

HOSPITAL DAILY CASH – 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 / Franchise 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.

I. DEFINITIONS

A) STANDARD DEFINITION

1. **Accident or Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **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.
3. **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 where surgical procedures are to be carried out
 - c. Maintaining daily records of patients and making them accessible to the insurance company's authorized representative
4. **AYUSH Hospital** is a healthcare facility wherein medical /surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH hospital standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:
 - i. Having at least 5 in-patient beds
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out
- iv. Maintaining daily records of patients and making them accessible to the insurance company's authorized representative
5. **Break in policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
6. **Condition Precedent** means a Policy term or condition upon which Our liability under the Policy is conditional upon.
7. **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.
8. **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or purchase of an insurance policy or related services by insurer and /or by distribution channel.
9. **Complainant** means a Policyholder or prospect or Nominee or assignee or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an Insurer and /or distribution channel.
10. **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.
11. **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.
12. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A deductible does not reduce the Sum Insured.

(Deductible will be applicable as specified under the Policy)

- 13. 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.
- 14. Emergency Care** means management for an Illness 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.
- 15. Fraud** means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive or to induce the Company to issue an insurance policy:
- the suggestion, as a fact of that which is not true and which the insured person does not believe to be true
 - the active concealment of a fact by the insured person having knowledge or belief of the fact
 - any other act fitted to deceive; and
 - any such act or omission as the law specially declares to be fraudulent
- 16. Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 17. 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:
- Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
 - 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;
 - Has qualified Medical Practitioner(s) in charge round the clock;
 - Has qualified nursing staff under its employment round the clock;
 - Maintains daily records of patients and makes this accessible to the insurance company's authorized personnel.
- 18. 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.
- 19. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- 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.
 - Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- 20. 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.
- 21. 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.
- 22. 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.
- 23. Material Facts** means, all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- 24. Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 25. Medically Necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which
- Is required for the medical management of the Illness or Injury suffered by the Insured Person;
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner; and
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 26. 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 who is sharing the same residence with the Insured person's and is a member of

Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

- 27 Migration** means a facility provided to Policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
- 28. New-born Baby** means baby born during the Policy Period and is aged up to 90 days.
- 29. Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 30. Portability** means a facility provided to the health insurance Policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
- 31. Pre-existing disease (PED)** means any condition, ailment, injury or disease:
- that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
 - for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- 32. Proposal form** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
- Explanation:**
- Material Information for the purpose of these regulations shall mean all important, essential and relevant information and documents explicitly sought by insurer in the proposal form.
 - The requirements of disclosure of material information" regarding a proposal or policy, apply both to the insurer and the prospect, under these regulations.
- 33. 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.
- 34. Renewal of Policy** the Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by the Insured Person.
- 35. Senior Citizen** means any person, who has attained the Age of sixty years or above.
- 36. Specific waiting period** means a period up to 36 months specified from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
- 37. Solicitation** means the act of approaching a prospect or a Policyholder by an Insurer or by a distribution channel with a view to persuading the prospect or a Policyholder to purchase or to renew an insurance Policy.
- 38. Spouse** means the Primary Insured's legally married spouse as long as he/she continues to be married to the Primary Insured.

39. 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.

B) SPECIFIC DEFINITION

- Age or Aged** means the completed age (in years) of the Insured Person as on his/her last birthday.
- Alternative Treatments** are forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy (AYUSH) in the Indian context.
- Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.
- Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.
- Dependent** means the Insured Person's legal spouse or children or parents or parent-in-law who have been enrolled in the Group Policy.
- Dependent Child** to 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 who have been enrolled in the Group Policy.
- 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:
 - the condition of the patient is such that he/she is not in a condition to be moved to a hospital, or
 - the patient takes treatment at home on account of non-availability of room in a hospital.
- Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below
 - legally wedded spouse
 - Parents and/or Parents-in-law
 - Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years.
- Family Floater** means a Policy described as such in the Policy Schedule of Insurance where under You and Your Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date.
- Franchise** means an arrangement under a health insurance Policy that provides that the Insurer will not be liable up to the specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies but will pay for the entire amount of loss and days/hours when exceeds the agreed amount/days/hours.
- Group** - The definition of a group is as per the provisions of Insurance Regulatory and Development Authority of India (Health Insurance) Regulations, 2016, read with group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005, as amended/ modified/further guidelines issued, from time to time.
- Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

- 13. Insured Person** means the Insured Member or Dependants named in the Policy Schedule/Certificate of Insurance, who is/are covered under this Policy, for whom the insurance is proposed, and the appropriate premium is received.
- 14. Master Policy/Group Policy shall** mean the Proposal, Group Policy Schedule, along with these Terms and Conditions, issued to the Policy Holder containing these terms and conditions of the insurance coverage and under which Certificates of Insurance will be issued to the respective Insured Beneficiary/ies and any endorsements attaching to or forming part thereof either on the commencement date or during the Cover Period.
- 15. 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 with mental 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.
- 16. 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.
- 17. Policy Holder** means the person or entity named in the Policy Schedule as the Policy Holder.
- 18. Policy Period** means the period commencing from Policy start date and time as specified in the Policy Schedule/Certificate of Insurance and terminating at midnight on the Policy end date as specified in the Policy Schedule/Certificate of Insurance.
- 19. Policy Schedule/Certificate of Insurance** means the Schedule attached to and forming part of this Policy 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.
- 20. We/Our/Us/Company/Insurer** means SBI General Insurance Company Limited.
- 21. You/Your/Yourself** means the Policy Holder or the Primary Insured person named in the Policy Schedule / Certificate of Insurance

Company will pay:

The Daily Allowance as stated in the Policy Schedule/Certificate of Insurance, for each calendar day of Hospitalisation necessitated solely by reason of the Accidental Bodily Injury or illness for a maximum period as stated in the Policy Schedule/Certificate of Insurance, during each policy period.

A franchise/deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable. Our maximum liability shall be restricted to the daily allowance till opted length of stay and Waiting Period mentioned in the Policy Schedule/Certificate of Insurance.

Note: During the hospitalization period if the insured member is transferred from Normal room to ICU or vice versa the benefit would be payable only under one heading as specified above, as per the hospital bill for the respective day.

- B. OPTIONAL COVERS** In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that Policy is extended to pay daily allowance as specified 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.

- B.1 ACCIDENT HOSPITAL CASH BENEFIT** In the event of Hospitalization of Insured Person due to Accidental Bodily Injury during the Policy Period, the Company will pay:

Two times the Daily Allowance as stated in the Policy Schedule/Certificate of Insurance, for each calendar day of Hospitalisation required to be spent by the Insured Person in a Hospital during any period of Hospitalisation necessitated solely by reason of the Accidental Bodily Injury for a maximum period as stated in the Policy Schedule/Certificate of Insurance during each policy period.

- We will not pay for Daily Cash benefit under Base cover above for the period when the Insured Person is hospitalized for Accidental Injury.
- A franchise/deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable only once, either in base A.1 - Accident and Sickness Hospital Cash Benefit or under this section.

- B.2 ICU CASH BENEFIT** In the event of Accidental Bodily Injury or Illness first occurring or manifesting itself during the Policy Period and causing the Insured Person's Hospitalisation within the Policy Period, the Company will pay:

Two times the Hospital Daily Cash Allowance, for each calendar day of Hospitalisation required to be spent by the Insured Person in the Intensive Care Unit of a Hospital during any period of Hospitalisation necessitated solely by reason of the Accidental Bodily Injury or Illness for a maximum period of 15 days during the policy period.

- We will not pay for Daily Cash benefit in A.1. above for the period when the Insured Person is in Intensive Care Unit, if this cover is opted.
- A franchise/deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable only once, either in base A.1 - Accident and Sickness Hospital Cash Benefit or under this section.

- B.3 CONVALESCENCE BENEFIT** On availing this benefit, Policy

II. COVERAGE

- A. BASE COVER :** The following benefits are payable subject to Terms and Conditions of the policy:

- A.1 ACCIDENT AND SICKNESS HOSPITAL CASH BENEFIT** In the event of Accidental Bodily Injury or illness first occurring or manifesting itself during the Policy Period and causing the Insured Person's Hospitalisation within the Policy Period, the

is extended to pay lump sum amount equal to Five times the Hospital Daily Cash Allowance as mentioned in Certificate of insurance in case of continuous and completed hospitalization beyond consecutive 10 calendar days due to Accidental Bodily Injury or Illness.

- This benefit is available only once per Insured person during Policy Period.
- This benefit shall be payable if claim under A.1 - Accident and Sickness Hospital Cash Benefit or A.2 - Accident Hospital Cash Benefit or A.3 - ICU Cash Benefit section is admissible under the policy.

B.4 COMPASSIONATE BENEFIT We will pay additional amount lumpsum Ten times the Hospital Daily Cash Allowance towards expenses as a Compassionate Benefit to the Nominee in case of Accidental Death of the Insured Person whilst in Hospital.

- This benefit is available only once per Policy Period
- This benefit shall be payable if claim under A.1 – Accident and Sickness hospital cash Benefit section is admissible under the Policy

B.5 DAY CARE TREATMENT BENEFIT On availing of this benefit, We will pay Five times the Hospital Daily Cash Allowance as stated in the Policy Schedule/Certificate of Insurance, subject to maximum of Rs 10,000 per claim towards Day Care Treatment carried out in the Day Care Centre during the policy period.

No Deductible/ Franchise shall be applicable under the claim admissible in this section.

The Benefit under this Section shall be available for a maximum of 2 Day Care Treatments per Insured Person per Policy Period and No deductible will be applicable.

B.6 MATERNITY HOSPITAL CASH BENEFIT We will pay daily fixed benefit amount as specified in the Policy Schedule/Certificate of Insurance for each calendar day of Hospitalisation, in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy. Policy is restricted to pay for first 2 deliveries only.

- This benefit is subject to maternity waiting period of 3 Years and deductibles as specified in the Policy Schedule/Certificate of Insurance.
- We will not cover ectopic pregnancy under this benefit (although it shall be covered under Inpatient Hospital Cash Benefit (Section A.1)).
- A franchise/deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable only once, either in base A.1 - Accident and Sickness Hospital Cash Benefit or under this section.
- We will not pay for Daily Cash benefit under Base cover above, if the claim is admissible under this Section.

Option available to Reduce Waiting period of Maternity :- In consideration of payment of additional premium, it is hereby declared and agreed that We will provide reduction/waiver of waiting period for Maternity Hospital Cash Benefit as specified in Policy Schedule/Certificate of Insurance. Insured Person may have an option to choose the reduction/waiver of waiting period as below.

Option 1. 9 months waiting period - We will reduce waiting period for Maternity Hospital Cash benefit from 3 years to 9 months. We are not liable to make any payment in respect of Maternity Expenses within 9 months from the date of

Inception of the first Policy.

Option 2. 1 year waiting period - We will reduce waiting period for Maternity Hospital Cash Benefit from 3 years to 1 year. We are not liable to make any payment in respect of Maternity Hospital Cash Benefit within 1 year from the date of Inception of the first Policy.

Option 3. 2 years waiting period - We will reduce waiting period for Maternity Hospital Cash Benefit from 3 years to 2 years. We are not liable to make any payment in respect of Maternity Hospital Cash Benefit within 2 years from the date of Inception of the first Policy.

Option 4. No maternity waiting period - On availing this option, Waiting Period for Maternity Hospital Cash Benefit shall not be applicable.

If Maternity Hospital Cash Benefit cover is opted, then under the General Exclusion Excl-18 -Maternity Expenses stands deleted.

B.7 OTHER WAITING PERIODS : In consideration of payment of additional premium by the Proposer/ Insured Person, to the Company and realization thereof by the Company, it is hereby agreed and declared that Hospital Daily Cash Policy is extended to reduce waiting period mentioned in Pre-Existing Diseases (Code- Excl01), Specified disease/procedure waiting period- Code- Excl02 & 30-day waiting period- Code- Excl03 i.e. Disease Specific and Pre-Existing Waiting Period up to the option opted by Insured Beneficiary.

Option 1. 30 days waiver - Subsequent to this endorsement, 30-day waiting period- Code- Excl03 cover stands deleted for all the Insured Persons in the Policy.

All other policy terms and conditions remain unaltered.

Option 2: 2 years Specific illness waiting period - Subsequent to this endorsement, specified disease/procedure waiting period- Code- Excl02 cover stands modified for all the Insured Persons in the policy with reference to waiting period being increased to 24 months.

All other policy terms and conditions remain unaltered.

Option 3: Specific illness Waiting Period Waiver - Subsequent to this endorsement, specified disease/procedure waiting period- Code- Excl02 cover stands waived for all the Insured Persons in the policy

All other policy terms and conditions remain unaltered.

Option 4: 1 year waiting period for Pre-Existing Diseases - Subsequent to this endorsement, General Exclusions (Code- Excl01) cover stands modified for all the Insured Persons in the Policy with reference to waiting period being reduced to 1 year.

All other policy terms and conditions remain unaltered.

Option 5: 2 years waiting period for Pre-Existing Diseases - Subsequent to this endorsement, General Exclusions (Code- Excl01) cover stands modified for all the Insured Persons in the Policy with reference to waiting period being reduced to 2 years.

All other policy terms and conditions remain unaltered.

Option 6: 3 years waiting period for Pre-Existing Diseases - Subsequent to this endorsement, General Exclusions (Code- Excl01) cover stands modified for all the Insured Persons in the Policy with reference to waiting period being reduced to 3 years.

All other policy terms and conditions remain unaltered.

Option 7: No waiting period for Pre-Existing Diseases - Subsequent to this endorsement, General Exclusions (Code-Excl01) stands deleted for all the Insured Persons in the policy.

All other Policy terms and conditions remain unaltered.

B.8 INCREASED DEDUCTIBLE/FRANCHISE : The Company hereby agrees and declared that upon opting this optional cover, We will provide discount mentioned and time bound deductible/franchise of day(s) as specified in the Certificate of Insurance will be applicable for any claim under Section A i.e. Base Covers and Section B i.e. Optional covers excluding B5 i.e. Day Care Treatment Benefit.

If this optional cover is opted then the increase Deductible/ Franchise will supersede existing Deductible/ Franchise of the policy.

All other policy terms and conditions remain unaltered.

III. WAITING PERIOD AND EXCLUSIONS

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy;

Standard Exclusions

1. Pre-Existing Diseases (Code- Excl01)

- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. Specified disease/procedure waiting period- Code- Excl02

- Expenses related to the treatment of the listed conditions; surgeries/treatments shall be excluded until the expiry of 1 Year of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- 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.
- The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- List of specific diseases/procedures
 - Cataract
 - Benign Prostatic Hypertrophy
 - Hysterectomy/myomectomy for menorrhagia or fibromyoma or prolapse of uterus
 - Non infective Arthritis, Treatment of Spondylosis/ Spondylitis, Gout & Rheumatism
 - Surgery of Genitourinary tract
 - Calculus Diseases of any etiology

- Sinusitis and related disorders
- Surgery for prolapsed intervertebral disc unless arising from accident
- Surgery of varicose veins and varicose ulcers
- Chronic Renal failure including dialysis

3. 30-day waiting period- Code- Excl03

- 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.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Maternity Waiting period (applicable only if optional cover "Maternity Hospital Cash Benefit" is opted) - 36 months waiting period applicable in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy.

5. Investigation & Evaluation- Code- Excl04

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

6. Rest Cure, rehabilitation and respite care- Code- Excl05

- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - 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.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

7. Obesity/ Weight Control: Code- Excl06

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

- Surgery to be conducted is upon the advice of the Doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI);
 - greater than or equal to 40 or
 - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - Obesity-related cardiomyopathy
 - Coronary heart disease

8. 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. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

9. 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.

10. 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.

11. 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.

12. Excluded Providers: (Code-Excl 11)

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

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

14. Treatments received in health 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)

15. 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)

16. Refractive Error: (Code- Excl15)

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

17. 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.

18. Maternity (Code-Excl 18)

Medical treatment expenses traceable to child-birth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;

Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

Specific Exclusions

19. Any medical treatment outside India.

20. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.

21. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:

- any nuclear fuel or from any nuclear waste; or
- from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);

c. nuclear weapons material;

d. nuclear equipment or any part of that equipment;

22. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

23. Injury or Disease caused by or contributed to by nuclear weapons/ materials.

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

25. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

26. Treatments in health hydro, spas, nature care clinics and the like.

27. Treatment with alternative medicines like Ayurvedic, Homeopathic, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.

28. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.

29. Vaccination or inoculation except as post bite treatment for animal bite.

30. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and/or external illness/disease/defect.

31. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.

32. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy

33. Genetic disorders and stem cell implantation / surgery/storage.

IV. GENERAL TERMS AND CLAUSES

A. STANDARD GENERAL TERMS AND CLAUSES

I. Condition Precedent to the contract

a. Disclosure of Information : The Policy shall be void and all premiums paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description, or non-disclosure of any Material Fact by the Insured Person.

b. Condition Precedent to Admissible of Liability: The Due observance and fulfilment of the terms and conditions of the Policy, by the Insured Person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the Policy.

c. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of

enhancement of Sums Insured only on the enhanced limits.

d. Possibility of Revision of terms of the Policy including the Premium Rates: The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three (3) months before the changes are affected.

e. Nominee: The Insured Person 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 Your death. 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 Insured Person, the Company will pay the nominee (as named in the Policy Schedule) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

f. Assignment : The Benefits under this Policy are assignable subject to applicable Laws.

II. Conditions applicable during the contract

1. Cancellation:

a. Cancellation by you:

You may cancel this policy at any time by giving Us written notice in 15-days by recorded delivery. In the event of such cancellation, We 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 You under this Policy.

b. Cancellation by Us:

We reserve the right to cancel this Policy from inception immediately upon becoming aware of any misrepresentation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of You. No refund of premium shall be allowed in such cases.

1. Free Look Period:

- (1) Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.
- (2) In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.
- (3) Irrespective of the reasons mentioned, the Policyholder

shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

- (4) A request received by insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.

2. Withdrawal of the Product : 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.

B. SPECIFIC TERMS AND CLAUSES

I. Condition Precedent to the contract

a. 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 on the date of commencement of the Policy. Dependent children can be covered from 91 days and up to 25 years of age.

* Note - Adult Cover is compulsory for the Child Cover.

b. Arbitration clause: If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996 (as amended).

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

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

d. Change of Sum Insured : Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.

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

f. Notice and Communication :

- Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.
- Such communication shall be sent to the address of the Company or through any other electronic modes

specified in the Policy Schedule.

- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

g. 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 Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to Our liability to make any payment under this Policy.

h. Records to be Maintained : The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

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

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

II. Conditions applicable during the contract

a. Alterations in the Policy : The Proposal Form, Certificate, and Policy Schedule 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.

b. Revision and Modification of the Policy Product :

- i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

c. Endorsements : The following endorsements are permissible during the Policy Period:

Non-Financial Endorsements – which do not affect the premium

- Minor rectification/correction in name of the Insured Person (and not the complete name change)
- Rectification in gender of the Insured Person (if this does not impact the premium)
- Rectification of date of birth of the Insured Person (if

this does not impact the premium)

- Change in the correspondence address of the Insured Person (if this does not impact the premium)
 - Change in Nominee Details vi. Change in bank details
 - Any other non-financial endorsement
- Financial Endorsements – which result in alteration in premium
- Cancellation of Policy
 - Any other financial endorsement

d. Conditions when a claim arises : On the occurrence of that may give rise to a claim under this Policy, the claim procedures set out below shall be followed.

Procedures	Reimbursement Claims
Claim 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. <ul style="list-style-type: none"> • Call Toll free customer care number 1800 22 1111/1800 102 1111 • e-mail to customer.care@sbigeneral.in • SMS "CLAIM" to 561612 • website (www.sbigeneral.in) -> Claim Intimation (Section)
Claim Intimation timelines	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier
Particulars to be provided to us for Claim notification	1. Policy Number 2. Name of the Insured Person(s) named in the Policy schedule / Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner Hospital 5. Date and time of event if applicable 6. Date of admission
List of Documents	As listed below

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

1. Duly filled and signed claim form
2. Certified copy of Hospital discharge Summary with first consultation paper (if any)
3. Certified copy of Diagnostic report confirming diagnosis.
4. Certified copy of final hospital bill with detailed breakup
5. KYC documents of primary insured/beneficiary
6. Beneficiary (Primary Insured) bank account / NEFT details

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

- **Claim documents submission.**

All claim related documents need to be sent to below address within 30 days of date of discharge from hospital. Please do mention appropriate claim number on claim documents dispatched.

Accident & Health claims team :

SBI General Insurance Company Limited
9th Floor, Westport, Pan Card Club Road, Baner
Pune, Maharashtra – 411 045

- **Scrutiny and Investigation of Claim**

We will scrutinize the claim based on submission of above claim documents by you and if any deficiency in document we will intimate You in writing within 7 days from the date of submission of claim documents. We will 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.

- **Claim Assessment**

We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.

- **Condonation of delay**

If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

e. Standard Condition for Claim Process

Claim Settlement

- The Company shall settle or reject a claim within 30 days from the date of receipt of last necessary document.
- In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Person from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- 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.
- In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Fraud: If any claim made by the Insured Person, is any respect of 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 Insured Person who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

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 Company.

Complete Discharge : Any payment to the 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 valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

Payment of Claim : All claims under the Policy shall be payable in Indian currency only.

C. Standard Conditions for renewal of the contract

Renewal Conditions:

- The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.
- The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.
- Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period
- 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.
- No loading shall apply on Renewals based on individual Claims experience.

D. Grievances Redressal Procedure

Stage 1:

If you are dissatisfied with the resolution provided above or for lack of response, you may write to head.customercare@sbigeneral.in We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.

For Senior Citizens: Senior Citizens can reach us at seniorcitizengrievances@sbigeneral.in; Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm)

Stage 2:

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Grievance Redressal Officer at : gro@sbigeneral.in or contact at 022-45138021.

Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099. List of Grievance Redressal Officers at Branch: <https://content.sbigeneral.in/uploads/0449cac1bcd144bb160d3f6b714fbbd.pdf>

Stage 3:

In case, you are not satisfied with the decision/resolution

communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link

<https://bimabharosa.irdai.gov.in/Home/Home>

Stage 4:

If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at

(<https://www.cioins.co.in/Ombudsman>)

ANNEXURE I - LIST OF OMBUDSMEN OFFICES

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Shri Collu Vikas Rao Insurance Ombudsman 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@cioins.co.in
Karnataka	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh, Chhattisgarh	Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
Odisha	Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in

Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.	Ms Sunita Sharma Insurance Ombudsman 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@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Shri Somnath Ghosh Insurance Ombudsman 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@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.	Shri N. Sankaran Insurance Ombudsman 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 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands.	Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in

Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Bihar, Jharkhand.	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
		Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).	Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in
The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in , on the website of General Insurance Council: www.gicouncil.in , our website			

Source:- [CIO \(cioins.co.in\)](http://CIO(cioins.co.in))

ANNEXURE II – FOR INBUILT & OPTIONAL COVER PLEASE REFER PRODUCT BENEFIT TABLE.

Sr No	Coverage Name	Inbuilt / Optional	Description	Limits / Sublimits Applicable	Included in base or independent	Inbuilt/ Over and above S.I	Admissibility under Base cover
1	Accident and Sickness Hospital Cash Benefit	Inbuilt	per day - SI from 500,750,1000,1500,2000, 2500,3000,3500,4000,4500,5000 Maximum no. of days options- 10,15, 20, 30, 60 ; 90 , 100	Franchise/Deductible 1 day	Independent	Base Cover	Yes
2	Accident Hospital Cash Benefit	Optional	Twice the DH limit per day is paid Maximum no. of days options- 10, 15, 20, 30, 60, 90, 100	Franchise/Deductible 1 day	Independent	Inbuilt	Yes

3	ICU Cash Benefit	Optional	Twice the DHC limit per day is paid	Franchise/Deductible 1 day Max paid for 15 days	Independent	Inbuilt	Yes
4	Convalescence Benefit	Optional	Lumpsum 5x DHC if hospitalization is more than 10 days	NA	Independent	Over and Above	Yes
5	Compassionate Benefit	Optional	Lumpsum 10x DHC if accidental death whilst in hospital	Subject to admissible claim under DHC This Benefit is available only once per Insured Policy Period	Independent	Over and Above	Yes
6	Day Care Treatment Benefit	Optional	5x DHC, subject to max of Rs. 10K per claim	The Benefit under this Section shall be available for a maximum of 2 Day Care Treatments per Insured Person per Policy Period No deductible applicable	Independent	Over and Above	No
7	Maternity Hospital Cash Benefit	Optional	Per day Hospital Daily Cash (HDC) limits (Rs.) 500,750,1000,1500,2000,2500,3000,3500,4000,4500,5000 max no of days- 5, 10 days Waiting period- 36 months	Franchise/Deductible 1 day	Independent	Over and Above	No
			Option to reduce Maternity waiting period : Option 1. 2 years Option 2. 1 year Option 3. 9 months Option 4. No maternity waiting period	-	NA		
8	Shorter Waiting Period	Optional	Option 1: 30 days waiver Option 2: 2 years Specific illness waiting period Option 3: Specific illness Waiting Period Waiver Option 4: 1 year waiting period for Pre-Existing Diseases Option 5: 2 years waiting period for Pre-Existing Diseases Option 6: 3 years waiting period for Pre-Existing Diseases Option 7: No waiting period for Pre-Existing Diseases		Independent	Not Applicable	Yes
9	Increased Deductible/Franchise	Optional	2 days Deductible/ Franchise for each and every claim	NA	Independent	Not Applicable	Yes

ANNEXURE III – INDICATIVE LIST OF DAY CARE PROCEDURES

SR	Procedure Name	SR	Procedure Name
1	Coronary Angiography	270	Intravesical Brachytherapy
2	Suturing Oral Mucosa	271	Adjuvant Radiotherapy
3	Myringotomy With Grommet Insertion	272	After loading Catheter Brachytherapy
4	Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)	273	Conditioning Radiotherapy For Bmt

5	Removal Of A Tympanic Drain	274	Extracorporeal Irradiation To The Homologous Bone Grafts
6	Keratoses Removal Under Ga	275	Radical Chemotherapy
7	Operations On The Turbinates (nasal Concha)	276	Neoadjuvant Radiotherapy
8	Removal Of Keratoses Obturans	277	LDR Brachytherapy
9	Stapedotomy To Treat Various Lesions In Middle Ear	278	Palliative Radiotherapy
10	Revision Of A Stapedectomy	279	Radical Radiotherapy
11	Other Operations On The Auditory Ossicles	280	Palliative Chemotherapy
12	Myringoplasty (post-aural/endaural Approach As Well As Simple Type-i Tympanoplasty)	281	Template Brachytherapy
13	Fenestration Of The Inner Ear	282	Neoadjuvant Chemotherapy
14	Revision Of A Fenestration Of The Inner Ear	283	Induction Chemotherapy
15	Palatoplasty	284	Consolidation Chemotherapy
16	Transoral Incision And Drainage Of A Pharyngeal Abscess	285	Maintenance Chemotherapy
17	Tonsillectomy Without Adenoidectomy	286	HDR Brachytherapy
18	Tonsillectomy With Adenoidectomy	287	Incision And Lancing Of A Salivary Gland And A Salivary Duct
19	Excision And Destruction Of A Lingual Tonsil	288	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
20	Revision Of A Tympanoplasty	289	Resection Of A Salivary Gland
21	Other Microsurgical Operations On The Middle Ear	290	Reconstruction Of A Salivary Gland And A Salivary Duct
22	Incision Of The Mastoid Process And Middle Ear	291	Other Operations On The Salivary Glands And Salivary Ducts
23	Mastoidectomy	292	Other Incisions Of The Skin And Subcutaneous Tissues
24	Reconstruction Of The Middle Ear	293	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
25	Other Excisions Of The Middle And Inner Ear	294	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
26	Incision (opening) And Destruction (elimination) Of The Inner Ear	295	Other Excisions Of The Skin And Subcutaneous Tissues
27	Other Operations On The Middle And Inner Ear	296	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
28	Excision And Destruction Of Diseased Tissue Of The Nose	297	Free Skin Transplantation, Donor Site
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)	298	Free Skin Transplantation, Recipient Site
30	Nasal Sinus Aspiration	299	Revision Of Skin Plasty

31	Foreign Body Removal From Nose (if same is removed without using any anesthesia at OPD)	300	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
32	Other Operations On The Tonsils And Adenoids	301	Chemotherapy To The Skin
33	Adenoidectomy	302	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
34	Labyrinthectomy For Severe Vertigo	303	Reconstruction Of Deformity/defect In Nail Bed
35	Stapedectomy Under Ga	304	Excision Of Bursitis
36	Stapedectomy Under La	305	Tennis Elbow Release
37	Tympanoplasty (Type IV)	306	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
38	Endolymphatic Sac Surgery For Meniere's Disease	307	Partial Glossectomy
39	Turbineotomy	308	Glossectomy
40	Endoscopic Stapedectomy	309	Reconstruction Of The Tongue
41	Incision And Drainage Of Perichondritis	310	Other Operations On The Tongue
42	Septoplasty	311	Surgery For Cataract
43	Vestibular Nerve Section	312	Incision Of Tear Glands
44	Thyroplasty Type I	313	Other Operations On The Tear Ducts
45	Pseudocyst Of The Pinna - Excision	314	Incision Of Diseased Eyelids
46	Incision And Drainage - Haematoma Auricle	315	Excision And Destruction Of Diseased Tissue Of The Eyelid
47	Tympanoplasty (Type II)	316	Operations On The Canthus And Epicanthus
48	Reduction Of Fracture Of Nasal Bone	317	Corrective Surgery For Entropion And Ectropion
49	Thyroplasty (Type II)	318	Corrective Surgery For Blepharoptosis
50	Tracheostomy	319	Removal Of A Foreign Body From The Conjunctiva
51	Excision Of Angioma Septum	320	Removal Of A Foreign Body From The Cornea
52	Turbinoplasty	321	Incision Of The Cornea
53	Incision & Drainage Of Retro Pharyngeal Abscess	322	Operations For Pterygium
54	UvuloPalatoPharyngoPlasty	323	Other Operations On The Cornea
55	Adenoidectomy With Grommet Insertion	324	Removal Of A Foreign Body From The Lens Of The Eye
56	Adenoidectomy Without Grommet Insertion	325	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
57	Vocal Cord Lateralisation Procedure	326	Removal Of A Foreign Body From The Orbit And Eyeball
58	Incision & Drainage Of Para Pharyngeal Abscess	327	Correction Of Eyelid Ptosis By LevatorPalpebraeSuperioris Resection (bilateral)

59	Tracheoplasty	328	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
60	Cholecystectomy	329	Diathermy/cryotherapy To Treat Retinal Tear
61	Choledocho -jejunostomy	330	Anterior Chamber Paracentesis.
62	Duodenostomy	331	Anterior Chamber Cyclodiathermy
63	Gastrostomy	332	Anterior Chamber Cyclocryotherapy
64	Exploration Common Bile Duct	333	Anterior Chamber Goniotomy
65	Esophagoscopy.	334	Anterior Chamber Trabeculotomy
66	Gastrosocopy	335	Anterior Chamber Filtering
67	Duodenoscopy with Polypectomy	336	Allied Operations to Treat Glaucoma
68	Removal of Foreign Body	337	Enucleation Of Eye Without Implant
69	Diathery Of Bleeding Lesions	338	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
70	Pancreatic PseudocystEus& Drainage	339	Laser Photocoagulation To Treat Retinal Tear
71	Rf Ablation For Barrett's Oesophagus	340	Biopsy Of Tear Gland
72	Ercp And Papillotomy	341	Treatment Of Retinal Lesion
73	Esophagoscope And Sclerosant Injection	342	Surgery For Meniscus Tear
74	Eus + Submucosal Resection	343	Incision On Bone, Septic And Aseptic
75	Construction Of Gastrostomy Tube	344	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
76	Eus + Aspiration Pancreatic Cyst	345	Suture And Other Operations On Tendons And Tendon Sheath
77	Small Bowel Endoscopy (therapeutic)	346	Reduction Of Dislocation Under Ga
78	Colonoscopy ,lesion Removal- (only for investigation purpose is considered under investigation purpose)	347	Arthroscopic Knee Aspiration
79	ERCP	348	Surgery For Ligament Tear
80	Colonoscopy Stenting Of Stricture	349	Surgery For Hemoarthrosis/pyoarthrosis
81	Percutaneous Endoscopic Gastrostomy	350	Removal Of Fracture Pins/nails
82	Eus And Pancreatic Pseudo Cyst Drainage	351	Removal Of Metal Wire
83	ERCP And Choledochoscopy	352	Closed Reduction On Fracture, Luxation
84	Proctosigmoidoscopy Volvulus Detorsion	353	Reduction Of Dislocation Under Ga
85	ERCP And Sphincterotomy	354	Epiphyseolysis With Osteosynthesis
86	Esophageal Stent Placement	355	Excision Of Various Lesions In Coccyx
87	ERCP + Placement Of Biliary Stents	356	Arthroscopic Repair Of Acl Tear Knee
88	Sigmoidoscopy W / Stent	357	Arthroscopic Repair Of Pcl Tear Knee
89	Eus + Coeliac Node Biopsy	358	Tendon Shortening
90	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	359	Arthroscopic Meniscectomy - Knee
91	Incision Of A Pilonidal Sinus / Abscess	360	Treatment Of Clavicle Dislocation
92	Fissure In AnoSphincterotomy	361	Haemarthrosis Knee - Lavage

93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	362	Abscess Knee Joint Drainage
94	Orchidopexy	363	Carpal Tunnel Release
95	Abdominal Exploration In Cryptorchidism	364	Closed Reduction Of Minor Dislocation
96	Surgical Treatment Of Anal Fistulas	365	Repair Of Knee Cap Tendon
97	Division Of The Anal Sphincter (sphincterotomy)	366	Orif With K Wire Fixation - Small Bones
98	Epididymectomy	367	Release Of Midfoot Joint
99	Incision Of The Breast Abscess	368	Orif With Plating - Small Long Bones
100	Operations On The Nipple	369	Implant Removal Minor
101	Excision Of Single Breast Lump	370	Closed Reduction And External Fixation
102	Incision And Excision Of Tissue In The Perianal Region	371	Arthrotomy Hip Joint
103	Surgical Treatment Of Hemorrhoids	372	Syme's Amputation
104	Other Operations On The Anus	373	Arthroplasty
105	Ultrasound Guided Aspirations	374	Partial Removal Of Rib
106	Sclerotherapy, Etc	375	Treatment Of Sesamoid Bone Fracture
107	Laparotomy For Grading Lymphoma With Splenectomy.	376	Shoulder Arthroscopy / Surgery
108	Laparotomy For Grading Lymphoma with Liver Biopsy	377	Elbow Arthroscopy
109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	378	Amputation Of Metacarpal Bone
110	Therapeutic Laparoscopy With Laser	379	Release Of Thumb Contracture
111	Appendectomy With Drainage	380	Incision Of Foot Fascia
112	Appendectomy without Drainage	381	Partial Removal Of Metatarsal
113	Infected Keloid Excision	382	Repair / Graft Of Foot Tendon
114	Axillary Lymphadenectomy	383	Revision/removal Of Knee Cap
115	Wound Debridement And Cover	384	Exploration Of Ankle Joint
116	Abscess -decompression	385	Remove/graft Leg Bone Lesion
117	Cervical Lymphadenectomy	386	Repair/graft Achilles Tendon
118	Infected Sebaceous Cyst	387	Remove Of Tissue Expander
119	Inguinal Lymphadenectomy	388	Biopsy Elbow Joint Lining
120	Infected Lipoma Excision	389	Removal Of Wrist Prosthesis
121	Maximal Anal Dilatation	390	Biopsy Finger Joint Lining
122	Piles	391	Tendon Lengthening
123	A) Injection Sclerotherapy	392	Treatment Of Shoulder Dislocation
124	B) Piles Banding	393	Lengthening Of Hand Tendon
125	Liver Abscess - Catheter Drainage	394	Removal Of Elbow Bursa
126	Fissure In Ano - Fissurectomy	395	Fixation Of Knee Joint
127	Fibroadenoma Breast Excision	396	Treatment Of Foot Dislocation
128	Oesophageal Varices Sclerotherapy	397	Surgery Of Bunion
129	ERCP - Pancreatic Duct Stone Removal	398	Tendon Transfer Procedure

130	Perianal Abscess I&d	399	Removal Of Knee Cap Bursa
131	Perianal Hematoma Evacuation	400	Treatment Of Fracture Of Ulna
132	UgiScopy And Polypectomy Oesophagus	401	Treatment Of Scapula Fracture
133	Breast Abscess I& D	402	Removal Of Tumor Of Arm Under GA
134	Feeding Gastrostomy	403	Removal of Tumor of Arm under RA
135	Oesophagoscopy And Biopsy Of Growth Oesophagus	404	Removal of Tumor Of Elbow Under GA
136	ERCP - Bile Duct Stone Removal	405	Removal of Tumor Of Elbow Under RA
137	Ileostomy Closure	406	Repair Of Ruptured Tendon
138	Polypectomy Colon	407	Decompress Forearm Space
139	Splenic Abscesses Laparoscopic Drainage	408	Revision Of Neck Muscle (torticollis Release)
140	UgiScopy And Polypectomy Stomach	409	Lengthening Of Thigh Tendons
141	Rigid Oesophagoscopy For Fb Removal	410	Treatment Fracture Of Radius & Ulna
142	Feeding Jejunostomy	411	Repair Of Knee Joint
143	Colostomy	412	External Incision And Drainage In The Region Of The Mouth.
144	Ileostomy	413	External Incision And Drainage in the Region Of the Jaw.
145	Colostomy Closure	414	External Incision And Drainage in the Region Of the Face.
146	Submandibular Salivary Duct Stone Removal –	415	Incision Of The Hard And Soft Palate
147	Pneumatic Reduction Of Intussusception	416	Excision And Destruction Of Diseased Hard Palate
148	Varicose Veins Legs - Injection Sclerotherapy	417	Excision And Destruction of Diseased Soft Palate
149	Rigid Oesophagoscopy For Plummer Vinson Syndrome	418	In cision, Excision And Destruction In The Mouth
150	Pancreatic Pseudocysts Endoscopic Drainage	419	Other Operations In The Mouth
151	Zadek's Nail Bed Excision	420	Excision Of Fistula -in -ano
152	Subcutaneous Mastectomy	421	Excision Juvenile Polyps Rectum
153	Excision Of Ranula Under Ga	422	Vaginoplasty
154	Rigid Oesophagoscopy For Dilation Of Benign Strictures	423	Dilatation Of Accidental Caustic Stricture Oesophageal
155	Eversion Of Sac	424	Presacral Teratomas Excision
156	Unilateral	425	Removal Of Vesical Stone
157	Bilateral	426	Excision Sigmoid Polyp
158	Lord's Plication	427	Sternomastoid Tenotomy
159	Jaboulay's Procedure	428	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
160	Scrotoplasty	429	Excision Of Soft Tissue Rhabdomyosarcoma
161	Circumcision For Trauma	430	High Orchidectomy For Testis Tumours
162	Meatoplasty	431	Excision Of Cervical Teratoma

163	Intersphincteric Abscess Incision And Drainage	432	Rectal -myomectomy
164	Psoas Abscess Incision And Drainage	433	Rectal Prolapse (delorme's Procedure)
165	Thyroid Abscess Incision And Drainage	434	Detorsion Of Torsion Testis
166	Tips Procedure For Portal Hypertension	435	Eua + Biopsy Multiple Fistula In Ano
167	Esophageal Growth Stent	436	Construction Skin Pedicle Flap
168	Pair Procedure Of Hydatid Cyst Liver	437	Gluteal Pressure Ulcer-excision
169	Tru Cut Liver Biopsy	438	Muscle -skin Graft, Leg
170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	439	Removal Of Bone For Graft
171	Excision Of Cervical Rib	440	Muscle -skin Graft Duct Fistula
172	Laparoscopic Reduction Of Intussusception	441	Removal Cartilage Graft
173	Microdocheotomy Breast	442	Myocutaneous Flap
174	Surgery For Fracture Penis	443	Fibro Myocutaneous Flap
175	Parastomal Hernia	444	Breast Reconstruction Surgery After Mastectomy
176	Revision Colostomy	445	Sling Operation For Facial Palsy
177	Prolapsed Colostomy - Correction	446	Split Skin Grafting Under Ra
178	Laparoscopic Cardiomyotomy(Hellers)	447	Wolfe Skin Graft
179	Laparoscopic Pyloromyotomy(Ramstedt)	448	Plastic Surgery To The Floor Of The Mouth Under Ga
180	Operations On Bartholin's Glands (cyst)	449	Thoracoscopy And Lung Biopsy
181	Incision Of The Ovary	450	Excision Of Cervical Sympathetic Chain Thoracoscopic
182	Insufflations Of The Fallopian Tubes	451	Laser Ablation Of Barrett's Oesophagus
183	Other Operations On The Fallopian Tube	452	Pleurodesis
184	Conisation Of The Uterine Cervix	453	Thoracoscopy And Pleural Biopsy
185	Therapeutic Curettage With Colposcopy.	454	Ebus + Biopsy
186	Therapeutic Curettage With Biopsy	455	Thoracoscopy Ligation Thoracic Duct
187	Therapeutic Curettage With Diathermy	456	Thoracoscopy Assisted Empyaema Drainage
188	Therapeutic Curettage With Cryosurgery	457	Haemodialysis
189	Laser Therapy Of Cervix For Various Lesions Of Uterus	458	Lithotripsy/nephrolithotomy For Renal Calculus
190	Other Operations On The Uterine Cervix	459	Excision Of Renal Cyst
191	Incision Of The Uterus (hysterectomy)	460	Drainage Of Pyonephrosis Abscess
192	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	461	Drainage Of Perinephric Abscess
193	Incision Of Vagina	462	Incision Of The Prostate
194	Incision Of Vulva	463	Transurethral Excision AndDestruction Of Prostate Tissue
195	Culdotomy	464	Transurethral And Percutaneous Destruction Of Prostate Tissue
196	Salpingo-oophorectomy Via Laparotomy	465	Open Surgical Excision And Destruction Of Prostate Tissue

197	Endoscopic Polypectomy	466	Radical Prostatovesiculectomy
198	Hysteroscopic Removal Of Myoma	467	Other Excision And Destruction Of Prostate Tissue
199	D&C –	468	Operations On The Seminal Vesicles
200	Hysteroscopic Resection Of Septum	469	Incision And Excision Of Periprostatic Tissue
201	Thermal Cauterisation Of Cervix	470	Other Operations On The Prostate
202	Hysteroscopic Adhesiolysis	471	Incision Of The Scrotum And Tunica Vaginalis Testis
203	Polypectomy Endometrium	472	Operation On A Testicular Hydrocele
204	Hysteroscopic Resection Of Fibroid	473	Excision And Destruction Of Diseased Scrotal Tissue
205	Lletzt	474	Other Operations On The Scrotum And Tunica Vaginalis Testis
206	Conization	475	Incision Of The Testes
207	Polypectomy Cervix	476	Excision And Destruction Of Diseased Tissue Of The Testes
208	Hysteroscopic Resection Of Endometrial Polyp	477	Unilateral Orchidectomy
209	Vulval Wart Excision	478	Bilateral Orchidectomy
210	Laparoscopic Paraovarian Cyst Excision	479	Surgical Repositioning Of An Abdominal Testis
211	Uterine Artery Embolization	480	Reconstruction Of The Testis
212	Laparoscopic Cystectomy	481	Implantation, Exchange And Removal Of A Testicular Prosthesis
213	Hymenectomy(Imperforate Hymen)	482	Other Operations On The Testis
214	Endometrial Ablation	483	Excision In The Area Of The Epididymis
215	Vaginal Wall Cyst Excision	484	Operations On The Foreskin
216	Vulval Cyst Excision	485	Local Excision And Destruction Of Diseased Tissue Of The Penis
217	Laparoscopic Paratubal Cyst Excision	486	Amputation Of The Penis
218	Repair Of Vagina (Vaginal Atresia)	487	Other Operations On The Penis
219	Hysteroscopy, Removal Of Myoma	488	Cystoscopic Removal Of Stones
220	Turbt	489	Lithotripsy
221	Ureterocoele Repair- Congenital Internal	490	Biopsy Of temporal Artery For Various Lesions
222	Vaginal Mesh For Pop	491	External Arterio -venous Shunt
223	Laparoscopic Myomectomy	492	Av Fistula - Wrist
224	Surgery For Sui	493	Ursl With Stenting
225	Repair Recto - Vagina Fistula	494	Ursl With Lithotripsy
226	Pelvic Floor Repair(Excluding Fistula Repair)	495	Cystoscopic Litholapaxy
227	URS + LL	496	Eswl
228	Laparoscopic Oophorectomy	497	Bladder Neck Incision
229	Percutaneous Cordotomy	498	Cystoscopy & Biopsy
230	Intrathecal Baclofen Therapy	499	Cystoscopy And Removal Of Polyp

231	Entrapment Neuropathy Release	500	SuprapubicCystostomy
232	Diagnostic Cerebral Angiography	501	Percutaneous Nephrostomy
233	Vp Shunt	502	Cystoscopy And "sling" Procedure
234	Ventriculoatrial Shunt	503	Tuna - Prostate
235	Radiotherapy For Cancer	504	Excision Of Urethral Diverticulum
236	Cancer Chemotherapy	505	Removal Of Urethral Stone
237	IV Push Chemotherapy	506	Excision Of Urethral Prolapse
238	HBI - Hemibody Radiotherapy	507	Mega -ureter Reconstruction
239	Infusional Targeted Therapy	508	Kidney Renoscopy And Biopsy
240	SRT - Stereotactic Arc Therapy	509	Ureter Endoscopy And Treatment
241	Sc Administration Of Growth Factors	510	Vesico Ureteric Reflux Correction
242	Continuous Infusional Chemotherapy	511	Surgery For Pelvi Ureteric Junction Obstruction
243	Infusional Chemotherapy	512	Anderson Hynes Operation
244	CCRT - Concurrent Chemo + Rt	513	Kidney Endoscopy And Biopsy
245	2D Radiotherapy	514	Paraphimosis Surgery
246	3D Conformal Radiotherapy	515	Injury Prepuce - Circumcision
247	IGRT - Image Guided Radiotherapy	516	Frenular Tear Repair
248	IMRT - Step & Shoot	517	Meatotomy For Meatal Stenosis
249	IMRT - DMLC	518	Surgery For Fournier's Gangrene Scrotum
250	Rotational Arc Therapy	519	Surgery Filarial Scrotum
251	Tele Gamma Therapy	520	Surgery For Watering Can Perineum
252	FSRT - Fractionated Srt	521	Repair Of Penile Torsion
253	VMAT - Volumetric Modulated Arc Therapy	522	Drainage Of Prostate Abscess
254	SBRT - Stereotactic Body Radiotherapy	523	Orchiectomy
255	Helical Tomotherapy	524	Cystoscopy And Removal Of Fb
256	SRS - Stereotactic Radiosurgery	525	RF Ablation Heart
257	X - Knife Srs	526	RF Ablation Uterus
258	GammaknifeSrs	527	RF Ablation Varicose Veins
259	TBI - Total Body Radiotherapy	528	Percutaneous nephrolithotomy (PCNL)
260	Intraluminal Brachytherapy	529	Laryngoscopy Direct Operative with Biopsy
261	TSET - Total Electron Skin Therapy	530	Treatment of Fracture of Long Bones
262	Extracorporeal Irradiation Of Blood Products	531	Treatment of Fracture of Short Bones
263	Telecobalt Therapy	532	Treatment of Fracture of Foot
264	Telecesium Therapy	533	Treatment of Fracture of Hand
265	External Mould Brachytherapy	534	Treatment of Fracture of Wrist
266	Interstitial Brachytherapy	535	Treatment of Fracture of Ankle
267	Intracavity Brachytherapy	536	Treatment of Fracture of Clavicle
268	3D Brachytherapy	537	Chalazion Surgery
269	Implant Brachytherapy		