SURAKSHA AUR BHAROSA DONO

DIVYANGA SURAKSHA, SBI GENERAL INSURANCE
POLICY WORDING

1. PREAMBLE

This Policy is a contract of insurance issued by SBI General Insurance Company Ltd (hereinafter called the 'Company') to the policy holder mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the "Insured Persons). The policy is based on the statements and declaration provided in the Proposal Form by the policy holder and is subject to receipt of the requisite premium.

This policy is specially designed for.

A) Covering Persons with Disability as per The Rights of Persons with Disabilities Act, 2016. The cover under this policy is available for persons with the following disability/disabilities as defined under the Act and any subsequent additions / modifications to the list in the Act.

1. Blindness	11. Dwarfism
2. Muscular Dystrophy	12. Thalassemia
3. Low vision	13. Intellectual Disability
4. Chronic Neurological conditions	14. Haemophilia
	15. Mental Illness
5. Leprosy Cured persons	16. Sickle Cell disease
6. Specific Learning Disabilities	17. Autism spectrum disorder
7. Hearing Impairment (deaf and hard of hearing)	18. Multiple Disabilities including deaf/ blindness
8. Multiple Sclerosis	19. Cerebral Palsy
9. Locomotor Disability	20. Acid Attack victim
10. Speech and Language disability	21. Parkinson's disease

a) It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Medical Board appointed by the government for certifying Disability.

b) Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Medical Board appointed by the government for certifying Disability.

B) Or / and Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017.

2. OPERATIVE CLAUSE

If during the Policy Period an Insured Person is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary, expenses towards the Coverage mentioned in the Policy Schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims paid under indemnity and/or benefit basis, during each Policy Year shall be the Sum Insured opted and specified in the Schedule.

3. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and other gender and references to any statutory enactment includes subsequent changes to the same.

3.1 Standard Definitions

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. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
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:
   I. Central or State Government AYUSH Hospital; or
   ii. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/ Central Council for Homeopathy; or
   iii. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
      a) Having at least 5 in-patient beds.
      b) Having qualified AYUSH Medical Practitioner in charge round the clock;
      c) Having dedicated AYUSH therapy sections as required and /or has equipped operation theatre where surgical procedures are to be carried out;
      d) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
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 registered 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. **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.
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. **Complainant** means a Policyholder or prospect or Nominee or assignee or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an Insurer and /or distribution channel.
10. **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.
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.

    I. Internal Congenital Anomaly– Congenital Anomaly which is not in the visible and accessible parts of the body.

    ii. External Congenital Anomaly– 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. **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.
15. **Day Care Treatment** means medical treatment, and/or surgical procedure which is

    I. Undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours 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.
16. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions, and surgery.
17. **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.
18. **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.
19. 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.
20. **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:

    I. has qualified nursing staff under its employment round the clock,

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

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

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

    v. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
21. **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.
22. **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.

23. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

    I. 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

    ii. Chronic condition - A chronic condition is defined as a disease, Illness that has one or more of the following characteristics: it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests

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

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

        c. it continues indefinitely.

        d. it recurs or is likely to recur.

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

25. **Insured Person** means person(s) named in the schedule of the Policy.

26. **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.

27. **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.

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

29. **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.

30. **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.

31. **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.

32. **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.

33. **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.

34. **New born Baby** means baby born during the Policy Period and is aged up to 90 days.

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

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

37. **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.

38. **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.

39. **Pre-Existing Disease (PED)**: Pre-existing disease means any condition, ailment, injury, or disease.

    i. that is/are diagnosed by a physician not more than 24/36 months prior to the date of commencement of the policy issued by the Insurer; or

    ii. for which medical advice or treatment was recommended by, or received from, a physician, not more than 24/36 months prior to the date of commencement of the policy.

40. **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.

41. **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.

42. **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.

43. **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.

44. **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.

45. **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.

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

47. **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.

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

49 **Specific Waiting Period** means a period up to 24 months (as per plan opted) 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.

50. **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 centre by a Medical Practitioner.

51. **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.

3.2 Specific Definitions

1. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his profession whether he / she is trained or not.

2. **Age** means completed years on last birthday as on Commencement Date.

3. **Ambulance** means a motor vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

4. **Antiretroviral therapy (ART)** is treatment of people infected with human immunodeficiency virus (HIV) using anti-HIV drugs.

5. **Associated 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. In case of copayment associated with room rent higher than the entitled room rent limit, Associated Medical Expenses will not include:

   a. Cost of pharmacy and consumables.

   b. Cost of implants and medical devices

   c. Cost of diagnostics

6. **Alternative/AYUSH Treatment** refers to hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

7. **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.

8. **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.

9. **Claims** means a demand made by the Policyholder/Insured Person or on his behalf, for payment of Medical Expenses under any other Benefit, as covered under the Policy.

10. **Commencement Date** means the date of inception of first policy with Us as specified in the Policy Schedule.

11. **Company** means SBI General Insurance Company Limited.

12. **CD4** cells are a type of white blood cells, also called as CD4 T lymphocytes or 'helper T cells' which serve as primary receptor for HIV.

13. **Diagnostic Centre** means a place where diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition are done.

14. **Person with Disability/Disability/Disabled** means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

15. **HIV** means Human Immunodeficiency Virus

16. **Insured Person/You/Your** means the person named in the Policy Schedule who is insured under the Policy and is citizen of India, in respect of whom the applicable premium has been received by the Company.

17. **Life-threatening emergency** shall mean a serious medical condition or symptom, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilization at which time this medical condition or symptom is not considered an Emergency anymore.

18. **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.

19. **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.

20. **Medical practitioner** for treatment of mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognized by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognized by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognized 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;
21. **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;
22. **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof, as amended from time to time, and shall be read together. The Policy contains details of the extent of cover available to the Insured Person, applicable exclusions, and the terms & conditions applicable under the Policy.
23. **Policy Period** means the period between the Commencement Date and either the Expiry Date specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
24. **Policyholder** means the entity or person named as such in the Schedule
25. **Policy Schedule** means the Policy Schedule attached to and forming part of this Policy specifying the details of the Insured Persons, the Sum Insured, the Policy Period and the Sub-limits to which benefits under the Policy are subject to, 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.
26. **Policy Year** means a period of twelve months beginning from the Commencement Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy Year shall mean a period of twelve months commencing from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Expiry Date, as specified in the Policy Schedule.
27. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit. The Sub- limit as applicable under the Policy is specified in the Policy Schedule against the relevant Cover in force under the Policy.
28. **Sum Insured** means the pre-defined limit specified in the Policy Schedule and represents the maximum, total and cumulative liability for any and all claims made under the Policy in respect of each insured person as mentioned in the Policy Schedule.
29. **Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the Waiting Period, diseases/ treatments shall be covered provided the Policy has been continuously renewed without any break.
30. **We/Our/Us/Company/Insurer** means the SBI General Insurance Company Limited.

4. BASE COVER

HOSPITALIZATION COVER

4.1 Inpatient Care

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

I. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.

ii. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.

iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital

iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

Other expenses

a. Expenses incurred on treatment of cataract subject to the sub limits.

b. Dental treatment necessitated due to disease or injury (for inpatient care only).

c. Plastic surgery necessitated due to disease or injury.

d. All day care treatments

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

4.2 AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 50% of sum insured as specified in the policy schedule in any AYUSH Hospital.

4.3 Pre-Hospitalization Medical Expenses

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

Conditions:

i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.

ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4.4 Post-Hospitalization Medical Expenses

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

Conditions:

I. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.

ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

4.5 Emergency Ground Ambulance

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

Specific Conditions:

The Company will reimburse payments under this Benefit provided that.

i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.

ii. Expenses incurred on road Ambulance subject to a maximum of ₹2000/- per hospitalisation.

iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.

iv. The original Ambulance bills and payment receipt is submitted to the Company.

v. The Company has accepted a claim under Section 4.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 4.2 (AYUSH Treatment) or Section 4.7 (Modern Treatments).

vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

4.6 Cataract Treatment

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of ₹40,000/-, per each eye in one policy year.

4.7 Modern Treatment

The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period and not limited to the following:

I. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

ii. Balloon Sinuplasty

iii. Deep Brain stimulation

iv. Oral chemotherapy

v. Immunotherapy- Monoclonal Antibody to be given as injection.

vi. Intra Vitreal injections

vii. Robotic surgeries

viii. Stereotactic radio Surgeries

ix. Bronchial 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.

5. WAITING PERIOD

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

1. Pre-Existing Diseases (Code- Excl01)

a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability/ 36 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

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

d. Coverage under the policy after the expiry of number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

2. First 30 days waiting period- Code- Excl03

a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

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

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

a. Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) 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/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

24 months waiting period

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

6. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY

The Company will indemnify reasonable and customary charges for medical expenses incurred towards Inpatient Hospitalisation arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons with Disabilities Act, 2016 subject to the terms and limits mentioned below.

I. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.

ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

7. SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH HIV/AIDS

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided:

This cover will exclude cost for any Anti-Retroviral Treatment.

8. EXCLUSIONS

8.1 Standard Exclusions

1. Investigation & Evaluation- Code- Excl04

I. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

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

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

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

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

3. Obesity/ Weight Control: Code- Excl06

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

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

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

iii. The member must be 18 years of age or older and

iv. 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 Apnoea

iv. Uncontrolled Type2 Diabetes

4. Change of Gender Treatments (Code- Excl07)

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

5. Cosmetic or plastic Surgery: Code- Excl08

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

certified by the attending Medical Practitioner.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

    Expenses related to sterility and infertility. This includes:

    I. Any type of contraception, sterilization

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

    iii. Gestational Surrogacy

    iv. Reversal of sterilization

15. **Maternity: Code Excl18**

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

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

8.2 Specific Exclusions

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
   a. any nuclear fuel or from any nuclear waste; or
   b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission; or
   c. nuclear weapons material; or
   d. nuclear equipment or any part of that equipment.
4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/ materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
9. Vaccination or inoculation except as post bite treatment for animal bite.
10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
13. Venereal/ Sexually Transmitted disease
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

9. GENERAL TERMS AND CONDITIONS

9.1 Standard terms & Conditions Condition Precedent to the contract

1. **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.

2. Condition Precedent to Admission 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.

3. Claim Settlement (provision for Penal interest)

I. The Company shall settle or reject a claim as the case may be, 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 policyholder 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)

4. 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.

5. Multiple Policies

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.

6. 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 recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance policy:

a. the suggestion, as a fact of that which is not true and which the Insured person does not believe to be true;

b. the active concealment of a fact by the Insured person having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such act or omission as the law specially declares to be fraudulent

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

7. Cancellation

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.

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

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. 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

9. 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

10. Renewal of Policy

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.

11. Premium Payment in Instalments

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.

12. 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.

13. 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.

14. 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.

15. Redressal of Grievance

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

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

16. Nomination

The policy holder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policy holder. 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/ endorsement (if any)) 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.

9.2. Specific Conditions

1. Condition Precedent to the contract

a. Change of Sum Insured

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

b. 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.

c. 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/certificate of insurance.

d. 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.

e. 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.

f. Eligibility Criteria

All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights Of Persons With Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product.

2. Conditions applicable during the contract

a. Alterations in the Policy

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. 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 Company. All endorsement requests will be made by the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

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. Terms and conditions of the Policy

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

10. CLAIM PROCEDURE

10.1. Procedure for Cashless claims

I. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,

ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.

iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.

iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

v. The Company/TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details,

vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

10.2. Procedure for reimbursement of claims

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

S. No	Type of Claim	Prescribed Time limit
1	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier.
2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

10.3. Notification of Claim

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.

ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

10.4. Documents to be submitted

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

I. Duly Completed claim form

ii. Photo Identity proof of the patient

iii. Medical practitioner's prescription advising admission.

iv. Original bills with itemized break-up

v. Payment receipts

vi. Discharge summary including complete medical history of the patient along with other details. vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner

vii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).

viii. Sticker/invoices of the Implants, wherever applicable.

ix. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.

x. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.

xi. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines

xii. Legal heir/succession certificate, wherever applicable.

xiii. Any other relevant document required by Company/TPA for assessment of the claim.

Note:

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person
4. In case of lumpsum payment for HIV/AIDS, Insured will need to submit the below mentioned documents for the processing of Claim:

a. Identity proof of the claimant

b. Dully filled Claim form

c. Copy of Hospital summary/Discharge card/treatment advise / medical reference

d. Copy of Medical reports/records

e. Copy of Investigation reports

f. Medical Practitioner's certificate

g. Any other relevant document as requested by the Insurer

h. On receipt of claim documents from Insured

Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

10.5. Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

This co-payment can be waived off by paying an additional premium(optional).

10.6. Services Offered by TPA

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

I. Claim settlement and claim rejection.

ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

10.7. Payment of Claim

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

11. TABLE OF BENEFITS

Name	Divyanga Suraksha, SBI General Insurance
Coverage Basis	Individual basis only
Category of Cover	Indemnity
Sum insured	On Individual basis — SI shall apply to each individual member
Sum insured available(in INR)	4 lacs and 5 lacs
Policy Period	1 Year
Eligibility	• Policy can be availed by availed on Individual basis • Age eligibility for adults: 18 years to 65 years • Age eligibility for Children: Newborn to 17 years
Grace Period	• For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace. • Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalisation Expenses	• Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. • Time limit of 24 hrs shall not apply in respect of Day Care Treatment.
Pre-Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for Room/ Medical Practitioner's fee	1. Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to maximum of 1% of the sum per day. 2. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to maximum of 2% of the sum insured per day.
Cataract Treatment	Upto ₹40,000/-, per each eye in one policy year
Modern Treatment	Covered for listed procedures up to 50% of sum insured available for Inpatient Hospitalisation Care
Emergency Ground Ambulance	Expenses covered up to ₹2000 per hospitalisation
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to 50% of sum insured, during each Policy year as specified in the policy schedule
Pre-Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered.
Initial Waiting period	30 days for all claims except resulting from Accident
PED waiting period	36 months (For pre-existing diseases other than the pre-existing Disability and HIV/AIDS covered)
Specific Disease/ illness waiting period	24 months
Waiting Period and specific Sublimit for HIV AIDS Cover	For HIV/AIDS cover: a. Initial waiting period of 30 days will be applicable for Indemnity basis cover b. Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of the policy.
Waiting Period and specific Sublimit for Disability Cover	For Disability Cover: a. 24 months initial waiting period is applicable for the pre-existing disability covered under the policy.
Co-pay	20% on all claims made under the policy unless waiver for Co-pay is opted and premium is paid for the same

ANNEXURE I - LIST OF OMBUDSMEN OFFICES

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh, Chhattisgarh	Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in
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, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, 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
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
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in
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
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
Bihar, Jharkhand.	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).	Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in
The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in, on the website of General Insurance Council: www.gicouncil.in, our website	

Source:- CIO (cioins.co.in)

ANNEXURE II – 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	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION 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	NEBULIZER KIT
8	HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

ANNEXURE III – INDICATIVE LIST OF DAY CARE PROCEDURES

SR	Procedure Name	SR	Procedure Name
1	Coronary Angiography		Middle And Inner Ear
2	Suturing Oral Mucosa	28	Excision And Destruction Of Diseased Tissue Of The Nose
3	Myringotomy With Grommet Insertion	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)
4	Tymanoplasty (closure of An Eardrum Perforation reconstruction of The Auditory Ossicles)	30	Nasal Sinus Aspiration
5	Removal Of A Tympanic Drain	31	Foreign Body Removal From Nose (if same is removed without using any anaesthesia at OPD)
6	Keratosis Removal Under Ga	32	Other Operations on The Tonsils And Adenoids
7	Operations On The Turbinates (nasal Concha)	33	Adenoidectomy
8	Removal of Keratosis Obturans	34	Labyrinthectomy For Severe Vertigo
9	Stapedotomy To Treat Various Lesions In Middle Ear	35	Stapedectomy Under Ga
10	Revision Of A Stapedectomy	36	Stapedectomy Under La
11	Other Operations On The Auditory Ossicles	37	Tympanoplasty (Type IV)
12	Myringoplasty (post-aura/ endaural Approach As Well As Simple Type-I Tympanoplasty)	38	Endolymphatic Sac Surgery for Meniere's Disease
13	Fenestration Of The Inner Ear	39	Turbinectomy
14	Revision Of A Fenestration Of The Inner Ear	40	Endoscopic Stapedectomy
15	Palatoplasty	41	Incision And Drainage Of Perichondritis
16	Transoral Incision And Drainage Of A Pharyngeal Abscess	42	Septoplasty
17	Tonsillectomy Without Adenoidectomy	43	Vestibular Nerve Section
18	Tonsillectomy With Adenoidectomy	44	Thyroplasty Type I
19	Excision And Destruction Of A Lingual Tonsil	45	Pseudocyst Of The Pinna - Excision
20	Revision Of A Tympanoplasty	46	Incision And Drainage - Haematoma Auricle
21	Other Microsurgical Operations On The Middle Ear	47	Tympanoplasty (Type II)
22	Incision Of The Mastoid Process And Middle Ear	48	Reduction Of Fracture Of Nasal Bone
23	Mastoidectomy	49	Thyroplasty (Type II)
24	Reconstruction Of The Middle Ear	50	Tracheostomy
25	Other Excisions Of The Middle And Inner Ear	51	Excision Of Angioma Septum
26	Incision (opening) And Destruction (elimination) Of The Inner Ear	52	Turbinoplasty
27	Other Operations On The	53	Incision & Drainage Of Retro Pharyngeal Abscess
		54	UvuloPalatoPharyngoPlasty
		55	Adenoidectomy With Grommet Insertion
		56	Adenoidectomy Without Grommet Insertion
		57	Adenoidectomy Without Grommet Insertion
		58	Vocal Cord Lateralisation

	Procedure
59	Incision & Drainage Of Para Pharyngeal Abscess
60	Tracheoplasty
61	Cholecystectomy
62	Choledocho-jejunostomy
63	Duodenostomy
64	Gastrostomy
65	Exploration Common Bile Duct
66	Esophagoscopy.
67	Gastroscopy
68	Duodenoscopy with Polypectomy
69	Removal of Foreign Body
70	Diathery Of Bleeding Lesions
71	Pancreatic PseudocystEus & Drainage
72	Rf Ablation For Barrett's Oesophagus
73	Ercp And Papillotomy
74	Esophagoscope And Sclerosant Injection
75	Eus + Submucosal Resection
76	Construction Of Gastrostomy Tube
77	Eus + Aspiration Pancreatic Cyst
78	Small Bowel Endoscopy (therapeutic)
79	Colonoscopy ,lesion Removal - (only for investigation purpose is considered under investigation purpose)
80	ERCP
81	Colonscopy Stenting Of Stricture
82	Percutaneous Endoscopic Gastrostomy
83	Eus And Pancreatic Pseudo Cyst Drainage
84	ERCP And Choledochoscopy
85	Proctosigmoidoscopy Volvulus Detorsion
86	ERCP And Sphincterotomy
87	Esophageal Stent Placement
88	ERCP + Placement Of Biliary Stents
89	Sigmoidoscopy W/Stent
90	Eus + Coeliac Node Biopsy
91	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers
92	Incision Of A Pilonidal Sinus/ Abscess
93	Fissure In AnoSphincterotomy
94	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
95	Orchidopexy
96	Abdominal Exploration In Cryptorchidism
97	Surgical Treatment Of Anal Fistulas
98	Division Of The Anal Sphincter (sphincterotomy)
99	Epididymectomy
100	Incision Of The Breast Abscess
101	Operations On The Nipple
102	Excision Of Single Breast Lump
103	Incision and Excision of Tissue In The Perianal Region
104	Surgical Treatment of Hemorrhoids
105	Other Operations On The Anus
106	Ultrasound Guided Aspirations
107	Sclerotherapy, Etc
108	Laparotomy For Grading Lymphoma With Splenectomy.
109	Laparotomy For Grading Lymphoma with Liver Biopsy
110	Laparotomy For Grading Lymphoma with Lymph Node Biopsy
111	Therapeutic Laparoscopy With Laser
112	Appendicectomy With Drainage
113	Appendicectomy without Drainage
114	Infected Keloid Excision
115	Axillary Lymphadenectomy
116	Wound Debridement And Cover
117	Abscess-decompression
118	Cervical Lymphadenectomy
119	Infected Sebaceous Cyst
120	Inguinal Lymphadenectomy
121	Infected Lipoma Excision
122	Maximal Anal Dilatation
123	Piles
124	A) Injection Sclerotherapy
125	B) Piles Banding
126	Liver Abscess- Catheter Drainage
127	Fissure In Ano- Fissurectomy
128	Fibroadenoma Breast Excision
129	OesophagealVaricesScleroth-erapy
130	ERCP - Pancreatic Duct Stone Removal
131	Perianal Abscess I&d
132	Perianal Hematoma Evacuation
133	UgiScopy And Polypectomy Oesophagus
134	Breast Abscess I& D
135	Feeding Gastrostomy
136	Oesophagoscopy And Biopsy Of Growth Oesophagus
137	ERCP - Bile Duct Stone Removal
138	Ileostomy Closure
139	Polypectomy Colon
140	Splenic Abscesses Laparoscopic Drainage
141	UgiScopy And Polypectomy Stomach
142	Rigid Oesophagoscopy For Fb Removal
143	Feeding Jejunostomy
144	Colostomy
145	Ileostomy
146	Colostomy Closure
147	Submandibular Salivary Duct Stone Removal
148	Pneumatic Reduction Of Intussusception
149	Varicose Veins Legs - Injection Sclerotherapy
150	Rigid Oesophagoscopy For Plummer Vinson Syndrome
151	Pancreatic Pseudocysts Endoscopic Drainage
152	Zadek's Nail Bed Excision
153	Subcutaneous Mastectomy
154	Excision Of Ranula Under Ga
155	Rigid Oesophagoscopy For Dilation Of Benign Strictures
156	Eversion Of Sac
157	Unilateral
158	Bilateral
159	Lord's Plication
160	Jaboulay's Procedure
161	Scrotoplasty
162	Circumcision For Trauma
163	Meatoplasty
164	Intersphincteric Abscess Incision And Drainage
165	Psoas Abscess Incision And Drainage
166	Thyroid Abscess Incision And Drainage
167	Tips Procedure For Portal Hypertension
168	Esophageal Growth Stent
169	Pair Procedure Of Hydatid Cyst Liver
170	Tru Cut Liver Biopsy
171	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
172	Excision Of Cervical Rib
173	Laparoscopic Reduction Of Intussusception
174	Microdochectomy Breast
175	Surgery For Fracture Penis
176	Parastomal Hernia
177	Revision Colostomy
178	Prolapsed Colostomy-Correction
179	Laparoscopic Cardiomyotomy(Hellers)
180	Laparoscopic Pyloromyotomy(Ramstedt)
181	Operations On Bartholin's Glands (cyst)
182	Incision Of The Ovary
183	Insufflations Of The Fallopian Tubes
184	Other Operations On The Fallopian Tube
185	Conisation Of The Uterine Cervix
186	Therapeutic Curettage With Colposcopy.
187	Therapeutic Curettage With Biopsy
188	Therapeutic Curettage With Diathermy
189	Therapeutic Curettage With Cryosurgery
190	Laser Therapy Of Cervix For Various Lesions Of Uterus
191	Other Operations On The Uterine Cervix
192	Incision Of The Uterus (hysterectomy)
193	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
194	Incision Of Vagina
195	Incision Of Vulva
196	Culdotomy
197	Salpingo-oophorectomy Via Laparotomy
198	Endoscopic Polypectomy
199	Hysteroscopic Removal Of Myoma
200	D&C –
201	Hysteroscopic Resection Of Septum
202	Thermal Cauterisation Of Cervix
203	HysteroscopicAdhesiolysis
204	Polypectomy Endometrium
205	Hysteroscopic Resection Of Fibroid
206	Lletz
207	Conization
208	Polypectomy Cervix
209	Hysteroscopic Resection Of Endometrial Polyp
210	Vulval Wart Excision
211	Laparoscopic Paraovarian Cyst Excision
212	Uterine Artery Embolization
213	Laparoscopic Cystectomy
214	Hymenectomy (Imperforate Hymen)
215	Endometrial Ablation
216	Vaginal Wall Cyst Excision
217	Vulval Cyst Excision
218	Laparoscopic Paratubal Cyst Excision
219	Repair Of Vagina (Vaginal Atresia)

220	Hysteroscopy, Removal Of Myoma
221	Turbt
222	Ureterocoele Repair - Congenital Internal
223	Vaginal Mesh For Pop
224	Laparoscopic Myomectomy
225	Surgery For Sui
226	Repair Recto- Vagina Fistula
227	Pelvic Floor Repair (Excluding Fistula Repair)
228	URS + LL
229	Laparoscopic Oophorectomy
230	Percutaneous Cordotomy
231	Intrathecal Baclofen Therapy
232	Entrapment Neuropathy Release
233	Diagnostic Cerebral Angiography
234	Vp Shunt
235	Ventriculoatrial Shunt
236	Radiotherapy For Cancer
237	Cancer Chemotherapy
238	IV Push Chemotherapy
239	HBI - Hemibody Radiotherapy
240	Infusional Targeted Therapy
241	SRT - Stereotactic Arc Therapy
242	Sc Administration Of Growth Factors
243	Continuous Infusional Chemotherapy
244	Infusional Chemotherapy
245	CCRT - Concurrent Chemo + Rt
246	2D Radiotherapy
247	3D Conformal Radiotherapy
248	IGRT - Image Guided Radiotherapy
249	IMRT - Step & Shoot
250	IMRT – DMLC
251	Rotational Arc Therapy
252	Tele Gamma Therapy
253	FSRT - Fractionated Srt
254	VMAT - Volumetric Modulated Arc Therapy
255	SBRT - Stereotactic Body Radiotherapy
256	Helical Tomotherapy
257	SRS - Stereotactic Radiosurgery
258	X - Knife Srs
259	GammaknifeSrs
260	TBI - Total Body Radiotherapy
261	Intraluminal Brachytherapy
262	TSET - Total Electron Skin Therapy
263	Extracorporeal Irradiation Of Blood Products
264	Telecobalt Therapy
265	Telecesium Therapy
266	External Mould Brachytherapy
267	Interstitial Brachytherapy
268	Intracavity Brachytherapy
269	3D Brachytherapy
270	Implant Brachytherapy
271	Intravesical Brachytherapy
272	Adjuvant Radiotherapy
273	After loading Catheter Brachytherapy
274	Conditioning Radiothearpy For Bmt
275	Extracorporeal Irradiation To The Homologous Bone Grafts
276	Radical Chemotherapy
277	Neoadjuvant Radiotherapy
278	LDR Brachytherapy
279	Palliative Radiotherapy
280	Radical Radiotherapy
281	Palliative Chemotherapy
282	Template Brachytherapy
283	Neoadjuvant Chemotherapy
284	Induction Chemotherapy
285	Consolidation Chemotherapy
286	Consolidation Chemotherapy
287	HDR Brachytherapy
288	Incision And Lancing Of A Salivary Gland And A Salivary Duct
289	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
290	Resection Of A Salivary Gland
291	Reconstruction Of A Salivary Gland And A Salivary Duct
292	Other Operations On The Salivary Glands And Salivary Ducts
293	Other Incisions Of The Skin And Subcutaneous Tissues
294	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And SubcutaneousTissues
295	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
296	Other Excisions Of The Skin And Subcutaneous Tissues
297	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
298	Free Skin Transplantation, Donor Site
299	Free Skin Transplantation, Recipient Site
300	Revision Of Skin Plasty
301	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
302	Chemosurgery To The Skin
303	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
304	Reconstruction Of Deformity/defect In Nail Bed
305	Excision Of Bursirtis
306	Tennis Elbow Release
307	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
308	Partial Glossectomy
309	Glossectomy
310	Reconstruction Of The Tongue
311	Other Operations On The Tongue
312	Surgery For Cataract
313	Incision Of Tear Glands
314	Other Operations On The Tear Ducts
315	Incision Of Diseased Eyelids
316	Excision And Destruction Of Diseased Tissue Of The Eyelid
317	Operations On The Canthus And Epicanthus
318	Corrective Surgery For Entropion And Ectropion
319	Corrective Surgery For Blepharoptosis
320	Removal Of A Foreign Body From The Conjunctiva
321	Removal Of A Foreign Body From The Cornea
322	Incision Of The Cornea
323	Operations For Pterygium
324	Other Operations On The Cornea
325	Removal Of A Foreign Body From The Lens Of The Eye
326	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
327	Removal Of A Foreign Body From The Orbit And Eyeball
328	Correction Of Eyelid Ptosis By LevatorPalpebrae Superioris Resection (bilateral)
329	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
330	Diathermy/cryotherapy To Treat Retinal Tear
331	Anterior Chamber Paracentesis
332	Anterior Chamber Cyclodiathermy
333	Anterior Chamber Cyclocyrotherapy
334	Anterior Chamber Goniotomy
335	Anterior Chamber Trabeculotomy
336	Anterior Chamber Filtering
337	Allied Operations to Treat Glaucoma
338	Enucleation Of Eye Without Implant
339	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
340	Laser Photocoagulation To Treat Retinal Tear
341	Biopsy Of Tear Gland
342	Treatment Of Retinal Lesion
343	Surgery For Meniscus Tear
344	Incision On Bone, Septic And Aseptic
345	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
346	Suture And Other Operations On Tendons And Tendon Sheath
347	Reduction Of Dislocation Under Ga
348	Arthroscopic Knee Aspiration
349	Surgery For Ligament Tear
350	Surgery For Hemoarthrosis/ pyoarthrosis
351	Removal Of Fracture Pins/ nails
352	Removal Of Metal Wire
353	Closed Reduction On Fracture, Luxation
354	Reduction Of Dislocation Under Ga
355	Epiphyseolysis With Osteosynthesis
356	Excision Of Various Lesions In Coccyx
357	Arthroscopic Repair Of Acl Tear Knee
358	Arthroscopic Repair Of Pcl Tear Knee
359	Tendon Shortening
360	Arthroscopic Meniscectomy - Knee
361	Treatment Of Clavicle Dislocation
362	Haemarthrosis Knee- Lavage
363	Abscess Knee Joint Drainage
364	Carpal Tunnel Release
365	Closed Reduction Of Minor Dislocation
366	Repair Of Knee Cap Tendon
367	Orif With K Wire Fixation- Small Bones
368	Release Of Midfoot Joint
369	Orif With Plating- Small Long Bones
370	Implant Removal Minor

371	Closed Reduction And External Fixation
372	Arthrotomy Hip Joint
373	Syme's Amputation
374	Arthroplasty
375	Partial Removal Of Rib
376	Treatment Of Sesamoid Bone Fracture
377	Shoulder Arthroscopy / Surgery
378	Elbow Arthroscopy
379	Amputation Of Metacarpal Bone
380	Release Of Thumb Contracture
381	Incision Of Foot Fascia
382	Partial Removal Of Metatarsal
383	Repair/Graft Of Foot Tendon
384	Revision/removal Of Knee Cap
385	Exploration Of Ankle Joint
386	Remove/graft Leg Bone Lesion
387	Repair/graft Achilles Tendon
388	Remove Of Tissue Expander
389	Biopsy Elbow Joint Lining
390	Removal Of Wrist Prosthesis
391	Biopsy Finger Joint Lining
392	Tendon Lengthening
393	Treatment Of Shoulder Dislocation
394	Lengthening Of Hand Tendon
395	Removal Of Elbow Bursa
396	Fixation Of Knee Joint
397	Treatment Of Foot Dislocation
398	Surgery Of Bunion
399	Tendon Transfer Procedure
400	Removal Of Knee Cap Bursa
401	Treatment Of Fracture Of Ulna
402	Treatment Of Scapula Fracture
403	Removal Of Tumor Of Arm Under GA
404	Removal of Tumor of Arm under RA
405	Removal of Tumor Of Elbow Under GA
406	Removal of Tumor Of Elbow Under RA
407	Repair Of Ruptured Tendon
408	Decompress Forearm Space
409	Revision Of Neck Muscle (torticollis Release)
410	Lengthening Of Thigh Tendons
411	Treatment Fracture Of Radius & Ulna
412	Repair Of Knee Joint
413	External Incision And Drainage In The Region Of The Mouth.
414	External Incision And Drainage in the Region of the Jaw.
415	External Incision And Drainage in the Region Of the Face.
416	Incision Of The Hard And Soft Palate
417	Excision And Destruction Of Diseased Hard Palate
418	Excision And Destruction of Diseased Soft Palate
419	Incision, Excision And Destruction In The Mouth
420	Other Operations In The Mouth
421	Excision Of Fistula-in-ano
422	Excision Juvenile Polyps Rectum
423	Vaginoplasty
424	Dilatation Of Accidental Caustic Stricture Oesophageal
425	PresacralTeratomas Excision
426	Removal Of Vesical Stone
427	Excision Sigmoid Polyp
428	SternomastoidTenotomy
429	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
430	Excision Of Soft Tissue Rhabdomyosarcoma
431	High Orchidectomy For Testis Tumours
432	Excision Of Cervical Teratoma
433	Rectal-myomectomy
434	Rectal Prolapse (delorme's Procedure)
435	Detorsion Of Torsion Testis
436	Eua + Biopsy Multiple Fistula In Ano
437	Construction Skin Pedicle Flap
438	Gluteal Pressure Ulcer-excision
439	Muscle-skin Graft, Leg
440	Removal Of Bone For Graft
441	Muscle-skin Graft Duct Fistula
442	Removal Cartilage Graft
443	Myocutaneous Flap
444	Fibro Myocutaneous Flap
445	Breast Reconstruction Surgery After Mastectomy
446	Sling Operation For Facial Palsy
447	Split Skin Grafting Under Ra
448	Wolfe Skin Graft
449	Plastic Surgery To The Floor of The Mouth Under Ga
450	Thoracoscopy And Lung Biopsy
451	Excision Of Cervical Sympa-thetic Chain Thoracoscopic
452	Laser Ablation Of Barrett's Oesophagus
453	Pleurodesis
454	Thoracoscopy And Pleural Biopsy
455	Ebus + Biopsy
456	Thoracoscopy Ligation Thoracic Duct
457	Thoracoscopy Assisted Empyaema Drainage
458	Haemodialysis
459	Lithotripsy/nephrolithotomy For Renal Calculus
460	Excision Of Renal Cyst
461	Drainage Of Pyonephrosis Abscess
462	Drainage Of Perinephric Abscess
463	Incision Of The Prostate
464	Transurethral Excision And Destruction of Prostate Tissue
465	Transurethral And Percutaneous Destruction of Prostate Tissue
466	Open Surgical Excision And Destruction Of Prostate Tissue
467	Radical Prostatovesiculectomy
468	Other Excision And Destruction of Prostate Tissue
469	Operations On The Seminal Vesicles
470	Incision And Excision of Periprostatic Tissue
471	Other Operations On The Prostate
472	Incision Of The Scrotum And Tunica Vaginalis Testis
473	Operation On A Testicular Hydrocele
474	Excision And Destruction of Diseased Scrotal Tissue
475	Other Operations On The Scrotum AndTunica Vaginalis Testis
476	Incision Of The Testes
477	Excision And Destruction of Diseased Tissue of The Testes
478	Unilateral Orchidectomy
479	Bilateral Orchidectomy
480	Surgical Repositioning of An Abdominal Testis
481	Reconstruction Of The Testis
482	Implantation, Exchange And Removal of A Testicular Prosthesis
483	Other Operations On The Testis
484	Excision In The Area Of The Epididymis
485	Operations On The Foreskin
486	Local Excision And Destruction of Diseased Tissue Of The Penis
487	Amputation Of The Penis
488	Other Operations On The Penis
489	Cystoscopical Removal of Stones
490	Lithotripsy
491	Biopsy Oftemporal Artery For Various Lesions
492	External Arterio-venous Shunt
493	Av Fistula - Wrist
494	Ursl With Stenting
495	Ursl With Lithotripsy
496	CystoscopicLitholapaxy
497	Eswl
498	Bladder Neck Incision
499	Cystoscopy & Biopsy
500	Cystoscopy And Removal of Polyp
501	SuprapubicCystostomy
502	Percutaneous Nephrostomy
503	Cystoscopy And "sling" Procedure
504	Tuna- Prostate
505	Excision Of Urethral Diverticulum
506	Removal Of Urethral Stone
507	Excision Of Urethral Prolapse
508	Mega-ureter Reconstruction
509	Kidney Renoscopy And Biopsy
510	Ureter Endoscopy And Treatment
511	Vesico Ureteric Reflux Correction
512	Surgery For Pelvi Ureteric Junction Obstruction
513	Anderson Hynes Operation
514	Kidney Endoscopy And Biopsy
515	Paraphimosis Surgery
516	Injury Prepuce- Circumcision
517	Frenular Tear Repair
518	Meatotomy For Meatal Stenosi
519	Surgery For Fournier's Gangrene Scrotum
520	Surgery Filarial Scrotum
521	Surgery For Watering Can Perineum
522	Repair Of Penile Torsion
523	Drainage Of Prostate Abscess
524	Orchiectomy
525	Cystoscopy And Removal of Fb
526	RF Ablation Heart
527	RF Ablation Uterus
528	RF Ablation Varicose Veins
529	Percutaneous nephrolithotomy (PCNL)
530	Laryngoscopy Direct Operative with Biopsy
531	Treatment of Fracture of Long Bones

532	Treatment of Fracture of Short Bones
533	Treatment of Fracture of Foot
534	Treatment of Fracture of Hand
535	Treatment of Fracture of Wrist
536	Treatment of Fracture of Ankle
537	Treatment of Fracture of Clavicle
538	Chalazion Surgery