SAMPOORNA AROGYA - GROUP
POLICY WORDING

PREAMBLE

In consideration of payment of Premium by You, We will provide insurance cover to the Insured Person(s) under this Policy up to Sum Insured and subject to waiting period, minimum hospitalization period and deductible/Time Deductible/Aggregate Deductible/Co-Pay/Voluntary Co-Pay as mentioned on Policy Schedule/Certificate of Insurance.

This Policy is subject to Your statements in respect of all the Insured Persons in Proposal Form /Enrolment

Form, declarations, payment of premium and terms and conditions of this Policy.

DEFINITIONS

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

2 **Age or Aged** means the completed age (in years) of the Insured Person as on his/ her last birthday.

3 **Aggregate Deductible** is a cost-sharing requirement under this Policy that provides that the Company will not be liable for a specified Rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. A deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalization expenses incurred during the policy period by insured (individual policy) or insured family (in case of floater policy)

4 **Alternative Treatments** are forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy (AYUSH) in the Indian context

5 **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the hospital/day care centre where treatment was taken.

6 **Associated Medical Expenses** shall include Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioner/surgeon/ anaesthetist/ Specialist conducted within the same Hospital where the Insured Person has been admitted. The below expenses are not part of associate medical expenses

a. Cost of Pharmacy and consumables

b. Cost of implants and medical devices

c. Cost of diagnostics

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

a. Having qualified registered AYUSH Medical Practitioner(s) in charge

b. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre

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

8 **AYUSH Hospital** is a healthcare facility wherei 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 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 AYSUH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out

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

9 **Cashless Facility** means a facility extended by the Insurer to the Insured Person where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network provider by the Insurer to the extent pre-authorization approved.

10 **Condition Precedent** means a Policy term or condition upon which Our liability under the Policy is conditional upon.

11 **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

12 **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.

13 **Day Care Centre** means any institution established for day care treatment of illness and/or 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 criterion as under –

a. has qualified nursing staff under its employment;

b. has qualified Medical Practitioner(s) in charge;

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

d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

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

a. undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement, and

b. which would have otherwise required a hospitalization of more than 24 hours.

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

15 **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured. (Deductible will be applicable as specified under the Policy)

16 **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

17 **Dependent** means the Insured Person's legal spouse or children or parents or parent-in-law who have been enrolled in the Group Policy.

18 **Dependent Child** or a child (natural or legally adopted), who is financially dependent on the Policy Holder, does not have his / her independent source of income, is up to the age of 25 years and unmarried.

19 **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.

20 **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 taken while confined at home under any of the following circumstances:

a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

b. the patient takes treatment at home on account of non-availability of room in a hospital.

21 **Emergency Care** means management for a 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.

22 **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force 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.

23 **Hospital** means any institution established for in-patient care and day care treatment of Illness and/or 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 the Schedule of Section of 56(1) of the said Act OR complies with all minimum criteria as under:

a. Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;

b. Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;

c. Has qualified Medical Practitioner(s) in charge round the clock;

d. Has qualified nursing staff under its employment round the clock;

e. Maintains daily records of patients and makes this accessible to the insurance company's authorized personnel.

24 **Hospitalization or Hospitalised** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

25 **Ilness** 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.

a. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond 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

b. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests

ii. it needs ongoing or long-term control or relief of symptoms

iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

iv. it continues indefinitely

v. it recurs or is likely to recur

26 **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.

27 **In-patient** means an Insured Person who is admitted to a Hospital and stays for at least 24 hours for the sole purpose of receiving treatment.

28 **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

29 **Insured Person** means the Insured Member or Dependants named in the Policy Schedule/Certificate, who is/are covered under this Policy, for whom the insurance is proposed, and the appropriate premium is received.

30 **Intensive Care Unit(ICU)** 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.

31 **Intensive Care Unit (ICU) Charges** means the amount charged by a Hospital towards ICU expenses 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.

32 **Maternity Expense** means:

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation);

b. Expenses towards lawful medical termination of pregnancy during the Policy Period

33 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

34 **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 expenses are not more than what would have been payable if the Insured Person had not been insured and not more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

35 **Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

a. Is required for the medical management of the Illness or Injury suffered by the Insured Person;

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

c. Must have been prescribed by a Medical Practitioner; and

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

36 **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 license. Medical Practitioner should not be the Insured Person or his/her Immediate Family Member or anyone who is living in the same household as the Insured Person.

37 **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons withmental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends

38 **"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.

39 **Network Provider** means hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured on payment by a cashless facility.

40 **Non-Network Provider** - means any hospital, day care centre or other provider that is not part of the network.

41 **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.

42 **Nominee** means the person named in the Policy Schedule/ Certificate who is nominated by the Policy Holder/Insured Person, to receive the benefits under the Policy in accordance with the terms of the Policy, if the Policy Holder/ Insured Person is deceased.

43 **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

44 **Outpatient (OPD) Treatment** means the one 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.

45 **Permanent Total Disablement** means when Insured is permanently, totally and absolutely unable to engage in any occupation or employment of any description whatsoever.

46 **Policy** means Policy document, the Group Proposal Form / Enrolment Form, the Policy Schedule/Certificate of Insurance issued to Insured Persons, Annexures, insuring clauses (if applicable to individual sections), definitions, exclusions, conditions and other terms contained herein, including endorsements (as amended from time to time), attaching to or forming part hereof, either at inception or during the Policy Period.

47 **Policy Holder** means the person or entity named in the Policy Schedule/Certificate as the Policy Holder.

48 **Policy Period** means the period commencing from Policy start date and time as specified in the Policy Schedule/Certificate or Insurance and terminating at midnight on the Policy end date as specified in the Policy Schedule/Certificate of Insurance.

49 **Policy Schedule/Certificate of Insurance** means the Schedule attached to and forming part of thisPolicy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period and the limits and conditions to which the Benefits under the Policy are subject to, including any Annexures and/or endorsements

50 **"Portability"** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

51 **Post-hospitalization Medical Expenses** means Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:

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

b. The inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance company.

52 **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

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

b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the insurance company.

53 **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 its reinstatement

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 of the policy issued or its reinstatement.

54 **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.

55 **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/Injury involved.

56 **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.

57 **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

58 **Spouse** means the Primary Insured's legally married spouse as long as he/she continues to be married to the Primary Insured.

59 **Sum Insured** means, the amount as opted by you and stated in the Policy Schedule / Certificate of Insurance against the section/cover for each Insured Person for Individual Sum Insured and aggregately for all Insured members for a Floater Policy

60 **Surgery/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 from suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

61 **Survival Period** means the benefits under the Policy shall be payable only if the Insured is first diagnosed as suffering from a defined Critical Illness during the Policy Period, and the Insured survives for at least 28 days following such diagnosis.

62 **Tele-consultation** means engagement between licensed tele-consultation service provider/ professional and the insured/ covered member that is provided via a range of technology enabled communication media other than face-to-face interactions, such as telephone, internet, and others.

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

64 **We/ Our/ Us/Insurer** means SBI General Insurance Company Limited.

65 **You / Your** means the Policy Holder or the Primary Insured person named in the Policy Schedule / Certificate of Insurance

COVERAGE

SECTION I - HOSPITALIZATION COVER

I.A. BASE COVER

SUM INSURED AND LIMITS

We will pay under below listed Covers on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured and limits, co-payments and deductible, if applicable as specified on the Schedule of Coverage in the Policy Schedule / Certificate of Insurance. Subject to otherwise terms and conditions of the Policy.

I.A.1 – HOSPITALIZATION MEDICAL EXPENSES

a. Room Rent, Boarding & Nursing Charges (2% of Sum Insured)

b. Intensive Care Unit Charges (4% of Sum Insured)

c. Medical Practitioner and Specialists Fees including Teleconsultation

d. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances

e. Medicines, drugs and consumables

f. Diagnostic procedures

g. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Conditions:

i. If Insured is admitted in an ICU category those specified in the Policy Schedule of this Policy, then proportionate deductions shall not be applicable on the total Associated Medical Expenses in the proportion of the ICU Charges.

ii. In case of admission to a room at rates exceeding the limits as mentioned, the reimbursement of all other Associated Medical Expenses incurred at the Hospital, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

iii. Proportionate deductions shall not apply in respect of the Hospitals which do not follow differential billings or for those expenses in respect of which differential billing is not adopted based on the room category.

I.A.2 – PRE-HOSPITALIZATION MEDICAL EXPENSES

We will pay for Pre-Hospitalization Medical Expenses of an Insured Person which are incurred due to an Accident, Injury or Illness immediately prior to the Insured Person's date of admission to the Hospital or in case of domiciliary hospitalisation up to 30 or 60 days as specified in the Policy Schedule/Certificate of Insurance, provided that a claim made by the Insured Person on Us has been admitted under In-patient Benefit under Section I.A.1 or I.A.5 or I.A.7 or I.A.8 and is related to the same Accident, Injury or Illness.

Note -For the purpose of calculating Our liability under this benefit in an event of multiple Hospitalization claims for any one Illness, Injury or Accident We shall consider date of admission to the Hospital for Insured Person's first Hospitalization in order of its occurrence, for such Illness Injury or Accident.

I.A.3 – POST-HOSPITALIZATION MEDICAL EXPENSES

We will pay for Post-Hospitalization Medical Expenses of an Insured Person which are incurred due to an Accident, Injury or Illness immediately from the date of Your discharge from Hospital or in case of domiciliary hospitalisation up to 60 or 90 days as specified in the Policy Schedule/Certificate of Insurance, provided that a claim made by the Insured Person on Us has been admitted under In-patient Benefit under Section I.A.1 or I.A.5 or I.A.7. or I.A.8 and is related to the same Accident, Injury or Illness.

Note -For the purpose of calculating Our liability under this benefit in an event of multiple Hospitalization claims for any one Illness, Injury or Accident We shall consider date of discharge from the Hospital for Insured Person's first Hospitalization in order of its occurrence, for such Illness Injury or Accident.

I.A.4 – MENTAL HEALTHCARE

If an Insured Person is hospitalized for any Mental Illness contracted during the Policy Period, We will pay Medical Expenses -upto the limit as specified in Policy Schedule under Section C.1. in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules provided that;

i. The Hospitalization is prescribed by a Medical Practitioner for Mental Illness

ii. The Hospitalization is done in Mental Health Establishment

Sub-limit:

a. The following disorders / conditions shall be covered only up to 10% of Base Sum Insured or Rs. 50,000, whichever is lower. This sub-limit shall apply for all the following disorders / conditions on cumulative basis.

b. Pre-hospitalization and Post-hospitalization Medical Expenses are also covered within the overall benefit sub-limit as specified above in point (a).

Disorder/Condition	Description
Severe Depression	Severe depression is characterized by a persistent feeling of sadness or a lack of interest in outside stimuli. It affects the way one feels, thinks, and behaves.
Schizophrenia	Schizophrenia is mental disorder, that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. Schizophrenia result in combination of hallucinations, delusions, and extremely disordered thinking and behaviour that impairs daily functioning,
Bipolar Disorder	Bipolar disorder is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behaviour. It includes periods of extreme mood swings with emotional highs and lows.
Post-traumatic stress disorder	Post-traumatic stress disorder is an anxiety disorder caused by very stressful, frightening, or distressing events. It includes flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event.
Eating disorder	Eating disorder is a mental condition where people experience severe disturbances in their eating behaviours and related thoughts and emotions.
Generalized anxiety disorder	Generalized Anxiety Disorder is a mental health disorder characterized by a perpetual state of worry, fear, apprehension, inability to relax.
Obsessive compulsive disorders	Obsessive-compulsive disorder is an anxiety disorder in which people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions).
Panic disorders	Panic disorder is an anxiety disorder characterized by reoccurring unexpected panic attacks with sudden periods of intense fear. It may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something terrible is going to happen.
Personality disorders	Personality disorder is a type of mental disorder in which people have a rigid and unhealthy pattern of thinking, functioning and behaving. It includes trouble in perceiving and relating to situations and people.
Conversion disorders	Conversion disorder is a type of mental disorder where mental or emotional distress causes physical symptoms without the existence of an actual physical condition.
Dissociative disorders	Dissociative disorders are mental disorders that involve experiencing a disconnection and lack of continuity between thoughts, memories, surroundings, actions and identity

*ICD codes for the above disorders / conditions are provided below.

What is not covered:

a. Treatment related to intentional self-inflicted Injury or attempted suicide by any means.

b. Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opioids or nicotine.

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ICD Codes	Disorder / Condition
F33.0, F33.1, F33.2, F33.4, F33.5, F33.6, F33.7, F33.8, F33.9, O90.6, F34.1, F32.81, F32.0, F32.1, F32.2,F32.4, F32.5, F32.6, F32.7, 32.8, F32.9, F33.9, F30.0, F30.1, F30.2, F30.4, F30.5, F30.6, F30.7, F30.8, F30.9, F32.3, F33.3, F43.21, F32.8, F33.40, F32.9	Severe Depression
F20.0, F20.1, F20.2, F20.3, F20.5, F21, F22, F23, F24, F20.8, F25.0, F25.1, F25.8, F25.9	Schizophrenia
F31.0, F31.1, F31.2, F31.4, F31.5, F31.6, F31.7, F31.8, F31.9	Bipolar Disorder
F43.0, F43.1, F43.2, F43.8, F43.9	Post-traumatic stress disorder
F40.1, F41.0, F40.2, F40.8, F40.9, F41.1, F41.3, F41.8	Generalized anxiety disorder
F50.0, F50.2, F50.8, F98.3, F98.21, F50.8	Eating disorder
F42	Obsessive compulsive disorders
F41.1, F40.1, F60.7, F93.0, F94.0	Panic disorders
F60.0, F60.1, F60.2, F60.3, F60.4, F60.8, F60.6, F60.7, F60.5	Personality disorders
F44.4, F44.5, F44.6, F44.7	Conversion disorders
F44.5, F44.8, F48.1, F44.1, F44.2	Dissociative disorders

I.A.5 – DAY CARE SURGERY/PROCEDURES

We will pay for the Medical Expenses as listed under Section I.A.1 on Hospitalization of Insured Person in Hospital or Day Care Centre for Day Care TreatmentIndicative list of Day Care Treatment is attached in Annexure V (Please refer at the end of this document)

I.A.6– AMBULANCE CHARGES

We will pay for expenses incurred up to 1% of Sum Insured subject to maximum of Rs. 5,000/- or Rs. 10,000/- as specified in Policy Schedule/ Certificate of Insurance, on Road Ambulance Services if Insured Person is required;

a. to be transferred to the nearest Hospital following an emergency

b. or from one Hospital to another Hospital

c. or from Hospital to Home (within same City) following Hospitalization

provided that Claims under Section I.A.1 is admissible under the Policy.

-Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.7 – DOMICILIARY HOSPITALISATION

We will pay the Medical Expenses incurred up to 20% of Sum Insured subject to maximum of Rs. 50,000/- or Rs. 2,00,000/- as specified in Policy Schedule/Certificate of Insurance, on Domiciliary Hospitalization of the Insured Person provided that:

a. It has been prescribed by the treating Medical Practitioner and

b. the condition the Insured Person is such that he/she could not be moved to a Hospital or

c. the Medical Necessary Treatment is taken at Home on account of non-availability of room in Hospital

Expenses incurred on Domiciliary Hospitalization in respect to following treatment are excluded under the Policy

a. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza,

b. Arthritis, gout and rheumatism,

c. Chronic nephritis and nephritic syndrome,

d. Diarrhoea and all type of dysenteries, including gastroenteritis,

e. Epilepsy

f. Pyrexia of Unknown Origin for less than 10 Days.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.8 – ALTERNATIVE TREATMENTS

We will pay Medical Expenses upto Sum Insured in accordance with Section I.A.1 on Hospitalization of Insured Person for following Alternative Treatments prescribed by Medical Practitioner.

a. Ayurvedic

b. Unani

c. Siddha

d. Homeopathy

provided that;

a. The procedure performed on the insured Person cannot be carried out on Outpatient basis.

b. The treatment has been undertaken in a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board or authorised medical council of the respective country/state as applicable.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.9 – ORGAN DONOR EXPENSES

We will pay Medical Expenses of 50% of Sum Insured as specified in Policy Schedule / Certificate of Insurance, as listed under Section I.A.1 towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, provided that;

a. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011 and Transplantation of Human Organs and Tissues Rules, 2014

b. Hospitalization Claim under Section I.A.1 is admissible under the Policy

We will not cover expenses towards the donor in respect of:

a. Any Pre or Post - Hospitalization Medical Expenses,

b. Cost towards donor screening.

c. Cost associated to the acquisition of the organ.

d. Any other medical treatment or complication in respect of the donor, consequent to harvesting

e. Expenses related to organ transportation or preservation.

f. Transplant of any organ/tissue where the transplant is experimental or investigational.

g. Hospitalisation or any other Medical Expenses if Insured Person is Hospitalised for donating organ.

This is an in-built cover for Sum Insured options Rs. 600,000.00 and above.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.10 – REINSTATEMENT BENEFIT

We will automatically reinstate the Sum Insured immediately upon exhaustion of the limit of coverage, which has been defined, during the policy period.

Other conditions applicable to this benefit:

a. The reinstated Sum Insured will be triggered only after the Hospitalisation Sum Insured has been completely exhausted during the Policy Period;

b. If the claimed amount is higher than the balance Sum Insured under the Policy, then this Benefit will not be triggered for such claims.

c. The reinstated Sum Insured would be triggered only for subsequent claims made by the Insured Person and not arising out of any Illness/disease/ Injury or Accident (including its complications) for which a claim has been lodged in the current Policy year under Hospitalisation Expenses Section I.A.1

d. This benefit is applicable only once during each Policy Period & will not be carried forward to the subsequent renewals if the Benefit is not utilized.

e. The reinstated Sum Insured shall not be available for claims towards Alternative treatments I.A.9 and Maternity Expenses I.B.3 and New Born Baby Expenses I.B.4 and, if opted for

This is an in-built cover for Sum Insured options Rs. 6,00,000/- and above.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.11 - GENETIC DISORDER OR DISEASES

Insured Person shall not bear specified percentage of admissible Claim amount under each and every

Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.12 - INTERNAL CONGENITAL DISEASES

We will pay the medical expenses of 25% of Sum Insured as

specified in Policy Schedule / Certificate of Insurance, under Section I. If the insured person is hospitalized for any condition related to Internal Congenital Diseases -.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.13.- HIV/AIDS COVER

If Insured Person is diagnosed with HIV during the Policy Period and require Hospitalization under Section C.1 in accordance with the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter, then We will pay medical expenses up to the Sum Insured as specified in Policy Schedule.

i. Medical Expenses which are arise from or are in way related to Human Immunodeficiency Virus (HIV) and/ or HIV related illness and including Acquired Immune Deficiency Syndrome (AIDS) being maintained throughout or AIDS Related Complex (ARC) and/or any mutant the period, derivative or variations thereof.

ii. Medical Expenses as listed in Section C.1

Conditions

- Claim under Section C.1 is admissible under the Policy
- Any Expenses taken at OPD for the treatment on HIV/AIDS shall be excluded
- HIV/AIDS Cover shall be examined and confirmed by Medical Practitioner
- The stage of AIDS experienced by You shall be the first incidence during the Policy Period

- Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.A.14- ADVANCED TREATMENTS

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 25% of Sum Insured as specified in the Policy Schedule /Certificate of Insurance, during the policy period:

A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)

B. Balloon Sinuplasty

C. Deep Brain Stimulation

D. Oral Chemotherapy

E. Immunotherapy - Monoclonal Antibody to be given as injection

F. Intra Vitreal Injections

G. Robotic Surgeries

H. Stereotactic Radio Surgeries

I. Bronchial Thermoplasty

J. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment)

K. IONM - (Intra Operative Neuro Monitoring)

L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.B. OPTIONAL COVERS

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that We will pay the expenses under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the Policy.

These Covers are optional and applicable only if opted for and up to the Sum Insured or limits and subject to co-payments/deductibles, if any, mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance

I.B.1 – MATERNITY EXPENSES COVER

We will cover In-patient Maternity Expenses as listed in Section I.A.1. We shall allow Hospitalizations for maximum up to 3 live children or lawful termination of pregnancy/pregnancies (or either) of an Insured Person.

Claim in respect of delivery for only first 3 living children and/or operations associated therewith will be considered in respect of any one Insured Person. Those Insured Persons who are already having three or more living children will not be eligible for this benefit.

This is an optional cover for Sum Insured options Rs. 6,00,000/- and above.

a. We will pay medical expenses up to 10% of Sum Insured subject to maximum of Rs. 1,00,000/-under this cover as specified in Policy Schedule / Certificate of Insurance.

b. The Insured Person should have been continuously covered under this Policy for at least 24 months before availing this Benefit

c. The payment towards any admitted claim for Insured Person under this cover for any complication arising out of or as a consequence of pregnancy or childbirth will be restricted to limits specified in the Policy Schedule/Certificate of Insurance. However, any "reinstated Sum Insured" will not be available for coverage under this section.

d. Pre or post-natal Maternity Expenses will be covered within the maternity Sum Insured under this Cover. However, the Pre or post-natal Maternity Expenses cannot be claimed under Pre or Post – Hospitalisation Expenses under Section I.A.2 and I.A.3, respectively.

e. Any Pre and Post Hospitalization expenses will be covered under maternity Sum Insured

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.B.2 – NEW BORN BABY EXPENSE COVER

Subject to a claim being admitted under Maternity Expenses Cover under Section I.B.I, We will cover the following:

a. We will cover the New Born Babies of the Insured Person from the date of birth of the baby, for any disease/sickness/ailment /Injury up to 90 days from the date of delivery

b. Subject to the terms and conditions of the Policy, on request of the Policy Holder, We will cover the New Born Baby beyond 90 days on payment of requisite premium for the New Born Baby into the Policy by way of an endorsement or at Renewal, whichever is earlier.

c. Mandatory Vaccinations of the New Born baby up to 90 days, as recommended by the Indian Pediatric Association will be covered, subject to maximum of Rs 2,500/-.

d. We will pay expenses of 20% of Sum Insured subject to maximum of Rs. 2,00,000/- under this cover as specified in

Policy Schedule / Certificate of Insurance.

This is an optional cover for Sum Insured options Rs. 6,00,000/- and above.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

Other conditions applicable to this benefit

a. Can be opted only under Family Floater plans covering two or more members under the same Policy

b. This cover cannot be opted independent of Maternity Expenses cover.

I.B.3 – OUTPATIENT EXPENSES

We will, on reimbursement basis, pay the expenses of 1% of Sum Insured subject to maximum of Rs. 10,000/- as specified in Policy Schedule / Certificate of Insurance, if an Insured Person undergoes Out Patient Treatment, on advice of a Medical Practitioner because of Illness/disease and/or injury sustained or contracted during the Policy period up to the limit specified in the Policy Schedule /Certificate, for the Expenses incurred on:

a. Medical Practitioner's consultation excluding Dental Treatment;

b. Pharmacy expenses;

c. Diagnostic procedures.

d. Teleconsultation

Other conditions applicable to this benefit .

a. Pharmacy expense is supported with a valid medical prescription.

b. Expense for diagnostic procedure is on the advice of the Medical Practitioner.

c. Single claim is raised for all expenses incurred during the Policy Period, within 30 days from the date of the expiry of the Policy, reimbursement of the same will be done once during the Policy year.

This is an optional cover for Sum Insured options Rs. 6,00,000/- and above.

- Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim of this section even if Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.B.4 – AGGREGATE DEDUCTIBLE

We will pay under Covers listed from I.A.1 to I.A.14 on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured and post the Aggregate Deductible is met.

This is an optional cover for Sum Insured options Rs. 6,00,000/- and above.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section I.B.5 is opted and specified in the Policy Schedule/Certificate of Insurance.

I.B.5 VOLUNTARY CO-PAYMENT

If You avail this option, 20% Co-Payment as mentioned on the Schedule of Coverage in the Policy Schedule / Certificate of Insurance will be applied on each and every admissible claim after Deductible/Excess if any, applicable under the Policy. Once the Co-Payment option is availed by the Insured Person, it cannot be opted out of at subsequent Renewal.

SECTION II – CRITICAL ILLNESS

If an Insured Person is diagnosed to be suffering from a Critical Illness (as defined below), while the Policy is in force then We will pay the Critical Illness Sum Insured specified in the Policy Schedule /Certificate provided that:

a. The Critical Illness, which the Insured Person is suffering from, occurs or first manifests itself during the Policy Period as a first incidence; and

b. The Insured Person survives for at least 28 days from the date of Diagnosis of the Critical Illness; and

c. Upon Our admission of the first claim under this Section II in respect of an Insured Person in any Policy Period, the cover under this shall automatically terminate in respect of that Insured Person;

d. Our total liability for an Insured Person under this Benefit will be limited to the Critical Illness Sum Insured.

e. For the purpose of this Policy, Critical Illness means an illness, sickness or a disease or a corrective measure as specifically defined below first commence at least 90 days after the commencement of the Policy Period.

f. This coverage applicable for Individual basis only.

STANDARD DEFINITION

<u>CANCER OF SPECIFIED SEVERITY</u>

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.

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;

OPEN CHEST CABG

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 breastbone) 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.

The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

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.

MYOCARDIAL INFARCTION (FIRST HEART ATTACK OF SPECIFIC SEVERITY)

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

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.

PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

END STAGE LUNG FAILURE

End stage lung disease, causing chronic respiratory failure, as confirmed, and evidenced by all the following:

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and

ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and

iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and iv. Dyspnea at rest.

In case the Insured person dies after the survival period of 30 days but before assessment period 90 days where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us.

STROKE RESULTING IN PERMANENT SYMPTOM

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.

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.

In case the Insured person dies after the survival period of 30 days but before assessment period 90 days where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us.

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.

In case the Insured person dies after the survival period of 30 days but before assessment period 90 days where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us.

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. Neurological damage due to SLE is excluded.

BENIGN BRAIN TUMOR

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.

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. 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.

MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

Motor neuron disease diagnosed by a specialist medical

practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

In case the Insured person dies after the survival period of 30 days but before assessment period 90 days where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us

COMA OF SPECIFIED SEVERITY

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.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

MAJOR HEAD TRAUMA

Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Mobility: the ability to move indoors from room to room on level surfaces;

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

i. Spinal cord injury;

BLINDNESS

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The Blindness is evidenced by:

i. corrected visual acuity being 3/60 or less in both eyes or;

ii. the field of vision being less than 10 degrees in both eyes.

The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

MAJOR ORGAN / BONE MARROW TRANSPLANT

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 occasions 3 months apart; and

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

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.

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.

LOSS OF SPEECH

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.

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.

END STAGE LIVER FAILURE

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.

Liver failure secondary to drug or alcohol abuse is excluded.

SPECIFIC DEFINITION

SURGERY OF AORTA

The actual undergoing of surgery for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft.

The term "aorta" means the thoracic and abdominal aorta but not its branches.

Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

PARKINSON'S DISEASE

The unequivocal diagnosis of progressive degenerative primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all the following conditions:

- The disease cannot be controlled with medication; and
- Objective signs of progressive impairment; and
- There is an inability of the Life assured to perform (whether aided or unaided) atleast 3 of the following five (6) "Activities of Daily Living" for a continuous period of at least 6 months.

The Activities of Daily Living are:

I. Washing: the ability to wash in the bath or shower (including getting into and out

ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Mobility: the ability to move indoors from room to room on level surfaces;

v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

vi. Feeding: the ability to feed oneself once food has been prepared and made available

Drug-induced or toxic causes of Parkinsonism are excluded.

BRAIN SURGERY

The actual undergoing of surgery to the brain under general anesthesia during which a craniotomy with removal of bone flap to access is the brain is performed. The following are excluded:

a) Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy

b) Brain surgery as a result of an accident

APALLIC SYNDROME

Universal necrosis of the brain cortex, with the brain stem remaining intact. Diagnosis must be definitely confirmed by a Registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month

ALZHEIMER'S DISEASE

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 3 months:

Activities of Daily Living are defined as:

I. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

ii. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

iii. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;

iv. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

v. Feeding – the ability to feed oneself once food has been prepared and made available.

vi. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

- Any other type of irreversible organic disorder/dementia
- Non-organic disease such as neurosis and psychiatric illnesses; and
- Alcohol-related brain damage.

APLASTIC ANAEMIA

Chronic Irreversible persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least TWO of the following:

- Regular blood product transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents; or
- Bone marrow transplantation.

The diagnosis and suggested line of treatment must be confirmed by a Haematologist acceptable to the Company using relevant laboratory investigations, including bone marrow biopsy. Two out of the following three values should be present:

- Absolute neutrophil count of 500 per cubic millimetre or less;
- Absolute erythrocyte Reticulocyte count of 20 000 per cubic millimetre or less; and
- Platelet count of 20 000 per cubic millimetre or less. Temporary or reversible aplastic anaemia is excluded.

BACTERIAL MENINGITIS

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmedby : The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and A consultant neurologist.

LOSS OF INDEPENDENT EXISTENCE

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology.

Activities of Daily Living:

a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;

b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;

d) Mobility: the ability to move indoors from room to room on level surfaces;

e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

f) Feeding: the ability to feed oneself once food has been prepared and made

In case the Insured person dies after the survival period of 30 days but before assessment period 6 months where the death is due to complications arising out of the said major illness or the said major illness is the predisposing reason for death, then such claims will be paid by Us.

ENCEPHALITIS

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 60 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

FULMINANT VIRAL HEPATITIS

A submissive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis must be supported by all of the following:

- Rapid decreasing of liver size as confirmed by abdominal ultrasound;
- Necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required);
- Rapid deterioration of liver function tests;
- Deepening jaundice; and
- Hepatic encephalopathy.

Hepatitis B infection or carrier status alone does not meet the diagnostic criteria. This excludes Fulminant Viral Hepatitis caused by alcohol, toxic substance, or drug.

SECTION III – HOSPITAL DAILY CASH

III. A. BASE COVER

If an Insured Person is Hospitalised during the Policy Period solely and directly due to an Accident, Illness, Injury or Sickness that occurs during the Policy Period, We shall pay the corresponding Benefits specified below for each continuous and completed period of 24 hours of Hospitalisation and in aggregate during the policy period subject to the deductible applicable of first 24 hours, as mentioned in the Policy Schedule / Certificate of Insurance.

Each member will be offered this cover separately and the same will not be available on floater basis.

Coverage under this section shall terminate on payment of benefit for prescribed number of days as opted by the insured.

III.A.1 – SICKNESS HOSPITAL CASH BENEFIT

We will pay the Daily Hospital Cash Benefit, if the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Illness that occurred during the Policy Period

III.A.2 – ACCIDENT HOSPITAL CASH BENEFIT

We will pay the Daily Hospital Cash Benefit, if the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment due to an Injury resulting from an Accident that occurred during the Policy Period. We will pay 2 times the daily cash Benefit.

III.A.3 – ICU CASH BENEFIT

If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary treatment of an Illness or an Injury that occurred during the Policy Period, We will pay 3 times the daily Hospital cash Benefit.

Coverage under this benefit is limited to a maximum of 15 days in aggregate per Insured Person per Policy Year.

Other conditions applicable to this benefit

a. Where a benefit is admissible under ICU Cash benefit, no other benefit is payable for the same day/(s) of Hospitalisation under section III.A.1 and III.A.2.

b. In the event of transfer from ward to Intensive Care Unit and vice versa, the hospitalization would be regarded as continuous and the daily benefit payable would be as per the limits stated in III.A.1 or III.A.2

Provided Our maximum liability shall be restricted to the amount and period mentioned in the Schedule.

III.A.4 – CONVALESCENCE BENEFIT

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Illness or an Injury or Accident that occurred during the Policy Period and the continuation of such Hospitalisation is Medically Necessary for at least 10 consecutive days, then We will pay a lump sum amount equal to 5 times the daily Hospital cash Benefit.

This Benefit is available only once per Insured Person, per Policy Period

III.A.5 – COMPASSIONATE BENEFIT

If the Insured Person is Hospitalized for more than 24 hours for Medically Necessary treatment of an Injury due to an Accident that occurred during the Policy Period and the Insured Person dies during the course of such Hospitalisation, We will pay the Nominee of the Insured Person a lump sum amount equal to 10 times the daily Hospital cash benefit amount, subject to admissibility of the claim under Section III.A.2

III.A.6 – DAY CARE TREATMENT BENEFIT

If the Insured Person requires and avails a Medically Necessary Day Care Treatment during the Policy Period, We will pay a lump sum benefit amount which is the lower of either 5 times the daily Hospital cash Benefit or Rs. 10,000/- to the Insured Person for such Day Care Treatment provided the Insured Person is admitted in the Hospital/Day Care Centre for such Day Care Treatment for less than 24 hours.

The Benefit under this Section shall be available for a maximum of 2 Day Care Treatments per Insured Person per Policy Period. For list of Day Care treatments refer Annexure V of the Policy.

SECTION IV – PERSONAL ACCIDENT

IV.A.1 – ACCIDENTAL DEATH

If the Insured Person suffers an Injury during the Policy Period solely and directly due to an Accident that occurs during the Policy Period and that Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay the Sum Insured as specified against this benefit in the Policy Schedule/Certificate

IV.A.2 – PERMANENT TOTAL DISABLEMENT

If during the Policy Period a Primary Insured Person sustains Bodily injury which directly and independently of all other causes results in disablement within 12 months of the date of loss, then the company agrees to pay the insured person the compensation stated in the specific table of benefits below.

Table of Benefits	
Permanent Total Disability	**% of Sum Insured**
Both Hands or Both Feet	100%
Sight of Both Eyes	100%

One Hand and One Foot	100%
Either Hand or Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

Other conditions applicable to this benefit

a. If an Insured person dies as a result of bodily injury any amount claimed and paid to an Insured person under this section will be deducted from any payment under Accidental Death (IV.A.1)

IV.A.3 – FUNERAL EXPENSES

If We have accepted a claim for Accidental Death in accordance with Section IV.A.1. in respect of an Insured Person, then in addition to any amount payable under Section IV.A.1, We will make a onetime lump sum payment of 1% of Sum Insured subject to maximum of ₹10,000/- as specified in the Policy Schedule/ Certificate of Insurance, towards transportation of mortal remains and funeral/cremation in respect of that Insured Person.

WAITING PERIODS

All claims payable will be subject to the waiting periods specified below [Except for Section IV. Personal Accident]

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 Insurer
2. Specified disease/procedure waiting period: (Code- Excl02)
   a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage 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 as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
   f. List of Diseases excluded for 12 months:
      i. Any types of gastric or duodenal ulcers;
      ii. Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty;
      iii. Surgery on all internal or external tumor/cysts/nodules/ polyps of any kind including breast lumps;
      v. All types of Hernia and Hydrocele;
      v. Anal Fissures, Fistula and Piles;
      vi. Cataract;
      vii. Benign Prostatic Hypertrophy;
      viii. Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus;
      ix. Noninfective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism;
      x. Surgery of Genitourinary tract;
      xi. Calculus Diseases;
      xii. Sinusitis, nasal disorders and related disorders;
      xiii. Surgery for prolapsed intervertebral disc unless arising from accident;
      xiv. Vertebro-spinal disorders (including disc) and knee conditions;
      xv. Surgery of varicose veins and varicose ulcers;
      xvi. Chronic Renal failure;
      xvii. Medical Expenses incurred in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such Joint replacement surgery unless necessitated by Accidental Bodily Injury.
   g. List of Diseases excluded for 90 days:
      i. Hypertension, Heart Disease and related complications
      ii. Diabetes and related complications
   h. Covid-19 – 15 days
3. 30 Days Waiting Period (Code- Excl03)
   a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
   b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

EXCLUSIONS

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

1. **Investigation & Evaluation (Code- Excl04)**
   a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
   b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
2. **Rest Cure, rehabilitation and respite care (Code- Excl05)**
   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.

3. **Obesity/ Weight Control (Code- Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

a. Surgery to be conducted is upon the advice of the Doctor

b. The surgery/Procedure conducted should be supported by clinical protocols

c. The member has to be 18 years of age or older and

d. Body Mass Index (BMI)

i. greater than or equal to 40 or

ii. greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight los

- Obesity-related cardiomyopathy
- Coronary heart disease
- Severe Sleep Apnea
- Uncontrolled Type2 Diabetes

4. **Change-of-Gender treatments: (Code- Excl07)**

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

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

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

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

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

7. **Breach of law: Code- (Excl10)**

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

8. **Excluded Providers: Code- (Excl11)**

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

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

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

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

12. **Refractive Error:(Code- Excl15)**

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

13. **Unproven Treatments:(Code- Excl16)**

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

14. **Sterility and Infertility: (Code- Excl17)**

Expenses related to sterility and infertility this includes:

i. Any type of sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT ICSI

iii. Gestational Surrogacy

iv. Reversal of sterilization

15. **Maternity: (Code- Excl18)**

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

b. Expenses towards miscarriage (unless due to accident) and lawful termination of pregnancy during the policy period.

Unless specifically covered and specified in Policy Schedule / Certificate of Insurance

16. Treatment taken outside geographical limits of India

17. In respect of the existing diseases, disclosed by the insured and mentioned in the Policy Schedule /Certificate of Insurance (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes and the same are permanently excluded.

18. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, dentures, artificial teeth and all other external appliances and/or devices unless specifically covered.

19. Expenses incurred on Items for personal comfort like television, telephone, incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital.

20. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder or due to an Accident.

21. Any Deductible amount or percentage of admissible claim under Co-Payment if applicable and as specified in the Policy Schedule / Certificate of Insurance.

22. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.

23. Act of self-destruction or self-inflicted injury or suicide

24. Outpatient Diagnostic, Medical and Surgical procedures or treatments, unless specifically covered and specified in the Policy Schedule / Certificate of Insurance.

25. Costs of donor screening or treatment including organ extraction, unless specifically covered and specified in the Policy Schedule / Certificate of Insurance.

26. Medical Practitioner's or Private Nurse home visit during pre and post Hospitalization period, attendant nursing expenses

27. Chemical & Nuclear Exposure

We will not pay for the treatment costs caused by or contributed to or arising from nuclear weapons/materials, radiations of any kind, contamination by radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, nuclear, chemical or biological weapons/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.

28. War

We will not pay for the treatment related to and arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation

GENERAL CONDITIONS

CONDITIONS PRECEDENT TO THE CONTRACT

1. 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. Age Limit

To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured Person should have attained the age of at least 18 years and shall not have completed the age of 65 years on the date of commencement of the Policy Period as applicable to such Insured Person unless it is renewal of Policy. The entry age for dependent child will be 91 days to 25 years as on date of policy commencement, unless specifically covered and specified in the Policy Schedule.

3. Insured Person

a. Only those persons named as an insured person in the policy schedule / certificate of insurance shall be covered under this policy.

b. You can add more persons during the policy period but only after payment of an additional premium and subject to acceptance of proposal by us (wherever necessary) and after we haveissued an endorsement confirming the addition of such person as an insured person.

4. **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.

5. **Currency**

The monetary limits applicable to this Policy will be in INR.

6. **Disclosure of Information**

The policy shall be void and all premiums paid thereon shall be void and all premium paid thereon shall be forfeited to the company in the event of misrepresentation, misdescription or nondisclosure of any material fact by the policy holder.

7. **Electronic Transactions**

The Insured Person agrees to adhere to and comply with all such terms and conditions as may be prescribed by Us from time to time, and hereby agree and confirm that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time.

8. **Observance of Terms and Conditions**

The due observance and fulfilment of the terms and conditions of the Policy (including the realisation of premium by their respective due dates by Us and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by the Policyholder or any of the Insured Persons or Claimants, shall be the condition precedent to Our liability to make payment under this Policy.

9. **Premium**

The premium payable under this Policy shall be paid in accordance with the schedule of payments in the Policy Schedule agreed between the Policyholder and Us in writing. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. The due payment of premium and realization thereof by Us and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Policyholder/Insured Person in so far as they relate to anything to be done or complied with by the Policyholder/Insured Person shall be a condition precedent to Our liability to make any payment under this Policy.

CONDITIONS APPLICABLE DURING THE CONTRACT

1. Alterations in the Policy

The Proposal Form, Certificate, and Policy Schedule / Certificate if Insurance constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

2. Cancellation

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

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

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.

ii. The Company may cancel the policy at any time on grounds of misrepresentation 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 or misrepresentation, non-disclosure of material facts or fraud.

3. **Free look period**

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

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

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

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

4. 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 thepremium rates. The insured person shall be notified three months before the changes are effected.

5. **Withdrawal of the Product**

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

CONDITIONS APPLICABLE WHEN A CLAIM ARISES

1. **Claims Process and Management**

Completed claim forms and processing documents must be furnished to Us / TPA within the stipulated timelines for all reimbursement claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.

Cashless and Reimbursement Claim processing is through Our service partner TPA, details of the same will be available on the Health Card issued by Us as well as on Our /TPA website. For the latest list of Network Providers, you can log on to Our /TPA website. TPA will facilitate health claims processing.

2. **Policyholder/ Insured Person's Duty at the Time of Claim**

On occurrence of an event which may lead to a claim under this Policy, the following shall be complied with:

a. Forthwith notify, file and submit the claim in accordance with the claim procedure

b. If so requested by Us, the Insured Person must submit himself/herself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.

c. Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person as also verify the certificate of disability issued in respect of an Insured Person.

d. Assist and not hinder or prevent Our representatives in the pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy

3. **Claims Intimation**

If You meet with any Accidental bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, You must comply with the following claim procedures

S No	Type of Hospitalization	Notify Us or Our TPA (either at Our call centre or in writing)
1	Planned Hospitalization	within 48 hours of the Hospitalization but not later than discharge from the Hospital.
2	Emergency Hospitalization	within twenty-four (24) hours of Your admission to hospital or before discharge whichever is earlier

The following details are to be provided to Us at the time of intimation of Claim:

- Health Card ID number
- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Hospitalisation/ Critical Illness
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission if applicable
- Any other information, documentation as requested by Us

3.A Claim Cashless Process

Cashless facility is available for Hospitalization only at our Network Provider. The Insured Person can avail Cashless facility at Network Provider, by presenting the health card as provided by Us with this Policy, alongwith a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by Us).

3. A. 1 For Planned Hospitalization

a. The Insured Person should at least forty-eight (48) hours prior to admission to the Hospital approach the Network Provider for Hospitalization for medical treatment.

b. The Network Provider will issue the request for authorization letter for Hospitalization in the pre-authorization form prescribed by the IRDAI.

c. The Network Provider shall electronically send the filled pre-authorization form along with all the relevant details to the twenty-four (24) hour authorization/cashless department of TPA along with contact details of the treating Medical Practitioner and the Insured Person.

d. Upon receiving the pre-authorization form and all related medical information from the Network Provider, the eligibility of cover under the Policy will be verified.

e. Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued. All authorisations will be issued within a period of six (6) hours from the receipt of last complete documents.

f. The authorisation letter will include details of sanctioned amount, any specific limitation on the claim, any Co-Payment or Deductible and non- payable items if applicable.

g. The authorisation letter shall be valid only for a period of fifteen (15) days from the date of issuance of authorization

In the event that the cost of Hospitalization exceeds the authorized limit as mentioned in the authorization letter:

a. The Network Provider shall request for an enhancement of authorisation limit.

b. Eligibility will be verified, and the enhancement will be evaluated on the availability of further limits.

c. In the event of a change in the treatment during Hospitalization of the Insured Person, the Network Provider shall obtain a fresh authorization letter from Us.

At the time of discharge:

a. The Network Provider may forward a final request for authorization for any residual amount along with the discharge summary and the billing format in accordance with the process.

b. Upon receipt of the final authorisation letter, the Insured Person may be discharged by the Network Provider.

c. Ensure that the final authorization letter is signed by the Insured Person.

d. Ensure to take photocopies of relevant medical records for future reference.

3. A. 2 For Emergency Hospitalization

a. The Insured Person may approach the Network Provider for Hospitalization

b. Insured Person will need to provide health card / health insurance Policy at hospital admission counter

c. The Network Provider shall forward the request for authorization to TPA within twenty-four (24) hours of admission to the Hospital or before discharge whichever is earlier.

d. In the interim, the Network Provider may either consider treating the Insured Person by taking a token deposit or treating as per their norms.

e. The Network Provider shall refund the deposit amount to you barring a token amount to take care of non-covered expenses once the authorization is issued

The Network Provider will send the claim documents to TPA within fifteen (15) days from the date of discharge from Hospital.

List of necessary claim documents to be submitted for Cashless are as following: .

- Claim Form duly filled and signed
- Original signed pre-authorisation request
- Copy of authorisation approval letter (s)
- Copy of Photo ID of Patient Verified by the Hospital
- Original Discharge/Death Summary
- Operation Theatre Notes (if any)
- Original Hospital Main Bill along with break up Bill and original receipts
- Original Investigation Reports, X Ray, MRI, CT Films, HPE etc.
- Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
- Doctors Reference Slips for Investigations/Pharmacy
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if applicable and conducted)

Any additional documents may be called as required based on the circumstances of the claim

There can be instances where Cashless Facility may be denied for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to TPA which will be considered by Us subject to the Policy Terms & Conditions.

We in Our sole discretion, reserves the right to modify, add or restrict any Network Provider for Cashless services under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable/latest list of Network Provider on TPA's website or by calling call centre.

3. B Claim Reimbursement Process

Wherever You have opted for a reimbursement of expenses, You may submit the documents for reimbursement of the claim to Our / TPA office not later than thirty (30) days from the date of discharge from the Hospital. You can obtain a Claim Form from any of Our / TPA Offices or download a copy from Our website https://www.sbigeneral.in

List of necessary claim documents/information to be submitted for reimbursement are as following:

Sr No	List of Documents/ Information	Hospitalization Cover	Critical Illness	Hospital Daily Cash	Personal Accident
1	Duly Filled and Signed Claim Form	Y	Y	Y	Y
2	Discharge Summary				
3	Medical Records (Indoor Case Papers, OT notes, PAC Notes etc.)	Y	Y	Y	Y
4	Original Hospital Main Bill	Y	Y	Y	Y
5	Original Hospital Bill Break-up	Y	N	N	N
6	Original Pharmacy Bills	Y	N	N	N
7	Prescriptions for the medicines purchased (except hospital supply) and investigations done outside the hospital	Y	N	N	N

8	Consultation Papers	Y	Y	Y	Y
9	Investigation Reports	Y	Y	Y	Y
10	Digital Images/ CDs of the Investigation Procedures (if required)	Y	Y	N	N
11	MLC/FIR Report (If applicable)	Y	N	N	Y
12	Original Invoice/ Sticker (If applicable)	Y	N	N	N
13	Post Mortem Report (If applicable	Y	N	Y	Y
14	Disability Certificate (If applicable)	Y	N	N	Y
15	Attending Physician Certificate (If applicable)	Y	Y	N	Y
16	Ante-natal Record (If applicable)	Y	N	N	N
17	Birth Discharge Summary (If applicable	Y	N	N	N
18	Death Certificate (If applicable)	Y	Y	Y	Y
19	KYC (Photo ID card, If applicable)	Y	Y	Y	Y
20	Bank Details with Cancelled Cheque (If applicable)	Y	Y	Y	Y

a. The above list is indicative, and We may call for any additional documents/ information/ subject the Insured Person to additional medical examinations as required to ascertain the admissibility of any Benefit including Optional Covers under the relevant Section of the Policy, based on the circumstances of the claim on a case to case basis.

b. Our branch offices shall give due acknowledgement of collected documents. In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reasons for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policy Holder or Insured Person anyone claiming from their behalf, as the case may be.

4. **Scrutiny of Claim documents**

a. We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to Insured Person and the Network Provider, as the case may be, within 5 days of their receipt.

b. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the Insured Person of the same and every 10 (ten) days thereafter

c. We will send a maximum of 3 (three) reminders following which We will send a closure letter.

d. We may at Our sole discretion decide to deduct the amount of claim for which deficiency is intimated to the Insured Person or settle the claim if We observe that such a claim is otherwise valid under the Policy.

5. **Claims Investigation**

Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/investigation shall be borne by Us. You additionally hereby consent to disclose Us of documentation and information that may held with Your medical professionals and other insurers.

6. **Physical Examination**

Any Medical Practitioner authorized by the TPA /Us shall be allowed to examine the Insured Person in case of any alleged disease/Illness/Injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

7. **Settlement and Repudiation of Claim**

We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information to our satisfaction to establish the validity of the claim.

a. We shall settle a claim or reject a claim within 30 days of the receipt of the last "necessary" documents by Us. In case of suspected frauds, the last "necessary" document shall mean the receipt of verification/ investigation report to determine the validity of the claim as stated Where the circumstances of a claim warrant an investigation, 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, Insurer/We shall settle the claim within 45 days from the date of receipt of last necessary document by Us. Repudiated claims will be informed to You in writing with appropriate reasons of repudiation.

b. The Policy Holder shall assist Us, if We so require, in any prosecution, proceeding or in the matter of recovery of claims by Us against third parties. The Policy Holder shall furnish all information that is sought from him by Us, either directly or through the distribution channels, which We consider as having a bearing on the risk to enable Us to assess properly the risk covered under a proposal for insurance.

c. We shall at all times maintain total confidentiality of the Policy Holder's information, unless it becomes necessary to disclose the information to any statutory authorities or courts due to operation of any law. Any breach of the obligations cast on Us or distribution channels or surveyors in terms of these regulations may enable the Authority to initiate action against each or all of Us, jointly or severally, under the Act and/or the Insurance Regulatory and Development Authority Act, 1999.

d. We will only make payment to the Policyholder or Primary Insured under this Policy. Policyholders' / Insured Person's receipt of payment shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Primary Insured's death, We will make payment to the Nominee (as named in the Schedule) of such Insured Person. The payments under this Policy shall only be made in Indian Rupees within India.

8. **Penal interest provision:**

   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 to the policyholder 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 or reject 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 to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

9. **Multiple Policies(Applicable for Section I)**

   i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

   ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurers hall independently settle the claim subject to the terms and conditions of this policy.

   iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

   iv. Where an insured person has policies from more than one insurer to cover the same risk onindemnity basis, the insured person shall only be indemnified the treatment costs in accordancewith the terms and conditions of the chosen policy.

10. **Arbitration**

If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless We have admitted Our liability for a claim in writing. The arbitration shall be governed by Indian Law and the venue of arbitration shall be within India.

a. All proceedings in any arbitration shall be conducted in english and a daily transcript in english of such proceedings shall be prepared.

b. The cost of arbitration undertaken in accordance with this section shall be borne by the parties associated with the arbitration and shall share equally in the costs of the arbitration proceedings and presiding arbitrator.

c. It is clearly agreed and understood that no reference to arbitration can be made if the We have either not admitted or has disputed liability in respect of any claim under or in respect of this Policy.

d. In the event that these arbitration provisions shall be held to be invalid then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts

11. **Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

12. **Disclaimer of Claim**

If We disclaim the liability to the Insured Person for any claim and if the Insured Person within twelve (12) calendar months from the date or receipt of the notice of such disclaimer does not, notify Us in writing that he does not accept such disclaimer and intends to recover his claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the Policy.

13. **Claim Assessment**

We will pay fixed or indemnified amounts as specified in the Policy Schedule/ Certificate of Insurance applicable for Benefits in accordance with the terms of this Policy.

We are not liable to make any payments that are not specified in the Policy

14. **Re-opening of Claim**

The claim would be rejected if shortfall documents are not received within stipulated timelines as communicated through deficiency & reminder letters. However, such rejected claim shall be reviewed for settlement if, Requisite document sufficient for settlement are received.

15. **Representation against Rejection**

Where a rejection is communicated by Us, the Insured Person may if so desired within 15 days of the communication of the rejection, represent to Us for reconsideration of the decision

16. **Payment Terms**

a. All claims will be payable in India and in Indian rupees.

b. In case of Benefits provided under Section II of the Policy, once a claim has been paid in respect of any of the Insured Persons, this section will terminate.

c. In case of reimbursement claims to be payable under Section I of the Policy, a claim should be admissible with Us under Section I.A.1 or I.A.8

d. The payment will be made to You or the Insured Person as specified in the Policy Schedule/Certificate. In the unfortunate event of Your death, We will pay the Nominee (as named in the Policy Schedule/Certificate) and in case of no Nominee to Your legal heir who holds a succession certificate or an indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

17. **Subrogation (Applicable only to Personal Accident Section)**

The Policyholder and/or any Insured Person will do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are/or would become entitled upon Us making any payment of a claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither You nor any Insured Person shall prejudice

these subrogation rights in any manner and provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery that We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and any costs and expenses incurred by Us for effecting a recovery, whereafter We shall pay any balance remaining to the Insured person. This clause does not apply to any Sections where the amount payable is on a fixed benefit basis.

18. Special Provisions

Any special provisions subject to which this Policy has been entered into or endorsed on the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly

19. 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 pa(y 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.

20. Limitation of Liability

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within thirty-six (36) months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

Any claim for which the notification of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless it is proved to Our satisfaction that the delay in reporting of the Claim was for reasons beyond Your or the Insured Persons control.

CONDITIONS FOR RENEWAL OF THE CONTRACT

1. Renewal

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

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

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

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

2. Portability

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

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

Procedure to avail Portability

a. Portability benefit can be availed of by applying to Us with the completed Proposal form and portability annexure along with previous policy documents and Renewal notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.

b. This benefit is available only at the time of Renewal of the existing health insurance policy.

c. If the proposed Sum Insured is higher than the Sum insured under the expiring policy, then all waiting periods would be applied on the increased Sum Insured.

d. Waiting period credits shall be extended to Pre-Existing Diseases and time bound exclusions/waiting periods.

e. We will process Portability application within 15 days of receiving the complete proposal form and Portability Form.

3. Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policyatleast30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

Where We allow lower waiting period for the Pre Existing Diseases (PEDs) (say 12 months or 24 months or 36 months), in the event of withdrawal of the said product, We shall give credit to the accrued waiting period benefits of PEDs gained under the withdrawn product and allow coverage on any of the health products available in Our product portfolio with no additional waiting period beyond the chosen PED period of the withdrawn product.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

4. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co payments, deductibles as per the policy contract.

CUSTOMER GRIEVANCE REDRESSAL POLICY

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

Website: www.sbigeneral.in

Tollfree: 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm).

E-mail: customer.care@sbigeneral.in

Fax : 1800 22 7244 / 1800 102 7244

Courier: "Natraj"301, Junction of Western Express Highway & Andheri Kurla - Road, Andheri (East) Mumbai - 400 069

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at gro@sbigeneral.in

For updated details of grievance officer, kindly refer the link

https://www.sbigeneral.in/portal/grievance-redressal

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

LIST OF OMBUDSMEN OFFICES

Office Details	Jurisdiction of Office
AHMEDABAD - Shri/Smt........ 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	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No.57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd 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	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR – Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma 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	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna 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	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri/Smt........ 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	Delhi.
GUWAHATI - Shri Kiriti .B. Saha 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	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu 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	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaiur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra 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	Kerala, Lakshadweep, Mahe-a part of Pondicherry.

KOLKATA - Shri/Smt........ 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	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri/Smt........ 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	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan SevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri/Smt........ Office of the Insurance Ombudsman, BhagwanSahai 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	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.
PATNA - Shri/Smt........ Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri/Smt........ 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	Maharashtra,Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on the IRDA website: www.irda.gov.in and on the website of General Insurance Council: www.gicouncil.in

ANNEXURE I: THE LIST OF ITEMS THAT ARE TO BE SUBSUMED IN ROOM CHARGES

SNO	Item	SNO	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	24	IM IV INJECTION CHARGES
		25	CLEAN SHEET
2	HAND WASH	26	BLANKET/WARMER BLANKET
3	SHOE COVER		
4	CAPS	27	ADMISSION KIT
5	CRADLE CHARGES	28	DIABETIC CHART CHARGES
6	COMB	29	DOCUMENTATION CHARGES / ADMINISTRA-TIVE EXPENSES
7	EAU.DE-COLOGNE / ROOM FRESHNERS		
8	FOOT COVER	30	DISCHARGE PROCEDURE CHARGES
9	GOWN		
10	SLIPPERS	31	DAILY CHART CHARGES
11	TISSUE PAPER	32	ENTRANCE PASS / VISITORS PASS CHARGES
12	TOOTH PASTE		
13	TOOTH BRUSH	33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
14	BED PAN		
15	FACE MASK		
16	FLEXI MASK	34	FILE OPENING CHARGES
17	HAND HOLDER	35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
18	SPUTUM CUP		
19	DISINFECTANT LOTIONS		
20	LUXURY TAX	36	PATIENT IDENTIFICATION BAND / NAME TAG
21	HVAC		
22	HOUSE KEEPING CHARGES	37	PULSEOXYMETER\ CHARGES
23	AIR CONDITIONER CHARGES		

ANNEXURE II: THE LIST OF ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES

SNO	Item	SNO	Item
1	HAIR REMOVAL CREAM	12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
2	DISPOSABLES RAZORS CHARGES (for site preparations)		
		13	SURGICAL DRILL

3	EYE PAD	14	EYE KIT
4	EYE SHILED	15	EYE DRAPE
5	CAMERA COVER	16	X-RAY FILM
6	DVD, CD CHARGES	17	BOYLES APPARATUS CHARGES
7	GAUSE SOFT		
8	GAUZE	18	COTTON
9	WARD AND THEATRE BOOKING CHARGES	19	COTTON BANDAGE
		20	SURGICAL TAPE
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	21	APRON
		22	TORNIQUET
		23	ORTHOBUNDLE, GYNAEC BUNDLE
11	MICROSCOPE COVER		

ANNEXURE III: THE LIST OF ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT

SNO	Item	SNO	Item
1	ADMISSION/ REGISTRATION CHARGES	9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	10	HIV KIT
		11	ANTISEPTIC MOUTHWASH
3	URINE CONTAINER	12	LOZENGES
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	13	MOUTH PAINT
		14	VACCINATION CHARGES
		15	ALCOHOL SWABES
5	BIPAP MACHINE	16	SCRUB SOLUTIONISTERILLIUM
6	CPAP/ CAPD EOUIPMENTS		
7	INFUSION PUMP-COST	17	GLUCOMETRE & STRIPS
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC	18	URINE BAG

ANNEXURE IV: INDICATIVE LIST OF DAY CARE TREATMENTS/SURGERIES/PROCEDURES

SR	Procedure Name
1	Coronary Angiography
2	Suturing Oral Mucosa
3	Myringotomy With Grommet Insertion
4	Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
5	Removal Of A Tympanic Drain
6	Keratosis Removal Under Ga
7	Operations On The Turbinates (nasal Concha
8	Removal Of Keratosis Obturans
9	Stapedotomy To Treat Various Lesions In Middle Ear
10	Revision of A Stapedectomy
11	Other Operations On The Auditory Ossicles
12	Myringoplasty (post-aura/ endaural Approach As Well As Simple Type-I Tympanoplasty)
13	Fenestration Of The Inner Ear
14	Revision Of A Fenestration Of The Inner Ear
15	Palatoplasty
16	Transoral Incision And Drainage Of A Pharyngeal Abscess
17	Tonsillectomy Without Adenoidectomy
18	Tonsillectomy With Adenoidectomy
19	Excision And Destruction Of A Lingual Tonsil
20	Revision of A Tympanoplasty
21	Other Microsurgical Operations On The Middle Ear
22	Incision Of The Mastoid Process And Middle Ear
23	Mastoidectomy
24	Reconstruction Of The Middle Ear
25	Other Excisions Of The Middle And Inner Ear
26	Incision (opening) And Destruction (elimination) Of The Inner Ear
27	Other Operations On The Middle And Inner Ear
28	Excision And Destruction of Diseased Tissue Of The Nose
29	Other Operations On The Nose – (other operation of the nose is very broad if any drainage of local pus will be considered as OPD)
30	Nasal Sinus Aspiration
31	Foreign Body Removal From Nose (if same is removed without using any anesthesia at OPD)
32	Other Operations On The Tonsils And Adenoids
33	Adenoidectomy
34	Labyrinthectomy For Severe Vertigo
35	Stapedectomy Under Ga
36	Stapedectomy Under La
37	Tympanoplasty (Type IV)
38	Endolymphatic Sac Surgery For Meniere's Disease
39	Turbinectomy
40	Endoscopic Stapedectomy
41	Incision And Drainage Of Perichondritis
42	Septoplasty
43	Vestibular Nerve Section
44	Thyroplasty Type I
45	Pseudocyst Of The Pinna - Excision
46	Incision And Drainage - Haematoma Auricle
47	Tympanoplasty (Type II)
48	Reduction Of Fracture Of Nasal Bone
49	Thyroplasty (Type II)
50	Tracheostomy
51	Excision Of Angioma Septum
52	Turbinoplasty
53	Incision & Drainage Of Retro Pharyngeal Abscess
54	UvuloPalatoPharyngoPlasty
54	Adenoidectomy With Grommet Insertion
55	Adenoidectomy Without Grommet Insertion
56	Adenoidectomy Without Grommet Insertion
57	Vocal Cord Lateralisation Procedure
58	Incision & Drainage Of Para Pharyngeal Abscess
59	Tracheoplasty
60	Cholecystectomy
61	Choledocho-jejunostomy
62	Duodenostomy
63	Gastrostomy
64	Exploration Common Bile Duct
65	Esophagoscopy.
66	Gastroscopy
67	Duodenoscopy with Polypectomy
68	Removal of Foreign Body
69	Diathery Of Bleeding Lesions
70	Pancreatic PseudocystEus & Drainage
71	Rf Ablation For Barrett's Oesophagus
72	Ercp And Papillotomy
73	Esophagoscope And Sclerosant Injection
74	Eus + Submucosal Resection
75	Construction Of Gastrostomy Tube
76	Eus + Aspiration Pancreatic Cyst
77	Small Bowel Endoscopy (therapeutic)
78	Colonoscopy ,lesion Removal –(only for investigation purpose is considered under investigation purpose)
79	ERCP
80	Colonscopy Stenting Of Stricture
81	Percutaneous Endoscopic Gastrostomy
82	Eus And Pancreatic Pseudo Cyst Drainage
83	ERCP And Choledochoscopy
84	Proctosigmoidoscopy Volvulus Detorsion
85	ERCP And Sphincterotomy
86	Esophageal Stent Placement
87	ERCP + Placement Of Biliary Stents
88	Sigmoidoscopy W / Stent
89	Eus + Coeliac Node Biopsy
90	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers
91	Incision Of A Pilonidal Sinus/ Abscess
92	Fissure In AnoSphincterotomy
93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
94	Orchidopexy
95	Abdominal Exploration In Cryptorchidism
96	Surgical Treatment Of Anal Fistulas
97	Division Of The Anal Sphincter (sphincterotomy)
98	Epididymectomy
99	Incision Of The Breast Abscess
100	Operations On The Nipple
101	Excision Of Single Breast Lump
102	Incision and Excision of Tissue In The Perianal Region

103	Surgical Treatment of Hemorrhoids
104	Other Operations On The Anus
105	Ultrasound Guided Aspirations
106	Sclerotherapy, Etc
107	Laparotomy For Grading Lymphoma With Splenectomy.
108	Laparotomy For Grading Lymphoma with Liver Biopsy
109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy
110	Therapeutic Laparoscopy With Laser
111	Appendicectomy With Drainage
112	Appendicectomy without Drainage
113	Infected Keloid Excision
114	Axillary Lymphadenectomy
115	Wound Debridement And Cover
116	Abscess-decompression
117	Cervical Lymphadenectomy
118	Infected Sebaceous Cyst
119	Inguinal Lymphadenectomy
120	Infected Lipoma Excision
121	Maximal Anal Dilatation
122	Piles
123	A) Injection Sclerotherapy
124	B) Piles Banding
125	Liver Abscess- Catheter Drainage
126	Fissure In Ano- Fissurectomy
127	Fibroadenoma Breast Excision
128	OesophagealVaricesSclerotherapy
129	ERCP - Pancreatic Duct Stone Removal
130	Perianal Abscess I&d
131	Perianal Hematoma Evacuation
132	UgiScopy And Polypectomy Oesophagus
133	Breast Abscess I& D
134	Feeding Gastrostomy
135	Oesophagoscopy And Biopsy Of Growth Oesophagus
136	ERCP - Bile Duct Stone Removal
137	Ileostomy Closure
138	Polypectomy Colon
139	Splenic Abscesses Laparoscopic Drainage
140	UgiScopy And Polypectomy Stomach
141	Rigid Oesophagoscopy For Fb Removal
142	Feeding Jejunostomy
143	Colostomy
144	Ileostomy
145	Colostomy Closure
146	Submandibular Salivary Duct Stone Removal
147	Pneumatic Reduction Of Intussusception
148	Varicose Veins Legs - Injection Sclerotherapy
149	Rigid Oesophagoscopy For Plummer Vinson Syndrome
150	Pancreatic Pseudocysts Endoscopic Drainage
151	Zadek's Nail Bed Excision
152	Subcutaneous Mastectomy
153	Excision Of Ranula Under Ga
154	Rigid Oesophagoscopy For Dilation Of Benign Strictures
155	Eversion Of Sac
156	Unilateral
157	Bilateral
158	Lord's Plication
159	Jaboulay's Procedure
160	Scrotoplasty
161	Circumcision For Trauma
162	Meatoplasty
163	Intersphincteric Abscess Incision And Drainage
164	Psoas Abscess Incision And Drainage
165	Thyroid Abscess Incision And Drainage
166	Tips Procedure For Portal Hypertension
167	Esophageal Growth Stent
168	Pair Procedure Of Hydatid Cyst Liver
169	Tru Cut Liver Biopsy
170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
171	Excision Of Cervical Rib
172	Laparoscopic Reduction Of Intussusception
173	Microdochectomy Breast
174	Surgery For Fracture Penis
175	Parastomal Hernia
176	Revision Colostomy
177	Prolapsed Colostomy- Correction
178	Laparoscopic Cardiomyotomy(Hellers)
179	Laparoscopic Pyloromyotomy(Ramstedt)
180	Operations On Bartholin's Glands (cyst)
181	Incision Of The Ovary
182	Insufflations Of The Fallopian Tubes
183	Other Operations On The Fallopian Tube
184	Conisation Of The Uterine Cervix
185	Therapeutic Curettage With Colposcopy.
186	Therapeutic Curettage With Biopsy
187	Therapeutic Curettage With Diathermy
188	Therapeutic Curettage With Cryosurgery
189	Laser Therapy Of Cervix For Various Lesions Of Uterus
190	Other Operations On The Uterine Cervix
191	Incision Of The Uterus (hysterectomy)
192	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
193	Incision Of Vagina
194	Incision Of Vulva
195	Culdotomy
196	Salpingo-oophorectomy Via Laparotomy
197	Endoscopic Polypectomy
198	Hysteroscopic Removal Of Myoma
199	D&C –
200	Hysteroscopic Resection Of Septum
201	Thermal Cauterisation Of Cervix
202	HysteroscopicAdhesiolysis
203	Polypectomy Endometrium
204	Hysteroscopic Resection Of Fibroid
205	Lletz
206	Conization
207	Polypectomy Cervix
208	Hysteroscopic Resection Of Endometrial Polyp
209	Vulval Wart Excision
210	Laparoscopic Paraovarian Cyst Excision
211	Uterine Artery Embolization
212	Laparoscopic Cystectomy
213	Hymenectomy(Imperforate Hymen)
214	Endometrial Ablation
215	Vaginal Wall Cyst Excision
216	Vulval Cyst Excision
217	Laparoscopic Paratubal Cyst Excision
218	Repair Of Vagina (Vaginal Atresia)
219	Hysteroscopy, Removal Of Myoma
220	Turbt
221	Ureterocoele Repair - Congenital Internal
222	Vaginal Mesh For Pop
223	Laparoscopic Myomectomy
224	Surgery For Sui
225	Repair Recto- Vagina Fistula
226	Pelvic Floor Repair (Excluding Fistula Repair)
227	URS + LL
228	Laparoscopic Oophorectomy
229	Percutaneous Cordotomy
230	Intrathecal Baclofen Therapy
231	Entrapment Neuropathy Release
232	Diagnostic Cerebral Angiography
233	Vp Shunt
234	Ventriculoatrial Shunt
235	Radiotherapy For Cancer
236	Cancer Chemotherapy
237	IV Push Chemotherapy
238	HBI - Hemibody Radiotherapy
239	Infusional Targeted Therapy
240	SRT - Stereotactic Arc Therapy
241	Sc Administration Of Growth Factors
242	Continuous Infusional Chemotherapy
243	Infusional Chemotherapy
244	CCRT - Concurrent Chemo + Rt
245	2D Radiotherapy
246	3D Conformal Radiotherapy
247	IGRT - Image Guided Radiotherapy
248	IMRT - Step & Shoot
249	IMRT – DMLC
250	Rotational Arc Therapy
251	Tele Gamma Therapy
252	FSRT - Fractionated Srt
253	VMAT - Volumetric Modulated Arc Therapy
254	SBRT - Stereotactic Body Radiotherapy
255	Helical Tomotherapy
256	SRS - Stereotactic Radiosurgery
257	X - Knife Srs
258	GammaknifeSrs
259	TBI - Total Body Radiotherapy
260	Intraluminal Brachytherapy
261	TSET - Total Electron Skin Therapy
262	Extracorporeal Irradiation Of Blood Products
263	Telecobalt Therapy
264	Telecesium Therapy
265	External Mould Brachytherapy
266	Interstitial Brachytherapy
267	Intracavity Brachytherapy
268	3D Brachytherapy
269	Implant Brachytherapy
270	Intravesical Brachytherapy
271	Adjuvant Radiotherapy
272	After loading Catheter Brachytherapy

No.	Procedure
273	Conditioning Radiothearpy For Bmt
274	Extracorporeal Irradiation To The Homologous Bone Grafts
275	Radical Chemotherapy
276	Neoadjuvant Radiotherapy
277	LDR Brachytherapy
278	Palliative Radiotherapy
279	Radical Radiotherapy
280	Palliative Chemotherapy
281	Template Brachytherapy
282	Neoadjuvant Chemotherapy
283	Induction Chemotherapy
284	Consolidation Chemotherapy
285	Consolidation Chemotherapy
286	HDR Brachytherapy
287	Incision And Lancing Of A Salivary Gland And A Salivary Duct
288	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
289	Resection Of A Salivary Gland
290	Reconstruction Of A Salivary Gland And A Salivary Duct
291	Other Operations On The Salivary Glands And Salivary Ducts
292	Other Incisions Of The Skin And Subcutaneous Tissues
293	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And SubcutaneousTissues
294	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
295	Other Excisions Of The Skin And Subcutaneous Tissues
296	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
297	Free Skin Transplantation, Donor Site
298	Free Skin Transplantation, Recipient Site
299	Revision Of Skin Plasty
300	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
301	Chemosurgery To The Skin
302	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
303	Reconstruction Of Deformity/defect In Nail Bed
304	Excision Of Bursirtis
305	Tennis Elbow Release
306	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
307	Partial Glossectomy
308	Glossectomy
309	Reconstruction Of The Tongue
310	Other Operations On The Tongue
311	Surgery For Cataract
312	Incision Of Tear Glands
313	Other Operations On The Tear Ducts
314	Incision Of Diseased Eyelids
315	Excision And Destruction Of Diseased Tissue Of The Eyelid
316	Operations On The Canthus And Epicanthus
317	Corrective Surgery For Entropion And Ectropion
318	Corrective Surgery For Blepharoptosis
319	Removal Of A Foreign Body From The Conjunctiva
320	Removal Of A Foreign Body From The Cornea
321	Incision Of The Cornea
322	Operations For Pterygium
323	Other Operations On The Cornea
324	Removal Of A Foreign Body From The Lens Of The Eye
325	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
326	Removal Of A Foreign Body From The Orbit And Eyeball
327	Correction Of Eyelid Ptosis By LevatorPalpebrae Superioris Resection (bilateral)
328	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
329	Diathermy/cryotherapy To Treat Retinal Tear
330	Anterior Chamber Paracentesis.
331	Anterior Chamber Cyclodiathermy
332	Anterior Chamber Cyclocryotherapy
333	Anterior Chamber Goniotomy
334	Anterior Chamber Trabeculotomy
335	Anterior Chamber Filtering
336	Allied Operations to Treat Glaucoma
337	Enucleation Of Eye Without Implant
338	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
339	Laser Photocoagulation To Treat Retinal Tear
340	Biopsy Of Tear Gland
341	Treatment Of Retinal Lesion
342	Surgery For Meniscus Tear
343	Incision On Bone, Septic And Aseptic
344	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
345	Suture And Other Operations On Tendons And Tendon Sheath
346	Reduction Of Dislocation Under Ga
347	Arthroscopic Knee Aspiration
348	Surgery For Ligament Tear
349	Surgery For Hemoarthrosis/ pyoarthrosis
350	Removal Of Fracture Pins/ nails
351	Removal Of Metal Wire
352	Closed Reduction On Fracture, Luxation
353	Reduction Of Dislocation Under Ga
354	Epiphyseolysis With Osteosynthesis
355	Excision Of Various Lesions In Coccyx
356	Arthroscopic Repair Of Acl Tear Knee
357	Arthroscopic Repair Of Pcl Tear Knee
358	Tendon Shortening
359	Arthroscopic Meniscectomy - Knee
360	Treatment Of Clavicle Dislocation
361	Haemarthrosis Knee- Lavage
362	Abscess Knee Joint Drainage
363	Carpal Tunnel Release
364	Closed Reduction Of Minor Dislocation
365	Repair Of Knee Cap Tendon
366	Orif With K Wire Fixation- Small Bones
367	Release Of Midfoot Joint
368	Orif With Plating- Small Long Bones
369	Implant Removal Minor
370	Closed Reduction And External Fixation
371	Arthrotomy Hip Joint
372	Syme's Amputation
373	Arthroplasty
374	Partial Removal Of Rib
375	Treatment Of Sesamoid Bone Fracture
376	Shoulder Arthroscopy / Surgery
377	Elbow Arthroscopy
378	Amputation Of Metacarpal Bone
379	Release Of Thumb Contracture
380	Incision Of Foot Fascia
381	Partial Removal Of Metatarsal
382	Repair/Graft Of Foot Tendon
383	Revision/removal Of Knee Cap
384	Exploration Of Ankle Joint
385	Remove/graft Leg Bone Lesion
386	Repair/graft Achilles Tendon
387	Remove Of Tissue Expander
388	Biopsy Elbow Joint Lining
389	Removal Of Wrist Prosthesis
390	Biopsy Finger Joint Lining
391	Tendon Lengthening
392	Treatment Of Shoulder Dislocation
393	Lengthening Of Hand Tendon
394	Removal Of Elbow Bursa
395	Fixation Of Knee Joint
396	Treatment Of Foot Dislocation
397	Surgery Of Bunion
398	Tendon Transfer Procedure
399	Removal Of Knee Cap Bursa
400	Treatment Of Fracture Of Ulna
401	Treatment Of Scapula Fracture
402	Removal Of Tumor Of Arm Under GA
403	Removal of Tumor of Arm under RA
404	Removal of Tumor Of Elbow Under GA
405	Removal of Tumor Of Elbow Under RA
406	Repair Of Ruptured Tendon
407	Decompress Forearm Space
408	Revision Of Neck Muscle (torticollis Release)
409	Lengthening Of Thigh Tendons
410	Treatment Fracture Of Radius & Ulna
411	Repair Of Knee Joint
412	External Incision And Drainage In The Region Of The Mouth.
413	External Incision And Drainage in the Region of the Jaw.
414	External Incision And Drainage in the Region Of the Face.
415	Incision Of The Hard And Soft Palate
416	Excision And Destruction Of Diseased Hard Palate
417	Excision And Destruction of Diseased Soft Palate
418	Incision, Excision And Destruction In The Mouth

No.	Procedure
419	Other Operations In The Mouth
420	Excision Of Fistula-in-ano
421	Excision Juvenile Polyps Rectum
422	Vaginoplasty
423	Dilatation Of Accidental Caustic Stricture Oesophageal
424	PresacralTeratomas Excision
425	Removal Of Vesical Stone
426	Excision Sigmoid Polyp
427	SternomastoidTenotomy
428	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
429	Excision Of Soft Tissue Rhabdomyosarcoma
430	High Orchidectomy For Testis Tumours
431	Excision Of Cervical Teratoma
432	Rectal-myomectomy
433	Rectal Prolapse (delorme's Procedure)
434	Detorsion Of Torsion Testis
435	Eua + Biopsy Multiple Fistula In Ano
436	Construction Skin Pedicle Flap
437	Gluteal Pressure Ulcer-excision
438	Muscle-skin Graft, Leg
439	Removal Of Bone For Graft
440	Muscle-skin Graft Duct Fistula
441	Removal Cartilage Graft
442	Myocutaneous Flap
443	Fibro Myocutaneous Flap
444	Breast Reconstruction Surgery After Mastectomy
445	Sling Operation For Facial Palsy
446	Split Skin Grafting Under Ra
447	Wolfe Skin Graft
448	Plastic Surgery To The Floor of The Mouth Under Ga
449	Thoracoscopy And Lung Biopsy
450	Excision Of Cervical Sympathetic Chain Thoracoscopic
451	Laser Ablation Of Barrett's Oesophagus
452	Pleurodesis
453	Thoracoscopy And Pleural Biopsy
454	Ebus + Biopsy
455	Thoracoscopy Ligation Thoracic Duct
456	Thoracoscopy Assisted Empyaema Drainage
457	Haemodialysis
458	Lithotripsy/nephrolithotomy For Renal Calculus
459	Excision Of Renal Cyst
460	Drainage Of Pyonephrosis Abscess
461	Drainage Of Perinephric Abscess

No.	Procedure
462	Incision Of The Prostate
463	Transurethral Excision And Destruction of Prostate Tissue
464	Transurethral And Percutaneous Destruction of Prostate Tissue
465	Open Surgical Excision And Destruction Of Prostate Tissue
466	Radical Prostatovesiculectomy
467	Other Excision And Destruction of Prostate Tissue
468	Operations On The Seminal Vesicles
469	Incision And Excision of Periprostatic Tissue
470	Other Operations On The Prostate
471	Incision Of The Scrotum And Tunica Vaginalis Testis
472	Operation On A Testicular Hydrocele
473	Excision And Destruction of Diseased Scrotal Tissue
474	Other Operations On The Scrotum AndTunica Vaginalis Testis
475	Incision Of The Testes
476	Excision And Destruction of Diseased Tissue of The Testes
477	Unilateral Orchidectomy
478	Bilateral Orchidectomy
479	Surgical Repositioning of An Abdominal Testis
480	Reconstruction Of The Testis
481	Implantation, Exchange And Removal of A Testicular Prosthesis
482	Other Operations On The Testis
483	Excision In The Area Of The Epididymis
484	Operations On The Foreskin
485	Local Excision And Destruction of Diseased Tissue Of The Penis
486	Amputation Of The Penis
487	Other Operations On The Penis
488	Cystoscopical Removal of Stones
489	Lithotripsy
490	Biopsy Oftemporal Artery For Various Lesions
491	External Arterio-venous Shunt
492	Av Fistula - Wrist
493	Ursl With Stenting
494	Ursl With Lithotripsy
495	CystoscopicLitholapaxy
496	Eswl

No.	Procedure
497	Bladder Neck Incision
498	Cystoscopy & Biopsy
499	Cystoscopy And Removal of Polyp
500	SuprapubicCystostomy
501	Percutaneous Nephrostomy
502	Cystoscopy And "sling" Procedure
503	Tuna- Prostate
504	Excision Of Urethral Diverticulum
505	Removal Of Urethral Stone
506	Excision Of Urethral Prolapse
507	Mega-ureter Reconstruction
508	Kidney Renoscopy And Biopsy
509	Ureter Endoscopy And Treatment
510	Vesico Ureteric Reflux Correction
511	Surgery For Pelvi Ureteric Junction Obstruction
512	Anderson Hynes Operation
513	Kidney Endoscopy And Biopsy
514	Paraphimosis Surgery
515	Injury Prepuce- Circumcision
516	Frenular Tear Repair
517	Meatotomy For Meatal Stenosi
518	Surgery For Fournier's Gangrene Scrotum

No.	Procedure
519	Surgery Filarial Scrotum
520	Surgery For Watering Can Perineum
521	Repair Of Penile Torsion
522	Drainage Of Prostate Abscess
523	Orchiectomy
524	Cystoscopy And Removal of Fb
525	RF Ablation Heart
526	RF Ablation Uterus
527	RF Ablation Varicose Veins
528	Percutaneous nephrolithotomy (PCNL)
529	Laryngoscopy Direct Operative with Biopsy
530	Treatment of Fracture of Long Bones
531	Treatment of Fracture of Short Bones
532	Treatment of Fracture of Foot
533	Treatment of Fracture of Hand
534	Treatment of Fracture of Wrist
535	Treatment of Fracture of Ankle
536	Treatment of Fracture of Clavicle
537	Chalazion Surgery