Part A

<<4 April 2013>>
<<Policyholder's Name>>
<<Policyholder's Address>>
<<Policyholder's Contact Number>>

Dear <<Policyholder's Name>>,

Sub: Your Policy no. << >>

We are glad to inform you that your proposal has been accepted and the Policy for HDFC Life Health Assure Plan has been issued ("Policy"). It is our pleasure to welcome you to the family of our valued customers. Your Policy document is enclosed with this letter. We have made all the efforts to ensure that your Policy document is simple and easy to understand. In addition, items of significance have been highlighted so that they can be easily located.

Policy document:

As an evidence of the insurance contract between HDFC Standard Life Insurance Company Limited and you, the Policy is enclosed herewith. Please preserve this document safely and also inform other Lives Insured and your nominees about the same. We are also enclosing alongside a copy of your proposal form and other relevant documents submitted by you for your information and record.

If you notice any discrepancy in this policy document you may return the Policy document to us for necessary correction.

Cancellation in the Free-Look Period:

In case you are not agreeable to any of the provisions stated in the Policy and the details in the proposal form, you have the option of returning the Policy to us, stating the reasons thereof, within 15 days from the date of receipt of the Policy. If you have purchased your Policy through Distance Marketing this period will be 30 days. On receipt of your letter containing valid reasons, along with the original Policy document, We shall arrange to refund the Premium paid by you, after deducting the expenses incurred by us on any medical examinations and stamp duty charges provided that you and any of the Lives Insured have not made any claim. A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

Claims:

You or any of the Lives Insured in your Family have the option to avail Cashless Service or claim the covered Medical Expenses as reimbursement, subject to Policy terms, conditions and exclusions mentioned herein. In the event of a claim you may contact us at the below mentioned address or call at our Toll Free Helpline number 18001024252 or you may even write to us at healthassure@hdfclife.com.

Contacting us:

The address for correspondence is specified below. To enable us to serve you better, you are requested to quote your Policy number in all future correspondence. In case you are keen to know more about our products and services, we would request you to talk to our Certified Financial Consultant (Insurance Agent) who has advised you while taking this Policy. We have put in place a grievance redressal mechanism to address concerns of Policyholders (please refer to Part G). You can reach our Grievance Redressal Officer at grievance@hdfclife.com or at the correspondence address mentioned below. In case you are not satisfied with our response, you can approach the Insurance Ombudsman in your region whose address is available on our website www.hdfclife.com.

Thanking you for choosing HDFC Standard Life Insurance Company Limited and looking forward to serving you in the years ahead.

Yours sincerely,

Authorised Signatory

Correspondence Address: [Branch Address] <<Branch_Addr1>> <<Branch_Addr2>> <<Branch_Addr3>> <<Branch_Addr4>> <<Branch_Addr5>> <<Branch_Pcode>><<Branch_Phone>> <<Branch_Fax>>

[Agency Name] <<Agent Name>> [Agency Code], <<Agent License No.>>

[Agency mobile & landline number] <<Agent_mobile_no>> &<<Agent_Phone01>><<Agent_Phone02>>

[Agency address] <<Addr1>> <<Addr2>> <<Addr3>> <<Addr4>> <<Addr5>> <<PostalCode>>

Registered Office: HDFC Standard Life Insurance Company Limited, Lodha Excelus, 13th Floor, Apollo Mills Compound, Mahalaxmi, Mumbai- 400 011.

POLICY DOCUMENT- HDFC LIFE HEALTH ASSURE PLAN

Unique Identification Number: << >>

It is the evidence of a contract between HDFC Standard Life Insurance Company Limited ('We'/ 'Company') and the Policyholder ('You') as described in the Policy Schedule given below.

This Policy is based on the Proposal made by the within named Policyholder and submitted to the Company along with the required documents, declarations, statements, applicable medical evidence and other information received by the Company from the Policyholder, Life Assured or on behalf of the Policyholder. This Policy is effective upon receipt and realisation, by the Company, of the consideration payable as First Premium under the Policy. This Policy is written under and will be governed by the applicable laws in force in India and all Premiums and Benefits are expressed and payable in Indian Rupees.

POLICY SCHEDULE

HDFC LIFE HEALTH ASSURE PLAN

Unique Identification Number <<_____>>

POLICY DETAILS

Policy Number:	<<Policy_Num>>
Proposal Date:	<<Proposal_Date>>
Risk Commencement Date:	<<RCD>>
Date of Issue:	
Policy Term:	Whole Life subject to payment of Annual Premium.
Premium Term	Equal to Policy Term. Premium Guarantee for 3 years (exclusive of applicable taxes).
Frequency:	Annual
Premium Due Dates:	<< RCD Anniversary DD/MM>> Every year
Policyholder (Name & Address):	<<Client_Id>> <<PH_Title>> <<PH_FName>> <<PH_LName>> <<PH_Address1>> <<PH_Address2>> <<PH_Address3>> <<PH_Address4>>

SCHEDULE OF BENEFITS	
Plan Type:	<< Individual (Single Life)/Family Floater>>
Plan Option:	<< Silver/Gold>>
Sum Insured:	<<Sum Insured>>
Annual Limit:	<<Annual Limit>>
Available Benefits & Sub Limits:	<<List down available benefits/based on Type of Plan and Policy>>
Deductible:	Nil
Co - Payment:	20% in Non Network Hospitals as per Clause 11.2
Death Benefit	No benefit is payable on the death of the Life Insured, since death is not an insured event under this Policy.
Maturity Benefit	No benefit is payable on maturity of this Policy.
Surrender Benefit	No benefit is payable on surrender of the Policy.
Loans	Loans are not available under this Policy.

SCHEDULE OF PREMIUM	
Basic Premium (Rs.)	<<Basic Premium>>
Service Tax (Rs.)	<<Service Tax Amount >>
Education Cess (Rs.)	<<Education Cess Amount >>
Secondary and Higher Education Cess (Rs.)	<<Secondary and Higher Education Cess Amount >>
Total Premium (Rs.)	**<<Total Premium>>**

DETAILS OF LIVES INSURED

S.No.	Name of Life Insured	Client Id	First Coverage Commencement Date	Date of Birth (DOB)	Age Admitted	Gender	Relationship with Policy Holder
<<1>>	<<LI1_Name>>	<< >>	<<>>	<<LI1_DOB>>	<<LI1_Yes /No>>	<<LI1_ Gender>>	<<LI1_Relationship>>
<<2>>	<<LI2_Name>>	<<>>	<<>>	<<LI2_DOB>>	<<LI2_Yes /No>>	<<LI2_ Gender>>	<<LI2_Relationship>>
<<3>>	<<LI3_Name>>	<<>>	<<>>	<<LI3_DOB>>	<<LI3_Yes	<<LI3_	<<LI3_Relationship>>

					/No>>	Gender>>	
<<4>>	<<LI4_Name>>	<<>>	<<>>	<<LI4_DOB>>	<<LI4_Yes /No>>	<<LI4_ Gender>>	<<LI4_Relationship>>

DETAILS OF SPECIFIC EXCLUSIONS

Name of Life Insured	Specific Exclusions
<<LI1_Name>>	1. No benefit shall be considered under this Policy in respect of Medical Expenses incurred, arising directly or indirectly from <<excluded medical condition>> for the first <<_x >> consecutive Policy Years from the First Coverage Commencement Date . 2. No benefit shall be considered under this Policy in respect of Medical Expenses incurred, arising directly or indirectly from <<excluded medical condition>> for the first <<_x >>consecutive Policy Years from the First Coverage Commencement Date .
<<LI2_Name>>	1. No benefit shall be considered under this Policy in respect of Medical Expenses incurred, arising directly or indirectly from <<excluded medical condition>> for the first <<x >>consecutive Policy Years from the First Coverage Commencement Date ” 2. No benefit shall be considered under this Policy in respect of Medical Expenses incurred, arising directly or indirectly from <<excluded medical condition>>__ for the first <<x >> consecutive Policy Years from the First Coverage Commencement Date.

NOMINATION SCHEDULE

Effective Date of Nomination:	**<<NominationEffectiveDate>>**
Nominee Name:	**<<Nominee_Name>>**
Relationship with Policyholder:	**<< >>**
Address of Nominee:	**<<Nominee_Address>>**
This Nomination Schedule replaces all previous Nomination Schedules issued prior to the effective date noted above.	

Name of Appointee:	**<< >>**
Address of Appointee:	**<< >>**

SPACE FOR ENDORSEMENTS

Part B

Definitions

The following capitalised terms wherever used in this Policy shall have the meanings given hereunder:

(1) An **"Accident**" is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

(2) **"Annual Limit"** is the amount which defines the maximum liability of the Company in any Policy Year. The Annual Limit is the sum total of the Sum Insured and the increase in the sum assured due to Multiplier Benefit. At inception or reinstatement of a lapsed Policy, the value of the Annual Limit will be equal to the Sum Insured.

(3) **"Cancellation"** defines the terms on which the Policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days

(4) **"Cashless Service or Cashless Facility"** means the TPA / Insurer may authorize upon the definition insured's request for the direct settlement of admissible claim as per agreed charges between Network Hospitals and the TPA / Insurer. In such cases, the TPA/ Insurer will directly settle all eligible amounts with the Network Hospitals and the Insured person may not have to pay any bills after the end of the treatment at Hospital to the extent the claim is covered under the Policy.

(5) **"Company", "company", "We", "we", "Our**", **"our", "Us", "us", "Insurer" and "Insurance Company"** refers to HDFC Standard Life Insurance Company Limited.

(6) **"Congenital Anomaly"** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or positions.

- **Internal Congenital Anomaly:** Congenital Anomaly which is not in the visible and accessible parts of the body.
- **External Congenital Anomaly:** Congenital Anomaly which is in the visible and accessible parts of the body.

(7) **"Co-Payment"** is a cost sharing requirement under this product that provides that the Policyholder/Life insured will bear a specified percentage of admissible claim amounts. A Co-Payment does not reduce the Sum Insured.

(8) **"Day Care Centre"** means any institution established for Day Care Treatment of Illness and/ or injuries or a medical set -up within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-

i. has qualified nursing staff under its employment;
ii. has qualified Medical Practitioner (s) in charge;
iii. has a 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.

(9) **"Day Care Treatment"** refers to medical treatment, and/or surgical procedure which is:

- Undertaken under General or Local Anesthesia in a Hospital/Day Care Centre[9] in less than 24 hrs because of technological advancement, and
- Which would have otherwise required a hospitalization of more than 24 hours.

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

(10) "**Dental Treatment"** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and Surgery excluding any form of cosmetic Surgery/implants.

(11) "**Domiciliary Hospitalisation or Treatment"** means medical treatment for an Illness/disease /Injury which in normal course would require care and treatment at a Hospital but is actually taken while confined at home under following circumstances:

- The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- The patient takes treatment at home on account of non availability of room in a Hospital

(12) **"Emergency Care"** means management for a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Life Insured's health.

(13) **"Family"** in the context of this Policy shall mean the members listed below:

i. The Policyholder
ii. Policyholder's lawfully married spouse
iii. Policyholder's children aged 91 Days or more
iv. Parents of the Policyholder
v. Parents in law of the Policyholder

(14) **"Family Floater"** refers to a plan described as such in the Policy Schedule where the Family members of the Policyholder in respect of whom the premiums are paid are covered. The Annual Limit under the Policy in this case, represents the Company's maximum liability with respect to all claims made by all Lives Insured in a Policy Year.

(15) **"First Coverage Commencement Date"** is the date on which cover for a Life Insured is incepted for the first time with Us and from which date the Life Insured continues to remain covered with Us without any break.

(16) **"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.

(17) A **"Hospital"** means any institution established for inpatient care and Day Care Treatment of Illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act; 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified Medical Practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and will make these accessible to the Insurance Company's authorised personnel.

(18) **"Hospitalisation"** means admission in a Hospital for a minimum period of 24 inpatient care consecutive hours except for specified procedure / treatments, where such admission could be for a period of less than 24 consecutive hours

(19) **"Illness"** means a sickness or a disease or pathological condition leading to the impairment of normal physiological condition which manifests itself during the Policy Period and requires medical treatment.

- **Acute condition** - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery
- **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
  - It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
  - It needs ongoing or long-term control or relief of symptoms
  - It requires your rehabilitation or for you to be specially trained to cope with it

- It continues indefinitely
- It comes back or is likely to come back.

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

(21) **"Inpatient"** means treatment for which the Life Insured stays in a Hospital for more than 24 hours for a covered event.

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

(23) **"Life Insured"** or **"Lives Insured"** means the person(s) who has or have been insured by the Company under this Policy.

(24) **"Maternity Expense"** shall include:

- Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)
- Expenses towards lawful medical termination of pregnancy during the Policy Period

(25) **"Medical Expenses"** means those expenses that a Life Insured has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of Medical Practitioner, as long as these are no more than would have been payable if the Life Insured had not been insured and no more than other hospitals or doctors in the same locality would have charged for same medical treatment.

(26) **"Medical Practitioner"** shall mean a person who holds a valid registration from the Medical Council of any State or Medical Council of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The person must be qualified in allopathic system of medicine and shall not be the Life Insured himself/herself.

(27) **"Medically Necessary"** treatment is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- is required for the medical management of the Illness or Injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a Medical Practitioner;
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

(28) **"Network Hospitals/Diagnostic Centre/Providers** – Network Hospitals/Diagnostic Centre/Providers means Hospitals or health care providers enlisted by Us or by our Third Party Administrator (TPA) and Us together to provide medical services to our Lives Insured on payment by a Cashless Facility. This list of NetworkHospitals is subject to amendment from time to time and the latest list is available with Us and our TPA on our respective websites. **"Non Network Hospital"** is any Hospital, Day Care Centre or other provider that is not part o f the network.

(29) **"Notification of Claim"** is the process of notifying a claim to us or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

(30) **"Policy Period"** is the continuous period of risk cover under this Policy for which the Policyholder pays the Premium as and when due without resulting in a break in coverage.

(31) **"Policy Year"** means a year following the Risk Commencement Date and the year following each subsequent anniversary of Risk Commencement Date, for which premium is received by Us within the Grace Period defined in Clause-17(Grace Period for Payment of Premium) provided under Part C of thi**s Policy document**.

(32) **"Post Hospitalization Medical Expenses"** are the Medical Expenses incurred immediately after the Life Insured is discharged from the Hospital provided that

- Such Medical Expenses are incurred for the same condition for which the Life Insured's Hospitalisation was required, and
- The Inpatient Hospitalization or Day care Benefit claim for such Hospitalisation is admissible by the Us.

(33) **"Pre Hospitalisation Medical Expenses"** are the Medical Expenses incurred immediately before the Life Insured is hospitalised provided that:

- Such Medical Expenses are incurred for the same condition for which the Life Insured's Hospitalisation was required, and
- The Inpatient Hospitalization or Day care Benefit claim for such hospitalization is admissible by the Us.

(34) **"Pre-Existing Disease"** is any condition, ailment or Injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 36 months to prior to the first Policy issued by us.

(35) **"Reasonable and Customary Charges"** means the charges for the services or supplies, which are the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved .

(36) **"Reinstatement Date'** is the date when reinstatemen**t** is approved by Us.

(37) **"Risk Commencement Date"** is the date on which the risk cover under this Policy begins.

(38) **"Room rent"** shall mean the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical Expenses.

(39) **"Room Rent Enhancement"** is an optional benefit available to the Policyholder whereby the Policyholder can have an enhanced room rent limit. If this is opted for, the room rent sub limit of 1% of Sum Insured shall not be applied as long as a standard private room is opted for**.**

(40) **"Sum Insured"** is the face value of the Policy contracted between you and us.

(41) **"Surgery"** or **"Surgical Procedure**" means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

(42) **"TPA"** refers to a Third Party Administrator appointed by Us.

(43) **"Unproven/Experimental treatment"** is treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

(44) **"You" , "you", "Your", "your"** or **"Policyholder"** means the proposer under the Policy and the owner of this Policy.

Part C

1. Plan Description

1.1. HDFC Life Health Assure Plan is a pure protection, non participating, non linked health indemnity plan that covers actual Medical Expenses incurred by the Life Insured up to the Annual Limit and subject to terms, conditions and exclusions stated in this Policy document.

1.2. HDFC Life Health Assure is a whole of life Plan with a 3 year premium guarantee. The cover can be continued for the entire life of the Policyholder as further described in Clause 7 (Premium Guarantee), and Clause 9 (Whole Life Plan) stated herein.

1.3. The Plan offers cover to single lives and to families on a Family Floater basis.

1.4. The cover is available under two plan options-Silver and Gold. You are free to choose either option at the time of taking the Policy.

1.5. The benefits under the Policy are determined by the plan chosen by You, and is mentioned in the Policy Schedule.

Overview of options under the HDFC Life Health Assure Plan are given below:

Plan Option/Type	**Individual (Single Life)**	**Family Floater**
SILVER	**Benefits Offered:** • *Inpatient Hospitalization Benefit • Day Care Benefit • Pre and Post Hospitalization Benefit • Emergency Ambulance Benefit • Donor Expenses Benefit	**Benefits Offered:** • *Inpatient Hospitalization Benefit • Day Care Benefit • Pre and Post Hospitalization Benefit • Emergency Ambulance Benefit • Donor Expenses Benefit
GOLD	**Benefits Offered:** • *Inpatient Hospitalization Benefit • Day Care Benefit • Pre and Post Hospitalization Benefit • Emergency Ambulance Benefit • Donor Expenses Benefit • Hospital Cash Benefit • Wellness Benefit	**Benefits Offered:** • *Inpatient Hospitalization Benefit • Day Care Benefit • Pre and Post Hospitalization Benefit • Emergency Ambulance Benefit • Donor Expenses Benefit • Hospital Cash Benefit • Wellness Benefit • Maternity Benefit

* If the Life Insured gets admitted to a room with daily rent higher than the eligible Room Rent limit as defined in section 2.1.1 then the benefits will be settled on a pro rata basis in the same ratio as the ratio of the Room Rent limit allowed to the actual daily Room Rent.

2. Benefit Description

We will provide following benefits depending on the plan type and plan option chosen by You.

Any claim towards the covered benefit shall be payable if it is incurred during the Policy Period and shall be paid subject to terms, conditions, exclusions and waiting period mentioned herein .

2.1. **Inpatient Hospitalization Benefit**

2.1.1. If a Life Insured is diagnosed with an Illness or suffers an Injury and is advised by a Medical Practitioner to seek Inpatient Care, then this benefit will reimburse the following Medical Expenses (collectively referred to as **"Hospitalisation Expenses"**) incurred by the Life Insured.

- Room rent –actual expenses incurred subject to a per day limit of 1% of Sum Insured for hospitalization in regular rooms/wards and 2% of Sum Insured for hospitalization in an Intensive Care Unit (ICU) will be paid.
  The daily Room Rent limit is illustrated as follows:

Sum Insured (Rs.)	**3 Lakhs**	**5 Lakhs**	**7 Lakhs**	**10 Lakhs**
Room Rent Limit – Normal Room (Rs.)	3,000	5,000	7,000	10,000
Room Rent Limit – ICU(Rs.)	6,000	10,000	14,000	20,000

If the Room Rent Enhancement as defined in section 2.10 is opted for, the limit mentioned in the table above will not apply provided the room chosen for treatment is a Standard Private Room.

- Nursing charges, surgeons', anaesthetists', dieticians and other doctors' fees incurred, provided the same is included in the Hospital's invoice.
- Investigation charges including pathology, radiology and other diagnostic tests carried out during hospitalization
- Cancer treatment including chemotherapy and radio therapy
- Cost of artificial limbs, subject to maximum of Rs.25,000 per Life Insured per annum
- ICU charges, anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and x-rays, dialysis, cost of pacemaker, angioplasty stents, heart prosthetic valves and joint replacement implants.

The claim would be subject to:
- The maximum of sum insured,
- Applicable sub-limits, if any,
- Any other exclusions applicable to the type of expense claimed or the type of ailment as mentioned herewith.

Please refer to Part F for more details.

2.1.2. If the Life Insured gets admitted to a room with daily rent higher than the Room Rent limit described above and/or gets admitted to a Non Network Hospital then cost sharing as described in Part D Clause 2 (Cost Sharing) will apply.

2.2. **Day Care Benefit**

2.2.1. If a Life Insured is diagnosed with an Illness or suffers an Injury and is advised by Medical Practitioner to undergo any of the Day Care Treatments listed in Appendix-1, then this benefit will reimburse the Medical Expenses of the Day Care Treatment undertaken by the Life Insured.

2.2.2. If the Life Insured is advised by the Medical Practitioner to undergo a new Day Care Treatment which is not yet listed in Appendix-1, then the claim will be considered subject to it being pre-authorised by us. No reimbursement can be claimed later on for expenses if the procedure undergone by the Life Insured has not been pre-authorised by Us.

2.3. **Pre and Post Hospitalization Benefit**

2.3.1. If we accept a claim under Inpatient Hospitalisation Benefit (Clause 2.1) or Day Care Benefit (Clause 2.2), then:

- We will reimburse the actual Medical Expenses incurred by the Life Insured in the 30 days immediately preceding the date of admission in the Hospital.
- We will also reimburse the actual Medical Expenses incurred by the Life Insured in the 60 days from the date of discharge from the Hospital.

2.3.2. The total cumulative amount payable under this benefit will be limited to 10% of the Sum Insured.

2.3.3. Any Medical Expenses NOT directly related to the specific Illness or Injury for which We agreed to pay a claim either under Inpatient Hospitalisation Benefit (Clause 2.1) or Day Care Benefit (Clause 2.2) will NOT be admissible as Pre and Post hospitalization Benefit.

2.3.4. Expenses on investigatory procedures will be covered only if the results of such investigations lead to the Life Insured seeking further Inpatient Care or undergoing a Day Care Treatment and if We accept such claim either under Inpatient Hospitalisation Benefit (Clause 2.1) or Day Care Benefit (Clause 2.2) as the case may be.

2.4. **Emergency Ambulance Benefit**

2.4.1. If we accept a claim under Inpatient Hospitalisation Benefit (Clause 2.1), then we will reimburse the actual expenses incurred up to Rs. 2,000 per Policy Year per Life Insured on any ambulance service used to transport the Life Insured for admission to the Hospital.

2.4.2. This benefit is payable only if the Life insured was hospitalized in an ICU or an emergency ward of the Hospital following a medical emergency.

2.5. **Donor Expense Benefit**

2.5.1. If the Life Insured is advised to undergo an organ transplant by a Medical Practitioner, then We will reimburse the Hospitalisation Expenses of the organ donor, incurred for harvesting of the organ provided that:

- The Life Insured is the recipient of the donated organ, and
- The donation conforms to The Transplantation of Human Organs Act 1994

2.5.2. This benefit is payable only if We accept a claim from the Life Insured who is the recipient of the donated organ, under Inpatient Hospitalisation Benefit (Clause 2.1). The claim will be paid from the Policy's Annual Limit.

2.5.3. Pre and Post Hospitalization Benefit expenses incurred on or by the organ donor will not be payable.

2.5.4. The cost of the organ will not be borne by the Company.

2.6. **Hospital Cash Benefit (Available Under Gold Plan Only)**

2.6.1. If we accept a claim under Inpatient Hospitalisation Benefit (Clause 2.1), then in addition to Inpatient Hospitalisation Benefit, we will also pay a fixed amount per day for the length of stay of the Life Insured in the Hospital, excluding the first 24 hours.

2.6.2. The length of stay as mentioned by the Hospital in the Hospital invoice shall be considered to determine the number of days spent by the Life Insured in Hospital for the purpose of this benefit.
The benefit is not payable for the first 24 hours of Hospitalization.

2.6.3. The amount payable per day under this benefit is as follows:

Sum Insured (Rs.)	5 Lakhs	7 Lakhs	10 Lakhs
Per Day Amount (Rs.)	500	700	1,000

The amount payable remains same regardless of whether the stay is in a normal room or an ICU.

2.6.4. This benefit is not a stand-alone benefit and shall be paid along with settlement of claim payable under Inpatient Hospitalization Benefit and will be paid from the Policy's Annual Limit.

2.7. **Maternity Benefit (Available Under Gold Plan, Family Floater cover Only)**

2.7.1. We will reimburse the Hospitalisation Expenses incurred by a Life Insured towards Inpatient Care in a Hospital due to pregnancy or any complications thereof, including delivery and medical termination of pregnancy; subject to a maximum limit of 3% of the Sum Insured per pregnancy provided that:

- The Plan Type is Family Floater and the Life Insured is either You or Your spouse, and
- The Life Insured has been covered in the Family Floater Policy for at least three years.

2.7.2. The Maternity Benefit is subject to the following additional conditions:

- This benefit shall be available only for two episodes of pregnancy during the lifetime as a Life Insured under this plan or new policies taken by/for the Life Insured with the Company.
- This benefit is not available to Lives Insured in the Family Floater Policy who joined as children and/or adults other than Your spouse.
- Pre and Post Hospitalization Benefit (Clause 2.3) will not be payable
- Any expense incurred on new born child from a successful delivery will not be payable under this benefit. No reimbursements will be made towards expenses incurred on vaccinations of the new born child.

2.8. **Wellness Benefit (Available Under Gold Plan Only)**

2.8.1. We will provide wellness health check up vouchers to each Life Insured, of value equivalent to 0.1% of the Sum Insured. The vouchers will be provided in the second Policy Year from Risk Commencement Date/ Reinstatement Date and subsequently once every 3 years subject to payment of Premiums.

2.8.2. These vouchers can be redeemed for health check up at any of the network diagnostic centres within 1 year of its issuance. These vouchers cannot be exchanged/redeemed for cash and are not transferable and have to be utilized only by the Lives Insured.

2.8.3. The value of vouchers per Life Insured under this benefit is as follows:

Sum Insured (Rs.)	5 Lakhs	7 Lakhs	10 Lakhs
Voucher Amount (Rs.)	500	700	1,000

2.8.4. The value of these vouchers is in addition to the Annual Limit and payment of this benefit does not constitute a claim for the purpose of determining changes in Annual Limit due to Multiplier Benefit.

2.9. **Restore Benefit**

2.9.1. The product offers an optional "Restore Benefit" that can be opted for at the inception of the policy by paying additional premiums.

2.9.2. If the Basic Sum Insured and multiplier benefit (if any) is exhausted due to claims made and paid during the Policy Year or made during the Policy Year and accepted as payable, then

it is agreed that a Restore Sum Insured (equal to 100% of the Basic Sum Insured) will be automatically available for the particular policy year, provided that:

a) The Restore Sum Insured will be enforceable only after the basic sum insured including the multiplier bonus have been completely exhausted in that year

b) The Restore Sum Insured can be used for claims made by the Insured Person in respect of the following basic benefits covered by the policy:

- Inpatient Hospitalization Benefit
- Pre-Hospitalization
- Post-Hospitalization
- Day Care Procedures
- Organ Donor
- Emergency Ambulance

c) The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an illness/disease (including its complications) for which a claim has been paid in the current policy year

d) No Multiplier Benefit will apply to the Restore Sum Insured

e) The Restore Sum Insured can be used for Multiple claims in the Policy year of restoration until the restored Sum Insured is exhausted. However, the restoration of Sum Insured will happen only once in a Policy Year and once exhausted there will be no subsequent restoration.

f) If the Restore Sum Insured is not utilized in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

2.9.3. If the Policy is a Family Floater, then the Restore Sum Insured will only be available In respect of claims made by those Insured Persons who were Insured Persons under the Policy before the Sum Insured was exhausted.

2.10. **Room Rent Enhancement**

2.10.1. The product has a sub-limit on room rent equal to 1% of the Sum Insured. The Policyholder can instead opt for an enhanced limit, wherein the Sum Insured linked sub limit shall not be applied as long as a standard private room is opted for.

2.10.2. This optional benefit can only be opted for Sum Insured of Rs 5 Lakhs and above and is subject to the payment of additional premiums.

3. Annual Limit and Multiplier Benefit

3.1. On Risk Commencement Date of a new Policy or on the Reinstatement Date of a lapsed Policy, the value of the Annual Limit will be equal to the Sum Insured.

3.2. In case there is no claim in a Policy Year, the Annual Limit will increase by 50% of Sum Insured in the next Policy Year provided premiums are paid before the expiry of the Grace Period. Maximum value of Annual Limit will be equal to 200% of the Sum Insured.

3.3. Similarly, in case there is claim in a Policy Year, the Annual Limit will reduce by 50% of Sum Insured in the next Policy Year. However in no case the Annual Limit will fall below 100% of the Sum Insured.

3.4. The Annual Limit can be confirmed by the Life Insured from the Insurer or the TPA.

3.5. Wellness Benefit will not be considered as a claim under this provision.

4. Conversion Option for Children

The children who are covered under Family Floater policies may convert their cover to a separate Policy after attaining the age of 18 years. Such conversion shall be with continuity of benefits and without any fresh underwriting up to the Sum Insured in the Policy wherein they were originally covered with Us. Any

new life added to such converted Policy will be subject to underwriting and application of waiting period from the date of coverage.

5. Death Benefit

No benefit is payable on death of the Life Insured since death is not an insured event under this Policy. However, Hospitalisation Expenses if any, in such cases, payable under this Policy, shall be paid to You or to Your Nominee, as the case may be.

6. Payment of Premiums Due

The first premium must be paid along with the submission of Your completed application. Subsequent premiums are due in full on the premium due dates. We will not accept part payment of the premium due.

7. Premium Guarantee

The premium due under this Policy is guaranteed for a period of three years from the Risk Commencement Date of the Policy. We will review the premium rates at the end of every three years.

You will be informed of the revised premium prior to expiry of three years. The revised premium will depend on the then attained age of Life Insured (in case of Single life option) and all Lives Insured (in case of Family Floater option). The revised premium will also be guaranteed for a further block period of three years.

8. Grace Period for Payment of Premium

Premium(s) on this Policy should be paid on or before the Premium Due Date. You are advised to pay the premium in time to continue enjoying the benefits of this Policy.

However, in case you are unable to do so, You have a period of 30 days within which You can pay the Premium ("Grace Period"). If you pay the Premium before expiry of the Grace Period, the Policy will continue without any break.

If the premium is not received by us on or before the Premium Due Date, while the cover shall remain in-force until expiry of the Grace Period; the continuation of cover during Grace Period will be subject to following conditions:

- You will not be entitled to use the cashless claims service.
- Claims that occur during the Grace Period can be submitted to us for reimbursement if you pay the Premium within Grace Period.
- The cash less claims service will resume after you have paid the Premium within the Grace Period.

9. Whole Life Cover

This Policy offers whole life cover, subject to receipt of Premiums before expiry of Grace Period and continuity of Policy with no break in cover, at the then prevailing premium rates, terms and conditions.

Part D

1. Claims Procedure

You or any of the Lives Insured in your Family have the option to avail Cashless Service or claim the covered Medical Expenses as reimbursement, subject to Policy terms, conditions and exclusions mentioned herein.

1.1. TPA Details

Our Current TPA is:

E-Meditek (TPA) Services Ltd
Plot no 577, Udyog Vihar, Phase V, Gurgaon -122016
Tel: 0124-4466600 **Toll Free Help Line: 1800 102 4252**
Fax: 0124-4466677 Email: healthassure@hdfclife.com
Log On: www.hdfclifehealth.com

We may change our TPA or add more TPAs in the future. This will be duly intimated to You.

1.2. Cashless Claims Service

1.2.1. You may avail the cashless claims service at any of the Network Hospitals. You and all Lives Insured will be provided a Health Card with a unique membership id which will enable you to avail of cash less claims service.

1.2.2. In case of a planned hospitalization, you are advised to seek pre-authorization for Cashless Service from the TPA at least 72 hours prior to taking admission at any Network Hospital.

1.2.3. In case of medical emergency you must notify our TPA or Us within 48 hrs of Hospitalisation to avail Cashless Service.

1.3. Reimbursement Claims (Non cash-less)

You or Your representative must intimate our TPA or Us:

- 7 days prior to planned date of admission to a Hospital, and
- Within 48 hours of being admitted to a Hospital in case of a medical emergency.

The necessary claim documents must be submitted to the TPA or Us at the earliest after discharge from the Hospital.

1.4. Claims Procedure for Hospital Cash Benefit

1.4.1. If Your Plan Option is Gold Plan under this Policy and We agree to pay the Inpatient Hospitalization benefit, the Hospital Cash Benefit will also become payable to You for the number of Hospital days billed in the Hospital invoice and accepted by Us as the justified duration of Hospitalisation (excluding the first 24 hours).

1.4.2. If you avail cashless claims service, then the amount payable under Hospital Cash Benefit will be paid to you only after receipt of all Inpatient Hospitalisation claim documents by our TPA post your discharge from the Hospital.

1.4.3. If you do not avail cashless claims service, then the Daily Hospital Cash benefit will be paid along with the claim for Inpatient Hospitalization benefit.

1.5. Claims reported after 15 days of being discharged

1.5.1. In case You fail to submit claim documents to our TPA or Us within 15 days of being discharged then in addition to the claim documents mentioned in Clause 10.6 (Documents Required) You are also required to provide us in writing the reasons for such failure.

1.5.2. We may admit the claim if in our assessment the reason for such failure was beyond Your control. Our decision for rejection in this regard shall be final and binding.

1.6. Documents Required

The claims must be submitted along with following documents **in original:**

- Claim form duly filled and signed by You/Life Insured
- Hospitalization discharge card/summary
- Hospital invoice(s)(summary and the itemized invoices) and corresponding payment receipts

- Surgical summary (in case the Life Insured has undergone a Surgery)
- All supporting diagnostic reports and prescriptions
- All Pharmacy receipts and corresponding prescriptions
- Ambulance invoice if applicable

Self attested copies of the following documents:

- Health card Or Policy document and
- ID proof

Please note that above is an indicative list of required documents and We reserve the right to call for additional documents or raise further requirements.

1.7. Right to call for second opinion

In the event of any doubt regarding the appropriateness or correctness of the claimed diagnosis and/or treatment, the Company shall have the right to call for a medical examination of the Life Insured (s) by a Medical Practitioner appointed by the Company. The expenses incurred for the medical examination of the Life Insured (s) for the purpose of this Clause shall be borne by the Company. The evidence used from such examination, and the opinion of the Medical Practitioner as to the diagnosis and/or treatment shall be considered final and binding on the Policyholder.

1.8. Right to investigate the claim

1.8.1. In the event of any doubt regarding the appropriateness or correctness of the claimed diagnosis and/or treatment and/or amount being claimed and/or incidence of hospitalization itself, the Company shall have the right to inspect and investigate Life Insured's medical and Hospital records and other facts to establish veracity of the claim.

1.8.2. If the results of the investigation suggest inappropriateness or differences in the claimed diagnosis and/or treatment and/or amount being claimed and/or incidence of hospitalization itself then the Company will decline the claim.

1.8.3. Where the results of such investigation suggest fraud or foul play, then the Company will act in accordance with provisions of Clause 7 (Fraudulent Claim) of Part F.

1.9. Complete Discharge

Payment of Medical Expenses or benefits under this Policy by the Company to the:

- Policyholder or
- Life Insured or
- Nominee/Appointee or
- any other legal representative of the Policyholder or
- to the Hospital

as the case may be, shall be complete, satisfactory and effective discharge of the Company's liability under this Policy.

1.10. Penal Interest

Upon acceptance of a claim, if the payment of the amount due is not made within 30 days from the date of receipt of all requirements by Us, for any delay exceeding 30 days we will pay interest on the amount due at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

2. Cost Sharing

2.1. Pro-ration of Claims

In instances if you opt for a room having rent higher than the eligible room rent , then:

- expenses which vary based on the room category (for e.g. doctor/nursing charges) will be pro-rated in the ratio of eligible room rent divided by actual room rent
- other expenses such as pharmacy, consumables etc. will not be pro-rated.

This provision is applicable in case of admission to Network as well as Non Network Hospitals

2.2. Co-pay

Co-pay means the percentage of admissible claim amount which has to be fully borne by You or the Life Insured. The balance amount shall be paid by Us, subject to the Annual Limit.
Co-pay of 20% shall apply in Non Network Hospitals.

3. Policy Lapse

If you do not pay Premiums until expiry of Grace Period, the Policy will lapse with effect from the Premium Due Date for which the premium has remained unpaid (**"Lapse Date"**). In the event of Policy being lapsed, any claims occurring after the Lapse Date, including claims that may have occurred during the Grace Period will not be admissible.

4. Reinstatement of Lapsed Policy

4.1. If your Policy is lapsed as described above, You may request Us in writing to reinstate your Policy within 2 years.

4.2. We will consider reinstating your Policy as described above from Lapse Date as per our underwriting guidelines, subject to following conditions:

- The reinstatement request is required to be made for all surviving Lives Insured originally covered under the lapsed Policy and should be accompanied with pending premium amount that is advised by Us along with applicable interest if any.
- The reinstatement request may require fresh evidence of insurability. We may request for additional information or may ask for medical examination before taking a decision on the reinstatement of the Policy. Cost of such medical examination shall be borne by You.

4.3. The reinstatement if granted, will be subject to:

- Fresh applicability of 30 days Waiting Period (Clause 1.1 of Part F) from the Reinstatement Date.
- If the policy is revived within 60 days, only remaining part of Two Years Waiting Period (Clause 1.2 of Part F), Three Years Exclusion for Pre-Existing Diseases (Clause 1.3 of Part F) and Three Years Exclusion for the Maternity Benefit (Clause 1.4 of Part F) will be applicable.
- If the policy is revived after 60 days, Two Years Waiting Period (Clause 1.2 of Part F), Three Years Exclusion for Pre-Existing Diseases (Clause 1.3 of Part F) and Three Years Exclusion for the Maternity Benefit (Clause 1.4 of Part F) will be applied afresh.

In this case, the Annual Limit will be equal to the Sum Insured.

5. Policy Alterations

No alterations to the Policy will be allowed during the Policy Term except addition/deletion of Life Insured. Such addition or deletion of Life Insured and consequent change in premium and related Policy terms shall be effected as per prevailing policies and processes of the Company.

6. Other Policyholder Options

6.1. The main options available under the product are listed below. These are available subject to terms and conditions:

- Conversion Option from Family Floater to Single Life
- Conversion Option from Single Life to Family Floater
- Option to increase the Sum Insured subject to the maximum limit or upgrade the type of plan, subject to underwriting
- Option to add or remove a member under a Family Floater plan subject to terms and conditions
- Revival of lapsed policies (please refer to section 4 of Part D)
- Miscellaneous alterations; namely, change of address, correction in Name, correction in Date of Birth, change of Address, change of Nominee/ Appointee, issuance of duplicate policy.
- Option to add Restore Benefits and/or Room Rent Enhancements (available at the inception of the policy).

6.2. Conversion from Family Floater to Single Life will be allowed where the customer need justifies the same such as divorce, death etc. The option to increase the Sum Insured or upgrade the type of plan or to convert plan option shall be available on the completion of three policy years and every three years thereafter. The option to add or remove a member under a Family Floater plan shall be available on every policy anniversary. Upgrading the type of plan represents a switch by the policyholder from a 'Silver' plan option to a 'Gold' plan option. Any increase in sum insured or upgrade of plan type as a result of exercising any of the above options shall be subject to applicable underwriting requirements. In addition, exclusions relating to pre-existing conditions and waiting periods shall apply to the extent of increased sum insured or additional benefits from the effective date of alteration.

6.3. In case of death of the main life under Family Floater policies, the eldest of the remaining members will become the main life and the policy continues.

6.4. A Family Floater policy will be converted to a Single Life policy on policy anniversary if only one member remains under the Family Floater policy.

6.5. Any addition of life into the (converted) new policy shall also be subject to underwriting norms and all time bound exclusions and waiting period shall apply for such added lives.

6.6. Please note that the following options are not available under the product:

- Option to downgrade from Gold plan to Silver plan
- Option to reduce the Sum Insured except in case of transfer from Family Floater to Single Life

7. Free Look Option

In case you are not agreeable to any of the provisions stated in the Policy and the details in the proposal form and provided You or any of the Life Insured have not made any claim, You have the option of returning the Policy to Us stating the reasons of Your disagreement, within 15 days from the date of receipt of the Policy. If You have purchased Your Policy through Distance Marketing this period will be 30 days. On receipt of Your letter along with the original Policy documents and health cards issued by us,, We shall arrange to refund the premium after deducting the expenses incurred by Us on any medical examinations and stamp duty charges. A Policy once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Policy.

8. Cancellation / Termination other than Free Look-in

This Policy cannot be cancelled by the Life Insured after the Free Look-in period.

9. Portability

Under the Policy, You have an option to transfer the credit gained for your pre – existing diseases and time-bound exclusions to any other insurer offering health insurance cover, provided the Policy has been maintained without any break. The detailed procedure for portability would be available on Our website www.hdfclife.com or can be made available on request.

Part E

(Applicable charges, Fund name, fund options)

There are no additional charges under the product.

Part F

1. Waiting Period

Waiting period will apply to all Lives Insured individually from the respective First Coverage Commencement Date.

1.1. 30-Days Waiting Period

We will not pay any benefits under this Policy for claims occurring within 30 days of the First Coverage Commencement Date or Reinstatement Date whichever occurs later, except where such Medical Expenses are incurred for treatment of a condition caused by an Accident.

1.2. Two Years Waiting Period

We will not pay any benefits under this Policy for claims arising from the following conditions and treatment thereof until twenty four(24) months of continuous coverage have elapsed since the First Coverage Commencement Date. In case of revival or reinstatement of the policy, only the remaining part, if any, of the waiting period applies.

Condition/Treatment
ENT
Adenoid and Tonsillar Disorder
Deviated Nasal Septum / Nasal & Paranasal Sinus Disorders
Thyroid Surgery for benign conditions
Functional endoscopic sinus Surgery
Gynaecological
Benign breast disorder
Myomectomy, Hysterectomy with or without Bilateral salphingo-Opherectomy excluding malignancy
Orthopaedic
Carpal tunnel syndrome
PIVD(unless due to Accident)
Osteoporosis, Gout and Rheumatism
Osteoarthritis and Degenerative joint disorders
Knee/Joint Replacement Surgery (other than caused by an Accident). For Knee replacement, actual expenses incurred subject to a maximum of Rs.1.5 Lakhs whichever is lower, per Life Insured per knee per annum will be payable after the waiting period is over.
Gastrointestinal
Surgery of gallbladder and bile duct stones
Gastric/Duodenal Ulcer
All types of Hernia, Hydrocele
Hemorrhoids, Anal Fissure, Fistula, Rectal prolapse, pilonidal sinus
Urogenital
Surgery of urinary stones
Benign enlargement of prostate gland
Varicocele, spermatocele
Treatment for Chronic renal failure or end stage renal failure
Others

Skin conditions
Varicose Veins/Ulcers
Vitrectomy/Detachment Surgery for Retinopathy
Cataract and age related eye conditions. Actual expenses incurred subject to a maximum of Rs. 20,000 per eye per Life Insured per Policy Year will be paid towards Cataract after the Waiting period
Diabetes and related treatments

1.3. Three Years Waiting Period for Pre-Existing Diseases

Benefits under this Policy will not be available to any Life Insured for any Pre-Existing disease(s) until thirty six (36) months of continuous coverage have elapsed since First Coverage Commencement Date. In case of revival or reinstatement of the policy, only the remaining part, if any, of the waiting period applies.

1.4. Three Years Waiting Period for Maternity Benefit

We will not pay any claim under Maternity Benefit until thirty six (36) months of continuous coverage have elapsed since the First Coverage Commencement Date. In case of revival or reinstatement of the policy, only the remaining part, if any, of the waiting period applies.

1.5. Others

There are no other waiting periods other than those mentioned in this document.

2. Specific Exclusions

We will not make any payment for any claim in respect of any Life Insured if it is directly or indirectly caused by, arises from, or is in any way attributable to any exclusion and/or restriction mentioned in the Policy Schedule.

3. Permanent Exclusions

Unless expressly stated to the contrary in this Policy, we will not make any payment for any claim in respect of any Life Insured if it is directly or indirectly caused by, arises from, or is in any way attributable to any of the following:

3.1. Treatment received outside India

Any Medical Expenses incurred for or arising out of treatment taken outside India.

3.2. Non Allopathic and Experimental Treatment

a) Any non-allopathic treatment,

b) Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India, or

c) Experimental, investigational or unproven treatment, devices and pharmacological regimens.

3.3. Breach of Law

Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Life Insured with any criminal intent.

3.4. Conflicts and Disasters

War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not), civil war, usurped act, rebellion, revolution, insurrection, nuclear weapons/materials, chemical and biological weapons and radiation of any kind.

3.5. Military Services

Involvement in naval, military or airforce operation.

3.6. Aviation

Any claim arising as a direct consequence of participation by the Life insured in any flying activity other than on a scheduled commercial airline as a bona fide passenger (whether fare paying or not), pilot or crew member.

3.7. Hazardous Activities

Life insured's participation or involvement in racing, diving, scuba diving, parachuting, hang-gliding, rock or mountain climbing.

3.8. Self-Inflicted injuries or attempted suicide

Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.

3.9. Substance Misuse and De-addiction

The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs (not prescribed by Medical Practitioner) and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

3.10. Rehabilitation and Convalescence

Convalescence, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care and general debility or exhaustion (run-down condition).

3.11. Cosmetic treatments

Aesthetic treatment, cosmetic Surgery or plastic Surgery or related treatment of any description including any complications attributable to such treatments other than as may be necessitated due to an Accident, cancer or burns.

3.12. Sleep and Obesity

Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity (including morbid obesity) and any treatment related to sleep disorder or sleep apnoea syndrome.

3.13. Hormone Replacement Therapy

Medical Expenses incurred by the Life Insured for any type of hormone replacement therapy.

3.14. Dental treatments

Any Dental Treatment or Surgery unless necessitated due to an Accident.

3.15. Routine Eye(s) and Ear ailments

Cost of routine eye and ear examinations, cost of spectacles, laser Surgery for correction of refractory errors, contact lenses, hearing aids, dentures and artificial teeth.

3.16. HIV/AIDS

Any treatment for or treatment arising from, Human Immunodeficiency Virus (HIV) or Acquired Immuno Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

3.17. Sexually transmitted Disease and other Sexual problems

a) Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, or
b) Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes/ gender reassignments or erectile dysfunction.

3.18. Circumcision

Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

3.19. Birth Control and Assisted Reproduction

a) Any type of contraception, sterilization and family planning.

b) Treatment to assist reproduction, including IVF treatment

3.20. Pregnancy

3.20.1. This exclusion does not apply in case of ectopic pregnancy and pregnancy eligible for payment under 'Maternity Benefit' as described in this Policy.

3.20.2. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an Accident or Illness), childbirth, maternity (including caesarean section), abortion or complication of any of these.

3.21. Pre and Post Hospitalisation expense exclusion for Maternity Benefit

The Pre and Post Hospitalisation benefit will not be payable in case of a Maternity Benefit claim.

3.22. Psychological disorders

Any expense incurred on treatment of mental Illness, stress, psychiatric or psychological disorder.

3.23. Congenital Conditions

Treatment of any Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.

3.24. Items of personal comfort and non-medical expenses

Items of personal comfort and non-medical expenses will be paid in accordance with the Standard list of excluded items as stipulated by Insurance Regulatory and Development Authority from time to time.. The list of excluded items would be available on Our website www.hdfclife.com.

3.25. Preliminary diagnostics and Examination

3.25.1. Charges incurred primarily for diagnostics, X-Ray or Laboratory examinations not consistent with or not incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which Inpatient Hospitalisation / Day Care Treatment is required.
This exclusion does not apply to health check-ups undertaken within the scope of Wellness Benefit.

3.25.2. Any Hospitalisation primarily for investigation and /or diagnosis purpose

3.26. Domiciliary Treatment

3.26.1. Any expenses arising out of Domiciliary Treatment.

3.26.2. Domiciliary Treatment means any treatment not taken in the confines of a Hospital.

3.27. Expenses of Life Insured as donor

3.27.1. Expenses related to donor screening, treatment including Surgery to remove organs from a donor in the case of transplant Surgery, where the Life Insured acts as a donor.

3.27.2. This exclusion will not apply where Life Insured is an organ recipient.

3.28. Stem Cell Banking

Stem cell implantation, harvesting, storage or any kind of treatment using stem cells.

3.29. Failure to take reasonable medical care

We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Life Insured had taken reasonable care, or that is brought about or contributed to by the Life Insured failing to follow the directions, advice or guidance provided by a Medical Practitioner.

3.30. Expenses other than reasonable & medically necessary

3.30.1. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary, drugs or treatments which are not supported by a prescription.

3.30.2. Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.

3.31. Immunisation & Nutritional treatment

All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment), any physical, psychiatric or psychological examinations or testing, enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

3.32. Others

Apart from the above mentioned exclusions, we are covering all other scenarios, procedures or conditions.

4. Nomination

You can choose the nominee at the time the Policy is purchased and can change this nomination at a later date by notifying Us in writing at the correspondence address mentioned in the Policy Schedule. In the event of Your death, the nominee shall be entitled to receive the eligible residual benefits so claimed, subject to policy terms & conditions. If nominee is a minor then Appointee will receive the claim amount secured by the Policy on behalf of the Nominee.

5. Assignment

This Policy cannot be assigned.

6. Incorrect Information and Non-disclosure

Your Policy is based on the application and declaration which you have made to us and other information provided by You/on Your behalf. However, if any of the information provided therein is incomplete or incorrect, we reserve the right to vary the benefits, which may be payable and, further, if there has been non-disclosure of a material fact; section 45 of the Insurance Act applies.

Section 45 of the Insurance Act, 1938 states:

No policy of life insurance effected before the commencement of this Act shall after the expiry of two years from the date of commencement of this Act and no policy of life insurance effected after the coming into force of this Act shall, after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that statement made in the proposal or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy-holder and that the policy-holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose:

Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

7. Fraudulent Claims

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Life Insured or anyone acting on behalf of the Life Insured to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Lives Insured. All sums paid under this Policy shall be repaid to Us by You and You will be solely liable for such repayment.

8. Death of Policy Holder or Life Insured

8.1. Death of Policyholder

8.1.1. In case of Single Life option where Life Insured is the Policyholder himself, the Policy will automatically terminate upon death of the Policyholder. There will be no refund of Premium.

8.1.2. In case of Policy with Single Life option where Life Insured is not the Policyholder himself and in Family Floater Policy, the Policy shall continue to remain in-force for surviving Lives Insured up to the next Premium Due Date. Any of the surviving Lives Insured eligible to contract can make a fresh application and can continue the cover from such Premium Due Date. We will issue a new Policy with continuity of benefits and without any fresh underwriting at the then prevailing premium rates, terms and conditions.

8.2. Death of Life Insured

8.2.1. In case of death of a Life Insured the coverage will cease from date of death of the Life Insured without any refund of Premium. In case of Family Floater Policies the Policy will continue to remain in-force for surviving Lives Insured.

8.2.2. Upon receiving intimation from Policyholder about the death of Life Insured along with death certificate prior to next Premium Due Date, the Premium payable on the next Premium Due Date shall be calculated on the surviving Lives Insured for whom the coverage shall continue.

8.2.3. There is no death benefit payable upon death of the Life Insured. However a claim for covered benefits incurred prior to death of Life Insured will be payable subject to terms and conditions stated herein.

9. Withdrawal of Product

This product may be withdrawn by the Company in the future. Any withdrawal will only be done after obtaining prior approval from the IRDA. The options available to You on such withdrawal of the Product, will be as per approval granted by IRDA and may include the option to shift to a similar product available with Us at that time.

10. Modification, Amendment, Re-enactment of or to the Insurance laws and rules, regulations, guidelines, clarifications, circulars etc. thereunder

This Policy is subject to the applicable laws of India including the Insurance Act 1938, the Insurance Regulatory and Development Authority Act, 1999 and other relevant laws and regulations, amendments, modifications etc. as may be made from time to time.
All benefits are available in India only, and all claims shall be payable in India in Indian Rupees only.

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

We reserve the right to change any of these Policy Provisions / terms and conditions in accordance with changes in applicable Regulations or Laws or if it becomes impossible or impractical to enact the provision / terms and conditions.
We are required to obtain prior approval from the Insurance Regulatory and Development Authority or any successor body before making any material changes to these provisions, except for changes of regulatory / statutory nature.

We reserve the right to require submission of such documents and proof at all life stages of the Policy including at the time of payment of Benefits as may be necessary to meet the requirements under Anti- money Laundering/Know Your Customer norms and as may be laid down by IRDA and other regulators from time to time.

11. Service Tax, Education Cess and Statutory levies

As per the current laws, Service Tax and Education Cess is applicable on life insurance Premium and is payable in addition to the Premium amount specified in the Policy Schedule. Any other indirect tax, statutory levy or duty leviable in future including changes in the rate of any of the above may become payable by you by any method we deem appropriate including by levy of an additional monetary amount in addition to the Premium.

Signed at Mumbai on <<PolicyIssueDate>>
For HDFC Standard Life Insurance Company Limited
Authorised Signatory

Part G

1. Grievance Redressal Process

(i) All grievances (Service and sales) received by the Company will be responded to within the prescribed regulatory Turn Around Time (TAT) of 14 days.

(ii) Written request or email from the registered email id is mandatory.

(iii) If required, we Life will undertake complaints investigation by taking inputs from the customer over con-calls or personal meetings.

(iv) We will issue an acknowledgement letter to the customer within 3 working days of the receipt of complaint.

(v) The acknowledgement that is sent to the customer has the details of the complaint no., the Policy no. and the Grievance Redressal Officer's name who will be handling the complaint of the customer.

(vi) If the customer's complaint is addressed within 3 days, the resolution communication will also act as the acknowledgment of the complaint.

(vii) The final letter of resolution will offer redressal or rejection of the complaint with the reason for doing so.

(viii) In case the customer is not satisfied with the decision sent to him or her, he or she may contact our Grievance Officer within 8 weeks of the receipt of the communication at any of the touch points mentioned in the document, failing which, we will consider the complaint to be satisfactorily resolved.

(ix) The following is the escalation matrix in case there is no response within the prescribed timelines. The number of days specified in the below- mentioned escalation matrix will be applicable from the date of escalation.

Level	**Designation**	**Response Time**
1st Level	Sr. Manager - Customer Relations	10 working days
2nd Level (for response not received from Level 1)	Vice President - Customer Relations	10 working days
Final Level (for response not received from Level 2)	Sr. Vice President and Head Customer Relations & Principal Grievance Redressal Officer	3 working days

You are requested to follow the aforementioned matrix to receive satisfactory response from us.

In the event you are dissatisfied with the response provided by us, you may approach the Insurance Ombudsman in your region. The contact details of the Insurance Ombudsman are provided below.

2. Details and addresses of Insurance Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry

KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email:insombudsmankolkata@gmail.com	West Bengal , Bihar , Jharkhand and UT of Andeman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

Appendix-1: List of Day Care Treatments

NERVES	
1)	Therapeutic Drainage of spinal canal
2)	Operations on spinal nerve root
3)	Excision of peripheral nerve
4)	Destruction of peripheral nerve
5)	Extirpation of lesion of peripheral nerve
6)	Microsurgical repair of peripheral nerve
7)	Carpal tunnel release
8)	Canal of guyon release
9)	Cubital tunnel release
10)	Neurostimulation of peripheral nerve
11)	Excision of sympathetic nerve
12)	Chemical destruction of sympathetic nerve
13)	Radiofrequency controlled thermal destruction of sympathetic nerve
EYE	
14)	Extirpation of lesion of orbit
15)	Therapeutic operations on eyebrow
16)	Therapeutic operations on canthus
17)	Extirpation of lesion of eyelid
18)	Excision of redundant skin of eyelid
19)	Reconstruction of eyelid
20)	Correction of deformity of eyelid
21)	Correction of ptosis of eyelid
22)	Incision of eyelid
23)	Operations on lacrimal gland
24)	Connection between lacrimal apparatus and nose
25)	Operations on nasolacrimal duct

26)	Operations on muscles of eye
27)	Extirpation of lesion of conjunctiva
28)	Repair of conjunctiva
29)	Extirpation of lesion of cornea
30)	Closure of cornea
31)	Incision of cornea
32)	Excision of sclera
33)	Buckling operations for attachment of retina
34)	Excision of iris
35)	Filtering operations on iris
36)	Incision of iris
37)	Extirpation of ciliary body
38)	Extracapsular extraction of lens
39)	Incision of capsule of lens
40)	Insertion of Prosthesis of lens
41)	Operations on vitreous body
42)	Operations on retinal membrane
43)	Photocoagulation of retina for detachment
44)	Destruction of lesion of retina
45)	Fixation of retina
46)	Evaluation of retina
47)	Destruction of subretinal lesion
48)	Operations on posterior segment of eye
EAR, NOSE & THROAT	
49)	Operations on thyroglossal tissue
50)	Excision of parathyroid gland
51)	Excision of external ear lesions
52)	Extirpation of lesion of external ear

53)	Exenteration of mastoid air cells
54)	Attachment of bone anchored hearing prosthesis
55)	Repair of eardrum
56)	Drainage of middle ear
57)	Reconstruction of ossicular chain
58)	Stapedectomy
59)	Extirpation of lesion of middle ear
60)	Rhinoplasty for traumatic injuries
61)	Therapeutic operations on septum of nose
62)	Therapeutic operations on turbinate of nose
63)	Surgical arrest of bleeding from internal nose
64)	Operations on unspecified nasal sinus
65)	Caldwell luc Surgery
66)	Operations on adenoid
67)	Therapeutic endoscopic operations on pharynx
68)	Microtherapeutic endoscopic operations on larynx
69)	Petrous Apicectomy
70)	Therapeutic fibreoptic endoscopic operations on lower respiratory tract
71)	Partial excision of lip
72)	Extirpation of lesion of lip
73)	Dental operations as a result of Accidents
74)	Excision of dental lesion of jaw
75)	Extirpation of lesion of tongue
76)	Lingual frenotomy/frenoplasty
77)	Extirpation of lesion of palate
78)	Palatoplasty for pure palatal defects
79)	Excision of tonsil
	GASTROINTESTINAL

80)	Excision of salivary gland
81)	Extirpation of lesion of salivary gland
82)	Open extraction of calculus from salivary duct
83)	Fibreoptic endoscopic extirpation of lesion of oesophagus
84)	Fibreoptic endoscopic extirpation of lesion of upper gastrointestinal tract
85)	Therapeutic endoscopic operations on duodenum
86)	Artificial opening into jejunum
87)	Therapeutic endoscopic operations on jejunum
88)	Endoscopic extirpation of lesion of colon
89)	Endoscopic extirpation of lesion of lower bowel using fibreoptic sigmoidoscope
90)	Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope
91)	Manipulation of rectum
92)	Excision of lesion of anus
93)	Destruction of lesion of anus
94)	Excision of haemorrhoid
95)	Destruction of haemorrhoid
96)	Dilation of anal sphincter
97)	Drainage through perineal region
98)	Excision of pilonidal sinus
BLOOD VESSELS	
99)	Arteriovenous shunt
100)	Combined operations on varicose vein of leg
101)	Ligation of varicose vein of leg
102)	Injection into varicose vein of leg
103)	Transluminal operations on varicose vein of leg
104)	Therapeutic transluminal operations on vein
URINARY SYSTEM & GENITAL ORGANS	

105)	Therapeutic endoscopic operations on calculus of kidney
106)	Percutaneous puncture of kidney
107)	Extracorporeal fragmentation of calculus of kidney
108)	Therapeutic ureteroscopic operations on ureter
109)	Extracorporeal fragmentation of calculus of ureter
110)	Operations on ureteric orifice
111)	Percutaneous ureteric stent procedures
112)	Open drainage of bladder
113)	Endoscopic extirpation of lesion of bladder
114)	Endoscopic operations to increase capacity of bladder
115)	Urethral catheterisation of bladder
116)	Vaginal operations to support outlet of female bladder
117)	Therapeutic endoscopic operations on outlet of female bladder
118)	Endoscopic resection of outlet of male bladder
119)	Repair of urethra
120)	Therapeutic endoscopic operations on urethra
121)	Urethral meatal Surgery
122)	Extirpation of lesion of scrotum
123)	Extirpation of lesion of testis
124)	Operations on hydrocele sac
125)	Operations on epididymis
126)	Operations on varicocele
127)	Extirpation of lesion of penis
128)	Dialysis
	GYNAECOLOGY
129)	Operations on Bartholin gland
130)	Extirpation of lesion of vulva
131)	Extirpation of lesion of female perineum

132)	Excision of band of vagina
133)	Culdotomy
134)	Extirpation of lesion of vagina
135)	Operations on pouch of Douglas
136)	Excision of cervix uteri
137)	Destruction of lesion of cervix uteri
138)	Abdominal excision of uterus
139)	Dilatation and Curettage of uterus
140)	Therapeutic endoscopic operations on uterus
141)	Therapeutic endoscopic operations on ovary
142)	Operations on broad ligament of uterus
143)	Incision of breast
SKIN	
144)	Microscopically controlled excision of lesion of skin
145)	Photodynamic therapy of skin
146)	Curettage of lesion of skin
147)	Photodestruction of lesion of skin
148)	Flap operations to relax contracture of skin
149)	Split autograft of skin
150)	Suture of skin of head or neck
151)	Extirpation of nail bed
152)	Excision of nail
153)	Fascial release
LUNGS	
154)	Partial excision of chest wall
155)	Puncture of pleura
MUSCLES / BONES / TENDONS	
156)	Closed reduction of fracture of bone and internal fixation

157)	Excision of ganglion
158)	Re-excision of ganglion
159)	Operations on bursa
160)	Transposition of tendon
161)	Excision of tendon
162)	Primary repair of tendon
163)	Secondary repair of tendon
164)	Tendon release
165)	Adjustment to length of tendon
166)	Excision of sheath of tendon
167)	Excision of muscle
168)	Repair of muscle
169)	Release of contracture of muscle
170)	Facial bone fracture fixation
171)	Excision of mandible
172)	Fixation of mandible
173)	Decompression of fracture of spine
174)	Denervation of spinal facet joint of vertebra
175)	Manipulation of spine
176)	Joint manipulation
177)	Extirpation of lesion of bone
178)	Angulation periarticular division of bone
179)	Primary open reduction of fracture of bone and intramedullary fixation
180)	Primary open reduction of fracture of bone and extramedullary fixation
181)	Secondary open reduction of fracture of bone
182)	Fixation of epiphysis
183)	Skeletal traction of bone
184)	Therapeutic puncture of bone

185)	Excision reconstruction of joint
186)	Fusion of joint of toe
187)	Primary open reduction of traumatic dislocation of joint
188)	Primary closed reduction of traumatic dislocation of joint under GA
189)	Open operations on synovial membrane of joint
190)	Open operations on semilunar cartilage
191)	Stabilising operations on joint
192)	Release of contracture of joint
193)	Soft tissue operations on joint of toe
194)	Debridement and irrigation of joint
195)	Therapeutic endoscopic operations on semilunar cartilage
196)	Therapeutic endoscopic operations on cavity of knee joint
197)	Amputation of toe
	CANCER
198)	Radiotherapy delivery
199)	Delivery of chemotherapy for neoplasm
200)	Delivery of oral chemotherapy for neoplasm

Currently only the above mentioned Day Care Procedures are covered under the product.

Any other medical treatment and / or surgical procedures which is undertaken under General or Local Anaesthesia in a hospital / day care centre and do not require the minimum 24 hour hospitalisation due to advancement in Medical Technology will be considered under Day Care Benefit. However claims for such new Day Care procedures will have to be preauthorized by us