation for misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium.

e. In the event the policy is cancelled for non-cooperation of the insured or if you cancel the Policy, the premium shall be computed in accordance with Our short period rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation.

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

3. 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.

4. Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home, 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.

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 shall be forfeited.

Any amount already paid against claims made which are found fraudulent later shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the policy 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. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

6. 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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months

7. Renewal of Policy

This Policy may be renewed by mutual consent at the end of Policy Period and in such event, the Renewal premium shall be paid to the Company on or before the date of expiry of the Policy. However, the Company shall not be bound to give notice that such Renewal premium is due. Also, Company may exercise option of not renewing the Policy on grounds of established fraud or non-disclosure or misrepresentation, or suppression of any Material Fact either at the time of taking the Policy or any time during the currency of the Policy.

A Grace Period of thirty (30) days is allowed for Renewal of the policy. This will be counted from the next day following the expiry date, during which a payment can be made to renew the Group Health Policy without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during

this period. No loading shall apply on renewals based on individual claims experience

8. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalment basis, as mentioned in the 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 insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

9. 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.

10. 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. 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.

11. Terms and conditions of the Policy

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

12. 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.

13. 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.

14. Territorial Limit

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

15. 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.

16. Arbitration

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

(This clause does not apply to Group policies where premium is paid by members)

17. Group and Membership

Eligibility for a 'Group' and for 'Membership' thereof [Policy-holder and Beneficiary in Employer-Employee cases and Policy-holder and Insured-Beneficiary in Non-Employer-Employee cases] shall be basis the IRDAI Circular Ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14-July-2005 as amended from time to time. "Group" shall mean a group of Members who assemble together with a purpose of engaging in a common economic activity and not formed with the main purpose of availing insurance cover.

18. Claims Procedures

Claim Intimation

Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at healthserve@universalsompo.com.

- i Within 24 hours from the date of emergency hospitalization required
- ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Reimbursement Process

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@universalsampo.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 Floor C-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

Document submission check list

For speedy processing for your claim, please ensure the submission of all required documents within specified time.

- 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.Attested copy of claim documents along with settlement letter from Primary Insurer in case original documents submitted to another Insurer.
- V.Discharge Card from the hospital, Indoor Case Papers.
- VI.All medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VII.Hospital bill and receipts.
- VIII.Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- IX.NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- X.Valid Photo ID Proof of the patient.

- XI. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- XII. 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 Health Serve team will contact you on receipt of your claim documents by us.

19. MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy only. Sum Insured of the Renewed Policy will not be available for the Hospitalisation (including Pre & Post Hospitalisation Expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis.

4. 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@universalsompo.com

For more details:

www.universalsompo.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@universalsompo.com

For more details:

www.universalsompo.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 Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) **Within one week**
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed incase on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

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.

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 / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

Sl No.	Item
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

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 Email: bimalokpal.ahmedabad@cioins.co.in</p>
Karnataka.	<p>BENGALURU Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>
Madhya Pradesh Chattisgarh.	<p>BHOPAL Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir,Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>
Odisha	<p>BHUBANESHWAR Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in</p>
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.	<p>CHANDIGARH Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in</p>

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. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan.	JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in

<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry</p>	<p>KOCHI 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>
<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>	<p>KOLKATA 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>
<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</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.</p>

	<p>Tel.: 022 - 69038800/27/29/31/32/33</p> <p>Email: bimalokpal.mumbai@cioins.co.in</p>
<p>State of Uttaranchal and the following Districts of Uttar Pradesh:</p> <p>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>	<p>NOIDA</p> <p>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>
<p>Bihar, Jharkhand.</p>	<p>PATNA</p> <p>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</p>
<p>Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)</p>	<p>PUNE</p> <p>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</p>

Day Care Procedures Annexure I

In case more than 24 hours hospitalisation is medically necessary then the same will be covered as per base product terms and condition.

A. Cardiology:

- Coronary Angiography

B. Critical Care:

- Insert Non - Tunnel CV Cath

- Insert PICC CATH (Peripherally Inserted Central Catheter)
- Replace PICC CATH (Peripherally Inserted Central Catheter)
- Insertion Catheter, Intra Anterior
- Insertion of Portacath

C. Dental :

- Suturing Lacerated Lip
- Suturing Oral Mucosa
- Oral Biopsy In Case Of Abnormal Tissue Presentation
- FNAC

D. ENT :

- Bronchical Thermoplasty for Asthma
- Myringotomy With Grommet Insertion
- Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
- Removal Of A Tympanic Drain
- Keratosis Removal Under GA
- Operations On The Turbinates (nasal Concha)
- Removal Of Keratosis Obturans
- Stapedotomy To Treat Various Lesions In Middle Ear
- Revision Of A Stapedectomy
- Other Operations On The Auditory Ossicles
- Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)
- Fenestration Of The Inner Ear
- Revision Of A Fenestration Of The Inner Ear
- Palatoplasty
- Transoral Incision And Drainage Of A Pharyngeal Abscess
- Tonsillectomy Without Adenoidectomy
- Tonsillectomy With Adenoidectomy
- Excision And Destruction Of A Lingual Tonsil
- Revision Of A Tympanoplasty
- Other Microsurgical Operations On The Middle Ear
- Incision Of The Mastoid Process And Middle Ear
- Mastoidectomy Reconstruction Of The Middle Ear
- Other Excisions Of The Middle And Inner Ear
- Incision (opening) And Destruction (elimination) Of The Inner Ear
- Other Operations On The Middle And Inner Ear
- Excision And Destruction Of Diseased Tissue Of The Nose
- Other Operations On The Nose
- Nasal Sinus Aspiration
- Foreign Body Removal From Nose
- Other Operations On The Tonsils And Adenoids
- Adenoidectomy
- Labyrinthectomy For Severe Vertigo

- Stapedectomy Under GA
- Stapedectomy Under LA
- Tympanoplasty (type IV)
- Endolymphatic Sac Surgery For Meniere's Disease
- Turbinectomy
- Endoscopic Stapedectomy
- Incision And Drainage Of Perichondritis
- Septoplasty
- Vestibular Nerve Section
- Thyroplasty Type I
- Pseudocyst Of The Pinna - Excision
- Incision And Drainage - Haematoma Auricle
- Tympanoplasty (Type II)
- Reduction Of Fracture Of Nasal Bone
- Thyroplasty Type II
- Tracheostomy
- Excision Of Angioma Septum
- Turbinoplasty
- Incision & Drainage Of Retro Pharyngeal Abscess
- Uvulo Palato Pharyngo Plasty
- Adenoidectomy With Grommet Insertion
- Adenoidectomy Without Grommet Insertion
- Vocal Cord Lateralisation Procedure
- Incision & Drainage Of Para Pharyngeal Abscess
- Tracheoplasty
- Total excision of Pinna
- Middle ear polypectomy
- Nasal septum cauterisation (and bilateral)
- Excision of lesion of Internal nose
- Balloon Sinuplasty

E. Gastroenterology :

- Cholecystectomy And Choledocho-jejunostomy/Duodenostomy /
Gastrostomy / Exploration Common Bile Duct
- Esophagoscopy, Gastroscopy, Duodenoscopy With
Polypectomy/Removal Of Foreign Body/diathermy Of Bleeding Lesions
- Pancreatic Pseudocyst Eus & Drainage
- RF Ablation For Barrett's Oesophagus
- ERCP And Papillotomy
- Esophagoscope And Sclerosant Injection
- EUS + Submucosal Resection

- Construction Of Gastrostomy Tube
- EUS + Aspiration Pancreatic Cyst
- Small Bowel Endoscopy (therapeutic)
- Colonoscopy, Lesion Removal
- ERCP
- Colonoscopy Stenting Of Stricture
- Percutaneous Endoscopic Gastrostomy
- EUS And Pancreatic Pseudo Cyst Drainage
- ERCP And Choledochoscopy
- Proctosigmoidoscopy Volvulus Detorsion
- ERCP And Sphincterotomy
- Esophageal Stent Placement
- ERCP + Placement Of Biliary Stents
- Sigmoidoscopy W / Stent
- EUS + Coeliac Node Biopsy
- UGI Scopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers

F. General Surgery:

- Robotic surgeries
- Incision Of A Pilonidal Sinus / Abscess
- Fissure In Ano Sphincterotomy
- Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
- Orchidopexy
- Abdominal Exploration In Cryptorchidism
- Surgical Treatment Of Anal Fistulas
- Division Of The Anal Sphincter (sphincterotomy)
- Epididymectomy
- Incision Of The Breast Abscess
- Operations On The Nipple
- Excision Of Single Breast Lump
- Incision And Excision Of Tissue In The Perianal Region
- Surgical Treatment Of Hemorrhoids
- Other Operations On The Anus
- Ultrasound Guided Aspirations
- Sclerotherapy, Etc.
- Laparotomy For Grading Lymphoma With Splenectomy / liver/ lymph Node Biopsy
- Therapeutic Laparoscopy With Laser
- Appendicectomy With/without Drainage
- Infected Keloid Excision
- Axillary Lymphadenectomy
- Wound Debridement And Cover
- Abscess-decompression
- Cervical Lymphadenectomy
- Infected Sebaceous Cyst

- Inguinal Lymphadenectomy
- Incision And Drainage Of Abscess
- Suturing Of Lacerations
- Scalp Suturing
- Infected Lipoma Excision
- Maximal Anal Dilatation
- Piles a. Injection Sclerotherapy b. Piles Banding
- Liver Abscess- Catheter Drainage
- Fissure In Ano-Fissurectomy
- Fibroadenoma Breast Excision
- Oesophageal Varices Sclerotherapy
- ERCP - Pancreatic Duct Stone Removal
- Perianal Abscess I&d
- Perianal Hematoma Evacuation
- UGI Scopy And Polypectomy Oesophagus
- Breast Abscess I& D
- Feeding Gastrostomy
- Oesophagoscopy And Biopsy Of Growth Oesophagus
- ERCP - Bile Duct Stone Removal
- Ileostomy Closure
- Colonoscopy
- Polypectomy Colon
- Splenic Abscesses Laparoscopic Drainage
- UGI Scopy And Polypectomy Stomach
- Rigid Oesophagoscopy For FB Removal
- Feeding Jejunostomy
- Colostomy
- Ileostomy
- Colostomy Closure
- Submandibular Salivary Duct Stone Removal
- Pneumatic Reduction Of Intussusception
- Varicose Veins Legs - Injection Sclerotherapy
- Rigid Oesophagoscopy For Plummer Vinson Syndrome
- Pancreatic Pseudocysts Endoscopic Drainage
- Zadek's Nail Bed Excision
- Subcutaneous Mastectomy
- Excision Of Ranula Under GA
- Rigid Oesophagoscopy For Dilation Of Benign Strictures
- Eversion Of Sac -unilateral -bilateral
- Lord's Plication
- Jaboulay's Procedure
- Scrotoplasty
- Circumcision For Trauma
- Meatoplasty

- Intersphincteric Abscess Incision And Drainage
- PSOAS Abscess Incision And Drainage
- Thyroid Abscess Incision And Drainage
- Tips Procedure For Portal Hypertension
- Esophageal Growth Stent
- Pair Procedure Of Hydatid Cyst Liver
- Tru Cut Liver Biopsy
- Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
- Excision Of Cervical Rib
- Laparoscopic Reduction Of Intussusception
- Microdochection Breast
- Surgery For Fracture Penis
- Sentinel Node Biopsy
- Parastomal Hernia
- Revision Colostomy
- Prolapsed Colostomy- Correction
- Testicular Biopsy
- Laparoscopic Cardiomyotomy(Hellers)
- Sentinel Node Biopsy Malignant Melanoma
- Laparoscopic Pyloromyotomy(Ramstedt)

G. Gynecology:

- Operations On Bartholin's Glands (cyst)
- Incision Of The Ovary
- Insufflations Of The Fallopian Tubes
- Other Operations On The Fallopian Tube
- Dilatation Of The Cervical Canal
- Conisation Of The Uterine Cervix
- Therapeutic Curettage With Colposcopy / Biopsy /Diathermy / Cryosurgery
- Laser Therapy Of Cervix For Various Lesions Of Uterus
- Other Operations On The Uterine Cervix
- Incision Of The Uterus (hysterectomy)
- Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
- Incision Of Vagina
- Incision Of Vulva
- Culdotomy
- Salpingo-oophorectomy Via Laparotomy
- Endoscopic Polypectomy
- Hysteroscopic Removal Of Myoma
- D&c
- Hysteroscopic Resection Of Septum
- Thermal Cauterisation Of Cervix
- Mirena Insertion
- Hysteroscopic Adhesiolysis

- Leep
- Cryocauterisation Of Cervix
- Polypectomy Endometrium
- Hysteroscopic Resection Of Fibroid
- LLETZ
- Conization
- Polypectomy Cervix
- Hysteroscopic Resection Of Endometrial Polyp
- Vulval Wart Excision
- Laparoscopic Paraovarian Cyst Excision
- Uterine Artery Embolization
- Laparoscopic Cystectomy
- Hymenectomy(Imperforate Hymen)
- Endometrial Ablation
- Vaginal Wall Cyst Excision
- Vulval Cyst Excision
- Laparoscopic Paratubal Cyst Excision
- Repair Of Vagina (Vaginal Atresia)
- Hysteroscopy, Removal Of Myoma
- TURBT
- Ureterocoele Repair - Congenital Internal
- Vaginal Mesh For POP
- Laparoscopic Myomectomy
- Surgery For SUI
- Repair Recto- Vagina Fistula
- Pelvic Floor Repair(Excluding Fistula Repair)
- URS + LL
- Laparoscopic Oophorectomy
- Normal Vaginal Delivery And Variants
- Excision of lesion of vulva
- Amputation of cervix uteri

H. Neurology :

- IONM – (Intra Operative Neuro Monitoring)
- Facial Nerve Glycerol Rhizotomy
- Spinal Cord Stimulation
- Motor Cortex Stimulation
- Stereotactic Radiosurgery
- Percutaneous Cordotomy
- Intrathecal Baclofen Therapy
- Entrapment Neuropathy Release
- Diagnostic Cerebral Angiography
- VP Shunt

- Ventriculoatrial Shunt
- Deep Brain stimulation

I. Oncology :

- Radiotherapy For Cancer
- Cancer Chemotherapy
- IV Push Chemotherapy
- HBI-hemibody Radiotherapy
- Infusional Targeted Therapy
- SRT-stereotactic ARC Therapy
- SC Administration Of Growth Factors
- Continuous Infusional Chemotherapy
- Infusional Chemotherapy
- CCRT-concurrent Chemo + RT
- D Radiotherapy
- D Conformal Radiotherapy
- IGRT- Image Guided Radiotherapy
- IMRT- Step & Shoot
- Infusional Bisphosphonates
- IMRT- DMLC
- Rotational Arc Therapy
- Tele Gamma Therapy
- FSRT-fractionated SRT
- VMAT-volumetric Modulated Arc Therapy
- SBRT-stereotactic Body Radiotherapy
- Helical Tomotherapy
- SRS-stereotactic Radiosurgery
- X-knife SRS
- Gammaknife SRS
- TBI- Total Body Radiotherapy
- Intraluminal Brachytherapy
- Electron Therapy
- TSET-total Electron Skin Therapy
- Extracorporeal Irradiation Of Blood Products
- Telecobalt Therapy
- Telecesium Therapy
- External Mould Brachytherapy
- Interstitial Brachytherapy
- Intracavity Brachytherapy
- D Brachytherapy
- Implant Brachytherapy
- Intravesical Brachytherapy
- Adjuvant Radiotherapy
- Afterloading Catheter Brachytherapy

- Conditioning Radiotherapy For BMT
- Nerve Biopsy
- Muscle Biopsy
- Epidural Steroid Injection
- Extracorporeal Irradiation To The Homologous Bone Grafts
- Radical Chemotherapy
- Neoadjuvant Radiotherapy
- LDR Brachytherapy
- Palliative Radiotherapy
- Radical Radiotherapy
- Palliative Chemotherapy
- Template Brachytherapy
- Neoadjuvant Chemotherapy
- Adjuvant Chemotherapy
- Induction Chemotherapy
- Consolidation Chemotherapy
- Maintenance Chemotherapy
- HDR Brachytherapy
- Immunotherapy - Monoclonal Antibody to be given as injection
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions

J. Salivary Glands & Salivary Ducts:

- Incision And Lancing Of A Salivary Gland And A Salivary Duct
- Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
- Resection Of A Salivary Gland
- Reconstruction Of A Salivary Gland And A Salivary Duct
- Other Operations On The Salivary Glands And Salivary Ducts
- Open extraction of calculus from parotid duct

K. Skin & Subcutaneous Tissues:

- Other Incisions Of The Skin And Subcutaneous Tissues
- Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
- Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
- Other Excisions Of The Skin And Subcutaneous Tissues
- Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
- Free Skin Transplantation, Donor Site
- Free Skin Transplantation, Recipient Site
- Revision Of Skin Plasty

- Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues.
- Chemosurgery To The Skin.
- Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
- Reconstruction Of Deformity/defect In Nail Bed
- Excision Of Bursitis
- Tennis Elbow Release

L. Tongue:

- Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
- Partial Glossectomy
- Glossectomy
- Reconstruction Of The Tongue
- Other Operations On The Tongue

M. Ophthalmology:

- Surgery For Cataract
- Incision Of Tear Glands
- Other Operations On The Tear Ducts
- Incision Of Diseased Eyelids
- Excision And Destruction Of Diseased Tissue Of The Eyelid
- Operations On The Canthus And Epicanthus
- Corrective Surgery For Entropion And Ectropion
- Corrective Surgery For Blepharoptosis
- Removal Of A Foreign Body From The Conjunctiva
- Removal Of A Foreign Body From The Cornea
- Incision Of The Cornea
- Operations For Pterygium
- Other Operations On The Cornea
- Removal Of A Foreign Body From The Lens Of The Eye
- Removal Of A Foreign Body From The Posterior Chamber Of The Eye
- Removal Of A Foreign Body From The Orbit And Eyeball
- Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
- Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
- Diathermy/cryotherapy To Treat Retinal Tear
- Anterior Chamber Paracentesis / Cyclodiathermy /Cyclocryotherapy / Goniotomy Trabeculotomy And Filtering And Allied Operations To Treat Glaucoma
- Enucleation Of Eye Without Implant
- Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
- Laser Photocoagulation To Treat Retinal Tear
- Biopsy Of Tear Gland
- Treatment Of Retinal Lesion
- Curettage/cryotherapy of lesion of eyelid
- Intra vitreal injections

N. Orthopedics :

- Surgery For Meniscus Tear
- Incision On Bone, Septic And Aseptic
- Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
- Suture And Other Operations On Tendons And Tendon Sheath
- Reduction Of Dislocation Under GA
- Arthroscopic Knee Aspiration
- Surgery For Ligament Tear
- Surgery For Hemoarthrosis/pyoarthrosis
- Removal Of Fracture Pins/nails
- Removal Of Metal Wire
- Closed Reduction On Fracture, Luxation
- Reduction Of Dislocation Under GA
- Epiphyseolysis With Osteosynthesis
- Excision Of Various Lesions In Coccyx
- Arthroscopic Repair Of Acl Tear Knee
- Closed Reduction Of Minor Fractures
- Arthroscopic Repair Of PCL Tear Knee
- Tendon Shortening
- Arthroscopic Meniscectomy - Knee
- Treatment Of Clavicle Dislocation
- Haemarthrosis Knee- Lavage
- Abscess Knee Joint Drainage
- Carpal Tunnel Release
- Closed Reduction Of Minor Dislocation
- Repair Of Knee Cap Tendon
- ORIF With K Wire Fixation- Small Bones
- Release Of Midfoot Joint
- ORIF With Plating- Small Long Bones
- Implant Removal Minor
- K Wire Removal
- Closed Reduction And External Fixation
- Arthrotomy Hip Joint
- Syme's Amputation
- Arthroplasty
- Partial Removal Of Rib
- Treatment Of Sesamoid Bone Fracture
- Shoulder Arthroscopy / Surgery
- Elbow Arthroscopy Amputation Of Metacarpal Bone
- Release Of Thumb Contracture
- Incision Of Foot Fascia
- Partial Removal Of Metatarsal
- Repair / Graft Of Foot Tendon
- Revision/removal Of Knee Cap

- Amputation Follow-up Surgery
- Exploration Of Ankle Joint
- Remove/graft Leg Bone Lesion
- Repair/graft Achilles Tendon
- Remove Of Tissue Expander
- Biopsy Elbow Joint Lining
- Removal Of Wrist Prosthesis
- Biopsy Finger Joint Lining
- Tendon Lengthening
- Treatment Of Shoulder Dislocation
- Lengthening Of Hand Tendon
- Removal Of Elbow Bursa
- Fixation Of Knee Joint
- Treatment Of Foot Dislocation
- Surgery Of Bunion
- Tendon Transfer Procedure
- Removal Of Knee Cap Bursa
- Treatment Of Fracture Of Ulna
- Treatment Of Scapula Fracture
- Removal Of Tumor Of Arm/ Elbow Under RA/GA
- Repair Of Ruptured Tendon
- Decompress Forearm Space
- Revision Of Neck Muscle (torticollis Release)
- Lengthening Of Thigh Tendons
- Treatment Fracture Of Radius & Ulna
- Repair Of Knee Joint

O. Mouth & Face:

- External Incision And Drainage In The Region Of The Mouth, Jaw And Face
- Incision Of The Hard And Soft Palate
- Excision And Destruction Of Diseased Hard And Soft Palate
- Incision, Excision And Destruction In The Mouth
- Other Operations In The Mouth
- Operations on uvula

P. Pediatric Surgery :

- Excision Of Fistula-in-ano
- Excision Juvenile Polyps Rectum
- Vaginoplasty
- Dilatation Of Accidental Caustic Stricture Oesophageal
- Presacral Teratomas Excision
- Removal Of Vesical Stone
- Excision Sigmoid Polyp
- Sternomastoid Tenotomy

- Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
- Excision Of Soft Tissue Rhabdomyosarcoma
- Mediastinal Lymph Node Biopsy
- High Orchidectomy For Testis Tumours
- Excision Of Cervical Teratoma
- Rectal-myomectomy
- Rectal Prolapse (delorme's Procedure)
- Detorsion Of Torsion Testis
- EUA + Biopsy Multiple Fistula In Ano

Q. Plastic Surgery (due to an Accident, Burn(s) or Cancer or as part of medically necessary treatment):

- Construction Skin Pedicle Flap
- Gluteal Pressure Ulcer-excision
- Muscle-skin Graft, Leg
- Removal Of Bone For Graft
- Muscle-skin Graft Duct Fistula
- Removal Cartilage Graft
- Myocutaneous Flap
- Fibro Myocutaneous Flap
- Breast Reconstruction Surgery After Mastectomy
- Sling Operation For Facial Palsy
- Split Skin Grafting Under RA
- Wolfe Skin Graft
- Plastic Surgery To The Floor Of The Mouth Under GA

R. Thoracic Surgery :

- Thoracoscopy And Lung Biopsy
- Excision Of Cervical Sympathetic Chain Thoracoscopic
- Laser Ablation Of Barrett's Oesophagus
- Pleurodesis
- Thoracoscopy And Pleural Biopsy
- EBUS + Biopsy
- Thoracoscopy Ligation Thoracic Duct
- Thoracoscopy Assisted Empyema Drainage
- Operations for drainage of pleural cavity

S. Urology :

- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- Haemodialysis
- Lithotripsy/nephrolithotomy For Renal Calculus
- Excision Of Renal Cyst
- Drainage Of Pyonephrosis/perinephric Abscess
- Incision Of The Prostate

- Transurethral Excision And Destruction Of Prostate Tissue
- Transurethral And Percutaneous Destruction Of Prostate Tissue
- Open Surgical Excision And Destruction Of Prostate Tissue
- Radical Prostatovesiculectomy
- Other Excision And Destruction Of Prostate Tissue
- Operations On The Seminal Vesicles
- Incision And Excision Of Periprostatic Tissue
- Other Operations On The Prostate
- Incision Of The Scrotum And Tunica Vaginalis Testis
- Operation On A Testicular Hydrocele
- Excision And Destruction Of Diseased Scrotal Tissue
- Other Operations On The Scrotum And Tunica Vaginalis Testis
- Incision Of The Testes
- Excision And Destruction Of Diseased Tissue Of The Testes
- Unilateral Orchiectomy
- Bilateral Orchiectomy
- Surgical Repositioning Of An Abdominal Testis
- Reconstruction Of The Testis
- Implantation, Exchange And Removal Of A Testicular Prosthesis
- Other Operations On The Testis
- Excision In The Area Of The Epididymis
- Operations On The Foreskin
- Local Excision And Destruction Of Diseased Tissue Of The Penis
- Amputation Of The Penis
- Other Operations On The Penis
- Cystoscopic Removal Of Stones
- Lithotripsy
- Biopsy Of Temporal Artery For Various Lesions
- External Arterio-venous Shunt
- AV Fistula - Wrist
- URSL With Stenting
- URSL With Lithotripsy
- Cystoscopic Litholapaxy
- ESWL
- Bladder Neck Incision
- Cystoscopy & Biopsy
- Cystoscopy And Removal Of Polyp
- Suprapubic Cystostomy
- Percutaneous Nephrostomy
- Cystoscopy And "SLING" Procedure.
- TUNA- Prostate
- Excision Of Urethral Diverticulum
- Removal Of Urethral Stone
- Excision Of Urethral Prolapse

- Mega-ureter Reconstruction
- Kidney Renoscopy And Biopsy
- Ureter Endoscopy And Treatment
- Vesico Ureteric Reflux Correction
- Surgery For Pelvi Ureteric Junction Obstruction
- Anderson Hynes Operation
- Kidney Endoscopy And Biopsy
- Paraphimosis Surgery
- Injury Prepuce- Circumcision
- Frenular Tear Repair
- Meatotomy For Meatal Stenosis
- Surgery For Fournier's Gangrene Scrotum
- Surgery Filarial Scrotum
- Surgery For Watering Can Perineum
- Repair Of Penile Torsion
- Drainage Of Prostate Abscess
- Orchiectomy
- Cystoscopy And Removal Of FB
- Endoscopic anti-reflux procedure (and bilateral)
- Excision of urethral caruncle
- Dilatation of urethra (including cystoscopy)

Registered & Corp Office : Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsampo.com, website link www.universalsampo.com