SURAKSHA AUR BHAROSA DONO

AROGYA SUPREME
POLICY WORDING

PREAMBLE

In consideration of payment of Premium by You and realized by Us, We will provide insurance cover to the Insured Person(s) under this Policy up to Sum Insured and/or limits as specified in the Policy Schedule subject to all terms, condition and exclusion as mentioned under the Policy and declaration, medical reports as provided by You. This Policy is subject to Your statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this Policy.

A. DEFINITIONS

Certain words used in this Policy that words have a specific meaning which are mentioned below. The below words are mentioned in initial Capital Letters elsewhere in this Policy to enable You to Identify that particular word has specific meaning which You have to refer Section A – Definitions.

I STANDARD DEFINITION

1 **Accident** means 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 / Nursing Home where treatment was taken.

3 **Associated Medical Expenses** means expenses which shall include nursing charges including RMO 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 including artificial limb.

c. Cost of diagnostics.

4 **AYUSH Hospital** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds;

ii. Having qualified AYUSH Medical Practitioner in charge round the clock;

iii. Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out;

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

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

i. Having qualified AYUSH Medical Practitioner in charge round the clock;

ii. Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out;

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

6 **AYUSH/ Alternative Treatment** means the medical and / or Hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

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

8 **Cashless Facility** means a facility extended by the insurer to the insured 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 is approved.

9 **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.

10 **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.

11 **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

12 **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 which is not in the visible and accessible parts of the body.

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

13 **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.

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

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

i) has qualified nursing staff under its employment.

ii) has qualified medical practitioner/s in charge;

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

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

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

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

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

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

17 **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.

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

19 **Disclosure of information norm** means the policy shall be void and all premiums paid hereon 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:

i) the condition of the patient is such that he/she is not in a condition to be moved to a hospital, or

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

21 **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.

22 **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:

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

23 **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.

For the purpose of this definition, the Insured Person will get the accrued continuity benefit in respect of the Sum Insured, Cumulative Bonus, No Claim Discount, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period.

24 **Hospital** means any institution established for In-patient Care and Day Care Treatment of diseases, 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 56(1) of the said Act or complies with all minimum criteria as under:

a) has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,

b) has qualified nursing staff under its employment round the clock,

c) has qualified Medical Practitioner(s) in charge round the clock,

d) has a fully equipped operation theatre of its own where surgical procedures are carried out,

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

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

26 **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible, and evident means which is verified and certified by a Medical Practitioner.

27 **Illness/ Illnesses** 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 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 which leads to full recovery

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

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

28 **In-patient Care** means treatment for which the Insured Person must stay in a Hospital for minimum 24 hours or more

than 24 hours for a covered event.

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

30 **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.

31 **Maternity Expenses** means

a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);

b) expenses towards lawful medical termination of pregnancy during the policy period.

32 **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.

33 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue 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 are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

35 **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.

36 **Medical Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of stay in Hospital which:

i. is required for the medical management of the illness or injury suffered by the Insured Person.

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

iii. must have been prescribed by a medical practitioner.

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

37 **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.

38 **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 by a Cashless facility.

39 **Non-Network** means any Hospital, Day Care Centre or other provider that is not part of the Network.

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

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

42 **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.

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

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

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

44 **Pre-existing disease (PED)** means any condition, ailment, injury or disease:

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

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

45 **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:

(i) "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.

(ii) The requirements of "disclosure of material information" regarding a proposal or policy, apply both to the insurer and the prospect, under these regulations.

46 **Post-Hospitalization Medical Expenses** means medical expenses incurred during pre - defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

47 **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.

48 **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India.

49 **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.

50 **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.

51 **Senior Citizen** means any person, who has attained the age of sixty years or above.

52 **Specific waiting period** means a period up to 24 months 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.

53 **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.

54 **Surgery or Surgical Procedures** 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 and prolongation of life, performed in a hospital or day care center by a Medical Practitioner.

55 **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

II. SPECIFIC DEFINITION

1. **Age** or **Aged** means completed years as at the Policy Commencement Date.
2. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.
3. **Dependents** means only the family members listed below:
   a) Your legally married spouse as long as she continues to be married to You
   b) Your children, aged between 91 days maximum up to Age of 25 years and financially dependent on You
   c) Your natural parents or parents that have legally adopted You
   d) Your parent-in-law as long as Your Spouse continues to be married to You
4. **Family** means, the Family that consists of the Insured Person and any one or more of the family members as mentioned below
   i. Legally wedded spouse
   ii. Dependent Parents or Parents-in-law
   iii. Dependent Children (i.e. natural or legally adopted). If the child is married or financially

   independent, he or she shall be ineligible for coverage in the subsequent renewals.
5. **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.
6. **HIV** means Human Immunodeficiency Virus
7. **Insured Person/You/Your** means the persons named in the Policy Schedule.
8. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.
9. **Medical practitioner for mental illnesses** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;
10. **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;
11. **Obesity means** abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index

    Body Mass Index (BMI) is a simple index of weight for height that is commonly used to classify overweight and obesity in adults. It is defined as a person's weight in kilograms divided by the square of his height in meters (kg/m2)

    The WHO definition is:

    - BMI greater than or equal to 25 is overweight
    - BMI greater than or equal to 30 is obesity
12. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).
13. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule.
14. **Policy Schedule/ Certificate of Insurance** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
15. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

16. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses.

17. **Single Private Air-Conditioned Room** means a single occupancy air-conditioned room. Such room must be the most economical of all accommodations available in that hospital. This does not include a deluxe room or a suite.

18. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for all benefits claimed for during the Policy Year, and in relation to Family Floater represents our maximum liability for all claims made by You and all Your dependants during the Policy Year.

19. **TPA** means the third-party administrator that we appoint from time to time as specified in the Policy Schedule.

20. **Waiting Period** is the period where We will not be liable for a claim for specified number of days and which will apply before any benefits are payable by Us. The waiting period will be computed from the date of commencement of Policy Period.

21. **We/Our/Us/Company** means the SBI General Insurance Company Limited

- **MAJOR ILLNESS DEFINITION**

I. STANDARD DEFINITION

1. Cancer of specified severity:

i. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia,

ii. The following are excluded–

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non - melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2. 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

3. 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.

4. 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.

5. 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.

6. 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.

7. Stroke Resulting In Permanent Symptoms

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.

8. 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.

9. 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.

10. 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.

11. 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

12. 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.

13. 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;

14. 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.

15. 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

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

16. 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.

17. 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.

18. Loss of Speech

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

19. 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.

20. 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.

II. SPECIFIC DEFINITION

1. 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.

2. Parkinson's Disease

The unequivocal diagnosis of progressive degenrative primary idiopathic Parkinson's disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist. This diagnosis must be supported by all of 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) at least 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 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

Drug-induced or toxic causes of Parkinsonism are excluded.

3. 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

4. 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

5. 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.

6. 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.

7. 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 confirmed by: The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and A consultant neurologist.

8. 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.

9. 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.

10. 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.

B. SCOPE OF COVER

We will pay under below listed Covers on Medically Necessary Hospitalization of an Insured Person on advise of Medical Practitioner, due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to Sum Insured and limits including Cumulative Bonus/Enhanced Cumulative Bonus, if applicable as specified on the Schedule of Coverage in the Policy Schedule. Subject to otherwise terms and conditions of the Policy.

C. HOSPITALIZATION COVERS

1. In-patient Hospitalization Treatment:

If You are hospitalized for a minimum of 24 hours on the advice of Medical Practitioner as defined under the Policy due to Illness or Accidental Bodily Injury, sustained or contracted during the Policy Period, then We will pay You the Reasonable and Customary Charges towards below listed covers up to Sum Insured as

specified in Policy Schedule.

a) Room rent and boarding expenses as provided by the Hospital/Nursing home subject to below limits
   - 1% of base Sum Insured (excluding cumulative / enhanced cumulative bonus) OR
   - Single private Air-Conditioned room OR
   - At actuals up to Sum Insured

b) Intensive Care Unit Expenses
   - 2% of the base Sum Insured (excluding cumulative / enhanced cumulative bonus) OR
   - up to actual ICU/ICCU expenses as provided by Hospital OR
   - At actual up to Sum Insured

c) Nursing Expenses as provided by the Hospital

d) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees

e) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances

f) Consultation fees including Telemedicine by Medical Practitioner

g) Medicines, drugs, and consumables

h) Diagnostic procedures

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

Conditions

I. The Hospitalization is medically necessary and follows the written advice of a Medical Practitioner.

ii. If You are 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.

iii. In case of admission to a room at rates exceeding the limits as mentioned under 1.a and 1.b, 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.

iv. 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.

v. Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

2. Mental Healthcare

If You are 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

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

3. HIV / AIDS Cover

If You are 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 If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

4. Genetic Disorder

If You are hospitalized due to any genetic disorder illness, We will pay Medical Expenses as listed in Section C.1 maximum up to Rs. 1,00,000/- subjects to claim under Section C.1 is admissible under the Policy. Waiting period for this cover shall be applied as mentioned in Section F.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

5. Internal Congenital Anomaly

If You are hospitalized due to any Internal Congenital diseases, We will pay Medical Expenses of 25% of Sum Insured as listed in Section C.1 subject to claim under Section C.1 is admissible under the Policy.Waiting period for this cover shall be applied as mentioned in Section F.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

6. Bariatric Surgery Cover

If You are hospitalized on the advice of a Medical Practitioner because of conditions mentioned below which required You to undergo Bariatric Surgery during the Policy Period, then We will pay You, Medical Expenses as listed in Section C.1 related to Bariatric Surgery

Eligibility:

For adults aged 18 years or older, presence of severe documented in contemporaneous clinical records, defined as any of the following:

Body Mass Index (BMI);

a) greater than or equal to 40 or

b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

   i. Obesity-related cardiomyopathy

   ii. Coronary heart disease

   iii. Severe Sleep Apnea

   iv. Uncontrolled Type 2 Diabetes

Conditions

i. Our maximum liability will be restricted to up to Sum Insured

ii. Bariatric surgery performed for Cosmetic reasons is excluded.

iii. The indication for the procedure should be found appropriate by two qualified surgeons and the Insured shall obtain prior approval for cashless treatment from the Company.

iv. Standard Exclusion A. III. (Obesity / Weight Control) shall not be applicable to the extent of Sum Insured covered under this benefit.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

7. Advance Procedures:

We will pay Medically necessary Expenses either as In-Patient Hospitalization or as part of Day Care Treatment up to 25% of Sum Insured as specified in the Policy Schedule, incurred on Advance Procedures as below but not limited to the following:

i. Uterine Artery Emobalization and HIFU

ii. Balloon Sinuplast

iii. Deep Brain Stimulation

iv. Oral Chemotherapy (covered as OPD also)

v. Immunotherapy - Monoclonal Antibody to be given as injection

vi. Intra Vitreal Injections

vii. Robotic Surgeries

viii. Stereotactic Radio Surgeries

ix. Bronchical Thermoplasty

x. Vaporisation of the Prostrate (Green laser treatment or holmium laser treatment)

xi. IONM (Intra Operative Neuro Monitoring)

xii. 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 If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

8. Cataract Treatment

We will pay Medical Expenses of Rs 50,000/- or Rs 1,00,000/- incurred for treatment of Cataract as specified in the Policy Schedule, per eye including cost of lens during Policy Year, subject to claim admissible under the Policy. Waiting period for this cover shall be applied as mentioned in Section F.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

9. Pre-Hospitalization Cover

We will pay Medical Expenses incurred during the 30 days or 60 days (as specified in policy Schedule) immediately before Your Hospitalization, provided that such Medical Expenses are incurred for same Illness/Injury for which subsequent hospitalization was required and claim under Section C.1 – In patient Hospitalization or C.11 – Domiciliary Hospitalization or C.12-Day Care Treatment or C.15 Alternative Treatment/ AYUSH is admissible under the Policy.

We will pay expenses on reimbursement basis for the above cover.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

10. Post-Hospitalization Cover

We will pay Medical Expenses incurred up to 60 days, 90 days or 180 days (as specified in Policy Schedule) from the date of Your discharge from Hospital, provided that such costs are incurred in respect of the same Illness/Injury for which earlier Hospitalization was required and claim under Section C.1 – In-patient Hospitalization Treatment or C.11 – Domiciliary Hospitalization or C.12-Day Care Treatment or C.15 Alternative Treatment/ AYUSH is admissible under the Policy.

We will pay expenses on reimbursement basis for the above cover.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

11. Domiciliary Hospitalization

We will pay the Medical Expenses up to the Sum Insured as specified in the Policy Schedule, incurred on Domiciliary Hospitalization.

Condition

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

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

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

iv. The Medical Practitioner advices the Insured Person to undergo treatment at home and continuous active line of treatment with monitoring of the health status by a Medical Practitioner for each day during treatment of Insured Person. All treatment records and chart should be duly signed by the Medical Practitioner

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

I. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, at every sub-title,

ii. Arthritis, Gout and Rheumatism,

iii. Chronic Nephritis and Nephritic Syndrome,

iv. Diarrhea and all type of Dysenteries including Gastroenteritis,

v. Diabetes Mellitus and Insipidus,

vi. Epilepsy,

vii. Hypertension,

viii. Psychiatric or Psychosomatic Disorders of all kinds,

ix. Pyrexia of unknown Origin.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

12. Day Care Treatment

We will pay for the Medical Expenses under Section C.1 on hospitalization of Insured Person in Hospital or Day Care center for Day Care Treatment but not in the Outpatient department.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim

If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

Indicative Day Care Procedures list is given in Annexure-II of this Policy Document.

13. Road Ambulance

We will pay for expenses incurred up to Rs. 3,000/- or Rs. 5,000/- or Rs. 7,000/- as specified in Policy Schedule, on Road Ambulance Services if You required;.

i. to be transferred to the nearest Hospital in an emergency

ii. or from one Hospital to another Hospital

iii. of from Hospital to Home

Provided that claim under Section C.1 to to C.8 , C.12 C.14 or C.15, is admissible under the Policy

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

14. Organ Donor Expenses

We will pay Medical Expenses up to the Sum Insured as specified in the Policy Schedule, towards organ donor's Hospitalization for harvesting of the donated organ where an Insured Person is the recipient, provided that

Condition

i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organs (Amendment) Bill, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable laws and rules and the organ donated is for the use of the Insured Person, and

ii. We have accepted an inpatient Hospitalization claim for the Insured Person under In-Patient Hospitalization Treatment (section C.1).

iii. The Organ Donor's Pre-Hospitalization and Post-Hospitalization expenses are excluded under the Policy

iv. Any other Medical Expenses or Hospitalization consequent to the harvesting is excluded under the Policy

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

15. Alternative Treatment / AYUSH

We will pay Medical Expenses up to the Sum Insured as specified in the Policy Schedule, as listed under Section C.1 on Your Hospitalization in Hospital or AYUSH Hospital or AYUSH Day Care Centre for following Alternative Treatments prescribed by Medical Practitioner

- o Ayurvedic
- o Yoga and Naturopathy
- o Unani
- o Siddha
- o Homeopathy

Condition

i. The treatment cannot be taken on outpatient basis

ii. The treatment has been undertaken in government Hospital or AYUSH Hospital or AYUSH Day Care Centre as defined under Section A

iii. Treatment taken is within India

iv. AYUSH Treatment shall be subject to the Guidelines and Standard Treatment Protocols issued by the Ministry of AYUSH, as applicable from time to time.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

16. Recovery Benefit

We will pay lump sum amount of Rs. 5,000 or Rs. 10,000 or Rs. 15,000 as specified in the Policy Schedule upon Your Medically Necessary Hospitalization exceeding 10 consecutive and continuous days, provided that, claim is admissible under Section C.1 to C7, C14 or C15

i. This Benefit is over and above base Sum Insured

ii. This Benefit amount will not reduce the Sum Insured

iii. This is available per Hospitalization of each Insured Person

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

17. Domestic Emergency Assistance Services (including Air Ambulance)

We will provide the Emergency medical assistance as below when You are travelling within India 150 kilometers or more away from Your residential address as mentioned in the Policy Schedule for domestic services.

A) Emergency Medical Evacuation: When an adequate medical facility is not available in the proximity of the Insured Person, as determined by the Emergency service provider, the consulting Medical Practitioner and the Medical Practitioner attending to the Insured Person, transportation under appropriate medical supervision will be arranged, through an appropriate mode of transport to the nearest medical facility which is able to provide the required care.

B) Medical Repatriation (Transportation): When medically necessary, as determined by Us and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Policy Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.

We will not provide services in the following instances:

1) Travel undertaken specifically for securing medical treatment.
2) Injuries resulting from participation in acts of war or insurrection.
3) Commission of an unlawful act(s).
4) Attempt at suicide.
5) Incidents involving the use of drugs unless prescribed by a Medical Practitioner.
6) Transfer of the Insured Person from one medical facility to another medical facility of similar capabilities which provides a similar level of care.

We will not evacuate or repatriate an Insured Person in the following instances:

1) Without medical authorization.
2) With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness which can be treated by local Medical Practitioner and do not prevent the Insured Person from continuing his/her trip or returning home.
3) With a pregnancy beyond the end of the 28th week and will not evacuate or repatriate a child born while the Insured Person was traveling beyond the 28th week.
4) With mental or nervous disorders unless Hospitalized.

Conditions

i. No claims for reimbursement of expenses incurred for services

arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.

ii. We will pay expenses if claim is admissible under this cover of the Policy.

iii. Please call our call center as specified in the Policy Schedule with details on the name of the Insured Person and/ or Policyholder and Policy number for availing this Benefit.

iv. Claim would be reimbursed up to the actual expenses subject to a maximum of Sum Insured as specified in the Policy Schedule.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

18. Sum Insured Refill

We will refill 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured including Cumulative Bonus or Enhanced Cumulative Bonus (if applicable) during the Policy Year. The total amount (Basic Sum Insured, Cumulative Bonus and Enhanced Cumulative Bonus and Sum Insured Refill) will be available to all Insured Person for all claims under Section C.1 during the current Policy Year.

Conditions for Refill Cover

I. Single claim in a Policy Year cannot exceed the sum of Basic Sum Insured and Cumulative / Enhanced Cumulative Bonus earned (if applicable)

ii. Sum Insured Refill is available only once during Policy Year.

iii. A claim is admissible under this Benefit only if the claim is admissible under In-patient Hospitalization Treatment (C.1)

iv. If the Refilled Sum Insured is not utilized in a Policy Year, it will expire.

v. This benefit will not be considered while calculating the Cumulative Bonus/ Enhanced Cumulative Bonus

vi. In case of an Individual Policy, refill is available to each Insured Person and can be utilized by Insured Persons who stand covered under the Policy before the Sum Insured was exhausted.

vii. If the Policy is issued on a floater basis, the Sum Insured Refill will be available on a floater basis for all Insured Persons in the family.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

19. Compassionate Visit

In the event of Hospitalization exceeding 5 days, the cost of economy class air ticket up to 1% of Sum Insured or maximum up to Rs 20,000/- whichever is lower as specified in Policy Schedule, incurred by the Insured Persons "immediate family member" while travelling to place of Hospitalization from the place of origin / residence and back will be reimbursed.

"Immediate family member" would mean spouse, children, and dependent parent.

Condition

i. This benefit is applicable in the event of the Insured Person being Hospitalized at a place away from his usual place of residence as mentioned in Policy Schedule.

ii. This benefit is available for only one Immediate Family Member.

iii. This benefit is not applicable if Medical Treatment is taken under Section C.11 – Domiciliary Hospitalization

iv. Sum Insured limit of this cover is over and above of the base Sum Insured.

v. This benefit amount will not reduce the Sum Insured.

vi. This is available per Hospitalization of each Insured Person.

vii. This benefit will cover only on reimbursement basis.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

20. E-Opinion

You may choose E-Opinion on Your medical condition occurring during the Policy Period. We will facilitate E-Opinion from Our panel of Medical Practitioner under this cover.

Condition:

It is agreed and understood that the E- Opinion will be based only on the information and documentation provided to Us, which will be shared with the Medical Practitioner and is subject to the conditions specified below:

i. You may have option to choose E-Opinion from the list of Specialist as provided by Us on Our Website.

ii. It is agreed and understood that You are free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

iii. Appointments to avail of this benefit shall be requested through Our Website or through calling Our call center on the toll-free number specified in the Policy Schedule.

iv. Under this benefit, We are only providing You with access to an E-opinion and We shall not be deemed to substitute Your visit or consultation to an independent Medical Practitioner

v. The E-Opinion provided under this benefit shall be limited to the covered Illness and not be valid for any medico legal purposes.

vi. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

D .Renewal Benefit

1. Preventive Health Check-Up:

You will be eligible for a preventive health check-up as listed below at every year from 1st renewal year during which You have held Our Arogya Supreme Policy irrespective of claims made under the Policy.

Sum Insured	Test
1Lac to 5 Lac	Hematology: CBC + Hemoglobin Diabetes Profile: Fasting Blood Sugar or random Blood Sugar Lipid Profile: Total Cholesterol Liver Function: SGOT + SGPT Kidney / Renal Function: Bun and Creatinine
6Lac to 20 Lac	Hematology: CBC + Hemoglobin Diabetes Profile: Fasting Blood Sugar or random Blood Sugar Lipid Profile: Total Cholesterol + HDL + LDL + Triglycerides Liver Function: SGOT + SGPT + Bilirubin Total Kidney / Renal Function: Bun and Creatinine + Uric Acid Thyroid: TSH
25Lacs and above	Haematology: CBC + ESR + Haemoglobin + PS Diabetes Profile: Fasting Blood Sugar + HbA1c Lipid Profile: Total Cholesterol + HDL Cholesterol + LDL Cholesterol + Triglycerides Liver Function Tests: SGOT + SGPT + Bilirubin Total Kidney / Renal Function: Bun and Creatinine + Uric Acid Thyroid Profile: T3+ T4+ TSH Urine Analysis: Urine Complete Analysis Iron Deficiency: Iron Profile

Reference of Test

- BUN - Blood Urea Nitrogen
- CBC – Complete Blood Count
- ESR - Erythrocyte sedimentation rate
- HDL – High Density Lipoprotein
- Hba1c - Glycated haemoglobin test
- LDL – Low Density Lipoprotein
- PS - Peripheral Smear
- SGOT - Serum glutamic oxaloacetic transaminase
- SGPT - Serum glutamic pyruvic transaminase
- TSH – Thyroid Stimulating Hormone

Other terms and Conditions applicable to this Benefit

i. This benefit cannot be carried forward if not utilized.

ii. For Family Floater, this cover will be applicable only to two (2) eldest members of the Family who are aged 18 years and above on the start date of Policy. For Individual, this cover will be applicable to each Insured Person who are aged above 18 years.

iii. This cover is applicable only to Insured Person covered under expiring Policy and who continue to remain insured in the subsequent Policy Year/renewal.

iv. Eligibility to avail this benefit, only if the Arogya Supreme Policy is renewed with Us.

v. Availing of Claim under this Cover will not impact the Sum Insured or the eligibility for Cumulative Bonus / Enhanced Cumulative Bonus

vi. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representation made by Service Providers in relation to the health check-up.

vii. The listed health check-ups shall be arranged by Us only on cashless basis through Our Network Providers. The request for the same can be raised through offline by sending the request on the dedicated email address or through Our Website or through calling Our call center on the toll free number specified in the Policy Schedule.

2. Cumulative Bonus

On each Renewal of the Policy with Us, We will pay 15% of Basic Sum Insured under expiring Policy as Cumulative Bonus in the Policy provided that;

i. There has no claim under the Policy in expiring Policy Year under Section C

ii. Cumulative Bonus will be reduced at the same rate as accrued in the event of admissible claim under Section C of the Policy.

iii. Cumulative Bonus can be accumulated up to 100% of Basic Sum Insured

iv. Cumulative Bonus applied will be applicable only to Insured Person covered under the expiring Policy and who continue to remain insured in Renewal.

v. In case where the policy is on floater basis, the Cumulative Bonus shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. Cumulative Bonus shall reduce in case of claim from any of the insured Persons.

vi. In case of floater policies where insured Persons Renew their expiring policy by splitting the Sum insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years. the Cumulative Bonus of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.

vii. Cumulative Bonus shall be available only if the Policy is renewed / premium paid within the Grace Period.

viii. In case of multi-year policies, Cumulative Bonus that has accrued for the second and third Policy Year will be credited on Renewal. Accrued Cumulative Bonus may be utilized in case of any Claim during Policy Year.

OR

3. No Claim Discount

If opted, We shall provide a percentage of discount in premium at the Renewal of the Policy, for each completed and continuous Policy Year, provided no claim has been made in the expiring Policy Year.

Note:

i. Insured Person can either opt benefit D.2. Cumulative Bonus or Benefit D.3. No Claim Discount, if no claim has been made under the expiring Policy by any of the covered Insured Person(s).

ii. If Insured Person opts for the No Claim Discount benefit, then the earned Cumulative Bonus shall become Nil.

iii. If Insured Person opts to change the benefit from No Claim Discount to Cumulative Bonus at the time of Renewal, the Cumulative Bonus will be reset to Nil and will commence afresh, regardless of the number of Claim-free Policy Years accumulated prior to the change.

E. OPTIONAL COVERS:

In consideration of payment of additional premium or reduction in the premium as applicable, it is hereby and agreed that We will pay/restrict the Sum Insured/expenses under below listed covers subject to all other terms, conditions, exclusion, and waiting period applicable to the Policy.

The below covers are optional and applicable only if opted for and up to the Sum Insured or limits mentioned in Policy Schedule.

1. Hospital Cash Benefit

We will pay per day Sum Insured up to maximum Number of days and in manner as specified in the Policy Schedule, if the Medically Necessary Hospitalization exceeds 24 hours, provided that, the claim is admissible under Section C.1 under this Policy.

Condition:

i. A deductible of 24 hours shall apply under this Benefit; thus, the benefits shall become payable only after the completion of the first 24 hours of Hospitalization of the Insured Person.

ii. In case of ICU hospitalization, We will pay per day Sum Insured maximum of 2 times of Hospital Cash Limit as specified in Policy Schedule

iii. Benefits under this Section shall be available on an individual basis to each eligible Insured Person up to the limits specified in the Policy Schedule irrespective of the type of Policy.

iv. Payment under this benefit will not reduce the base sum insured mentioned in policy Schedule.

v. This benefit will be applicable each year for policies with term more than 1 year.

vi. This cover is on benefit basis and no cashless facility will be extended for this cover.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

2. Major Illness Benefit

We will pay 100% of Sum Insured or maximum up to Rs. 25,00,000/- whichever is lower as specified in the Policy Schedule, If the Insured Person who is aged 18 years or above covered under this Policy suffers from Major Illness as listed below (defined in Definition Section under Major Illness Definition), whose diagnosis first occurs after the applicable Waiting Period from commencement of the first Policy with Us.

List of Major Illness			
1	Cancer of specified severity	15	Motor Neuron Disease with Permanent Symptoms
2	Open Chest CABG		
3	Open Heart Replacement or Repair OF Heart Valves	16	Coma Of Specified Severity Major head Trauma
4	Myocardial Infarction (First Heart Attack of specific severity)	17	Apallic Syndrome
		18	Alzheimer's Disease
		19	Blindness
5	Primary (Idiopathic) Pulmonary Hypertension	20	Major Organ / Bone Marrow Transplant
6	End Stage Lung Failure	21	Third Degree Burns
7	Surgery of Aorta	22	Deafness
8	Stroke Resulting In Permanent Symptoms	23	Loss of Speech
		24	Aplastic Anaemia
9	Permanent Paralysis Of Limbs	25	Bacterial Meningitis
10	Multiple Sclerosis With Persisting Symptoms	26	Loss Of Independent Existence
11	Multiple Sclerosis With Persisting Symptoms	27	Kidney Failure Requiring Regular Dialysis
12	Benign Brain Tumor Benign Brain Tumor	28	End Stage Liver Failure
		29	Encephalitis
13	Parkinson's Disease	30	Fulminant Viral Hepatitis
14	Brain Surgery		

Survival Period

Claim under this Cover is payable only if Insured Person survives 30 days from the diagnosis, fulfillment of the definition of the Major illness covered and with confirmatory diagnosis of the conditions covered while the Insured Person is alive (A claim would not be admitted if the diagnosis is made post mortem)

Condition:

i. The coverage under this benefit shall cease to exist upon occurrence of any one Major Illness covered for which Claim is admitted by the Company.

ii. Benefits under this Section shall be available on an individual basis to each eligible Insured Person above the age of 18 years up to the limits specified in the Policy Schedule irrespective of the type of Policy

iii. Any Pre-existing Major illness will not be covered.

Insured Person shall not bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

3. Additional Sum Insured for Accidental Hospitalization

We will provide an additional 1.5 times, or 2 times of base Sum Insured towards Medical Expenses incurred for In- Patient Hospitalization Treatment as given in Section C.1, as specified in the Policy Schedule. This cover applicable only an Emergency caused solely and directly due to an Accident causing Injury, of the Insured Person who is Hospitalized for the treatment of such Injury.

Condition:

i. This Benefit shall be utilized only after base Sum Insured has been completely exhausted.

ii. This benefit shall be available only once during the Policy Year.

iii. This benefit shall be available only for such Insured Person for whom Accidental Hospitalization claim is accepted under this Policy.

iv. Sum Insured Refill will not apply to this cover.

Insured Person shall bear specified percentage of admissible Claim amount under each and every Claim If Co-payment under Section E.6 is opted and specified in the Policy Schedule.

4. Enhanced Cumulative Bonus

On availing of this option, Cumulative Bonus percentage mentioned under Section D.2 – Cumulative Bonus will stand modified by 25% or 50% maximum up to 200% of basic Sum Insured as specified in Policy Schedule

Condition:

i) All other terms, condition of Renewal Benefit Section D-2 shall remain unaltered.

ii) This benefit shall be available only if D.2. Cumulative Bonus has been opted under the Policy and shall not be available when benefit D.3. No Claim Discount is opted.

5. No Claim Bonus Protector

On availing of this option, We will protect the percentage of Cumulative Bonus (Section D.2) and Enhanced Cumulative bonus (Section E.4) as specified in the Policy Schedule at subsequent renewal.

Condtion:

i) Claim amount shall not be exceeding 50,000 in expiring Policy.

ii) This benefit shall be available only if D.2. Cumulative Bonus has been opted under the Policy and shall not be available when benefit D.3. No Claim Discount is opted.

6. Co-Payment

On availing this option, 10% or 20% Co-Payment as specified in the Policy Schedule, shall be applied on each and every admissible claim after Deductible wherever applicable under this Policy, once the Co-Payment option is availed by the Insured Person, it cannot be opted out of at subsequent Renewal.

7. Any Room Upgrade

On availing this option at inception, the Insured Person shall be eligible to upgrade the room type category, eligibility to any Room in a hospital excluding suite and above.

Provided that claim under Section C.1 is admissible under the Policy.

8. Deductible

The Insured Person shall bear on his/her own account an amount equal to the opted deductible specified in the Policy Schedule for any admissible claim amount.

Condition:

i. Our liability to make payment under the Policy in respect of any claim made in the Policy Year will only commence once the deductible has been exhausted.

ii. You may opt for deductible only at the inception of the Policy.

iii. Deductible under this section shall not apply to any claim under C.3 HIV/AIDS Cover, C.4 Genetic Disorder, C.5 Internal Congenital Anomaly, C.7 Advance Procedure, C.8 Cataract Treatment, C.13 Road Ambulance, C.16 Recovery Benefit, C. 17 Domestic Emergency Assistance Services (Including Air Ambulance), C.19 Compassionate Visit, C.20 E-Opinion.

iv. A Deductible does not reduce the Sum Insured.

F. WAITING PERIOD

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

I) First Thirty 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 excepts 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 (12) months.

c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

Note: The above waiting period shall not be applicable for claims arising due to COVID-19, Major Illness-Benefit, Hypertension, Diabetes and Cardiac Condition. Waiting period specific to these ailments are mentioned in F. IV, V, VI.

II) Specified diseases and Procedures Waiting Period (Code-Excl 02):

a) Expenses related to the treatment of listed Conditions; Surgeries/treatments shall be excluded until the expiry of 24 months 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.

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 / procedures 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 of Portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

A. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidneystone, Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Hemorrhoids includin
Pilonidal sinus	Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate
Genetic Disorder	

B. Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

III) Pre-Existing Diseases (Code-Excl01):

a) Expenses related to the treatment of a Pre-Existing Diseases (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first Policy with Us.

b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

c) If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the Policy after expiry of 36 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Us.

IV) Hypertension, Diabetes, Cardiac Condition: A waiting period of 90 days shall apply for all claims of Hypertension, Diabetes, Cardiac Condition except if these diseases are pre-existing and disclosed at the time of Policy.

V) Major Illness-Benefit: A waiting period of 90 days shall apply for all claims under Major Illness Benefit

VI) COVID 19 – A waiting period of 15 days shall apply for all claims of COVID 19.

G. GENERAL 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:

A. STANDARD EXCLUSIONS

I. Investigation and 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.

II. 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:

a) 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 nonskilled persons.

b) Any services for people who are terminally ill to address physical, social, emotional, and spiritual needs.

III. Obesity / Weight Control (Code- Excl06)

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

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
   a) greater than or equal to 40 or
   b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      I. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type 2 Diabetes

IV. Change of Gender Treatments (Code- Excl 07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

V. Cosmetic or Plastic Surgery (Code- Excl 08)

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

VI. Hazardous or Adventure Sports (Code- Excl 09)

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

VII. Breach of Law (Code- Excl 10)

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

VIII. Excluded Providers (Code-Excl 11)

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

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

X. 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- Excl 13)

XI. 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 Procedures. (Code- Excl 14)

XII. Refractive Error (Code-Excl 15)

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

XIII. Unproven Treatments (Code- Excl 16)

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

XIV. Sterility and Infertility (Code-Excl 17)

Expenses related to sterility and infertility. This includes:

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

XV. 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.

B. SPECIFIC EXCLUSIONS

I. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

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

a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any

pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

III. Treatment taken outside India.

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

V. Convalescence, general debility, "run-down" condition, rest cure, external congenital anomaly.

VI. Vaccination or inoculation except as part of post-bite treatment for animal bite.

VII. Medical practitioner's home visit expenses during Pre and Post hospitalization period, attendant nursing expenses.

VIII. Dental treatment and surgery of any kind, unless requiring inpatient Hospitalization.

IX. An Insured Person committing or attempting to commit a breach of law with criminal intent, intentional self-Injury, or attempted suicide while sane or insane.

X. Any treatment taken on outpatient basis except specific conditions which can be taken on outpatient basis only and claims are approved by the Company.

XI. All Non-Medical Expenses as per Annexure-2 of the Policy.

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

H. CONDITIONS

A. STANDARD CONDITIONS

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 fulfillment 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. Multiple Policies (applicable for Indemnity Section only)

a. Indemnity Policies:

A Policyholder can file for Claim settlement as per his/her choice under any Policy. The Insurer of that chosen Policy shall be treated as the primary Insurer.

In case the available coverage under the said Policy is less than the admissible Claim amount, the primary Insurer shall seek the details of other available policies of the Policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the Policy conditions, without causing any hassles to the Policyholder.

b. Benefit based Policies:

On occurrence of the Insured event, the Policyholders can Claim from all Insurers under all policies.

d. 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.

e. 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.

f. 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.

II. Conditions applicable during the contract

1. Cancellation:

a. Cancellation by you:

The Policyholder may cancel his/her Policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall

i. refund proportionate premium for unexpired Policy Period, if the term of Policy upto one year and there is no Claim (s) made during the Policy Period.

ii. refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy years has not commenced.

b. Cancellation by Us:

We 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 of misrepresentation, nondisclosure of Material Facts or Fraud.

2. Free Look Period

(i) 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.

(ii) 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.

(iii) 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.

(iv) 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.

3. 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.

4. Premium Payment in Installment

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

I. Grace Period would be given to pay the instalment premium due for the Policy. In case of monthly instalment option, a Grace Period of 15 days is applicable. Whereas, in case of Single, Half Yearly, Quarterly instalment options, a Grace Period of 30 days is applicable.

ii. During such Grace Period, coverage will be available from the due date of instalment premium till the date of receipt of premium by Company.

iii. The Insured Person will get the accrued continuity benefit in respect of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period

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

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

vi. In the event of a Claim, all subsequent premium instalments shall immediately become due and payable.

vii. The Company has the right to recover and deduct all the pending instalments from the Claim amount due under the Policy.

Option	Instalment Premium Option
Option 1	Half yearly
Option 2	Quarterly
Option 3	Monthly
Option 4	Single

B. SPECIFIC CONDITIONS

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. Currency

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

c. Change of Sum Insured

Sum Insured can be changed (increase / decrease) only at the time of Renewal 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.

d. 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.

e. Notice and Communication

i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.

ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.

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

f. 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.

g. 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.

h. 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.

I. 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. Premium Zones

For the purpose of Policy issuance, the premium will be computed basis the city of residence provided by the Insured Person in the proposal form. Classification of cities would be as under:

Zone 1 – Mumbai & MMR/Pune/Ahmadabad/Delhi & NCR/ Kolkata/ Chennai/ Bangalore /Hyderabad

Zone 2 - Rest of India

d. 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

e. Implants, Medicines & Medical Devices – Statutory Price Compliance

The liability of the Company towards the cost of medicines, implants, stents, surgical devices or consumables shall be limited to the ceiling prices notified by the National Pharmaceutical Pricing Authority (NPPA) - https://nppa.gov.in/medicaldevices-2 or any other competent statutory authority, wherever applicable, along with applicable taxes. Any amount charged by the Hospital in excess of such notified ceiling prices shall not be payable by the Company.

III. Conditions when a claim arises

On the occurrence of any vector borne disease that may give rise to a claim under this Policy, the claim procedures set out below shall be followed.

Procedures	Cashless Hospitalization	Reimbursement Claims
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website	
Claim Intimation timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	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	

Particulars to be provided for preautho-rization	1. Policy Number 2. Name of the Insured person(s) named in the Policy schedule availing treatment 3. Nature of disease/Illness /Injury 4. Name and address of the attending 5. Medical Practitioner/ Hospital 6. Date of admission & probable date of discharge 7. Approximate Claim Expenses 8. Treatment Details 9. Claim Form / Pre-Authorization Request form 10. Any other relevant information as required 11. CKYC Form and KYC Documents	Not Applicable
Process for obtaining Pre-Authori-zation	I. If the particulars are not provided in full or are insufficient for us to consider the request in Pre-defined Claim Form, We will request additional information or documentation II. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may;· • Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or • Reject the request for preauthorization specifying reasons for the rejection.	Not Applicable
List of Documents	Not Applicable	As listed below

- <u>List of Documents for Reimbursement Claims:</u>
  1. Duly filled and signed claim form
  2. Certified copy of Hospital discharge Summary
  3. Certified copy of final hospital bill, pharmacy bills, Investigation labs bills
  4. All original reports of Investigations done
  5. Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Driving license / Passport / Election Card, etc) for address mentioned in claim form with cKYC Form
  6. Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.
  7. Certified copy of Death certificate issued by municipal authority (in case of death of insured)
  8. KYC details and Documents
- <u>List of Documents for Major Illness Benefit Cover</u>
  1. Duly filled and signed claim form
  2. Certified copy of first hospital consultation & first diagnostic report
  3. Certified copies of hospital treatment records, investigation reports and follow up details with Medical assessment certificate (if applicable)
  4. In case of death, certified copy of death certificate, Medical certificate of cause of death
  5. Duly filled and signed Central KYC Registry form (applicable for benefit of Rs 1,00,000 & above)
  6. Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form (applicable for benefit of Rs 1,00,000 & above)
  7. Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.
- <u>List of Documents for Hospital Daily Cash Cover</u>
  1. Duly filled and signed claim form
  2. Certified copy of Hospital discharge Summary with pre & post hospitalization consultation details (if any)
  3. Certified copy of Diagnostic report confirming diagnosis.
  4. Certified copy of final hospital bill with detailed break up
  5. Duly filled and signed Central KYC Registry form (applicable only in case of benefit above Rs 1 Lakh)
  6. Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form (applicable only in case of benefit above Rs 1 Lakh)
  7. Beneficiary (Primary Insured) bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.

<u>Note:</u>

- Case specific additional documents may be requested if required for justified claim decision & processing.
- Certified copies of document meaning documents attested by

any vested authority (e.g. Notarized Documents, attested from Gazetted officer, SBI Branch Manager, Special Executive officer, any officer who is having authority of attestation of documents).

- Claim Document Submission Address

  All claim related documents needs to be sent to below address.

  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

- Conditions for obtaining Cashless Facility:

  i. Cashless Facility can be availed only at Our Network Providers. The complete list of Network Providers and empanelled Service providers are available on Our Website and can be obtained by Contacting Our TPA.

  ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.

  iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.

  iv. We will make payment for the Cashless authorized amount directly to the Network Provider.

  v. If the claim is not notified 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.

- Claim documents submission:

  In case of any Claim, the list of documents as mentioned above shall be provided by the Policy Holder/ Insured Person to Company within 30 days of date of discharge from hospital.

- 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.

- **Standard Condition for Claim Process**

  ➢ **Claim Settlement**

  i. The Company shall settle or reject a claim within 15 days from the date of receipt of claim submission.

  ii. 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 claim submission. to the date of payment of claim at a rate 2% above the bank rate.

  (Explanation: 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)

  ➢ **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.

D. STANDARD CONDITIONS FOR RENEWAL OF THE CONTRACT

1. Renewal Conditions:

i. 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.

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

iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.

iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period

v. 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.

vi. No loading shall apply on Renewals based on individual Claims experience.

2. 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 Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period etc. in the previous Policy to the Migrated Policy.

For Detailed Guidelines on Migration, kindly refer the link-
https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

3. 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 30 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 is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting Periods, Waiting Period for Pre-existing Diseases, Moratorium Period, etc. from the existing Insurer to the acquiring Insurer in the previous Policy.

For Detailed Guidelines on Portability, kindly refer the link-
https://content.sbigeneral.in/uploads/c6a2844dd65446019b130ffbae1fa20f.pdf

GRIEVANCE REDRESSAL PROCEDURE

Stage 1:

If you wish to register your grievances directly with us, you may write to us at head.customercare@sbigeneral.in or gro@sbigeneral.in or call our toll free number- **1800 102 1111**. After examining the matter, final response would be conveyed within a period of **14 days** from the date of receipt of your complaint. In our initial acknowledgement of receipt letter, we will provide the name and title of the person who is handling your Grievance. This person will have the authority necessary to investigate and resolve the Grievance.

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrievances@SBIGeneral.in

Toll-Free Number: **1800 102 1111 (Available 24/7)**

Details of our Grievance Redressal Officer is mentioned on our website at https://www.sbigeneral.in/grievance-redressal

Note: The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Alternatively, you may Register your grievance with the regulator through Bima Bharosa which is a grievance redressal platform provided by the Insurance Regulatory and Development Authority of India (IRDAI). You may access the Bima Bharosa Portal using the following link: https://bimabharosa.irdai.gov.in/Home/Home

Stage 2 : Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online:

https://www.cioins.co.in/Ombudsman

SURAKSHA AUR BHAROSA DONO

Annexure A

Names of Ombudsman and Addresses of Ombudsmen centers

	Office of the Insurance Ombudsman
Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu	Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Foor, 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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh, Chattisgarh	Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st Foor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
Odhisa	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, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.	Mr Atul Jerath Insurance Ombudsman 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 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).	Shri Segar Sampathkumar Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & 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
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, 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.	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

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.: 69038821/23/24/25/26/27/28/28/29/30/31 Email: bimalokpal.mumbai@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 Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@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 www.SBI Generaleneral.in	

Source:- CIO (cioins.co.in)

ANNEXURE II – INDICATIVE LIST OF DAY CARE PROCEDURES

SR	Procedure Name	SR	Procedure Name
1	Coronary Angiography	6	Keratosis Removal Under Ga
2	Suturing Oral Mucosa	7	Operations On The Turbinates (nasal Concha)
3	Myringotomy With Grommet Insertion	8	Removal of Keratosis Obturans
4	Tymanoplasty (closure of An Eardrum Perforation reconstruction of The Auditory Ossicles)	9	Stapedotomy To Treat Various Lesions In Middle Ear
		10	Revision Of A Stapedectomy
5	Removal Of A Tympanic Drain	11	Other Operations On The Auditory Ossicles
12	Myringoplasty (post-aura/ endaural Approach As Well As Simple Type-I Tympanoplasty)	42	Septoplasty
		43	Vestibular Nerve Section
		44	Thyroplasty Type I
13	Fenestration Of The Inner Ear	45	Pseudocyst Of The Pinna - Excision
14	Revision Of A Fenestration Of The Inner Ear	46	Incision And Drainage - Haematoma Auricle
15	Palatoplasty	47	Tympanoplasty (Type II)
16	Transoral Incision And Drainage Of A Pharyngeal Abscess	48	Reduction Of Fracture Of Nasal Bone
17	Tonsillectomy Without Adenoidectomy	49	Thyroplasty (Type II)
		50	Tracheostomy
18	Tonsillectomy With denoidectomy	51	Excision of Angioma Septum
		52	Turbinoplasty
19	Excision And Destruction Of A Lingual Tonsil	53	Incision & Drainage Of Retro Pharyngeal Abscess
		54	UvuloPalatoPharyngoPlasty
20	Revision of a Tympanoplasty	55	Adenoidectomy With Grommet Insertion
21	Other Microsurgical Operations On The Middle Ear	56	Adenoidectomy Without Grommet Insertion
22	Incision Of The Mastoid Process And Middle Ear	57	Vocal Cord Lateralisation Procedure
23	Mastoidectomy	58	Incision & Drainage Of Para Pharyngeal Abscess
24	Reconstruction Of The Middle Ear	59	Tracheoplasty
25	Other Excisions Of The Middle And Inner Ear	60	Cholecystectomy
		61	Choledocho-jejunostomy
26	Incision (opening) And Destruction (elimination) Of The Inner Ear	62	Duodenostomy
		63	Gastrostomy
27	Other Operations On The Middle And Inner Ear	64	Exploration Common Bile Duct
28	Excision And Destruction Of Diseased Tissue Of The Nose	65	Esophagoscopy
		66	Gastroscopy
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)	67	Duodenoscopy with Polypectomy
		68	Removal of Foreign Body
		69	Diathery Of Bleeding Lesions
		70	Pancreatic PseudocystEus & Drainage
30	Nasal Sinus Aspiration	71	Rf Ablation For Barrett's Oesophagus
31	Foreign Body Removal From Nose (if same is removed without using any anesthesia at OPD)	72	Ercp And Papillotomy
32	Other Operations On The Tonsils And Adenoids	73	Esophagoscope And Sclerosant Injection
33	Adenoidectomy	74	Eus + Submucosal Resection
34	Labyrinthectomy For Severe Vertigo	75	Construction Of Gastrostomy Tube
35	Stapedectomy Under Ga	76	Eus + Aspiration Pancreatic Cyst
36	Stapedectomy Under La		
37	Tympanoplasty (Type IV)	77	Small Bowel Endoscopy (therapeutic)
38	Endolymphatic Sac Surgery For Meniere's Disease	78	Colonoscopy ,lesion Removal –(only for investigation purpose is considered under investigation purpose)
39	Turbinectomy		
40	Endoscopic Stapedectomy		
41	Incision And Drainage Of Perichondritis	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	OesophagealVaricesScleroth-erapy
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
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 Cyclocyrotherapy
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
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 Sympa-thetic 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
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 VaginalisTestis
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
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
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

ANNEXURE III – NON MEDICAL EXPENSES

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

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES

3	BEAUTY SERVICES
4	BEAUTY SERVICES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHAR ES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER FOR USAGE OUTSIDE THE HOSPITAL
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOTWEAR
45	KNEE BRACES LONG/ SHORT/ HINGED
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II - Items that are to be subsumed into Room charges

No.	Item
1	BABY CHARGES UNLESS SPECIFIED/INDICATED
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH-PASTE
13	TOOTH-BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	1M IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/VVARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES NOT EXPLAINED

36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

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

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

No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT