AROGYA SUPREME

POLICY WORDING

PREAMBLE

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

A. DEFINITIONS:

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

I. STANDARD DEFINITION

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

2. **Any one Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment was taken.

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

a. Cost of Pharmacy and consumables
b. Cost of implants and medical devices including artificial limb.
c. Cost of diagnostics.

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

a. Central or State Government AYUSH Hospital; or
b. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council for Homeopathy; or
c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:

i. Having at least 5 in-patient beds;
ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
iii. Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out;
iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

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

i. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
ii. Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out;
iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

6. **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.

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

8. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure, or position.
a) Internal Congenital Anomaly which is not in the visible and accessible parts of the body.
b) External Congenital Anomaly which is in the visible and accessible parts of the body

9. **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.

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

11. **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.

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

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

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

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

13. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies, which will apply before any benefits are payable by the insurer. A Deductible does not reduce the sum insured.

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

15. **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.

16. **Domiciliary Hospitalization** means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while confined at home under any of the following circumstances:

i) the condition of the patient is such that he/she is not in a condition to be moved to a hospital, or
ii) the patient takes treatment at home on account of non-availability of room in a hospital.

17. **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.

18. **Fraud** means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive or to induce the Company to issue an insurance policy:

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

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

19. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received.

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:

a) 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,
b) has qualified nursing staff under its employment round the clock,
c) has qualified Medical Practitioner(s) in charge round the clock,
d) has a fully equipped operation theatre of its own where surgical procedures are carried out,
e) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

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/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

(a) Acute condition - Acute condition is a disease, Illness that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness which leads to full recovery

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

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

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

25. **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.

26. **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.

27. **Maternity Expenses** means

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

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

28. **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.

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

30. **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.

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.Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

32. **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.

33. **Migration** means the right accorded to health insurance policyholders (including all members under Family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

34. **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.

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

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

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

38. **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.

39. **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.

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

a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

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 transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.

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. **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.

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

II. SPECIFIC DEFINITION

1. **Age** or **Aged** means completed years as at the Policy Commencement Date.

2. **Alternative Treatment** means forms of treatments other than treatment “Allopathy” or “modern medicine” and includes Ayurveda, Unani, Sidha, and Homeopathy in the Indian context

3. **Bank Rate** means, the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

4. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.

5. **Dependents** means only the family members listed below:
   a) Your legally married spouse as long as she continues to be married to You
   b) Your children, aged between 91 days maximum up to Age of 25 years and financially dependent on You
   c) Your natural parents or parents that have legally adopted You,
   d) Your parent-in-law as long as Your Spouse continues to be married to You

6. **Family** means, the Family that consists of the Insured Person and any one or more of the family members as mentioned below
   i. Legally wedded spouse
   ii. Dependent Parents or Parents-in-law
   iii. Dependent Children (i.e. natural or legally adopted). If the child is married or financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

7. **Family Floater** means a Policy described as such in the Policy Schedule of Insurance where under You and Your Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date.

8. **HIV** means Human Immunodeficiency Virus

9. **Insured Person/You/Your** means the persons named in the Policy Schedule.

10. **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.

11. **Medical practitioner for mental illnesses** means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;

12. **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;

13. **Obesity means** abnormal or excessive fat accumulation that may impair health. Obesity is measured in Body Mass Index

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

- BMI greater than or equal to 25 is overweight
- BMI greater than or equal to 30 is obesity

14. **Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).

15. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule.

16. **Policy Schedule/ Certificate of Insurance** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

17. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

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

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

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

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

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

- **MAJOR ILLNESS DEFINITION**

I. STANDARD DEFINITION

1. Cancer of specified severity:

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

The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, premalignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumors in the presence of HIV infection.

2. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

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

3. Open Heart Replacement Or Repair OF Heart Valves

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

4. **Myocardial Infarction (First Heart Attack of specific severity)**

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins, or other specific biochemical markers

The following are excluded:

i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

5. Primary (Idiopathic) Pulmonary Hypertension

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

III. The NYHA Classification of Cardiac Impairment are as follows:
   i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
   ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

6. End Stage Lung Failure

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

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and iv. Dyspnea at rest.

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

7. Stroke Resulting In Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation

from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

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

8. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

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

9. Multiple Sclerosis With Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

I. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
II. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

10. Benign Brain Tumor

Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. Motor Neuron Disease with Permanent Symptoms

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

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

12. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

13. Major head Trauma

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

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

The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

i. Spinal cord injury;

14. Blindness

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

i. corrected visual acuity being 3/60 or less in both eyes or;
ii. the field of vision being less than 10 degrees in both eyes.

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

15. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

16. Third Degree Burns

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

17. Deafness

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

18. Loss of Speech

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

All psychiatric related causes are excluded.

19. Kidney Failure Requiring Regular Dialysis

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

20. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

II. SPECIFIC DEFINITION

1. Surgery of Aorta

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

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

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

2. Parkinson's Disease

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

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

The Activities of Daily Living are:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Mobility: the ability to move indoors from room to room on level surfaces;
v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available

Drug-induced or toxic causes of Parkinsonism are excluded.

3. Brain Surgery

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

a) Burr hole procedures, transphenoidal procedures and other minimally invasive procedures such as irradiation by gamma knife or endovascular embolizations, thrombolysis and stereotactic biopsy
b) Brain surgery as a result of an accident

4. Apallic Syndrome

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

5. Alzheimer's Disease

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

Activities of Daily Living are defined as:

i. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding – the ability to feed oneself once food has been prepared and made available.
vi. Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded:

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

6. Aplastic Anaemia

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

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

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

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

7. Bacterial Meningitis

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

Bacterial Meningitis in the presence of HIV infection is excluded

8. Loss of Independent Existence

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

Activities of Daily Living:

a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d) Mobility: the ability to move indoors from room to room on level surfaces;
e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
f) Feeding: the ability to feed oneself once food has been prepared and made

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

9. Encephalitis

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 60 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the

Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.
The following condition is excluded:

- Encephalitis as a result of HIV infection

10. Fulminant Viral Hepatitis

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

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

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

B. SCOPE OF COVER

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

C. HOSPITALIZATION COVERS

1. In-patient Hospitalization Treatment:

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

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

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

c) Nursing Expenses as provided by the Hospital
d) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees
e) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
f) Consultation fees including Telemedicine by Medical Practitioner
g) Medicines, drugs, and consumables
h) Diagnostic procedures
i) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Conditions

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

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

iii. In case of admission to a room at rates exceeding the limits as mentioned under 1.a and 1.b, the reimbursement of all other Associated Medical Expenses incurred at the Hospital, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges.

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

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

2. Mental Healthcare

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

i. The Hospitalization is prescribed by a Medical Practitioner for Mental Illness
ii. The Hospitalization is done in Mental Health Establishment

Sub-limit:

a. The following disorders / conditions shall be covered only up to 10% of Base Sum Insured or Rs. 50,000, whichever is lower. This sub-limit shall apply for all the following disorders / conditions on cumulative basis.
b. Pre-hospitalization and Post-hospitalization Medical Expenses are also covered within the overall benefit sub-limit as specified above in point (a).

Disorder / Condition	Description
Severe Depression	Severe depression is characterized by a persistent feeling of sadness or a lack of interest in outside stimuli. It affects the way one feels, thinks, and behaves.

Schizophrenia	Schizophrenia is mental disorder, that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. Schizophrenia result in combination of hallucinations, delusions, and extremely disordered thinking and behaviour that impairs daily functioning,
Bipolar Disorder	Bipolar disorder is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behaviour. It includes periods of extreme mood swings with emotional highs and lows.
Post-traumatic stress disorder	Post-traumatic stress disorder is an anxiety disorder caused by very stressful, frightening, or distressing events. It includes flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event.
Eating disorder	Eating disorder is a mental condition where people experience severe disturbances in their eating behaviours and related thoughts and emotions.
Generalized anxiety disorder	Generalized Anxiety Disorder is a mental health disorder characterized by a perpetual state of worry, fear, apprehension, inability to relax.
Obsessive compulsive disorders	Obsessive-compulsive disorder is an anxiety disorder in which people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions).
Panic disorders	Panic disorder is an anxiety disorder characterized by reoccurring unexpected panic attacks with sudden periods of intense fear. It may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something terrible is going to happen.
Personality disorders	Personality disorder is a type of mental disorder in which people have a rigid and unhealthy pattern of thinking, functioning and behaving. It includes trouble in perceiving and relating to situations and people.
Conversion disorders	Conversion disorder is a type of mental disorder where mental or emotional distress causes physical symptoms without the existence of an actual physical condition.
Dissociative disorders	Dissociative disorders are mental disorders that involve experiencing a disconnection and lack of continuity between thoughts, memories, surroundings, actions and identity
*ICD codes for the above disorders / conditions are provided below.	
What is not covered: a. Treatment related to intentional self-inflicted Injury or attempted suicide by any means. b. Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opioids or nicotine.	

*

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

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

3. HIV / AIDS Cover

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

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

ii. Medical Expenses as listed in Section C.1

Conditions

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

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

4. Genetic Disorder

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

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

5. Internal Congenital Anomaly

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

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

6. Bariatric Surgery Cover

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

Eligibility:

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

Body Mass Index (BMI);

a) greater than or equal to 40 or
b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    i. Obesity-related cardiomyopathy
    ii. Coronary heart disease
    iii. Severe Sleep Apnea
    iv. Uncontrolled Type 2 Diabetes

<u>Conditions</u>

i. Our maximum liability will be restricted to up to Sum Insured
ii. Bariatric surgery performed for Cosmetic reasons is excluded.
iii. The indication for the procedure should be found appropriate by two qualified surgeons and the Insured shall obtain prior approval for cashless treatment from the Company.

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

7. Advance Procedures:

We will pay Medically necessary Expenses either as In-Patient Hospitalization or as part of Day Care Treatment up to 25% of Sum Insured as specified in the Policy Schedule, incurred on Advance Procedures as below

i. Uterine Artery Emobalization and HIFU
ii. Balloon Sinuplasty
iii. Deep Brain Stimulation
iv. Oral Chemotherapy (covered as OPD also)
v. Immunotherapy - Monoclonal Antibody to be given as injection
vi. Intra Vitreal Injections
vii. Robotic Surgeries
viii. Stereotactic Radio Surgeries
ix. Bronchical Thermoplasty
x. Vaporisation of the Prostrate (Green laser treatment or holmium laser treatment)
xi. IONM (Intra Operative Neuro Monitoring)
xii. Stem Cell Therapy (Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered)

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

8. Cataract Treatment

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

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

9. Pre-Hospitalization Cover:

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

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

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

10. Post-Hospitalization Cover:

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

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

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

11. Domiciliary Hospitalization:

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

Condition

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

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

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

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

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

i. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, at every sub-title,
ii. Arthritis, Gout and Rheumatism,
iii. Chronic Nephritis and Nephritic Syndrome,
iv. Diarrhea and all type of Dysenteries including Gastroenteritis,
v. Diabetes Mellitus and Insipidus,
vi. Epilepsy,
vii. Hypertension,
viii. Psychiatric or Psychosomatic Disorders of all kinds,
ix. Pyrexia of unknown Origin.

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

12. Day Care Treatment

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

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

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

13. Road Ambulance

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

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

ii. or from one Hospital to another Hospital

iii. of from Hospital to Home

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

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

14. Organ Donor Expenses

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

Condition

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

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

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

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

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

15. Alternative Treatment / AYUSH

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

- Ayurvedic
- Unani
- Siddha
- Homeopathy

Condition

i. The treatment cannot be taken on outpatient basis

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

iii. Treatment taken is within India

iv. In the event of admissible of claim under this cover, no claim shall be payable under Section C.1 for Allopathic treatment of same Illness/Injury.

v. In the event of admissible of claim under this cover, no claim shall be payable for Post-Hospitalization and Pre-Hospitalization for Allopathic treatment of same Illness / Injury

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

16. Recovery Benefit

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

i. This Benefit is over and above base Sum Insured

ii. This Benefit amount will not reduce the Sum Insured

iii. This is available per Hospitalization of each Insured Person

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

17. Domestic Emergency Assistance Services (including Air Ambulance)

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

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

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

We will not provide services in the following instances:

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

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

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

Conditions

I. No claims for reimbursement of expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.

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

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

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

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

18. Sum Insured Refill

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

Conditions for Refill Cover

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

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

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

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

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

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

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

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

19. Compassionate Visit

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

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

Condition

i. This benefit is applicable in the event of the Insured Person being Hospitalized at a place away from his usual place of residence as mentioned in Policy Schedule.
ii. This benefit is available for only one Immediate Family Member.
iii. This benefit is not applicable if Medical Treatment is taken under Section C.11 – Domiciliary Hospitalization
iv. Sum Insured limit of this cover is over and above of the base Sum Insured.
v. This benefit amount will not reduce the Sum Insured.
vi. This is available per Hospitalization of each Insured Person.
vii. This benefit will cover only on reimbursement basis.

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

20. E-Opinion

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

Condition:

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

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

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

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

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

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

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

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

D. RENEWAL BENEFIT

1. Preventive Health Check-Up:

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

Sum Insured	Test
1Lac to 5 Lac	Hematology: CBC + Hemoglobin Diabetes Profile: Fasting Blood Sugar or random Blood Sugar Lipid Profile: Total Cholesterol Liver Function: SGOT + SGPT Kidney / Renal Function: Bun and Creatinine
6Lac to 20 Lac	Hematology: CBC + Hemoglobin Diabetes Profile: Fasting Blood Sugar or random Blood Sugar Lipid Profile: Total Cholesterol + HDL + LDL + Triglycerides Liver Function: SGOT + SGPT + Bilirubin Total Kidney / Renal Function: Bun and Creatinine + Uric Acid Thyroid: TSH

25Lacs and above	Haematology: CBC + ESR + Haemoglobin + PS Diabetes Profile: Fasting Blood Sugar + HbA1c Lipid Profile: Total Cholesterol + HDL Cholesterol + LDL Cholesterol + Triglycerides Liver Function Tests: SGOT + SGPT + Bilirubin Total Kidney / Renal Function: Bun and Creatinine + Uric Acid Thyroid Profile: T3+ T4+ TSH Urine Analysis: Urine Complete Analysis Iron Deficiency: Iron Profile

Reference of Test

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

Other terms and Conditions applicable to this Benefit

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

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

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

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

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

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

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

2. Cumulative Bonus

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

i. There has no claim under the Policy in expiring Policy Year under Section C
ii. Cumulative Bonus will be reduced at the same rate as accrued in the event of admissible claim under Section C of the Policy.
iii. Cumulative Bonus can be accumulated up to 100% of Basic Sum Insured
iv. Cumulative Bonus applied will be applicable only to Insured Person covered under the expiring Policy and who continue to remain insured in Renewal.
v. In case where the policy is on floater basis, the Cumulative Bonus shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. Cumulative Bonus shall reduce in case of claim from any of the insured Persons.
vi. In case of floater policies where insured Persons Renew their expiring policy by splitting the Sum insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years. the Cumulative Bonus of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.
vii. Cumulative Bonus shall be available only if the Policy is renewed / premium paid within the Grace Period.
viii. In case of multi-year policies, Cumulative Bonus that has accrued for the second and third Policy Year will be credited on Renewal. Accrued Cumulative Bonus may be utilized in case of any Claim during Policy Year.

E. OPTIONAL COVERS:

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

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

1. Hospital Cash Benefit

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

Condition:

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

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

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

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

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

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

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

2. Major Illness Benefit

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

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

Survival Period

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

Condition:

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

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

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

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

3. Additional Sum Insured for Accidental Hospitalization

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

Provided that,

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

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

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

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

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

4. Enhanced Cumulative Bonus

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

i. Once the Extended Cumulative Bonus benefit is availed by the Insured Person, it cannot be opted out at subsequent renewal.

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

5. No Claim Bonus Protector

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

Provided that,

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

ii. You are eligible to avail this option only at inception of the Policy.

6. Co-Payment

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

7. Any Room Upgrade

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

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

8. Deductible

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

Condition:

i. Our liability to make payment under the Policy in respect of any claim made in the Policy Year will only commence once the deductible has been exhausted.
ii. You may opt for deductible only at the inception of the Policy.
iii. Deductible under this section shall not apply to any claim under Section C.2(Mental Healthcare), C.3(HIV/AIDS Cover), C.4(Genetic Disorder), C.5(Internal Congenital Anomaly), C.7(Advance Procedure), C.8(Cataract Treatment), C.13(Road Ambulance), C.16(Recovery Benefit), C.17(Domestic Emergency Assistance Services), C.19(Compassionate Visit), C.20(E-Opinion).
iv. A Deductible does not reduce the Sum Insured.

F. WAITING PERIOD

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

I) First Thirty Days Waiting Period (Code-Excl 03):

a) Expenses related to the treatment of any Illness within 30 days from the first Policy Commencement Date shall be excluded excepts claims arising due to an accident, provided the same are covered.
b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve (12) months.
c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

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

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

a) Expenses related to the treatment of listed Conditions; Surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with Us. This exclusion shall not be applicable for claims arising due to an accident.

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

c) If any of the specified disease / procedures falls under the waiting period specified for Pre-Existing Diseases, then the longer of the two waiting periods shall apply.

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

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

v. **Illnesses**

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

vi. **Surgical Procedures**

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

Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

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

a) Expenses related to the treatment of a Pre-Existing Diseases (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first Policy with Us.

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

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

d) Coverage under the Policy after expiry of 48 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Us.

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

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

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

G. GENERAL EXCLUSIONS

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

A. STANDARD EXCLUSIONS

I. Investigation and Evaluation (Code-Excl 04):

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

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

II. Rest Cure, rehabilitation, and respite care (Code- Excl 05)

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

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

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

III. Obesity / Weight Control (Code- Excl 06)

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

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

IV. Change of Gender Treatments (Code- Excl 07)
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

V. Cosmetic or Plastic Surgery (Code- Excl 08)
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

VI. Hazardous or Adventure Sports (Code- Excl 09)
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

VII. Breach of Law (Code- Excl 10)
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

VIII. Excluded Providers (Code-Excl 11)
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

X. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.(Code- Excl 13)

XI. Dietary Supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care Procedures. (Code- Excl 14)

XII. Refractive Error (Code-Excl 15)
Expenses related to the treatment for correction of eye-sight due to refractive error less than 7.5 dioptres

XIII. Unproven Treatments (Code- Excl 16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

XIV. Sterility and Infertility (Code-Excl 17)
Expenses related to sterility and infertility. This includes:
- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

XV. Maternity (Code-Excl 18)
Medical treatment expenses traceable to child-birth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy Period.

B. SPECIFIC EXCLUSIONS

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

II. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

III. Treatment taken outside India.

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

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

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

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

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

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

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

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

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

H. CONDITIONS

A. STANDARD CONDITIONS

I. Condition Precedent to the contract

a. Disclosure of Information

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

b. Condition Precedent to Admissible of Liability

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

c. Multiple Policies (applicable for Indemnity Section only)

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require

a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

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

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

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

v. In case of multiple policies which provide fixed benefits, on the occurrences of insured event in accordance with the terms & conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.

d. Moratorium Period

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

e. Possibility of Revision of terms of the Policy including the Premium Rates

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

f. Nominee

The Insured Person is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of Your death. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, the Company will pay the nominee (as named in the Policy Schedule) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the Policy.

II. Conditions applicable during the contract

1. Cancellation:

a. Cancellation by you:

You may cancel this policy at any time by giving Us written notice in 15-days by recorded delivery. In the event of such cancellation, We shall refund premium for the unexpired Policy Period as detailed below.

Refund of Premium (Basis Policy Period) in %			
Month	**Policy Tenure 1 Year**	**Policy Tenure 2 Year**	**Policy Tenure 3 Year**
Up to 1 Month	85.00%	92.50%	95.00%
Up to 3 Month	70.00%	85.00%	90.00%
Up to 6 Month	45.00%	70.00%	80.00%
Up to 12 Month	0.00%	45.00%	60.00%
Up to 15 Month	NA	30.00%	50.00%
Up to 18 Month	NA	20.00%	45.00%
Up to 24 Month	NA	0.00%	30.00%
Up to 27 Month	NA	NA	20.00%
Up to 30 Month	NA	NA	12.50%
Up to 36 Month	NA	NA	0.00%

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

i. When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable.
ii. For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months into the policy year. For instalment after 6 months, no refund will be payable.
iii. In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year.

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

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

2. Free Look Period

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

The insured person shall be allowed free look period of fifteen days from date of receipt of the

policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

3. Withdrawal of the Product-

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

4. Premium Payment in Installment

If the insured person has opted for Payment of Premium on an instalment basis as mentioned below, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

i. Grace Period of 15 days for Monthly Payment and 30 days for Annual, Half yearly and Quarterly would be given to pay the instalment premium due for the policy.
ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of claim, all subsequent premium instalments shall immediately become due and payable.
vii. The Company has the right to recover and deduct all pending installments from the claim amount due under the Policy.
viii. For long term policy if below mentioned option 1/2 or 3 is opted then single payable premium will be divided into opted payment instalments.

Option	Instalment Premium Option
Option 1	Half yearly
Option 2	Quarterly

Option 3	Monthly
Option 4	Single

B. SPECIFIC CONDITIONS

I. Condition Precedent to the contract

a. Age Limit

To be eligible to be covered under the Policy or get any benefits under the Policy, the Insured Person should have attained the age of at least 18 years on the date of commencement of the Policy. Dependent children can be covered from 91 days and up to 25 years of age.

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

b. Arbitration clause

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

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

c. Currency

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

d. Change of Sum Insured

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

e. Material Change

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

f. Notice and Communication

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.

g. Premium

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

h. Records to be Maintained

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

i. Territorial Jurisdiction

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

j. Terms and conditions of the Policy

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

II. Conditions applicable during the contract

a. Alterations in the Policy

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

b. Revision and Modification of the Policy Product-

i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

c. Premium Zones

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

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

Zone 2 - Rest of India

d. Endorsements

The following endorsements are permissible during the Policy Period:

➢ **Non-Financial Endorsements – which do not affect the premium**

- Minor rectification/correction in name of the Insured Person (and not the complete name change)
- Rectification in gender of the Insured Person (if this does not impact the premium)
- Rectification of date of birth of the Insured Person (if this does not impact the premium)
- Change in the correspondence address of the Insured Person (if this does not impact the premium)
- Change in Nominee Details vi. Change in bank details
- Any other non-financial endorsement

➢ **Financial Endorsements – which result in alteration in premium**

- Cancellation of Policy
- Any other financial endorsement

C. Conditions when a claim arises

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

Procedures	**Cashless Hospitalization**	**Reimbursement Claims**
Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website or Our TPAs Website	
Claim Intimation timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier

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

- List of Documents for Reimbursement Claims:
  1. Duly filled and signed claim form
  2. Certified copy of Hospital discharge Summary
  3. Certified copy of final hospital bill, pharmacy bills, Investigation labs bills
  4. All original reports of Investigations done

5. Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Driving license / Passport / Election Card, etc) for address mentioned in claim form with cKYC Form
6. Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.
7. Certified copy of Death certificate issued by municipal authority (in case of death of insured)
8. KYC details and Documents

- List of Documents for Major Illness Benefit Cover
  1. Duly filled and signed claim form
  2. Certified copy of first hospital consultation & first diagnostic report
  3. Certified copies of hospital treatment records, investigation reports and follow up details with Medical assessment certificate (if applicable)
  4. In case of death, certified copy of death certificate, Medical certificate of cause of death
  5. Duly filled and signed Central KYC Registry form (applicable for benefit of Rs 1,00,000 & above)
  6. Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form (applicable for benefit of Rs 1,00,000 & above)
  7. Beneficiary bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.

- List of Documents for Hospital Daily Cash Cover
  1. Duly filled and signed claim form
  2. Certified copy of Hospital discharge Summary with pre & post hospitalization consultation details (if any)
  3. Certified copy of Diagnostic report confirming diagnosis.
  4. Certified copy of final hospital bill with detailed break up
  5. Duly filled and signed Central KYC Registry form (applicable only in case of benefit above Rs 1 Lakh)
  6. Self-attested Copy of PAN card & Aadhar card, photo id & address Proof of the nominee / beneficiary (Pan card / Driving license / Passport / Aadhar Card / Election Card, etc) for address mentioned in claim form (applicable only in case of benefit above Rs 1 Lakh)
  7. Beneficiary (Primary Insured) bank account / NEFT details: Cancelled cheque or copy of first page of bank passbook showing account holder's name, Account number, IFSC code, Branch name etc.

Note:

- Case specific additional documents may be requested if required for justified claim decision & processing.
- Certified copies of document meaning documents attested by any vested authority (e.g. Notarized Documents, attested from Gazetted officer, SBI Branch Manager, Special Executive officer, any officer who is having authority of attestation of documents).

- Claim Document Submission Address

  All claim related documents needs to be sent to below address.
  Please do mention appropriate claim number on claim documents dispatched.

Accident & Health claims team

SBI General Insurance Co Ltd,

3rd & 4th Floor, Lotus Park, Plot No 18-19,

Road No. 16, Wagle Industrial Estate, Thane – 400604

- Conditions for obtaining Cashless Facility:
  i. Cashless Facility can be availed only at Our Network Providers. The complete list of Network Providers and empanelled Service providers are available on Our Website and can be obtained by Contacting Our TPA.
  ii. We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities at Our sole discretion. The same shall be duly updated on Our website. You shall check the updated list of Network Providers before applying for Cashless Claim.
  iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the Hospitalization/treatment, including dates, Hospital and locations match with the details as per Cashless authorized.
  iv. We will make payment for the Cashless authorized amount directly to the Network Provider.
  v. If the claim is not notified to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

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

- Scrutiny and Investigation of Claim:
  We will scrutinize the claim based on submission of above claim documents by you and if any deficiency in document we will intimate You in writing within 7 days from the date of submission of claim documents. We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

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

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

- **Standard Condition for Claim Process**

➢ **Claim Settlement**

i. The Company shall settle or reject a claim within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Insured Person from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Insured Person at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

- **Fraud**

  If any claim made by the Insured Person, is any respect of fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

  Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all Insured Person who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

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

- **Complete Discharge**

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

- **Payment of Claim**

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

D. Standard Conditions for renewal of the contract

1. Renewal Conditions:

i. The Policy is ordinarily lifelong renewable unless You or anyone acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.

ii. The Company shall endeavor to give notice for Renewal. however, We are 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 requisite premium shall be received by Us before the end of the Policy Period.
v. Your premium will also change if any changes in Sum Insured and/or the terms.
vi. A grace period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, any treatment availed for an Illness contracted during the grace period will not be admissible under the Policy. For Renewal received after completion of 30 days grace period, the policy would be considered as a fresh policy.

2. Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policyatleast3O days before the policy renewal date as per IRDAI guidelines on Migration. lf such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Portability, kindly refer the link- https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

3. Portability

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

For Detailed Guidelines on Portability, kindly refer the link- https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

E. Grievances Redressal Procedure

If You may have a grievance that requires to be redressed, You may contact **Us** with the details of the grievance through:

Level 1

Call us on our Toll Free for any queries that You may have @ 1800221111, 18001021111 Email **you**r queries to customer.care@sbigeneral.in
Visit our website www.sbigeneral.in to register for Your queries. Please walk into any of our branch office or corporate office during business hours. You may also fax us Your queries at _1800227244, 18001027244.

Level 2

If You still are not happy about the resolution provided, then You may please write to Our head.customercare@sbigeneral.in

Level 3
If You are dissatisfied with the resolution provided in the Steps as indicated above on Your Complaint, You may send Your 'Appeal' addressed to the Chairman of the Grievance Redressal Committee. The Committee will investigate the appeal and decide the same expeditiously on merits.
You can write to Head – Compliance, Legal & CS on the id - gro@sbigeneral.in

Level 4
If Your issue remains unresolved You may approach IRDAI by calling on the Toll-Free no. 155255 or You can register an online complaint on the website http://igms.irda.gov.in

Senior Citizens: Senior Citizens can also write to seniorcitizengrievances@sbigeneral.in

If You are not satisfied with Our redressal of grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices attached as Annexure I to this Policy document.

ANNEXURE I - LIST OF OMBUDSMEN OFFICES

Office Details	Jurisdiction of Office
AHMEDABAD – Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Sudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh.

BHUBANESHWAR – Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI – Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaiur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA – Shri P.K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA – Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman,	State of Uttaranchal and the following Districts of Uttar Pradesh:

Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P 201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune –411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

ANNEXURE II – INDICATIVE LIST OF DAY CARE PROCEDURES

SR	Procedure Name	SR	Procedure Name
1	Coronary Angiography	270	Intravesical Brachytherapy
2	Suturing Oral Mucosa	271	Adjuvant Radiotherapy
3	Myringotomy With Grommet Insertion	272	After loading Catheter Brachytherapy
4	Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)	273	Conditioning Radiothearpy For Bmt
5	Removal Of A Tympanic Drain	274	Extracorporeal Irradiation To The Homologous Bone Grafts
6	Keratosis Removal Under Ga	275	Radical Chemotherapy
7	Operations On The Turbinates (nasal Concha)	276	Neoadjuvant Radiotherapy
8	Removal Of Keratosis Obturans	277	LDR Brachytherapy
9	Stapedotomy To Treat Various Lesions In Middle Ear	278	Palliative Radiotherapy
10	Revision Of A Stapedectomy	279	Radical Radiotherapy
11	Other Operations On The Auditory Ossicles	280	Palliative Chemotherapy

12	Myringoplasty (post-aura/endaural Approach As Well As Simple Type-i Tympanoplasty)	281	Template Brachytherapy
13	Fenestration Of The Inner Ear	282	Neoadjuvant Chemotherapy
14	Revision Of A Fenestration Of The Inner Ear	283	Induction Chemotherapy
15	Palatoplasty	284	Consolidation Chemotherapy
16	Transoral Incision And Drainage Of A Pharyngeal Abscess	285	Maintenance Chemotherapy
17	Tonsillectomy Without Adenoidectomy	286	HDR Brachytherapy
18	Tonsillectomy With Adenoidectomy	287	Incision And Lancing Of A Salivary Gland And A Salivary Duct
19	Excision And Destruction Of A Lingual Tonsil	288	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
20	Revision Of A Tympanoplasty	289	Resection Of A Salivary Gland
21	Other Microsurgical Operations On The Middle Ear	290	Reconstruction Of A Salivary Gland And A Salivary Duct
22	Incision Of The Mastoid Process And Middle Ear	291	Other Operations On The Salivary Glands And Salivary Ducts
23	Mastoidectomy	292	Other Incisions Of The Skin And Subcutaneous Tissues
24	Reconstruction Of The Middle Ear	293	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
25	Other Excisions Of The Middle And Inner Ear	294	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
26	Incision (opening) And Destruction (elimination) Of The Inner Ear	295	Other Excisions Of The Skin And Subcutaneous Tissues
27	Other Operations On The Middle And Inner Ear	296	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
28	Excision And Destruction Of Diseased Tissue Of The Nose	297	Free Skin Transplantation, Donor Site
29	Other Operations On The Nose – (other operation of the nose is very broad if any drainage of local pus will be considered as OPD)	298	Free Skin Transplantation, Recipient Site
30	Nasal Sinus Aspiration	299	Revision Of Skin Plasty
31	Foreign Body Removal From Nose (if same is removed without using any anesthesia at OPD)	300	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
32	Other Operations On The Tonsils And Adenoids	301	Chemosurgery To The Skin
33	Adenoidectomy	302	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
34	Labyrinthectomy For Severe Vertigo	303	Reconstruction Of Deformity/defect In Nail Bed
35	Stapedectomy Under Ga	304	Excision Of Bursirtis
36	Stapedectomy Under La	305	Tennis Elbow Release

37	Tympanoplasty (Type IV)	306	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
38	Endolymphatic Sac Surgery For Meniere's Disease	307	Partial Glossectomy
39	Turbinectomy	308	Glossectomy
40	Endoscopic Stapedectomy	309	Reconstruction Of The Tongue
41	Incision And Drainage Of Perichondritis	310	Other Operations On The Tongue
42	Septoplasty	311	Surgery For Cataract
43	Vestibular Nerve Section	312	Incision Of Tear Glands
44	Thyroplasty Type I	313	Other Operations On The Tear Ducts
45	Pseudocyst Of The Pinna - Excision	314	Incision Of Diseased Eyelids
46	Incision And Drainage - Haematoma Auricle	315	Excision And Destruction Of Diseased Tissue Of The Eyelid
47	Tympanoplasty (Type II)	316	Operations On The Canthus And Epicanthus
48	Reduction Of Fracture Of Nasal Bone	317	Corrective Surgery For Entropion And Ectropion
49	Thyroplasty (Type II)	318	Corrective Surgery For Blepharoptosis
50	Tracheostomy	319	Removal Of A Foreign Body From The Conjunctiva
51	Excision Of Angioma Septum	320	Removal Of A Foreign Body From The Cornea
52	Turbinoplasty	321	Incision Of The Cornea
53	Incision & Drainage Of Retro Pharyngeal Abscess	322	Operations For Pterygium
54	UvuloPalatoPharyngoPlasty	323	Other Operations On The Cornea
55	Adenoidectomy With Grommet Insertion	324	Removal Of A Foreign Body From The Lens Of The Eye
56	Adenoidectomy Without Grommet Insertion	325	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
57	Vocal Cord Lateralisation Procedure	326	Removal Of A Foreign Body From The Orbit And Eyeball
58	Incision & Drainage Of Para Pharyngeal Abscess	327	Correction Of Eyelid Ptosis By LevatorPalpebraeSuperioris Resection (bilateral)
59	Tracheoplasty	328	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
60	Cholecystectomy	329	Diathermy/cryotherapy To Treat Retinal Tear
61	Choledocho-jejunostomy	330	Anterior Chamber Paracentesis.
62	Duodenostomy	331	Anterior Chamber Cyclodiathermy
63	Gastrostomy	332	Anterior Chamber Cyclocyrotherapy
64	Exploration Common Bile Duct	333	Anterior Chamber Goniotomy
65	Esophagoscopy.	334	Anterior Chamber Trabeculotomy

66	Gastroscopy	335	Anterior Chamber Filtering
67	Duodenoscopy with Polypectomy	336	Allied Operations to Treat Glaucoma
68	Removal of Foreign Body	337	Enucleation Of Eye Without Implant
69	Diathery Of Bleeding Lesions	338	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
70	Pancreatic PseudocystEus& Drainage	339	Laser Photocoagulation To Treat Retinal Tear
71	Rf Ablation For Barrett's Oesophagus	340	Biopsy Of Tear Gland
72	Ercp And Papillotomy	341	Treatment Of Retinal Lesion
73	Esophagoscope And Sclerosant Injection	342	Surgery For Meniscus Tear
74	Eus + Submucosal Resection	343	Incision On Bone, Septic And Aseptic
75	Construction Of Gastrostomy Tube	344	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
76	Eus + Aspiration Pancreatic Cyst	345	Suture And Other Operations On Tendons And Tendon Sheath
77	Small Bowel Endoscopy (therapeutic)	346	Reduction Of Dislocation Under Ga
78	Colonoscopy ,lesion Removal –(only for investigation purpose is considered under investigation purpose)	347	Arthroscopic Knee Aspiration
79	ERCP	348	Surgery For Ligament Tear
80	Colonscopy Stenting Of Stricture	349	Surgery For Hemoarthrosis/pyoarthrosis
81	Percutaneous Endoscopic Gastrostomy	350	Removal Of Fracture Pins/nails
82	Eus And Pancreatic Pseudo Cyst Drainage	351	Removal Of Metal Wire
83	ERCP And Choledochoscopy	352	Closed Reduction On Fracture, Luxation
84	Proctosigmoidoscopy Volvulus Detorsion	353	Reduction Of Dislocation Under Ga
85	ERCP And Sphincterotomy	354	Epiphyseolysis With Osteosynthesis
86	Esophageal Stent Placement	355	Excision Of Various Lesions In Coccyx
87	ERCP + Placement Of Biliary Stents	356	Arthroscopic Repair Of Acl Tear Knee
88	Sigmoidoscopy W / Stent	357	Arthroscopic Repair Of Pcl Tear Knee
89	Eus + Coeliac Node Biopsy	358	Tendon Shortening
90	UgiScopy And Injection Of Adrenaline, Sclerosants Bleeding Ulcers	359	Arthroscopic Meniscectomy - Knee
91	Incision Of A Pilonidal Sinus / Abscess	360	Treatment Of Clavicle Dislocation
92	Fissure In AnoSphincterotomy	361	Haemarthrosis Knee- Lavage
93	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord	362	Abscess Knee Joint Drainage
94	Orchidopexy	363	Carpal Tunnel Release
95	Abdominal Exploration In Cryptorchidism	364	Closed Reduction Of Minor Dislocation
96	Surgical Treatment Of Anal Fistulas	365	Repair Of Knee Cap Tendon
97	Division Of The Anal Sphincter (sphincterotomy)	366	Orif With K Wire Fixation- Small Bones
98	Epididymectomy	367	Release Of Midfoot Joint

99	Incision Of The Breast Abscess	368	Orif With Plating- Small Long Bones
100	Operations On The Nipple	369	Implant Removal Minor
101	Excision Of Single Breast Lump	370	Closed Reduction And External Fixation
102	Incision And Excision Of Tissue In The Perianal Region	371	Arthrotomy Hip Joint
103	Surgical Treatment Of Hemorrhoids	372	Syme's Amputation
104	Other Operations On The Anus	373	Arthroplasty
105	Ultrasound Guided Aspirations	374	Partial Removal Of Rib
106	Sclerotherapy, Etc	375	Treatment Of Sesamoid Bone Fracture
107	Laparotomy For Grading Lymphoma With Splenectomy.	376	Shoulder Arthroscopy / Surgery
108	Laparotomy For Grading Lymphoma with Liver Biopsy	377	Elbow Arthroscopy
109	Laparotomy For Grading Lymphoma with Lymph Node Biopsy	378	Amputation Of Metacarpal Bone
110	Therapeutic Laparoscopy With Laser	379	Release Of Thumb Contracture
111	Appendicectomy With Drainage	380	Incision Of Foot Fascia
112	Appendicectomy without Drainage	381	Partial Removal Of Metatarsal
113	Infected Keloid Excision	382	Repair / Graft Of Foot Tendon
114	Axillary Lymphadenectomy	383	Revision/removal Of Knee Cap
115	Wound Debridement And Cover	384	Exploration Of Ankle Joint
116	Abscess-decompression	385	Remove/graft Leg Bone Lesion
117	Cervical Lymphadenectomy	386	Repair/graft Achilles Tendon
118	Infected Sebaceous Cyst	387	Remove Of Tissue Expander
119	Inguinal Lymphadenectomy	388	Biopsy Elbow Joint Lining
120	Infected Lipoma Excision	389	Removal Of Wrist Prosthesis
121	Maximal Anal Dilatation	390	Biopsy Finger Joint Lining
122	Piles	391	Tendon Lengthening
123	A) Injection Sclerotherapy	392	Treatment Of Shoulder Dislocation
124	B) Piles Banding	393	Lengthening Of Hand Tendon
125	Liver Abscess- Catheter Drainage	394	Removal Of Elbow Bursa
126	Fissure In Ano- Fissurectomy	395	Fixation Of Knee Joint
127	Fibroadenoma Breast Excision	396	Treatment Of Foot Dislocation
128	OesophagealVaricesSclerotherapy	397	Surgery Of Bunion
129	ERCP - Pancreatic Duct Stone Removal	398	Tendon Transfer Procedure
130	Perianal Abscess I&d	399	Removal Of Knee Cap Bursa
131	Perianal Hematoma Evacuation	400	Treatment Of Fracture Of Ulna
132	UgiScopy And PolypectomyOesophagus	401	Treatment Of Scapula Fracture
133	Breast Abscess I& D	402	Removal Of Tumor Of Arm Under GA
134	Feeding Gastrostomy	403	Removal of Tumor of Arm under RA

135	Oesophagoscopy And Biopsy Of Growth Oesophagus	404	Removal of Tumor Of Elbow Under GA
136	ERCP - Bile Duct Stone Removal	405	Removal of Tumor Of Elbow Under RA
137	Ileostomy Closure	406	Repair Of Ruptured Tendon
138	Polypectomy Colon	407	Decompress Forearm Space
139	Splenic Abscesses Laparoscopic Drainage	408	Revision Of Neck Muscle (torticollis Release)
140	UgiScopy And Polypectomy Stomach	409	Lengthening Of Thigh Tendons
141	Rigid Oesophagoscopy For Fb Removal	410	Treatment Fracture Of Radius & Ulna
142	Feeding Jejunostomy	411	Repair Of Knee Joint
143	Colostomy	412	External Incision And Drainage In The Region Of The Mouth.
144	Ileostomy	413	External Incision And Drainage in the Region Of the Jaw.
145	Colostomy Closure	414	External Incision And Drainage in the Region Of the Face.
146	Submandibular Salivary Duct Stone Removal –	415	Incision Of The Hard And Soft Palate
147	Pneumatic Reduction Of Intussusception	416	Excision And Destruction Of Diseased Hard Palate
148	Varicose Veins Legs - Injection Sclerotherapy	417	Excision And Destruction of Diseased Soft Palate
149	Rigid Oesophagoscopy For Plummer Vinson Syndrome	418	Incision, Excision And Destruction In The Mouth
150	Pancreatic Pseudocysts Endoscopic Drainage	419	Other Operations In The Mouth
151	Zadek's Nail Bed Excision	420	Excision Of Fistula-in-ano
152	Subcutaneous Mastectomy	421	Excision Juvenile Polyps Rectum
153	Excision Of Ranula Under Ga	422	Vaginoplasty
154	Rigid Oesophagoscopy For Dilation Of Benign Strictures	423	Dilatation Of Accidental Caustic Stricture Oesophageal
155	Eversion Of Sac	424	PresacralTeratomas Excision
156	Unilateral	425	Removal Of Vesical Stone
157	Bilateral	426	Excision Sigmoid Polyp
158	Lord's Plication	427	SternomastoidTenotomy
159	Jaboulay's Procedure	428	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
160	Scrotoplasty	429	Excision Of Soft Tissue Rhabdomyosarcoma
161	Circumcision For Trauma	430	High Orchidectomy For Testis Tumours
162	Meatoplasty	431	Excision Of Cervical Teratoma
163	Intersphincteric Abscess Incision And Drainage	432	Rectal-myomectomy
164	Psoas Abscess Incision And Drainage	433	Rectal Prolapse (delorme's Procedure)
165	Thyroid Abscess Incision And Drainage	434	Detorsion Of Torsion Testis
166	Tips Procedure For Portal Hypertension	435	Eua + Biopsy Multiple Fistula In Ano

167	Esophageal Growth Stent	436	Construction Skin Pedicle Flap
168	Pair Procedure Of Hydatid Cyst Liver	437	Gluteal Pressure Ulcer-excision
169	Tru Cut Liver Biopsy	438	Muscle-skin Graft, Leg
170	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour	439	Removal Of Bone For Graft
171	Excision Of Cervical Rib	440	Muscle-skin Graft Duct Fistula
172	Laparoscopic Reduction Of Intussusception	441	Removal Cartilage Graft
173	Microdochectomy Breast	442	Myocutaneous Flap
174	Surgery For Fracture Penis	443	Fibro Myocutaneous Flap
175	Parastomal Hernia	444	Breast Reconstruction Surgery After Mastectomy
176	Revision Colostomy	445	Sling Operation For Facial Palsy
177	Prolapsed Colostomy- Correction	446	Split Skin Grafting Under Ra
178	Laparoscopic Cardiomyotomy(Hellers)	447	Wolfe Skin Graft
179	Laparoscopic Pyloromyotomy(Ramstedt)	448	Plastic Surgery To The Floor Of The Mouth Under Ga
180	Operations On Bartholin's Glands (cyst)	449	Thoracoscopy And Lung Biopsy
181	Incision Of The Ovary	450	Excision Of Cervical Sympathetic Chain Thoracoscopic
182	Insufflations Of The Fallopian Tubes	451	Laser Ablation Of Barrett's Oesophagus
183	Other Operations On The Fallopian Tube	452	Pleurodesis
184	Conisation Of The Uterine Cervix	453	Thoracoscopy And Pleural Biopsy
185	Therapeutic Curettage With Colposcopy.	454	Ebus + Biopsy
186	Therapeutic Curettage With Biopsy	455	Thoracoscopy Ligation Thoracic Duct
187	Therapeutic Curettage With Diathermy	456	Thoracoscopy Assisted Empyaema Drainage
188	Therapeutic Curettage With Cryosurgery	457	Haemodialysis
189	Laser Therapy Of Cervix For Various Lesions Of Uterus	458	Lithotripsy/nephrolithotomy For Renal Calculus
190	Other Operations On The Uterine Cervix	459	Excision Of Renal Cyst
191	Incision Of The Uterus (hysterectomy)	460	Drainage Of Pyonephrosis Abscess
192	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	461	Drainage Of Perinephric Abscess
193	Incision Of Vagina	462	Incision Of The Prostate
194	Incision Of Vulva	463	Transurethral Excision And Destruction Of Prostate Tissue
195	Culdotomy	464	Transurethral And Percutaneous Destruction Of Prostate Tissue
196	Salpingo-oophorectomy Via Laparotomy	465	Open Surgical Excision And Destruction Of Prostate Tissue
197	Endoscopic Polypectomy	466	Radical Prostatovesiculectomy
198	Hysteroscopic Removal Of Myoma	467	Other Excision And Destruction Of Prostate Tissue

199	D&C –	468	Operations On The Seminal Vesicles
200	Hysteroscopic Resection Of Septum	469	Incision And Excision Of Periprostatic Tissue
201	Thermal Cauterisation Of Cervix	470	Other Operations On The Prostate
202	HysteroscopicAdhesiolysis	471	Incision Of The Scrotum And Tunica Vaginalis Testis
203	Polypectomy Endometrium	472	Operation On A Testicular Hydrocele
204	Hysteroscopic Resection Of Fibroid	473	Excision And Destruction Of Diseased Scrotal Tissue
205	Lletz	474	Other Operations On The Scrotum And Tunica Vaginalis Testis
206	Conization	475	Incision Of The Testes
207	Polypectomy Cervix	476	Excision And Destruction Of Diseased Tissue Of The Testes
208	Hysteroscopic Resection Of Endometrial Polyp	477	Unilateral Orchidectomy
209	Vulval Wart Excision	478	Bilateral Orchidectomy
210	Laparoscopic Paraovarian Cyst Excision	479	Surgical Repositioning Of An Abdominal Testis
211	Uterine Artery Embolization	480	Reconstruction Of The Testis
212	Laparoscopic Cystectomy	481	Implantation, Exchange And Removal Of A Testicular Prosthesis
213	Hymenectomy(Imperforate Hymen)	482	Other Operations On The Testis
214	Endometrial Ablation	483	Excision In The Area Of The Epididymis
215	Vaginal Wall Cyst Excision	484	Operations On The Foreskin
216	Vulval Cyst Excision	485	Local Excision And Destruction Of Diseased Tissue Of The Penis
217	Laparoscopic Paratubal Cyst Excision	486	Amputation Of The Penis
218	Repair Of Vagina (Vaginal Atresia)	487	Other Operations On The Penis
219	Hysteroscopy, Removal Of Myoma	488	Cystoscopical Removal Of Stones
220	Turbt	489	Lithotripsy
221	Ureterocoele Repair - Congenital Internal	490	Biopsy Oftemporal Artery For Various Lesions
222	Vaginal Mesh For Pop	491	External Arterio-venous Shunt
223	Laparoscopic Myomectomy	492	Av Fistula - Wrist
224	Surgery For Sui	493	Ursl With Stenting
225	Repair Recto- Vagina Fistula	494	Ursl With Lithotripsy
226	Pelvic Floor Repair(Excluding Fistula Repair)	495	CystoscopicLitholapaxy
227	URS + LL	496	Eswl
228	Laparoscopic Oophorectomy	497	Bladder Neck Incision
229	Percutaneous Cordotomy	498	Cystoscopy & Biopsy
230	Intrathecal Baclofen Therapy	499	Cystoscopy And Removal Of Polyp
231	Entrapment Neuropathy Release	500	SuprapubicCystostomy

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

ANNEXURE III – NON MEDICAL EXPENSES

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

Sl No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	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	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT