



Group Health Insurance Policy **Policy Wording**

1. PREAMBLE

1.A – Preamble

This policy is a contract of insurance between You and Universal Sampo General Insurance Company (hereinafter called the `Company`) and contains all the details of the cover that we provide.

Your policy comprises:

- The preamble [the current part] which introduces the policy document, describes the structure of the document and sets the general rules;
- The policy wording which lists and details the available coverage, benefits, claims and grievance redressal procedure, exclusions and other terms and conditions of cover;
- The proposal, which is the information You provide to us and which forms the basis for this insurance cover;
- The policy schedule - a separate document customized for you showing the cover details opted for by You and offered by Us to You. It is to be noted that the schedule may amend the policy and only those Parts shown as covered in your schedule are insured;
- Any other written alteration otherwise issued by us in writing (such as an endorsement) that varies or modifies the above documents.

1.B – 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 IRDA 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.

1.C – Policy Period

The policy period shall normally be an annual period [of 12 months] starting from the date of commencement of policy.

1.D – Payment of Premium

- i. Premium for the policy has to be paid in full in advance. We will assume risk and the cover will incept not earlier than the date of payment of full premium.



- ii. The policy-holder will have the option of premium payment in 2/3/4/6/12 installments in which case the chargeable premium will be loaded as per our installment premium payment rules basis the frequency chosen by the policy-holder.

2. POLICY WORDING

2.A – 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 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 specified in the Schedule.

2.B – DEFINITIONS

Definitions of **all the covers** along with those of key associated terms are given below. When used in this Policy, the Policy Schedule and Endorsements, they will always carry **such specific meanings** as in the following definitions.

Where **the context so requires**, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

- i. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- ii. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
- iii. **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.
- iv. **AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- v. 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.
- vi. **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.
- vii. **Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof
- viii. **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.
- ix. **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- x. **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.
- xi. **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.
- xii. **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.
- xiii. **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 twenty four hours because of technological advancement, and
 - ii. which would have otherwise required a hospitalization of more than twenty four hours. [Treatment taken on an out-patient basis is not included in the scope of this definition.]
- xiv. **Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.



- xv. **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.
- xvi. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually undertaken while confined at home under medical advice and under any of the following compelling circumstances;
- i The condition of the patient is such that he/she is not in a condition to be removed to a hospital.
 - or
 - ii The patient takes treatment at home on account of non-availability of room in a hospital.
- xvii. **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.
- xviii. **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 30 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.
 - iv. Brother.
 - v. Sister
- xix. **Grace Period** means specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- xx. **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.
- xxi. **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.
- xxii. **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
- xxiii. **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.
- xxiv. **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.
- xxv. **Insured Person** means person(s) named in the schedule of the Policy.
- xxvi. **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.
- xxvii. **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.
- xxviii. **Maternity expenses** means:
- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization.
 - b) Expenses towards lawful medical termination of pregnancy during the policy period.
- xxix. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- xxx. **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.
- xxxi. **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.
- xxxii. **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.



- xxxiii. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- xxxiv. **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.
- xxxv. **New Born Baby** means baby born during the Policy Period and is aged up to 90 days.
- xxxvi. **Non- Network Provider** means any hospital that is not part of the network.
- xxxvii. **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- xxxviii. **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.
- xxxix. **Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease
- a. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
 - b. For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
- xl. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such. Hospitalization is admissible by the Insurance Company.
- xli. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- i Such Medical Expenses are 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.
- xlii. **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
- xliii. **Policy period** means period of one policy year as mentioned in the schedule for which the Policy is issued
- xliv. **Policy Schedule** means the Policy Schedule attached to and forming part of Policy
- xlv. **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
- xlvi. **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.



- xlvii. **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.
- xlviii. **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- xlix. **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
- I. **Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured 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.
 - ii. **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.
 - iii. **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.
 - iv. **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.
 - v. **We/Us/Company** means Universal Sompo General Insurance Company

2.C – BASE COVER

- I. The option to allow the covers and vary the available benefits lies with the Insurer.
- II. 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.

2.C. [a] Hospitalization

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

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- 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.
- v. Expenses incurred on Road Ambulance [including expenses incurred by rescuers of accident victims on ambulances and hired transportation like cabs] subject to 2% of sum insured or a maximum of Rs. 10000/-.

Special Provisions



- a) The Company shall indemnify medical expenses incurred for inpatient care treatment under the **AYUSH** systems of medicines during each Policy Year up to the limit of sum insured in any AYUSH Hospital.
[Payable as per AYUSH guidelines on procedure charges]
- b) Expenses of Hospitalization for a minimum period of 24 consecutive hours as in-patient only shall be admissible. The in-patient requirement shall stand waived in case of **Domiciliary Hospitalization**. The time limit of 24-consecutive-hours-hospitalization shall stand waived in case of **Day Care Procedures**.

b).1. Domiciliary Hospitalization / Treatment

The company shall indemnify the Medical Expenses incurred on the Domiciliary Hospitalization / Treatment of an Insured Person during the Coverage Period which would otherwise have been covered under Section 2.C.[a] provided that if a claim has been accepted under this section, a consolidated claim post full recovery, shall be considered and no separate post-hospitalization medical expenses shall be payable.

b).2. Day Care Procedures

The day care procedures [listed later and forming part of this document as **Day Care Procedures Annexure I**] will be covered (wherever medically indicated) as part of day care treatment in a hospital up to the limit of Sl.

2.C. [b] Pre-Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period as opted for by the insured and as mentioned in policy schedule prior to the date of admissible hospitalization covered under the policy.

2.C. [c] Post-Hospitalization

The company shall indemnify post-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period from the date of discharge from the hospital as opted for by the insured and as mentioned in policy schedule, following an admissible hospitalization covered under the policy.

2.D. WAITING PERIOD

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:

2.D.1. Pre-Existing Diseases (Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 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.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2.D.2. Specific Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 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 pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

i 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
20. Internal Congenital Anomalies

ii 48 Months waiting period

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

2.D.3. First Thirty Days Waiting Period (Code- Excl03)



- 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.

2.E. EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

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

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

2.E.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

2.E.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.

2.E.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.

2.E.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.

2.E.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.

2.E.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.

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

2.E.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)

2.E.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)

2.E.12. Refractive Error:(Code- Excl15)

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

2.E.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.

2.E.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

**2.E.15. 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.

2.E.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.

2.E.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.

2.E.18. Any expenses incurred on OPD treatment.

2.E.19. Treatment taken outside the geographical limits of India.

2.E.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.

2.F. EXTENSIONS

Unless otherwise specified or restricted, the Company's liability under these Extensions shall be part of the limit of liability under Section **2.C**.

2.F.1. Pre-Existing Disease Waiting Period Waiver

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 waived off.

For the purpose of this extension, Exclusion Serial No 2.D.1 / Exclusion Code 01 shall not be applicable.



The extent of reimbursement of hospitalization expenses arising out of this waiver and chosen by the insured shall be as mentioned in the policy schedule.

2.F.2. Specific Waiting Period Waiver

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, specific waiting period applicable for any claims in relation to listed conditions, surgeries/treatments as mentioned under Exclusion Serial No 2.D.2. / Exclusion Code 02:

- a) Is waived off,
- Or
- b) Is modified to 12 months.

The Insured will have the choice of choosing between 2.F.2.[a] and 2.F.2.[b].

2.F.3. Initial Waiting Period for Hospitalization Waiver

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 2.F.3.[a] and 2.F.3.[b].

2.F.4. Obesity/ Weight Control Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.3 / Exclusion Code 06 is deleted.

For the purpose of this extension, expenses related to the surgical treatment of obesity are included under the scope of cover up to the limit specified in Policy Schedule.

2.F.5. Change-of-Gender Treatments Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.4 / Exclusion Code 07 stands deleted.

For the purpose of this extension, expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex are included under the scope of cover up to the limit specified in Policy Schedule.

**2.F.6. Cosmetic or Plastic Surgery Expenses Extension**

Notwithstanding anything to the contrary in the Policy it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.5 / Exclusion Code 08 stands deleted.

For the purpose of this extension, expenses for cosmetic or plastic surgery or any treatment to change appearance other than 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 are included under the scope of cover up to the limit specified in Policy Schedule.

2.F.7. Hazardous or Adventure Sports Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.6 / Exclusion Code 09 stands deleted.

For the purpose of this extension, 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, are included under the scope of cover up to the limit specified in Policy Schedule.

2.F.8. Sterility and Infertility Treatment Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.14 / Exclusion Code 17 stands deleted.

For the purpose of this extension expenses related to sterility and infertility which include:

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

are included under the scope of cover up to the limit specified in Policy Schedule.

2.F.9. Maternity Expenses Extension with Baby-Day-One Cover

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.15 / Exclusion Code 18 stands deleted.

a) Without waiting period.

Or,



- b) With waiting period of 9 months.

The Insured will have the choice of choosing between 2.F.9.[a] and 2.F.9.[b].

For the purpose of this extension

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

are included under the scope of cover up to the limit specified in Policy Schedule.

In-patient Medical Expenses incurred towards the Hospitalization of an Insured Person's New Born Baby which is born during the policy period are also covered under this extension provided that:

- i Only those Medical Expenses which are incurred for the New Born Baby during birth or post birth up to 90 days from the date of delivery shall be covered up to limit mentioned in Policy Schedule.
- ii Subsequent [to 'i' above] coverage of such New Born Baby will be available till expiry of the Policy subject to addition of the New Born Baby into the Policy by way of an endorsement on payment of the requisite premium.

2.F.10. a] OPD Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.18 stands deleted.

For the purpose of this extension, medical expenses [excluding expenses related to pregnancy and child-birth] incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Policy Schedule.

Outpatient means an insured who visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner.

2.F.10. b] Maternity OPD Expenses Extension

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.18 stands deleted.

For the purpose of this extension, maternity-related medical expenses incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Policy Schedule subject to the Insured opting for Add-on 2.F.9.

Outpatient means an insured who visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner.



2.F.11. Global Coverage

The Company will reimburse for Medical Expenses of the Insured Person incurred outside India for not more than 180 consecutive days up to the sum insured, provided that a] the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment and b] prior approval from the Company is taken before travelling abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Insured member(s) can contact us for any claim assistance. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only sum insured can be used for this and not the restored sum insured.

For the purpose of this extension, exclusion number 2.E.19 shall not be applicable.

Subject to terms and conditions of the policy.

2.F.12. Non-medical Expenses Cover

Notwithstanding anything to the contrary contained in the Policy, it is hereby declared and agreed that, on payment of additional premium, expenses otherwise not payable as specified under List-I of Annexure A mentioned in 2.C.III shall be considered and paid by the Company.

Subject to terms and conditions of the policy.

2.G. ADD-ONS

Unless otherwise specified, the liability under these add-on sections shall be over and above the limit of liability under **Section 2.C** [Base Cover].

2.G.1. Critical Illness

On payment of additional premium, We will pay the Critical Illness [CI] Sum Insured for the chosen CI Plan [Gold, Silver, Platinum and Diamond as listed below] as a lump sum in addition to pay-out under this Policy provided that:

- a) The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and the Insured Person survives at-least 30 days following such diagnosis,
- b) This benefit is payable once during the Policy Period and would terminate on the occurrence of the first Critical Illness. The Insured Person shall receive the sum insured as per applicable guidelines post which the benefit will cease and coverage under this benefit would not be renewed any further. However the other insured members (if any) will continue to be covered under this benefit if opted.
- c) This benefit is offered only on Individual Sum Insured basis.



The combinations the insured can choose from are as per the following Plan Table:

SI No	Particulars	Silver	Gold	Platinum	Diamond
1	Cancer of Specified Severity	Yes	Yes	Yes	Yes
2	Kidney Failure requiring regular dialysis	Yes	Yes	Yes	Yes
3	Multiple Sclerosis with Persisting Symptoms	Yes	Yes	Yes	Yes
4	Major Organ/ Bone Marrow Transplant	Yes	Yes	Yes	Yes
5	Open Heart Replacement	Yes	Yes	Yes	Yes
6	Coronary Artery Bypass Graft	Yes	Yes	Yes	Yes
7	Permanent Paralysis of Limbs	Yes	Yes	Yes	Yes
8	First Heart Attack of Specified Severity	Yes	Yes	Yes	Yes
9	Stroke resulting in Permanent Symptoms	Yes	Yes	Yes	Yes
10	Benign Brain Tumor	No	Yes	Yes	Yes
11	Parkinson's Disease	No	Yes	Yes	Yes
12	Coma of Specified Severity	No	Yes	Yes	Yes
13	End Stage Liver Disease	No	No	Yes	Yes
14	Alzheimer's Disease	No	No	Yes	Yes
15	Surgery of Aorta	No	No	Yes	Yes
16	Major Burns	No	No	No	Yes
17	Deafness	No	No	No	Yes
18	Loss of Speech	No	No	No	Yes

Definitions:

Critical Illness means any one of the following illnesses or conditions that occurs or manifests itself during the Policy Period as a first incidence and the insured survives the defined survival period.

(i) Cancer of Specified Severity

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
 - ii Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii Malignant melanoma that has not caused invasion beyond the epidermis;



- iv All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- v All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi Chronic lymphocytic leukaemia less than RAI stage 3
- vii Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix All tumors in the presence of HIV infection.

(ii) Myocardial Infarction (First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

(iii) Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

(iv) Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

**(v) Coma of Specified Severity**

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

(vi) Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

(vii) Stroke Resulting in Permanent Symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

(viii) Major Organ /Bone Marrow Transplant

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

(ix) Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that



the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

(x) Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

(xi) Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

(xii) Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

(xiii) End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

(xiv) Loss of Speech



- I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

(xv) Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

(xvi) Parkinson's Disease

The occurrence of Parkinson's disease where there is an associated neurological deficit that results in permanent inability to perform independently at least three of the activities of daily living as defined below.

- i. Transfer: Getting in and out of bed without requiring external physical assistance
- ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
- iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
- iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
- v. Eating: All tasks of getting food into the body once it has been prepared

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

(xvii) Alzheimer's Disease

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living- bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication- or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

(xviii) Surgery of Aorta

The actual undergoing of medically necessary Surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Traumatic Injury of the aorta is excluded.

2.G.2. Additional Ambulance Charges

The company will pay the ambulance expenses incurred for Ambulance Expenses up to the maximum amount as specified in Policy Schedule per valid hospitalization claim for



transferring the Insured member(s) to the nearest Hospital with adequate facilities, if a claim is accepted under In-patient hospitalization.

This coverage will be in addition to the limit mentioned under Section 2.C.[a].v.

2.G.3. Corporate Buffer

The Company will provide additional Sum Insured specified in the Policy Schedule available to the Insured Members of the Policy who have exhausted their Sum Insured for the Policy Year. This Sum Insured will be available at the Group level on a Float basis as per the conditions specified in the Policy Schedule, provided that:

- a) Any Benefit accrued under this cover cannot be carried forward to the subsequent Coverage Period.
- b) All other terms, exclusions and conditions contained in the Policy or endorsed thereon remains unchanged.

2.G.4. Organ Donor Expenses

The Company will pay the in-patient Hospitalization Medical Expenses for a successful organ transplant including pre-transplant medical tests for legitimate donor and for harvesting the organ up to the sum insured mentioned in policy schedule, provided that:

- i. The organ donor is any person whose organ has been made available in compliance with The Transplantation of Human Organ Act 1994, The Transplantation of Human Organs Act (Amendment) 2011 (or any amendments thereafter); and other applicable Central / State Rules / Regulations, as applicable, in respect of transplantation of human organs.
- ii. The organ donated is for the use of the Insured Person who has been medically advised to undergo organ transplant, and
- iii. The Company has accepted an In-patient Hospitalization claim for the Insured member under medical expenses.
- iv. The policy will not cover expenses towards the donor in respect of:
 - (a) Any Pre Hospitalization Medical Expenses or Post Hospitalization Medical Expenses other than pre-transplant medical test for legitimate organ donor and cost of organ harvesting;
 - (b) Costs directly or indirectly associated to the acquisition of the organ/ or cost of organ.
 - (c) Any other medical treatment or complication in respect of the donor, consequent to harvesting.
 - (d) Claims which have NOT been admitted under in-patient Hospitalization Medical Expenses for the insured

2.G.5. Top – up Cover

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay the Medical Expenses in excess of deductible stated in the Policy Schedule **on per admissible claim basis.**

However, the total liability of the Company under this Policy for payment of any admissible claim during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.



Plans available under the add-on cover are mentioned under '**SUM INSURED FOR TOP UP & SUPER TOP UP COVER ANNEXURE II**'.

2.G.6. Super Top – up Cover

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay the Medical Expenses in excess of deductible stated in the Policy Schedule **on per year basis**.

However, the total liability of the Company under this Policy for payment of any and all admissible Claims in aggregate during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

Plans available under the add-on cover are mentioned under '**SUM INSURED FOR TOP UP & SUPER TOP UP COVER ANNEXURE III**'.

2.G.7. Daily Cash Cover

If an Insured Person requires Hospitalization due to an Illness or Injury, as specified in the Policy Schedule, suffered or contracted during the Coverage Period, then We will pay the daily benefit amount specified against this Benefit in the Policy Schedule, for each continuous and completed period of 24 hours of Hospitalization to cover incidental expenses related to hospitalization like [but not restricted to] attendants' accommodation, food and transport

This benefit will be payable provided that:

- a) Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim.
- b) This Benefit shall not be payable in respect of the Insured Person for more than the maximum number of days specified in the Policy Schedule for each Coverage Period.

2.G.8. Restoration of Sum Insured

The Company will provide a 100% restoration of Sum Insured opted by the Insured once in a policy year, if the opted Sum Insured is exhausted or rendered insufficient as a result of previous claims in that policy year, provided that:

- a) Restoration of Sum Insured will be in addition to opted Sum Insured.
- b) The restored Sum Insured can only be used for all future claims within the same policy year, not related to the illness/disease/injury for which a claim has been paid in that policy year for the same Insured member(s)
- c) The claim will be admissible under the restored Sum Insured only if the claim is admissible under section "2.C.[a]"
- d) Restoration will not trigger for the first claim.
- e) For individual policies, restored Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis
- f) Any unutilized restored Sum Insured will not be carried forward to subsequent policy year
- g) Automatic restoration of Sum Insured will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum Insured was exhausted.



2.G.9. Wellness Benefits

The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards.

1. Everyday Care

The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empaneled Network providers. The list of such network providers will be updated from time to time and can be obtained from Our website, mobile application or by calling our call centre. *The Company will assist in scheduling appointments for consultation and diagnostic test as per time convenience of the insured person. Alternatively, the insured person may also schedule his/her own appointment themselves by contacting the Network Provider or through the mobile application. The insured person(s) can avail these facilities as many number of time as he/she wishes to avail.*

- i. **OPD Consultation:** The Company offers family/general physician as well as special consultations at discounted rates from the Network Providers. The insured person(s) can also store the prescription letters and bills in the electronic health portal system provided by the Company.
- ii. **Diagnostic Services:** The Company offers diagnostic facilities at discounted rates from the Network Providers. The insured person(s) can also store these medical test reports and bills in the electronic health portal system provided by the Company.
- iii. **Pharmacies:** If the insured person(s) want to obtain medicines and consumables prescribed by a medical practitioner, he/she can avail the same at discounted rates subject to a valid prescription from the Network providers. The medicines can be also ordered through the Mobile App or our Web portal.

2. Complete Wellness & Healthcare

The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

- i. **Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self-performed by the insured person. We will aid the insured person to complete the HRA whenever required.
- ii. **Electronic Health Records:** the Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.
- iii. **Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a "Health Goal" which is identified post identification of risk factors for improving insured person's overall well-being.



“Health Goal”, which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

3. Health Coach

The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s). The service will offer immediate and complete assistance to the Insured Person looking after his/her day-to-day health care. Post the complete health profile building of the Insured Person, Health Coach will interact with the Insured Person as per Health requirement.

2.G.10. Emergency Assistance Services

The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company or through an appointed Service provider, with prior intimation and acceptance by the Company.

- i. **Medical Consultation, Evaluation and Referral-** In case of any emergency situation, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
- ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- iii. **Emergency Medical Evacuation -** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.
- iv. **Medical Repatriation (Transportation):** When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person’s medical condition.
- v. **Compassionate Visit:** When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

2.G.11. Accident Benefit Cover

If during the period of insurance an insured person sustains any bodily injury or affliction because of **Accident**, which solely and directly causes any of the contingencies opted for as cover from amongst the sub-sections listed under Sec 2.G.11[a] to 2.G.11.[d], We would pay the benefit as specified in the attached Schedule in accordance with terms, conditions and exclusions of the Policy.



- i. Choosing **at least one** out of Death, Permanent Total Disablement and Permanent Partial Disablement (2.G.11.[a] / 2.G.11.[b] and 2.G.11.[c]) covers is compulsory.
- ii. The option to allow the covers and vary the available benefits lies with the Insurer.
 - ‘What we cover’ is given under the heading ‘Contingency Description’.
 - The benefits of the cover available are captured in the ‘Limit/Extension of Benefit’ column. The column indicates the amount recoverable [**the limit of liability** under a particular cover during the policy period].
 - The special conditions, if any, pertaining to each cover, are also mentioned.

2.G.11.[a]

Contingency Description	Limit/Extent of Benefit
Death/Disappearance	Capital Sum Insured [CSI]

Death means cessation of blood circulation and breathing – the two criteria necessary to sustain life in a human being

Disappearance due to sinking or wreckage of the conveyance means the untraceability of the insured person for a continuous period of 365 days following disappearance, sinking or wreckage of the conveyance he was provably travelling in, leading to a case of declared-death-in-absentia or legal presumption of death.

Special Conditions for the Cover

- I. If payment has been already made under Permanent Total Disablement, then no benefit/claim shall be due under this cover.
- II. If payment has been already made under Permanent Partial Disablement [PPD], then benefit recoverable under this cover will be reduced by the amount paid under PPD.
- III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the Death cover, if opted and payable, will be paid along with the above.
- IV. The Disappearance Benefit will be payable provided that:
 - i. The legal heirs/representatives of the Insured Person’s estate provide Us with a signed agreement stating that if it transpires later that the Insured Person did not die, or did not die due to an Accident during the Policy Period, the amount paid will be reimbursed to Us immediately and without any deductions.
 - ii. The Insured Person’s legal representative must intimate such disappearance to Us immediately upon happening of the event and shall carry the onus of proof of the claimed disappearance.

2.G.11.[b]

Contingency Description	Limit/Extent of Benefit
Permanent Total Disablement [PTD]	As opted for by the Insured at inception of policy Percentage of CSI



	[100%/125%/150%/175%/200%] as stated in the Schedule
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Permanent Total Disablement means any of the following happening within 365 days of the accident:

- a) Total Paralysis
- b) Total and irrecoverable loss of sight of both eyes
- c) Total and irrecoverable physical separation of or the loss of ability to use two Limbs (both hands or both feet or one hand and one foot)
- d) Total and irrecoverable loss of sight of one eye and physical separation of or the loss of ability to use a limb (either one hand or one foot)
- e) Total and irrecoverable loss of speech
- f) Loss/Removal of lower jaw
- g) Third degree burn injury to 10% or more of the head surface area / 25% or more of the surface area of body other than the head
- h) Compound fracture of the skull with damage to brain tissues
- i) Permanent and incurable insanity
- j) Total 'brain dead' cases - the permanent total loss of the central nervous system
- k) Permanent total loss of thoracic or abdominal organs rendering the insured completely incapable to carry out daily living activities without full-time assistance
- l) Total and permanent loss of vocation/employment caused by any one or more of the above or by any combination of permanent partial disabilities

For the purpose of this definition,

- a. **Total Paralysis** means complete and irreversible loss of motor function leading to the total loss of function of the entire body from neck down due to an accidental injury to the spinal cord.
- b. **Limb** means a hand at or above the wrist or foot above the ankle.
- c. **Loss of Limb** means the physical separation of or the loss of ability to use a limb above the wrist and/or ankle respectively.

Special Conditions for the Cover

- I. The Permanent Total Disablement is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
- II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.
- III. Once a claim has been accepted and paid under this Benefit, this Policy will immediately and automatically cease in respect of that Insured Person. Benefits under covers linked to the PTD cover, if opted and payable, will be paid along with the above.
- IV. If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under



this Benefit shall be limited to the Sum assured mentioned in the policy schedule against this coverage.

2.G.11.[c]

Cover Description	Limit/Extent of Benefit
Permanent Partial Disablement [PPD]	As in the following Table

Nature of Injury	% of Capital Sum Insured
a. Permanent and total loss of hearing	75
b. Loss of sight of one eye	50
c. Loss of one limb	50
d. Loss of toes-all	20
e. Great-both phalanges	5
f. Great-one phalanx	2
g. Other than great, for each of the others	1
h. Non-union of fractured leg or knee-cap	10%
i. Shortening of the leg by at least 2 inches	7.5%
j. Stiffening of elbow, hip or knee joints due to rigidity/fusion of bones	20
k. Loss of hearing – one ear	15
l. Loss of four fingers and thumb of one hand	40
m. Loss of four fingers	35
n. Loss of thumb-both phalanges	25
o. Loss of thumb-one phalanx	10
p. Loss of index finger	
i. Three phalanges	10
ii. Two phalanges	8
iii. One phalanx	4
q. Loss of middle finger	
i. Three phalanges	6
ii. Two phalanges	4
iii. One phalanx	2
r. Loss of ring finger	
i. Three phalanges	5
ii. Two phalanges	4
iii. One phalanx	2
s. Loss of little finger	
i. Three phalanges	4
ii. Two phalanges	3
iii. One phalanx	2
t. Any other permanent partial disablement [including permanent disablement]	As assessed by Medical Practitioner appointed by us and not exceeding 75%



caused by the elements]	
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Permanent Partial Disability means the bodily Injury that results in total, irrevocable, absolute and continuous loss or impairment of a body part or sensory organ as elaborately specified above.

Special Conditions for the Cover

- I. The PPD is liable to be proved and a disability certificate issued by a civil surgeon or equivalent appointed by the District, State or Government Board is made available to us.
- II. If the Insured Person suffers death before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however benefit under accidental Death shall become payable, if opted.
- III. If the Insured Member suffers accidental Injuries resulting in more than one of the Permanent Disablements, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Capital Sum Insured mentioned in the policy schedule.

2.G.11.[d]

Contingency Description	Limit/Extent of Benefit
Temporary Total Disablement [TTD]	Per week benefit not exceeding the Capital Sum Insured as mentioned in the Schedule

Temporary Total Disablement means the bodily Injury or affliction that prevents you from engaging in your occupation as certified by Medical Practitioner and attested by employer, if any.

Special Conditions for the Cover

- I. The Temporary Total Disablement is liable to be certified by a Medical Practitioner and Employer, if any. Submission of supporting documents/reports is a pre-requisite for consideration of any claim under this cover.
- II. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks mentioned in the Policy Schedule for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.
- III. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks mentioned in the Policy Schedule for any and all claims arising within the Policy Period.
- IV. The benefit shall not be paid for the Time Excess mentioned in the Policy Schedule i.e. for the number of days mentioned in the Policy Schedule calculated from the date of commencement of TTD.
- V. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by You and Us.

Exclusions Applicable to All Sub-sections of 2.G.11



We shall not be liable to make any payment for any claim under any of the Cover/ Benefits under the Policy in respect of any Insured Person, directly or indirectly caused by or arising from or in any way attributable to, any of the following:

- I. Disease, illness, sickness, ill-health, infection and ailment of all kinds unless proximately caused by accident
- II. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
- III. Any **Pre-existing** condition or any complication arising from the same.
- IV. Congenital external defects or anomalies or in consequence thereof.
- V. Pregnancy or childbirth or any consequence thereof.
- VI. Consequential losses of any kind or actual or alleged legal liability
- VII. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
- VIII. Foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
- IX. Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
- X. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us.
- XI. The Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent.
- XII. Use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
- XIII. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy.
- XIV. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - a) 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.
 - b) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

2.G.12 Dental Treatment Cover

The Company will reimburse the medical expenses related to dental treatment and cost of denture incurred by the Insured during the Policy Period. This benefit shall be limited to maximum amount as mentioned in Policy Schedule. The 24-hour hospitalization requirement under the policy will stand waived for this cover.

Subject otherwise to the terms and conditions of the policy.

**2.G.13. Medically Advised Support Devices**

The Company will reimburse the charges incurred by Insured during the Policy Period on account of procuring medically necessary prosthetic or artificial devices or any other medical device prescribed by the Registered Medical Practitioner as arising due to admission claim under 'Section 2.C.'. This benefit shall be limited to maximum amount as mentioned in Policy Schedule.

Subject to terms and conditions of the policy.

2.G.14. Benefit Cover for Pandemic/Epidemic Diseases (including COVID-19)

The Company will pay the Sum Insured as a lump sum amount mentioned in the Policy Schedule in case the Insured Person is diagnosed as suffering from the Pandemic / Epidemic diseases provided it occurs or manifests itself during the policy period as a first incidence.

The benefit will be payable after waiting period as mentioned in the Policy Schedule.

Subject to terms and conditions of the policy.

For the purpose of above optional coverage:

Pandemic / Epidemic Disease means infectious disease that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption. (As declared by World Health Organization / Government of India)

2.G.15. External Congenital Ailment Cover

The Company will indemnify the medical expenses incurred by the Insured Person for External Congenital Disease or Defects or anomalies up to the maximum amount as mentioned in Policy Schedule.

The waiting period of pre-existing diseases – if not waived off by availing section 2.F.1 - will be applicable for payment of benefits under this optional coverage.

Subject to terms and conditions of the policy.

2.H. BENEFIT RESTRICTION OPTIONS**2.H.1. Only Accidental Hospitalization Cover**

Notwithstanding anything herein to the contrary, the operative clause of the policy and, consequently, coverage under Sections 2.C.[a] to Section 2.C.[c] as well as the related



Extensions and Add-ons will be available **only for injury** [as per definition 2.B.xxiii] during the policy period. The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims as per the policy terms and conditions.

Hospitalization **for illness** [as per definition 2.B.xxii] shall stand excluded from cover.

Subject to limits, terms and conditions of the policy.

2.H.2. Only Illness Hospitalization Cover

Notwithstanding anything herein to the contrary, the operative clause of the policy and, consequently, coverage under Sections 2.C.[a] to Section 2.C.[c] as well as the related Extensions and Add-ons will be available **only for illness** [as per definition 2.B.xxii] during the policy period. The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims as per the policy terms and conditions.

Hospitalization **for injury** [as per definition 2.B.xxiii] shall stand excluded from cover.

Subject to limits, terms and conditions of the policy.

2.H.3. Limited Hospitalization Cover

Notwithstanding anything contained herein to the contrary, clauses i] and ii] of Section **2.C. [a]** shall be modified to read as under:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home – With a per day upper limit up to 5% of Sum Insured
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses - With a per day upper limit up to 10%of Sum Insured

All other terms and conditions of the policy shall remain unaltered.

2.H.4. Restricted Contingency Cover

Notwithstanding anything herein to the contrary, the operative clause of the policy and, consequently, coverage under Sections 2.C.[a] to Section 2.C.[c] as well as the related Extensions and Add-ons will be available **only for the named illness** during the policy period. The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claim as per the policy terms and conditions.

Hospitalization **for injury** [as per definition 2.B.xxiii] and **illness other than the one named** shall stand excluded from cover.

The named illness and restricted contingency can be any of the following:

- 2.H.4.i – Pandemics/Epidemics**



Pandemic / Epidemic Disease shall mean infectious disease [including Covid-19] that can greatly increase morbidity and mortality over a wide geographic area and cause significant economic, social, and political disruption. (As declared by World Health Organization / Government of India)

2.H.4.ii – Infectious Diseases - Vector-borne Vector-borne diseases shall mean human illnesses caused by parasites, viruses and bacteria that are transmitted by vectors as listed below:

Vector		Disease caused	Type of pathogen
Mosquito	Aedes	Chikungunya	Virus
		Dengue	Virus
		Lymphatic filariasis	Parasite
		Rift Valley fever	Virus
		Yellow Fever	Virus
		Zika	Virus
	Anopheles	Lymphatic filariasis	Parasite
		Malaria	Parasite
	Culex	Japanese encephalitis	Virus
		Lymphatic filariasis	Parasite
West Nile fever		Virus	
Aquatic snails		Schistosomiasis (bilharziasis)	Parasite
Blackflies		Onchoceriasis (river blindness)	Parasite
Fleas	Plague (transmitted from rats to humans)		Bacteria
	Tungiasis		Ecto parasite
Lice	Typhus		Bacteria
	Louse-borne relapsing fever		Bacteria
Sandflies	Leishmaniasis		Bacteria
	Sandfly fever (phlebotomus fever)		Virus
Ticks	Crimean-Congo haemorrhagic fever		Virus
	Lyme disease		Bacteria
	Relapsing fever (borreliosis)		Bacteria
	Rickettsial diseases (eg: spotted fever and Q fever)		Bacteria
	Tick-borne encephalitis		Virus
	Tularaemia		Bacteria
Triatome bugs		Chagas disease (American trypanosomiasis)	Parasite
Tsetse flies		Sleeping sickness (African trypanosomiasis)	Parasite

2.H.4.iii – Infectious Diseases – Other Than Vector-borne



This category would include diseases caused by infectious pathogens – bacteria, viruses, fungi, parasites and prions – and propagated by means other than vectors.

2.H.4.iiv – Critical Illness Combos

Critical Illness shall mean the illness listed below and defined as per ‘**Definition Section**’ of 2.G.1.

The insured shall have the option to choose any of the combo plans listed below:

SI No	Particulars	Silver	Gold	Platinum	Diamond
1	Cancer of Specified Severity	Yes	Yes	Yes	Yes
2	Kidney Failure requiring regular dialysis	Yes	Yes	Yes	Yes
3	Multiple Sclerosis with Persisting Symptoms	Yes	Yes	Yes	Yes
4	Major Organ/ Bone Marrow Transplant	Yes	Yes	Yes	Yes
5	Open Heart Replacement	Yes	Yes	Yes	Yes
6	Coronary Artery Bypass Graft	Yes	Yes	Yes	Yes
7	Permanent Paralysis of Limbs	Yes	Yes	Yes	Yes
8	First Heart Attack of Specified Severity	Yes	Yes	Yes	Yes
9	Stroke resulting in Permanent Symptoms	Yes	Yes	Yes	Yes
10	Benign Brain Tumor	No	Yes	Yes	Yes
11	Parkinson’s Disease	No	Yes	Yes	Yes
12	Coma of Specified Severity	No	Yes	Yes	Yes
13	End Stage Liver Disease	No	No	Yes	Yes
14	Alzheimer’s Disease	No	No	Yes	Yes
15	Surgery of Aorta	No	No	Yes	Yes
16	Major Burns	No	No	No	Yes
17	Deafness	No	No	No	Yes
18	Loss of Speech	No	No	No	Yes

2.H.4.v – Cancer

Cancer shall mean the group of diseases involving malignancy and uncontrolled growth of abnormal cells in the human body.

2.H.4.vi – Named Surgeries Cover

Named Surgeries would include Heart Surgeries [Aortic surgery, Aortic valve surgery, Arrhythmia surgery, CABG, Heart Transplant, Surgical Ventricular Restoration, Myectomy, Transmyocardial Revascularization, Valvular Surgery and the like], Neurosurgeries [surgeries of the Brain and Spine] and Orthopedic Surgery [surgery concerned with disorders of the musculo-skeletal system – spines, joints and their repair].

Subject to limits, terms and conditions of the policy.

2.H.4.vii – Eye Disorders

Eye Disorders shall mean diseases and disorders of eye and vision including [but not limited to] Refractive Errors, Age-Related Macular Degeneration, Cataract, Diabetic Retinopathy, Glaucoma, Amblyopia and Strabismus.

**2.H.5. Capped Compensation Cover**

It is hereby declared and agreed that illness claims under Section 2.C of the Policy shall be subject to the disease-wise agreed capped percentage or maximum amount [whichever is less] as specified in Annexure - III.

Subject otherwise to the terms and conditions of the Policy.

2.H.6. Co-payment

It is hereby declared and agreed that each and every claim under the Policy shall be subject to an agreed Co-payment of ___% [as specified in the schedule] 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.

2.H.7. Voluntary Excess

It is hereby declared and agreed that the Insured/Claimant shall bear the first Rs..... of each and every claim under sections 2.C.[a] to 2. C.[c] for which the Insured is to be indemnified by this policy

The voluntary excess shall apply per event per insured person.

2.H.8. Reimbursement Only Cover

It is hereby declared and agreed that payment of hospitalization claims under the policy shall be through the reimbursement mode and cashless facility shall neither be sought nor extended.

2.I. CLAIM PROCEDURE**2.I.1. Procedure for Cashless claims:**

- i Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
- ii Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- vi In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

2.I.2. Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.



SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

2.1.3. Notification of Claim

Notice with full particulars shall be sent to the Company as under:

- ii Within 24 hours from the date of emergency hospitalization required or before the Insured Person’s discharge from Hospital, whichever is earlier.
- iii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

2.1.4. Documents to be submitted:

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

Coverage Serial No..	Contingency Description	Documents
2.C.[a] 2.C.[b] 2.C.[c]	Hospitalization [Pre-Hospitalization & Post-Hospitalization]	<ul style="list-style-type: none"> i Duly Completed claim form ii Photo Identity proof of the patient iii Medical practitioner’s prescription advising admission iv Original bills with itemized break-up v Payment receipts vi Discharge summary including complete medical history of the patient along with other details. vii Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner viii OT notes or Surgeon’s certificate giving details of the operation performed (for surgical cases). ix Sticker/Invoice of the Implants, wherever applicable. x MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable. xi NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xii KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xiii Legal heir/succession certificate , wherever applicable xiv Any other relevant document required by Company/TPA for assessment of the claim.
2.G.1.	Critical Illness	<ul style="list-style-type: none"> i Certificate from the attending Doctor of the Insured Person confirming, inter alia, <ul style="list-style-type: none"> a. Name of the Insured person; b. Name, date of occurrence and medical details of the Insured Event c. Confirmation that the Insured Event does not



		<p>relate to any Pre-Existing Illness or any Illness or Injury which existed within the first 90 days of commencement of Period of Insurance.</p> <ul style="list-style-type: none"> ii Duly completed claim form and NEFT Form signed by the Claimant iii Original Discharge Certificate/ Card from the hospital/ Doctor or their copies; iv All original investigation test reports or their copies, indoor case papers v A copy of the final hospital bill & receipts vi First consultation paper for the illness. vii Details of the Treatment received by the Customer from the inception of the Ailment. viii Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised. ix Any other specific investigation done to support the diagnosis x Subsequent details of the Treatment, with the Consultation papers from the Treating consultant and current status xi Copy of Adhaar card, or any other government photo ID and PAN Card. xii KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
2.G.2.	Additional Ambulance Charges	As required under section 2.C.[a].
2.G.4.	Organ Donor Expenses	As required under section 2.C.[a].
2.G.5. 2.G.6.	Top – up Cover Super Top – up Cover	<ul style="list-style-type: none"> i First Consultation letter from the Doctor ii Duly completed claim form and NEFT Form signed by the Claimant iii Original Hospital Discharge Card iv Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor’s Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc. v All Original payment receipts duly signed & stamped against the final bill vi All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc. vii In case of a Cataract Operation, IOL Sticker will have to be enclosed viii Claim settlement letter from the co insurer if any ix Other documents as may be required by us to process the claim. x Copy of Adhaar card, or any other government photo



		<p>ID and PAN Card</p> <p>xi KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines</p>
2.G.7.	Hospital Daily Cash Cover	As required under section 2.C.[a].
2.G.11.	Accident Benefit Cover	<p>i Duly completed claim form;</p> <p>ii Doctor's Report;</p> <p>iii Original Discharge Certificate/ Card from the hospital/ Doctor or their copies</p> <p>iv First Information Report and Final Police report, wherever necessary;</p> <p>v Death certificate, wherever applicable;</p> <p>vi Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury etc.;</p> <p>vii Disability certificate from a Doctor or hospital confirming the extent and nature of disability;</p> <p>viii Post mortem report, if the same was conducted;</p> <p>ix Copy of Adhaar card, or any other government photo ID and PAN Card.</p> <p>x 10.KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines</p> <p>For Disappearance:</p> <p>I. FIR for Disappearance, sinking or wreckage of conveyance he was traveling in.</p> <p>II. Non-traceable report issued by the police along with the court order (presuming the person dead) OR Any document issued by Local Government Authority having jurisdiction over such matters to declare any person presumed to be dead after the lapse of such period of time as deemed to be fit by such Local Government Authority.</p> <p>III. Indemnity letter to indemnify the USGIC in case the Insured person in whose favour such claim has been settled found later to be alive or has not been died arising out the accident leading to his disappearance or any other accident during the currency of the policy period.</p>
2.G.12	Dental Treatment Cover	As required under section 2.C.[a].
2.G.13.	Medically Advised Support Devices	<p>i Duly completed claim form</p> <p>ii Certificate from treating doctor for need of support devices along with other supporting documents</p> <p>iii Original invoice of equipment purchased</p>
2.G.14.	Benefit Cover for Pandemic/Epidemic Diseases (including	<p>i Duly filled and signed Claim Form</p> <p>ii Copy of Insured Person's passport, if available (All pages)</p>



	COVID-19)	<ul style="list-style-type: none"> iii Photo Identity proof of the patient (if insured person does not own a passport) Medical practitioner's prescription advising admission iv Medical practitioner's prescription advising admission v Discharge summary including complete medical history of the patient along with other details. vi Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre for COVID. vii NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque viii KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines ix Legal heir/succession certificate, wherever applicable x Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc. xi Original payment receipt duly signed & stamped against the final bill
2.G.15.	External Congenital Ailment Cover	As required under section 2.C.[a].

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
2. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. 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
4. 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

2.1.5. Claim Settlement (provision for Penal Interest)

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



2.1.6. Payment of Claim

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

2.J. GENERAL TERMS & CONDITIONS

2.J.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.J.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.

2.J.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.

2.J.4. 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.

2.J.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 the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;



- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

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

2.J.6. Cancellation

- a) The Insured may cancel this Policy by giving 15 days’ written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund of Premium in %	
Timing of Cancellation	Percentage of premium to be refunded
Up to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

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

- b) The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days’ written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.
- c) We may invoke provision 2.J.8.b. above in respect of insured persons individually on the stated grounds of misrepresentation, fraud or non-disclosure of material facts.

2.J.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 extant Guidelines related to Migration. if such person is presently covered and has been continuously covered without any lapses under ally health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

- ii The waiting periods shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- iii Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum insured.



For Detailed Guidelines on Migration, kindly refer the link www.universalsompo.com

2.J.8. Renewal of Policy

This Policy may be renewed by mutual consent every year 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 fraud, 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.

2.J.9. 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. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured 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.

2.J.10. 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.

2.J.11. 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.

2.J.12. 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.

2.J.13. 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.

2.J.14. Notice & Communication

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

2.J.15. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only (except in case of Global cover).

2.J.16. 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.

2.J.17. Arbitration

- ii If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).



- iii It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iv It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

3. REDRESSAL OF GRIEVANCE

Grievance—In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link www.universalsompo.com

Or can write to us on:

Universal Sampo General Insurance Co. Ltd.

Unit No- 601 & 602 A Wing, 6th Floor, Reliable Tech Park, Cloud City Campus; Thane-Belapur Road, Airoli- 400708

Toll Free Numbers: 1800-200-5142

Landline Numbers: (022)-39635200 (Chargeable)

E-mail Address: contactus@universalsompo.com

IRDAI Integrated Grievance Management System – <https://igms.irda.gov.in/>

Insurance Ombudsman —The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as **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

SI 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

SI 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 Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka.	BENGALURU 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@ecoi.co.in
Madhya Pradesh	BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd



Chattisgarh.	Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Orissa.	BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in
Delhi.	DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(Assam). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Rajasthan.	JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
Kerala, Lakshadweep, Mahe-a part of Pondicherry.	ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in
West Bengal, Sikkim, Andaman & Nicobar	KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in



Islands.	
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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 style="text-align: center;">LUCKNOW</p> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	<p style="text-align: center;">MUMBAI</p> Office of the Insurance Ombudsman, 3 rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	<p style="text-align: center;">NOIDA</p> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand.	<p style="text-align: center;">PATNA</p> Office of the Insurance Ombudsman, 1 st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006.



	Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	PUNE 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.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in

Day Care Procedures Annexure I

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-aura/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. Microdochoectomy 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. Ureterocoele Repair - Congenital Internal
44. Vaginal Mesh For POP
45. Laparoscopic Myomectomy
46. Surgery For SUI
47. Repair Recto- Vagina Fistula
48. Pelvic Floor Repair(Excluding Fistula Repair)
49. URS + LL
50. Laparoscopic Oophorectomy
51. Normal Vaginal Delivery And Variants
52. Excision of lesion of vulva
53. 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 Accidenta L 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 Orchidectomy 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 Orchidectomy
22. Bilateral Orchidectomy
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. Cystoscopical Removal Of Stones
33. Lithotripsy
34. Biopsy Oftemporal 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



SUM INSURED FOR TOP UP & SUPER TOP UP COVER ANNEXURE II

Deductible	50,000												
Sum Insured	50,000	75,000	1,00,00	1,25,00	1,50,00	1,75,00	2,00,00	2,50,00	3,00,00	3,50,00	4,00,00	4,50,00	5,00,00
			0	0	0	0	0	0	0	0	0	0	0

Deductible	75,000												
Sum Insured	50,000	75,000	1,00,00	1,25,00	1,50,00	1,75,00	2,00,00	2,50,00	3,00,00	3,50,00	4,00,00	4,50,00	5,00,00
			0	0	0	0	0	0	0	0	0	0	0

Deductible	1,00,000												
Sum Insured	50,000	75,000	1,00,00	1,25,00	1,50,00	1,75,00	2,00,00	2,50,00	3,00,00	3,50,00	4,00,00	4,50,00	5,00,00
			0	0	0	0	0	0	0	0	0	0	0

Deductible	1,25,000												
Sum Insured	50,000	75,000	1,00,00	1,25,00	1,50,00	1,75,00	2,00,00	2,50,00	3,00,00	3,50,00	4,00,00	4,50,00	5,00,00
			0	0	0	0	0	0	0	0	0	0	0

Deductible	1,50,000												
Sum Insured	50,000	75,000	1,00,00	1,25,00	1,50,00	1,75,00	2,00,00	2,50,00	3,00,00	3,50,00	4,00,00	4,50,00	5,00,00
			0	0	0	0	0	0	0	0	0	0	0

Deductible	1,75,000												
Sum Insured	50,000	75,000	1,00,00	1,25,00	1,50,00	1,75,00	2,00,00	2,50,00	3,00,00	3,50,00	4,00,00	4,50,00	5,00,00
			0	0	0	0	0	0	0	0	0	0	0

Deductible	2,00,000												
Sum Insured	50,000	75,000	1,00,00	1,25,00	1,50,00	1,75,00	2,00,00	2,50,00	3,00,00	3,50,00	4,00,00	4,50,00	5,00,00
			0	0	0	0	0	0	0	0	0	0	0

Deductible	2,50,000												
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Sum Insured	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000
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Deductible	3,00,000													
Sum Insured	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000

Deductible	3,00,000		
Sum Insured	12,00,000	15,00,000	20,00,000

Deductible	4,00,000													
Sum Insured	1,00,000	1,50,000	2,00,000	2,50,000	3,00,000	3,50,000	4,00,000	4,50,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000

Deductible	4,00,000		
Sum Insured	12,00,000	15,00,000	20,00,000

Deductible	5,00,000													
Sum Insured	2,50,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	45,00,000	50,00,000	75,00,000	95,00,000	1,00,00,000	

Deductible	6,00,000										
Sum Insured	2,50,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	45,00,000	75,00,000	95,00,000	1,00,00,000

Deductible	7,00,000										
Sum Insured	2,50,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	45,00,000	75,00,000	95,00,000	1,00,00,000



Deductible	8,00,000										
Sum Insured	2,50,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	45,00,000	75,00,000	95,00,000	1,00,00,000

Deductible	9,00,000										
Sum Insured	2,50,000	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	45,00,000	75,00,000	95,00,000	1,00,00,000

Deductible	10,00,000											
Sum Insured	5,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000	75,00,000	90,00,000	95,00,000	1,00,00,000

Deductible	15,00,000											
Sum Insured	5,00,000	7,50,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	35,00,000	50,00,000	75,00,000	85,00,000	1,00,00,000

Deductible	20,00,000							
Sum Insured	5,00,000	10,00,000	20,00,000	25,00,000	30,00,000	50,00,000	80,00,000	1,00,00,000

Deductible	25,00,000						
Sum Insured	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000

Deductible	30,00,000					
Sum Insured	15,00,000	20,00,000	25,00,000	50,00,000	70,00,000	1,00,00,000



Deductible	40,00,000				
Sum Insured	20,00,000	25,00,000	50,00,000	60,00,000	1,00,00,000

Deductible	50,00,000				
Sum Insured	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000

ANNEXURE III

Diseases / Major Surgical Procedure	% of Sum Insured	Maximum Up To [INR]
Cataract	50%	50,000
Hysterectomy	75%	75,000
Removal of Gall-bladder & Stones	60%	60,000
Surgery for Piles	40%	40,000
Surgery for Fissure, Fistula and Sinus	45%	45,000
Surgery for Nasal Septum Correction/ Deviated Nasal Septum Surgery	50%	50,000
Angioplasty	25%	25,000
PTCA (Single Stent)	75%	75,000
Appendectomy	50%	45,000
D & C	30%	30,000
Hernia	60%	60,000
Surgery for Renal Stone/Genito Urinary Calculous	60%	60,000
Prostate Surgery TURP	75%	75,000
CABG	80%	3,00,000



Total Knee / Hip Replacement	75%	1,50,000
Cardio Vascular Diseases	80%	3,50,000
Cerebro Vascular Accident	80%	3,00,000
Cancer	80%	3,00,000
Treatment of Breakage of Bone	75%	3,00,000
Renal Complications like Nephrectomy / Renal cyst excision	80%	3,00,000
Dialysis per cycle up to 10,000	50%	1,50,000
Anemia	25%	40,000
Radiotherapy	50%	2,00,000
Chemotherapy	50%	1,00,000
Myomectomy	50%	50,000
Spinal Surgeries / Prolapse Disc	75%	2,50,000
Neuro-surgery / Brain-surgery	80%	3,50,000
Any Other Illness Not Defined Above	Max up to 75% of SI	
