## Health Product

### 1. Preamble

This is a contract of insurance between the Company and the Policyholder which is subject to the realization of the full premium in advance and the terms, conditions and exclusions to this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by Policyholder in respect of the Insured Persons in the Proposal and the Policy Schedule.

Please inform the Company immediately of any change in the address, or any other changes affecting You or any Insured Person.

### 2. Definitions

For the purpose of interpretation and understanding of this Policy, the Company has defined below some of the important words used in this Policy. Words not defined below are to be construed in the usual English language meaning as contained in Standard English language dictionaries. The words and expressions defined in the Insurance Act 1938, IRDA Act 1999, regulations notified by the Insurance Regulatory and Development Authority of India ("Authority") and circulars and guidelines issued by the Authority shall carry the meanings described therein.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate:

1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means the completed age of the Insured Person as on his last birthday.
3. **Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
4. **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.
5. **Appendix** means a document attached and marked as Appendix to this Policy.
6. **Break in Policy** occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.
7. **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.
8. **Claim** means a demand made in accordance with the terms and conditions of the Policy for payment of the specified Benefits in respect of the Insured Person.
9. **Claimant** means a person who possesses a relevant and valid Insurance Policy which is issued by the Company and is eligible to file a Claim in the event of a covered loss.
10. **Company** (also referred as We/Us/EGIC) means Edelweiss General Insurance Company Limited.
11. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

12. **Congenital anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
    i. Internal congenital anomaly - Congenital anomaly which is not in the visible and accessible parts of the body.
    ii. External congenital anomaly - Congenital anomaly which is in the visible and accessible parts of the body.
13. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A Co-payment does not reduce the Sum Insured.
14. **Day care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under –
    i. has qualified nursing staff under its employment;
    ii. has qualified medical practitioner/s in charge;
    iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
    iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
15. **Day care treatment** means medical treatment, and/or surgical procedure which is:
    i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and
    ii. which would have otherwise required hospitalization of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.
16. **Diagnostic Tests** means investigations, such as X-Ray or blood tests, etc to determine the cause of symptoms and/or medical conditions.
17. **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 removed to a hospital, or
    ii. the patient takes treatment at home on account of non-availability of room in a hospital.
18. **Diagnosis** means pathological conclusion drawn by a registered medical practitioner, supported by acceptable Clinical, radiological, histological, histopathological and laboratory evidence wherever applicable.
19. **Edelweiss Group** means any company or organization which is directly or indirectly a holding of Edelweiss Group.
20. **Emergency care** (Emergency) means management for an 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 insured person's health.
21. **Family Floater Policy** means a Policy described as such in the Policy Schedule where the family members (two or more) named in the Policy Schedule are insured under this Policy. Only the following family members can be covered under a Family Floater Policy:

i. Insured Person; and/or
ii. Insured Person's legally married spouse (for as long as they continue to be married); and/or
iii. Insured Person's children who are less than 26 years of Age on the commencement of the Policy Period (maximum 3 children can be covered).

22. **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.

23. **Hazardous sports/ Hazardous Activities** means Persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, Skydiving, Parachuting, Scuba Diving , Riding or Driving in Races or Rallies, Mountain Climbing, hunting or equestrian activities, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hand gliding, diving or under-water activity river rafting, canoeing involving rapid waters, polo, yachting or boating outside coastal waters and persons whilst engaged in occupation / activities of similar hazard like, Aircraft pilots and crew, Armed Forces personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Demolition contractor, Explosives users, Fisherman (seagoing , Jockey , Marine salvager ,Miner and other occupations underground , nuclear installations, Off-shore oil or gas rig worker , Policeman, Professional sports person ,Roofing contractors and all construction, maintenance and repair workers, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed), Ship crew, Steeplejack ,Stevedore ,Structural steelworker, Tower crane operator ,Tree feller.

24. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
i. has qualified nursing staff under its employment round the clock;
ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
iii. has qualified medical practitioner(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

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

26. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
i. Acute condition - Acute condition is a disease, illness 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
ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or

more of the following characteristics:

a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
b. it needs ongoing or long-term control or relief of symptoms
c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
d. it continues indefinitely
e. it recurs or is likely to recur

27. **Indemnity/Indemnify** means compensating the Policy Holder/Insured Person up to the extent of expenses incurred, on occurrence of an event which results in a financial loss and is covered as the subject matter of the insurance cover.
28. **Individual Policy** means a Policy described as such in the Policy Schedule where the individual named in the Policy Schedule is insured under this Policy.
29. **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.
30. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
31. **Insured Person** (also referred as Insured) means person named as insured in the Policy Schedule.
32. **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.
33. **ICU (Intensive Care Unit) 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.
34. **Maternity expenses** means:
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
    ii. Expenses towards lawful medical termination of pregnancy during the policy period.
35. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
36. **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.
37. **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 its scope and jurisdiction of license.
38. **Medically necessary treatment** means any treatment, tests, medication, or stay in hospital or part of

a stay in hospital which:

i. is required for the medical management of the illness or injury suffered by the insured;
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.

39. **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.
40. **Newborn baby** means baby born during the Policy Period and is aged up to 90 days.
41. **Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.
42. **Cumulative Bonus (No Claim Bonus)** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
43. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
44. **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.
45. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
46. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined 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.
47. **Policy** means these Policy terms and conditions and Appendices thereto, the Proposal Form, Policy Schedule and Optional Cover (if applicable) which form part of the Policy and shall be read together.
48. **Policyholder** (also referred as You) means the person named in the Policy Schedule as the Policyholder.
49. **Policy Period** means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.
50. **Policy Period Start Date** means the date on which the Policy commences, as specified in the Policy Schedule.
51. **Policy Period End Date** means the date on which the Policy expires, as specified in the Policy Schedule.
52. **Policy Schedule** means the certificate attached to and forming part of this Policy.

53. **Policy Year** means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.
54. **Portability** means transfer by an individual health insurance policyholder (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.
55. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined 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.
56. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
57. **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.
58. **Reimbursement** means settlement of claims paid directly by the Company directly to the Policyholder/Insured Person.
59. **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.
60. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
61. **Standard Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a Single room in that Hospital.
62. **Sum Insured** means the amount specified in the Policy Schedule, for which premium is paid by the Policyholder.
63. **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
64. **Third Party Administrator or TPA** means any person who is licensed under the IRDAI (Third Party Administrators-Health Services) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an Insurance Company, for the purposes of providing health services.
65. **Total Sum Insured** is the sum total of Sum Insured and the Sum Insured accrued under optional cover chosen by the Policyholder. It represents the Company's maximum, total and cumulative liability for in respect of the Insured Person for any and all Claims incurred during the Policy Year.

If the Policy Period is more than 12 months, then it is clarified that the Sum Insured shall be applied separately for each Policy Year in the Policy Period.

**66.** **Unproven/Experimental** treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

**67. Critical Illnesses:**

**i. 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:

a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
c. Malignant melanoma that has not caused invasion beyond the epidermis;
d. 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
e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
f. Chronic lymphocytic leukemia less than RAI stage 3
g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
h. 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;
i. All tumors in the presence of HIV infection.

**ii. 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:

a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
b. New characteristic electrocardiogram changes
c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
The following are excluded:

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

**iii. Coronary Artery Bypass Graft (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 breast bone) 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: Angioplasty and/or any other intra-arterial procedures.

**iv. Stroke Resulting in Permanent Symptoms:**

a. 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.

b. 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.

**v. 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.

## 3. Benefits

General Conditions applicable to all Benefits and Optional Covers:

1. The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken by the Insured Person during the Policy Period for an Illness, Injury or conditions described in the sections below, if it is contracted or sustained by an Insured Person during the Policy Period.
   i. On floater basis, the maximum, total and cumulative liability of the Company in respect of all Insured Person for any and all Claims arising/incurred under the Policy during the Policy Year shall not exceed the Total Sum Insured for that policy. However, the benefits under Benefit 11, Benefit 12 and Benefit 13 are over and above the total sum insured.
2. Compulsory Co-payment of 20% shall be applicable to each and every Claim made, for each Insured Person aged above 60 Years.
3. Option of Mid-term inclusion of a Person in the Policy will be only upon marriage or childbirth (inclusion of child only after completed 90 days); Additional differential premium will be calculated on a pro rata basis.
4. Eligible to be covered under the Policy, the Insured should have completed the age of 90 days for all the plan variants (Silver, Gold and Platinum) and maximum age of entry in the policy will be 65 years for Silver and Gold variants as on the date of commencement of the Policy Period as applicable to such Insured unless it is renewal of policy, For Platinum Variant there

will be no maximum entry age limit.

### 3.1. Benefit 1: Hospitalization Expenses

1. If an Insured Person is diagnosed with an Illness or suffers an Injury contracted during the Policy Period which requires hospitalization in a hospital in India, on the advice of a medical practitioner then We will pay You, Reasonable and Customary Medical Expenses incurred as below
   - i. Room Rent;
   - ii. Nursing charges for Hospitalization as an Inpatient excluding private nursing charges;
   - iii. Medical Practitioners' fees, excluding any charges or fees for standby services;
   - iv. Physiotherapy, investigation and diagnostics procedures directly related to the current admission;
   - v. Medicines, drugs as prescribed by the treating Medical Practitioner;
   - vi. Intravenous fluids, blood transfusion, injection administration charges and /or consumables;
   - vii. Operation theatre charges;
   - viii. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery;
   - ix. Intensive Care Unit charges.
2. The maximum room rent limits applicable under different variants of this Policy is mentioned as follows:
   i. For Silver:-For Sum Insured up to Rs.200000: 1% of the Sum Insured per day;
   ICU Charges - 2% of the Sum Insured per day;
   ii. For Silver Sum Insured above Rs.200000 and for Gold & Platinum Plan:- Standard Single Private Room. No capping on ICU accommodation.
3. In case of insured person's admission to a room at rates exceeding the per day limits as mentioned above, then all expenses incurred at the Hospital (including applicable surcharges and taxes thereon) with the exception of cost of medicines and consumables, shall be payable in the same proportion of the difference between the admissible rate per day (eligible room rent per day) and the actual rate per day of room rent charges.
4. The nomenclature of Room Rent categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the rooms mentioned in the Policy.

### 3.2. Benefit 2: Pre- hospitalization Medical Expenses and Post-hospitalization Medical Expenses

**Pre-hospitalization Medical Expenses:-** The relevant pre hospitalization Medical Expenses incurred for a period of 30 days in (Silver Plan), 60 days (Gold Plan), 90 days (Platinum Plan) immediately before insured person was Hospitalized, provided that: Such Medical Expenses were incurred for the same illness/injury for which subsequent hospitalization was required, and Company have accepted an inpatient hospitalization claim under Inpatient Hospitalization Treatment.

**Post-hospitalization Medical Expenses:-** The relevant post hospitalization Medical Expenses incurred for a period of 60 days in (Silver), 90 days in (Gold), 180 days in (Platinum) variant, immediately after insured person were discharged post hospitalization, provided that such costs are incurred in respect of

the same illness/injury for which the earlier hospitalization was required, and Company have accepted an inpatient hospitalization claim under Inpatient hospitalization.

### 3.3. Benefit 3: Day Care Treatment

The Company will Indemnify the Policy Holder/Insured Person for Medical Expenses incurred on Day Care Treatment which involve a Surgical Procedure, through Cashless or Reimbursement Facility, maximum up to the Sum Insured, provided that the period of treatment of the Insured Person in the Hospital/Day Care Centre does not exceed 24 hours, which would otherwise require an In-patient admission but not in the outpatient department and such Day Care Treatment was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary. Please refer to Appendix II for an indicative list of Day Care Treatments.

### 3.4. Benefit 4: Ambulance Cover

The Company will indemnify the Policy Holder/Insured Person, through Cashless or Reimbursement Facility, up to the amount specified against this Benefit, for the Reasonable and Customary Charges necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation, provided that the necessity of such Ambulance transportation is certified by the treating Medical Practitioner, subject to the conditions specified below:

1. Such Transportation is from the place of occurrence of Medical Emergency of the Insured person, to the nearest Hospital; and/or
2. Such Transportation is from one Hospital to another Hospital for the purpose of providing better Medical aid to the Insured Person, following an Emergency.
3. The Company will not make a payment under this Benefit if the insured person is transferred to a Hospital or diagnostic centre for evaluation purposes only and not for treatment purpose.
4. The Company has accepted the recipient Insured Person’s claim under Benefit 3.1 (Hospitalization Expenses).

The maximum limits applicable per policy year, under different variants of this Policy is mentioned as follows:

Silver – Rs.1500/-, Gold—Rs.3000/-, Platinum –Rs.10000/-

### 3.5. Benefit 5: Organ Donor Cover

The Company will Indemnify the Policy Holder/Insured Person, through Cashless or Reimbursement Facility, up to the amount specified against this Benefit, for the Medical Expenses incurred for an organ donor’s in-patient treatment for the harvesting of the organ donated, subject to the conditions specified below:

1. The donation conforms to The Transplantation of Human Organs Act 1994 and amendments thereafter and the organ is for the use of the Insured Person.
2. The recipient Insured Person has been Medically Advised to undergo an organ transplant.
3. The Company has accepted the recipient Insured Person’s claim under Benefit 3.1

(Hospitalization Expenses).

The maximum limits applicable under different variants of this Policy is mentioned as follows: Not applicable in silver variant, For Gold Rs.1,00,000, For Platinum Rs. 2,00,000.

The Company shall not be liable to make any payment in respect of below:

1. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
2. Screening or any other Medical Expenses of the organ donor.
3. Costs directly or indirectly associated with the acquisition of the donor's organ.
4. Transplant of any organ/tissue where the transplant is experimental or investigational.
5. Expenses related to organ transportation or preservation.
6. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

## 3.6. Benefit 6: Domiciliary Hospitalization

The Company will Indemnify the Policy Holder/Insured Person, only through Reimbursement Facility, up to the Sum Insured, for the Medical Expenses incurred towards Domiciliary Hospitalization, i.e. coverage extended when Medically Necessary treatment is taken at home, subject to the conditions specified below:

1. The Domiciliary Hospitalization continues for a period exceeding 3 consecutive days.
2. The Medical Expenses are incurred during the Policy Year.
3. The Medical Expenses are Reasonable and Customary Charges which are necessarily incurred.
4. This benefit covers pre and post domiciliary hospitalization medical expenses as specified in Clause 3.2 Benefit 2: Pre- hospitalization Medical Expenses and Post-hospitalization Medical Expenses.

## 3.7. Benefit 7: AYUSH

The Company will Indemnify the Policy Holder/Insured Person, the Reasonable and Customary Charges, up to the amount specified against this Benefit , for Medical Expenses incurred on the Insured Person's Medically Necessary and Medically Advised Inpatient Hospitalization during the Policy Period, on treatment taken under Ayurveda, Unani, Siddha and Homeopathy (AYUSH) in

1. A government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health:

2. Teaching Hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH).

3. AYUSH Hospitals having registration with a Government authority under appropriate Act in the state/UT and complies with the following as minimum criteria:
   a) Has at least 15 in-patient beds;
   b) has minimum five qualified and registered AYUSH doctors;
   c) has qualified paramedical staff under its employment round the clock;

## 3.8. Benefit 8: No Claims Bonus

At the end of each Policy Year, the Company will enhance the Sum Insured, on a cumulative basis, as a No Claims Bonus for each completed and continuous Policy Year, provided that no Claim has been lodged or paid by the Company in the expiring Policy Year, subject to the conditions specified below:

1. If you renew your Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, then We will increase the Limit of Indemnity by 10% of Sum Insured per annum in Silver, 50 % in Gold and Platinum variant, as Cumulative Bonus. The maximum cumulative increase in the Limit of Indemnity will be limited to following percentage, in Silver 50%, Gold 100 % and Platinum 100% of Sum Insured as cumulative bonus.
2. In case no claim is made in a particular Policy Year, No Claims Bonus would be credited automatically to the subsequent Policy year, even in case of multi-year Policies (with policy term of 2 years and 3 years).
3. In case a claim is made during the Policy Year, the No Claims Bonus will reduce at the same rate at which it is allotted for every claim-free year, but in no case shall the Total Sum Insured be less than the Sum Insured.
4. This clause does not alter the Company's right to decline renewal or cancellation of the Policy for reasons as specified in Clause 10.4 (Disclosure to Information Norm).

## 3.9. Benefit 9: Health Check-Up

The Company will cover health check-up expenses, through Cashless Facility, as specified against this Benefit in the benefit Schedule, for health check-up of the Insured Person after every claim-free year for Insured Persons aged above 18 years of age, subject to the conditions specified below:-

1. The Insured Person may avail a health check-up under this Benefit from Hospitals and Network Providers empanelled by the Company or through Our empanelled TPA.
2. Any unutilized amount cannot be carried forward to the next Policy Year.
3. Below tests are applicable for different variants under this Policy per year.(For Floater policies below package will be allowed to any one insured in the policy.)
4. Below is the indicative list of free health check-up tests, this is subject to change by the company.

| Silver | Gold | Platinum |
|---|---|---|
| MER, ECG, CBC/ESR, Lipid Profile, HBA1C, Sr. Creatinine, Urine Analysis. | MER, ECG, CBC/ESR, Lipid Profile, HBA1C, Sr. Creatinine, Urine Analysis, Chest X Ray, SGOT, SGPT and GGT. | MER, ECG, CBC/ESR, Lipid profile, HBA1C, Sr. Creatinine, Urine Analysis, Chest X ray, SGPT, USG-Abdomen-Pelvis and TMT. |

## 3.10. Benefit 10: Maternity Benefit

The Company will cover Maternity Expenses, through Cashless or Reimbursement Facility, up to the amount specified against this Benefit, for the delivery of a child limited to maximum 2 deliveries and / or Medically Necessary and lawful termination of pregnancy of an Insured person during the lifetime of an Insured / Insured Person above 18 years, subject to the conditions specified below:

1. The female Insured Person in respect of whom a claim for Maternity Benefit is made must have been covered as an Insured Person for a period of 48 months of continuous coverage with maternity as a benefit, with the Company.
2. On Renewal, if an enhanced Sum Insured is applied, 48 months of continuous coverage would apply afresh to the extent of the increased benefit amount.
3. Maternity Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Benefit. For this purpose 'week' shall constitute any consecutive 7 days.
4. Medical Expenses for ectopic pregnancy are not covered under this Benefit. However, these expenses are covered under Benefit 3.1 (Hospitalization Expenses).
5. The Company shall be liable to make payment in respect of any Hospitalization arising due to involuntary medical termination of pregnancy, as per MTP Act, 1971 (amended) and other applicable laws and rules.
6. Medical expenses for new born baby are not covered.
7. The maximum limits applicable for different variants under this policy are as follows:
8. Silver -Not Applicable, Gold Rs.50,000/- and Platinum Rs.2,00,000/-

## 3.11. Benefit 11: Hospital Cash

The Company will pay a fixed amount, as specified against this Benefit , up to a maximum 7 days of Hospitalization during the Policy Year for each continuous and completed period of 24 hours of Hospitalization of the Insured Person, subject to the conditions specified below:

1. The Hospitalization period exceeds 3 continuous days.
2. The Company will be liable to pay from the 4$^{th}$ day till the 10$^{th}$ day for a block of continuous Hospitalization arising from Any One Illness or Accident.
3. The Company has accepted the Insured Person’s claim under Benefit 3.1 (Hospitalization Expenses).
4. The fixed amount limit per day applicable for different variants under this policy are as follows: Silver Rs.500/-, Gold Rs.1000/- and Platinum Rs.1500/-

## 3.12. Benefit 12: Recovery Benefit

The Company will pay a fixed amount, as specified against this Benefit, up to a maximum 10 days of Hospitalization during the Policy Year for each continuous and completed period of 24 hours of Hospitalization for recovery of the Insured Person, subject to the conditions specified below:

1. The Hospitalization period exceeds 10 continuous days.
2. The Company will be liable to pay from the 11$^{th}$ day till the 20$^{th}$ day for a block of continuous

Hospitalization arising from Any One Illness or Accident.

3. The Company has accepted the recipient Insured Person's claim under Benefit 3.1 (Hospitalization Expenses).
4. The fixed amount limit per day applicable for different variants under this policy are as follows: Silver - Not Applicable, Gold Rs.1000/- and Platinum Rs.1500/-

### 3.13. Benefit 13: Shared accommodation benefit

1. The Insured Person will be eligible to receive a reimbursement on occupying a shared accommodation for each continuous and completed period of 24 hours of stay in such accommodation.
2. Provided the Company has accepted the recipient Insured Person's claim under Benefit 3.1 (Hospitalization Expenses).
3. The Benefit will not be applicable where the sanction is on package rates.
4. Accommodation for Intensive Care Unit or High Dependency Units/Wards will not be counted for this purpose.
5. The benefit will not be applicable for Silver variant with sum insured up to 2 lacs.

The fixed amount applicable for different variants under this policy are as follows:

| Variant | Limit per day |
|---|---|
| Silver | Rs. 800 per day up to a maximum of Rs. 4,000 |
| Gold | Rs. 1,000 per day up to a maximum of Rs. 5,000 |
| Platinum | Rs. 1,200 per day up to a maximum of Rs. 6,000 |

### 3.14. Benefit 14: Bariatric Surgery

The Company will Indemnify the expenses incurred on hospitalization for bariatric Surgical Procedure, inclusive of Pre Hospitalization and Post Hospitalization Expenses (Benefit 2) incurred for the same.

The benefit is subject to the conditions specified below:

1. The minimum age of the insured at the time of surgery should be above 18 years.
2. This benefit shall not apply where the surgery is performed for:
   i. Reversible endocrine or other disorders that can cause obesity
   ii. Current drug or alcohol abuse
   iii. Uncontrolled, severe psychiatric illness
   iv. Lack of comprehension of risks, benefits, expected outcome, alternatives and lifestyle changes required with bariatric surgery.
3. The indication for the procedure should be found appropriate by two qualified surgeons.
4. To make a claim, the insured person should satisfy the following criteria as devised by the NIH (National Institute of Health)

i. The BMI should be greater than 40 or greater than 35 with co-morbidities (like Diabetes, High Blood Pressure etc.)
ii. Is unable to lose weight through traditional methods like diet and exercise.

The maximum limits applicable under different variants of this Policy is mentioned as follows: Silver – Not Applicable, Gold 10% of the Sum insured and Platinum 10% of the Sum insured.

## 3.15. Benefit 15: Critical Illness Coverage

The Company will Indemnify the Policy Holder/Insured Person, through Cashless/Reimbursement facility, up to the amount specified in this Benefit, in addition to the payment under Benefit 1 (Hospitalization Expenses), subject to the conditions specified below:

1. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
2. For the purpose of this Benefit, "Critical Illness" includes Coronary Artery Bypass Graft (Open Chest CABG), Myocardial Infarction (First Heart Attack of specific severity), Cancer of Specified Severity, Stroke resulting in Permanent Symptoms, Permanent Paralysis of Limbs.
3. In case the additional Critical Illness Sum Insured is not utilized in a Policy Year, it shall not be carried forward to subsequent Policy Year.
4. The Policy shall not cover the expenses if:
   i. The Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the commencement of the Policy Period and the Insured Person has not previously been insured continuously and without interruption under a Policy.
   ii. The Insured Person has already made a claim for the same Critical Illness.

The maximum limits applicable for different variants under this policy are as follows:

Silver -Not Applicable, Gold 50% of Sum insured and Platinum 100% of the Sum insured.

## 3.16. Benefit 16: Restoration

The Company will restore 100% of the Sum Insured once in a policy year on indemnity basis (In built cover in Gold and Platinum variant) in case the Total Sum Insured inclusive of earned No Claim Bonus (if any) is insufficient due to claims paid or accepted as payable during the Policy Year, subject to the conditions specified below:

1. This restored Sum Insured can be utilized only for illness / disease unrelated to the illness / diseases for which claim/s was / were made in the particular policy year.
2. The Restoration Benefit will be triggered by Benefit 3.1 (Hospitalization Expenses), Benefit 3.2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3.3 (Day Care treatment), Benefit 3.4 (Ambulance Cover), Benefit 3.5 (Organ Donor Cover), Benefit 3.6 (Domiciliary Hospitalization), Benefit 3.7 (AYUSH), Benefit 3.10 (Maternity Benefit) and Benefit 3.14 (Bariatric Surgery).
3. Restoration will not trigger on the first claim.
4. In case the Restored Sum Insured is not utilized in a Policy Year, it shall not be carried

forward to subsequent Policy Year.

5. Any restored Sum Insured will not be used to calculate the No Claim Bonus.
6. No Claim Bonus shall not be considered while calculating restored Sum Insured.
7. For Individual policies, restored Sum Insured will be available on individual basis whereas in case of a Family Floater policy it will be available on floater basis.
8. For any single Claim during a Policy Year, the maximum Claim amount payable shall be sum of:
    i. The Sum Insured
    ii. No Claim Bonus (if earned).
9. During a Policy Year, the aggregate Claim amount payable, subject to admissibility of the Claim, shall not exceed the sum of:
    i. The Sum Insured
    ii. No Claim Bonus (if earned)
    iii. Restored Sum Insured.
10. In case of Portability, the credit for continuity in Sum Insured would be available only to the extent of Sum Insured of the expiring policy, including Restoration.

## 3.17. Benefit 17: In-built Assistance Services

The below services will be available when the Insured/Insured member/s is/are more than 150 kilometres away, within Indian territory, from their residential address as his/her last known address to Us (As recorded in the policy document) and has not been away from such residence in India for more than 90 days. The services would be provided by Us /through our appointed Service provider, with prior intimation and acceptance by the Company, no claims for reimbursement are accepted:-

### 3.17.1. Medical Referral

Insured person will have telephone access to operations center staffed twenty-four hours a day, every day of the year, with multilingual personnel for medical referral.

### 3.17.2. Emergency Medical Evacuation

When an adequate medical facility is not available proximate to the Insured person, as determined by the We/our Service Provider's consulting physician and the Insured person's attending physician, We/our Service Provider will arrange transportation under appropriate medical supervision, by an appropriate mode of transport to the nearest medical facility capable of providing the required care within India.

### 3.17.3. Medical Repatriation

We/our Service Provider will arrange for transportation under medical supervision to the Insured person's residence in India or to a medical or rehabilitation facility near the Insured person's residence when We/our Service Provider's consulting physician and the Insured person's attending physician determines that transportation is medically necessary, at such time as the Insured person is medically cleared for travel by We/our Service Provider's consulting physician and the attending physician.

### 3.17.4. Medical Monitoring

Medical personnel will monitor Insured person's condition and will (i) stay in regular communication with the attending physician and/or hospital and (ii) relay necessary and legally permissible information to family members.

### 3.17.5. Compassionate Visit

When an Insured person will be hospitalized for more than seven (7) consecutive days and is traveling in India without a companion, We/our Service Provider will arrange for a family member or personal friend to travel to visit the Insured person in India by providing an appropriate means of transportation via economy carrier transportation as determined by Us/our Service Provider. The family member or personal friend is responsible to meet all visa and travel document requirements, if applicable.

### 3.17.6. Return of Mortal Remains

In the case of an Insured person's death in India, We/our Service Provider will arrange and pay for the return of mortal remains to an authorized funeral home proximate to the Insured person's legal residence in India.

### 3.17.7. Second Medical Opinion

We/our Service Provider will arrange for second medical opinions for eligible insured person for such services upon request in the following instances: (i) when a eligible insured person's medical condition is undiagnosed by a treating physician; (ii) when a eligible insured person seeks an additional medical opinion following an original diagnosis; and (iii) when the determination of the most appropriate course of medical treatment is required based on a current diagnosis. The service relates solely to the provision of a medical opinion and does not include personal visits or follow up discussions for the implementation of course of treatment.

### 3.17.8 Exclusions applicable to Assistance Services:-

We/ Service provider will not provide services in the following instances:

- Travel undertaken specifically for securing medical treatment
- Injuries resulting from participation in acts of war or insurrection Commission of an unlawful act(s)
- Injuries incurred while participating in criminal activity or as result of the unlawful consumption of drugs.
- Attempt at suicide.
- Incidents involving the use of drugs unless prescribed by a physician.

- Eligible insured person is transferred, or is to be transferred, from one medical facility to another of similar capabilities which provides a similar level of care.
- We/ Service provider will not evacuate or repatriate an Eligible insured person, if the Eligible insured person has:-

  (i) no medical authorization; (ii) mild lesions, simple injuries such as sprains, simple fractures, or mild sicknesses which can be treated by local doctors and do not prevent the Eligible insured person from continuing the trip and returning home; (iii) if the Eligible insured person is pregnant and beyond the end of the 28th week and with respect to the child born from the pregnancy, We/ Service provider will not evacuate or repatriate a child born while the Eligible insured person was traveling beyond the 28th week; or (iv) a mental or nervous disorder, unless hospitalized.
- We/ Service provider will not provide services for trips exceeding 90 days from legal residence.

## 4. Optional Benefits

### 4.1 Optional Cover 1: Critical Illness Coverage –

Option Available only in Silver Variant, limit is 50% of the Sum Insured.
For Definition and conditions, please refer Clause, Benefit 3.15: Critical Illness Coverage

### 4.2 Optional Cover 2: Restoration

Option Available only in Silver Variant, limit is 100% of the Sum Insured
For Definition and conditions, please refer Clause, Benefit 3.16: Restoration.

### 4.3 Optional Cover 3: Recharge (Option available in Gold and Platinum variant only)

The Company will replenish 100% of the Sum Insured on indemnity basis once in a policy year in case the Total Sum Insured inclusive of earned No Claim Bonus (if any) is insufficient due to claims paid or accepted as payable during the Policy Year, subject to the conditions specified below:

1. The Recharge Benefit will be triggered by Benefit 3.1 (Hospitalization Expenses), Benefit 3.2 (Pre Hospitalization Medical Expenses and Post Hospitalization Medical Expenses), Benefit 3.3 (Day Care treatment), Benefit 3.4 (Ambulance Cover), Benefit 3.5 (Organ Donor Cover), Benefit 3.6 (Domiciliary Hospitalization), Benefit 3.7 (AYUSH), Benefit 3.10 (Maternity Benefit) and Benefit 3.14 (Bariatric Surgery).
2. Recharge Benefit can be utilized even for the same hospitalization or for the treatment of diseases / illness / injury / for which claim was paid / payable under the policy.

3. In case the Recharge Sum Insured is not utilized in a Policy Year, it shall not be carried forward to subsequent Policy Year.
4. Any Recharge Sum Insured will not be used to calculate the No Claim Bonus.
5. No Claim Bonus shall not be considered while calculating the Recharge Sum Insured.
6. For Individual policies, Sum Insured will be available on individual basis whereas in case of a Family Floater policy it will be available on floater basis.
7. In case of Portability, the credit for continuity in Sum Insured would be available only to the extent of Sum Insured of the expiring policy.
8. It is not mandatory that Restoration benefit amount should be triggered or exhausted for Recharge benefit to apply. In case of valid and accepted claim for the same illness, we will honour the claim by paying through the recharge benefit. In such circumstance the Exhaustion of Sum insured would not take into account the restored Sum Insured.

### 4.4 Optional Cover 4: Voluntary Co-payment

1. In Lieu of Insured Person opting a voluntary co-pay cover, the Company shall only pay 90% for 10% co-pay option or 80% for 20% co-pay option of the claim amount that is assessed for the payment or reimbursement under the Policy Balance of 10% or 20% as the case may be will be borne by the Insured Person.
2. Insured person with age 60 years or less is eligible for this option.
3. This co-pay is applicable for each and every claim made by the Insured Person except fixed Benefit Covers and Health Check-Ups.
4. Eligible Insured person will get discount on premium on opting this optional cover.

## 5. Exclusions

### 5.1. Waiting periods

1. First 30-Day waiting period
   i. Claim for any Medical Expenses incurred for treatment of any Illness during the first 30 days from the Policy Period Start Date shall not be admissible, except those Medical Expenses incurred directly as a result of an accident taking place within the Policy Period.
   ii. This exclusion shall not apply for subsequent Policy Years provided that there is no Break in Policy for that Insured Person and that the Policy has been renewed with the Company for that Insured Person within the Grace Period and for the same or lower Sum Insured.
2. Specific waiting period: Any Claim for or arising out of any of the following Illnesses or Surgical Procedures shall not be admissible during the first 24 consecutive months of coverage of the Insured Person by the Company from the first Policy Period Start Date:
   i. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders(unless caused by accident), Joint Replacement Surgery (unless caused by accident), Arthroscopic Knee Surgeries/ACL Reconstruction/Meniscal and Ligament Repair
   ii. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries

(including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders

iii. Benign Prostatic Hypertrophy
iv. Cataract
v. Dilatation and Curettage
vi. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers
vii. Surgery of Genito-urinary system unless necessitated by malignancy
viii. All types of Hernia & Hydrocele
ix. Hysterectomy, unless necessitated by malignancy
x. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant
xi. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone
xii. Myomectomy for fibroids
xiii. Varicose veins and varicose ulcers
xiv. Diabetes & Related complications include: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot / Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hyper /Hypoglycaemic Shocks.
xv. Hypertension & Related complications include: Coronary Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed / Haemorrhages.
xvi. If these diseases are pre-existing at the time of proposal or subsequently found to be pre-existing then Exclusion 3 mentioned below will be applicable.

3. Pre-existing Disease waiting period: Claims will not be admissible for any Medical Expenses incurred for Hospitalization in respect of diagnosis/treatment of any Pre-existing Disease until 48 months (Silver), 36 months (Gold) and 24 months (Platinum) of continuous coverage has elapsed, since the inception of the first Policy with the Company.
4. If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods as defined above in Clauses 5.1 (1), 5.1 (2) and 5.1 (3) shall be applicable afresh to the incremental amount of the Sum Insured only.
5. If the Sum Insured is reduced on any renewal of this Policy, the credit for waiting periods as defined above in Clauses 5.1 (1), 5.1 (2) and 5.1 (3) shall be restricted to the lowest Sum Insured under the previous Policy.
6. The waiting periods as defined in in Clauses 5.1 (1), 5.1 (2) and 5.1 (3) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
7. If Coverage for Benefits or Optional Covers or members are added afresh at the time of renewal of this Policy, the waiting periods as defined above in Clauses 5.1 (1), 5.1 (2) and 5.1 (3) shall be applicable afresh to the newly added members or Benefits or Optional Covers, from the time of such renewal/ addition.
8. First diagnosis as suffering from a Critical Illness within 90 days of first commencement of the Policy Period

### 5.2. Permanent Exclusions

The following list of permanent exclusions is applicable to all the Benefits and Optional Covers.

Any Claim in respect of any Insured Person for, arising out of or directly or indirectly due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Any item or condition or treatment specified in List of Non-Medical Items (Appendix – I to Policy Terms & Conditions).
2. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Acquired Immunodeficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
3. Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.
4. Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services including complications arising due to supplying services or Assisted Reproductive Technology.
5. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
6. Charges incurred in connection with routine ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.
7. Unproven/Experimental or investigational treatments which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital. Any Illness or treatment which is a result or a consequence of undergoing such experimental or unproven treatment.
8. Expenses incurred on High Intensity Focused Ultra Sound, Balloon Sinuplasty, Enhanced External Counter Pulsation Therapy and related therapies. Deep Brain Simulation, Hyperbaric Oxygen Therapy, Robotic Surgery ((whether invasive or non-invasive), Holmium Laser Enucleation of Prostate, KTP Laser surgeries, cyber knife treatment, Femto laser surgeries and such other similar therapies, bio absorbable stents.
9. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnoea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
10. Any treatment related to sleep disorder or sleep apnoea syndrome, health hydros, nature cure clinics, sanatorium treatment, Rehabilitation measures, private duty nursing, respite care, long-term nursing care, custodial care or any treatment in an establishment that is not a Hospital (except for Benefit 6: Domiciliary Hospitalization).
11. Any treatment related to Acupressure, acupuncture, magnetic and such other therapies.
12. Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.
13. Treatment of mental illness, stress or psychological disorders or Parkinson's or Alzheimer's disease even if caused or aggravated by or related to an Accident or Illness.

14. Cosmetic surgery or plastic surgery or related treatment of any description, including any complication arising from these treatments, other than as may be necessitated due to an Injury, cancer or burns.
15. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, laser surgery for correction of refractory errors, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment
16. Any treatment / surgery for change of sex or gender reassignments including any complication arising from these treatments.
17. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.
18. All preventive care, Vaccination including Inoculation and Immunizations (except in case of post-bite treatment), vitamins and tonics.
19. Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
20. All expenses related to donor treatment including surgery to remove organs from the donor, in case of transplant surgery.
21. Treatment related to any unrecognized systems of medicine.
22. 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.
23. Any Illness or Injury directly or indirectly resulting or arising from or occurring during commission of any breach of any law by the Insured Person with any criminal intent.
24. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of intoxicating drugs, alcohol or hallucinogens.
25. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
26. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
27. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head.
28. 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:
    i. 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.
    ii. 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.
    iii. 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.

29. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants.
30. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.
31. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institutions.
32. Stem cell implantation/surgery and storage except for allogeneic bone marrow transplantation
33. All the Hazardous Activities
34. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.
35. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalization or Day Care Hospitalization is excluded.
36. Oral Chemotherapy.
37. Any other exclusion as specified in the Policy Schedule.
38. Kindly refer Appendix I for detailed exclusions and non-payable expenses in policy.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

## 6. Portability

As per the Portability Guidelines issued by IRDAI, applicable benefits shall be passed on to insured persons who were holding similar health insurance policies of other non-life insurers. The pre-policy medical examination requirements and provisions for such cases shall remain similar to non-portable cases.

The Company should have received the Insured Person’s application for Portability with complete documentation at least 45 days before but not earlier than 60 days from the premium renewal date of the Insured Person’s existing policy.

i. The Company might have, subject to medical underwriting as per the its Board approved underwriting policy, restricted the terms upon which The Company has offered cover, the decision as to which shall be in the Company’s sole and absolute discretion.

ii. The Company reserves the right to modify or amend the terms and the applicability of the Portability option in accordance with the provisions of the regulations and guidance issued by the IRDAI as amended from time to time.

## 7. Claims Procedure and Management

### 7.1. Pre-requisite for admissibility of claim

Any claim being made by an Insured Person or attendant of Insured Person during Hospitalization on behalf of the Insured person, should comply with the following conditions:

1. The Condition Precedent Clause has to be fulfilled.
2. The medical condition caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. The Company will not be liable to Indemnify the Insured Person for any loss other than the covered benefits and any other person who is not accepted by the Company as an Insured Person.
3. The holding Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, waiting periods and exclusions are to be fulfilled including the realization of premium by their respective due dates.
4. All the required and supportive Claim related documents are to be furnished within the stipulated timelines. The Company may call for additional documents wherever required.

### 7.2. Duties of a Claimant/ Insured Person in the event of Claim:-

On the occurrence of any loss, within the scope of cover under the Policy
You shall:

1. The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
2. Forthwith file/submit a Claim Form in accordance with ‘Claim Procedure’ Clause as provided in the Policy.
3. Assist and not hinder or prevent Us or any of Our representative from taking any reasonable steps in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.
4. The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person and shall be provided with complete necessary documentation and information to establish company’s/ its liability for the Claim, its circumstances and its quantum.
5. If You do not comply with the provisions of this Clause or other obligations cast upon You under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at Our option.

### 7.3. Claims Procedure

Intimation must be given at least 72 hours prior to planned hospitalization. In case of emergency hospitalization, intimation must be given within 48 hours of hospitalization or before discharge whichever is earlier.

We may consider the delay in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which the insured person was placed it was not possible from him/her or any other person to intimate/ notify / submit / file claim within the prescribed time limit.

**I. Cashless Facility**

The Company extends Cashless Facility as a mode to Indemnify the Medical Expenses incurred by the Insured Person at a Network Provider. In order to avail Cashless Facility, the following process must be followed:

1. Submission of Pre-authorization Form: A Pre-authorization form which is available on the Company's Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted electronically by the Network Provider to the Company for approval. Only upon due approval from the Company, Cashless Facility can be availed only at Network Hospital. A health card issued to the insured person at the time of Policy purchase, should be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility.
   i. For Planned Treatment: The Company must be contacted to pre-authorize Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. Once the request for pre-authorization has been granted, the treatment must take place within 10 days of the pre-authorization date at a Network Provider.
   ii. In Emergencies: If the Insured Person has been Hospitalized in an Emergency, the Company must be contacted to pre-authorize Cashless Facility within 48 hours of the Insured Person's Hospitalization or before discharge from the Hospital, whichever is earlier.
   iii. Identification documents: Health Card issued by the company and Valid Photo Identification like Voter ID card, Driving License, Passport, PAN Card, Aadhaar Card or any other identification proof.
2. Company's Approval: The Company will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
3. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
4. The Company may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider.

**II. Re-imbursement Facility**

1. It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or the Company specifically states that a particular coverage is payable only under Reimbursement Facility, the following information details should be provided to the Company within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier:
   i. The Policy Number
   ii. Name of the Policyholder
   iii. Nature of Illness or Injury and the treatment/Surgery taken
   iv. Hospital where treatment/Surgery was taken

v. Date of admission and date of discharge.

2. In the event of death of the Policyholder, the Company will pay the nominee and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

### 7.4. Documents to be submitted for filing a valid Claim

The Company shall be provided with the following necessary information and documentation in respect of all claims at Your/Insured Person's expense within 15 days of the Insured Person's discharge from Hospital (in the case of Pre-hospitalization Medical Expenses and Hospitalization Medical Expenses) or within 15 days of the completion of the Post-hospitalization Medical Expenses period (in the case of Post-hospitalization Medical Expenses). For those claims for which the use of Cashless Facility has been authorized, the Company will be provided these documents by the Network Provider immediately following the Insured Person's discharge from Hospital as follows.

**INDICATIVE CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM**

1. In-patient Treatment /Day Care Procedures
2. Duly filled and signed Claim Form.
3. Photocopy of ID card / Photocopy of current year policy.
4. Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no and break up of each Item, duly signed by the insured.
5. Original payment Receipt of the hospital bill with receipt number
6. First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
7. Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
8. Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
9. Original medicine bills and receipts with corresponding Prescriptions.
10. Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.
11. Hospital Registration Number and PAN details from the Hospital
12. Doctors registration Number and Qualification from the doctor
13. Road Traffic Accident
14. In addition to the In-patient Treatment documents:
15. Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate.
16. In Non Medico legal cases
17. Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained)
18. In Accidental Death cases
19. Copy of Post Mortem Report (if conducted) & Death Certificate.
20. Pre and Post-hospitalisation expenses
21. Duly filled and signed Claim Form.

22. Photocopy of ID card / Photocopy of current year policy.
23. Original Medicine bills, original payment receipt with prescriptions.
24. Original Investigations bills, original payment receipt with prescriptions and report.
25. Original Consultation bills, original payment receipt with prescription.
26. Copy of the Discharge Summary of the main claim.

We may call for additional documents/ information as relevant to the claim.

### 7.5. Claim Assessment

1. The Company shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, the Company may call for any additional documents or information as required, based on the circumstances of the Claim.
2. All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
    i. If the provisions in Clause 8.8(Multiple Policies) are applicable, the Company's liability to make payment under that Claims shall first be apportioned accordingly.
3. The Claim amount assessed in Clause 7.5 (2) above would be deducted from the following amounts in the following progressive order:
    i. Sum Insured
    ii. No Claims Bonus (if applicable)
    iii. Additional Sum Insured for Critical Illness (if applicable)
    iv. Restoration (if applicable)
    v. Recharge (if applicable)

### 7.6. Payment Terms

1. This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
2. The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Total Sum Insured for that Insured Person is exhausted.
3. The Company shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

## 8. Policy Term and Premium Payment Options

The policy will be issued for a period of 1 year, 2 year or 3 years. The Sum Insured and Benefit will be applicable on Policy Year basis.

The Insured person can choose to pay Premium for this Policy on any one of the following basis:

i. Single premium

## 9. Tax Benefit

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

## 10. Standard Terms and Conditions

### 10.1. Alterations in the Policy

1. This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy. On renewal, the policy could be subject to certain changes in terms and conditions including change in premium rate.
2. Where an individual is added to this Policy either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of the Policy with Us.

### 10.2. Cancellation / Termination

1. The Company may at any time, cancel this Policy on grounds as specified below by giving 15 days' notice in writing by Registered Post or Electronic Media .Acknowledgment Due / recorded delivery to the Policyholder at his/her last known address and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited and no refund of premium shall be effected by the Company (for cases other than non-cooperation) if:
   i. Any Insured Person or any person acting on behalf of the Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy
   ii. Any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy
   iii. Any Insured Person has not co-operated with the Company. In such cases, premium will be refunded on pro-rata basis provided that no claim has been filed under the Policy by or on behalf of any Insured Person
   iv. The Insured Person fails or refuses to pay or refund any amount owed to the Company.
   v. For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by the Company and the E-Opinion on Critical Illness and health check- up cannot be availed during the notice period.
2. The Insured Person may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy.

| | Refund Percentage | | |
|---|---|---|---|
| **Cancellation period** | **1 Year Policy** | **2 Year Policy** | **3 Year Policy** |
| Up to 1 Month | 75% | 87.50% | 92.00% |
| Up to 3 Months | 50% | 75.00% | 83.00% |
| Up to 6 Months | 25% | 62.50% | 75.00% |
| Up to 9 Months | NIL | 50.00% | 67.00% |
| Up to 12 Months | NIL | 42.00% | 55.00% |
| Up to 15 Months | NIL | 25.00% | 50.00% |
| Up to 18 Months | NIL | 12.50% | 42.00% |
| Up to 24 Months | NIL | NIL | 30.00% |
| Up to 30 Months | NIL | NIL | 8.00% |
| Up to 36 Months | NIL | NIL | NIL |

3. In case of demise of the Policyholder,
   i. Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policyholder. The premium would be refunded for the unexpired period of this Policy at pro-rata basis.
   ii. Where the Policy covers other Insured Persons, this Policy shall continue till the end of Policy Period for the other Insured Persons. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:
      a) Written notice in this regard is given to the Company before the Policy Period End Date; and
      b) A person of Age 18 years or above, who satisfies the Company's criteria applies to become the Policyholder.

**10.3. Complete discharge**

Payment made by the Company to the Policyholder or Insured Person or the nominee of the Policyholder or the legal representative of the Policyholder or to the Hospital, as the case may be, of any Medical Expenses or compensation or benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favour of the Company.

### 10.4. Disclosure to Information Norm

The policy shall be void and all premium paid thereon shall be forfeited Ab-initio to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

### 10.5. Electronic Transactions

The Policyholder and/or Insured Person agree to adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

### 10.6. Free Look Period

1. The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy Terms and Conditions.
2. If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period. All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy.
3. Any refund shall be processed with speed and shall be refunded within 15 days from the date of receipt of request for free look cancellation.
4. Provision for free look period is not applicable and available at the time of renewal of the Policy.

### 10.7. Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control.

### 10.8. Material Change

It is a Condition Precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing of any material change in the risk. The Company may adjust the scope of cover and / or the premium paid or payable accordingly.

### 10.9. Multiple Policies

If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

1. In all such cases the insurer who has issued the chosen policy 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.
2. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies.
3. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

### 10.10. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

1. You/the Insured Person at the address specified in the Policy Schedule or at the changed address of which the Company must receive written notice.
2. Us at the following address: :- **Edelweiss General Insurance Company Limited, Edelweiss House, 11th Floor, Off CST Road, Kalina, Mumbai -400 098.**
   Toll Free No.: 180012000.
3. No insurance agents, brokers or other person/entity is authorized to receive any notice on the Company's behalf.
4. In addition, the Company may send You/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

### 10.11. No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to the Policyholder or Insured Person which is in possession of the Company other than that information expressly disclosed in the Proposal Form or otherwise in writing to the Company, shall not be held to be binding or prejudicially affect the Company.

### 10.12. Nomination

1. The Insured Person is mandatorily 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 the Insured's death.
2. 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 by the Company.

**10.13. Obligations in case of a minor**

If an Insured Person is less than 18 years of Age, the legal guardian (in case of all other adult Insured Person's demise in a floater basis) shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person.

**10.14. Observance of Terms and Conditions**

The due observance and fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates and compliance with the specified procedure on all Claims) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, shall be Condition Precedent to the Company's liability under the Policy

**10.15. Overriding effect of Policy Schedule**

In case of any inconsistency in the terms and conditions in this Policy vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy Schedule shall prevail.

**10.16. Proximate Clause**

The Company covers the Policyholder / Insured Person only to the extent of Proximity cause which means active and efficient cause that sets in motion a chain of events which brings about a result, without the intervention of any force started and working actively from a new and independent source.

**10.17. Premium Loading**

1. Based on the Company's discretion, upon the disclosure of the health status of the persons proposed for insurance and declarations made in the Proposal, the Company may apply a risk loading on the premium payable (excluding statutory levies and taxes) or Special Conditions on the Policy. The maximum risk loading applicable shall not exceed more than 100% of the premium.
2. These loadings will be applied from inception date of the First Policy including subsequent Renewal(s) with Us.
3. The Company may apply a specific personal waiting period on a medical condition/ailment depending on the past history or additional waiting periods on Pre-existing Diseases as part of the special conditions on the Policy.

**10.18. Policy Disputes**

Any and all disputes or differences under or in relation to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law.

**10.19. Renewal Terms**

1. This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach the Company on or before the Policy Period End Date.
2. The premium payable on renewal shall be paid to the Company on or before the Policy Period End Date and in any event before the expiry of the Grace Period.

3. For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits where:
   i. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period. The Policy shall lapse after the expiration of the Grace Period.
4. The Company will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.
5. The Company may carry out underwriting in accordance with its Board approved underwriting policy in relation to any request for change in Sum Insured or Deductible at the time of renewal of the Policy.
6. This product may be withdrawn / modified by the Company after due approval from the Authority (IRDAI). In case this product is withdrawn / modified by the Company, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by the Authority (IRDAI). The Company shall duly intimate the Policyholder at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this Policy.
7. The Company may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the Authority's (IRDAI) rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.
8. Renewal shall be offered lifelong and the Company is under no obligation to give intimation in this regard. The Insured Person shall be given an option to port this Policy into any other health insurance product of the Company and credit shall be given for number of years of continuous coverage under this Policy for the standard waiting periods.
9. No loading based on individual claim experience shall be applicable on renewal premium payable.
10. Loading if applicable on expiring policy will be applicable on subsequent renewals with the Company.

**10.20. Customer Services and Grievances Redressal :**

The Company has developed proper procedures and effective mechanism to address of complaints by the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the Authority (IRDAI) from time to time in this regard.

In case of any Grievance of the Complainant sent in a written communication to the Company at any of the touch points as mentioned, shall be addressed within T+14 days of the receipt of the complaint.

Please find the below escalation matrix:

Step1

Call us at: 180012000

Email us at: support@edelweissinsurance.com

Step2

If you do not receive any resolution to your complaint within T+14 or if the response is not as per your expectations please feel free to contact our Grievance Redressal Officer

Email: grievanceofficer@edelweissinsurance.com

Step3

If you are not satisfied with the response of the GRO, you may write to the Chief Grievance Redressal Officer at or send a communication to:

Email - Chiefgrievanceofficer@edelweissinsurance.com

Address : Edelweiss General Insurance Company Limited , Edelweiss House ,Off CST Road, Kalina, Mumbai 400098

Step 4

If you are not satisfied with the response or do not receive a response from us within 14 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India ('IRDAI') on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO: 155255

Email ID: complaints@irda.gov.in

Register online at: http://www.igms.irda.gov.in/

Address for communication for complaints by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Sy. No. 115/1, Financial District

Nanakramguda, Gachibowli

Hyderabad – 500032

Step 5

If the complaint/grievance has still not been resolved You may approach the office of the Insurance Ombudsman established by the Central Government of India as per Rule 12 (1) and Rule 13 of the Redressal of Public Grievances Rules, 1998 ('RPG Rules').

Powers of the Insurance Ombudsman under Rule 12(1) of RPG Rules:

The Insurance Ombudsman may receive and consider the following complaints:

- Complaints under Rule 13 (as mentioned below);
- Any partial or total repudiation of claims by an insurer;
- Any dispute in regard to premium paid or payable in terms of the policy;
- Any dispute on the legal construction of the policies in so far as such disputes relate to claims;
- Delay in settlement of claims;
- Non-issue of any insurance document to customers after receipt of premium.

Manner in which complaint is to be made Rule 13 of RPG Rules:-

- Any person who has a grievance against the Company/Us, may himself or through his legal heirs make a complaint in writing to the Ombudsman within whose jurisdiction the branch or office of the Company complained against is located.
- The complaint shall be in writing duly signed by the complainant or through his legal heirs and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against which the complaint is made, the fact giving rise to the complaint.
- No complaint to the Ombudsman shall lie unless:
- the complainant had before making a complaint to the Ombudsman, made a written representation to the Company/insurer named in the complaint and either insurer had rejected the complaint or the complainant had not received any reply within a period of one month after the insurer concerned received his representation or the complainant is not satisfied with the reply given to him by the insurer;
- the complaint is made not later than one year after the insurer had rejected the representation or sent his final reply on the representation of the complainant; and
- The complaint is not on the same subject matter for which any proceedings before any court or Consumer Forum or arbitrator is pending or was so earlier.

Mentioned below are contact details of Ombudsman

| CONTACT DETAILS | JURISDICTION |
|---|---|
| **AHMEDABAD**<br>Office of the Insurance Ombudsman,<br>2nd floor, Ambica House, | State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu. |

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| Near C.U. Shah College,<br>5, Navyug Colony, Ashram Road,<br>Ahmedabad – 380 014<br>Tel.:- 079-27546150/139<br>Fax:- 079-27546142<br>Email:-<br>**bimalokpal.ahmedabad@gbic.co.in** | |
| **BENGALURU**<br><br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building,<br>PID No.57-27-N-19,<br>Ground Floor, 19/19, 24th Main Road,<br><br>JP Nagar, 1st Phase,<br>Bengaluru-560 078.<br>Tel.:- 080-26652048 / 26652049<br>Email:- **bimalokpal.bengaluru@gbic.co.in** | Karnataka. |
| **BHOPAL**<br>Office of the Insurance Ombudsman,<br>Janak Vihar Complex,<br>2nd Floor, 6, Malviya Nagar,<br>Opp.Airtel Office,<br>Near New Market,<br>Bhopal – 462 033.<br>Tel.:- 0755-2769200/201/202<br>Fax:- 0755-2769203<br>Email:- **bimalokpalbhopal@gbic.co.in** | States of Madhya Pradesh and Chattisgarh. |
| **BHUBANESHWAR**<br>Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubneshwar – 751 009.<br>Tel.:- 0674-2596461 / 2596455<br>Fax:- 0674-2596429<br>Email:-<br>**bimalokpal.bhubaneswar@gbic.co.in** | State of Orissa. |
| **CHANDIGARH**<br>Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd | States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh. |

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| Floor,<br>Batra Building, Sector 17 – D,<br>Chandigarh – 160 017.<br>Tel.:- 0172-2706196/5861 / 2706468<br>Fax:- 0172-2708274<br>Email:-<br>**bimalokpal.chandigarh@gbic.co.in** | |
| **CHENNAI**<br>Office of the Insurance Ombudsman,<br>Fatima Akhtar Court,<br>4th Floor, 453 (old 312), Anna Salai,<br>Teynampet,<br>CHENNAI – 600 018.<br>Tel.:- 044-24333668 / 24335284<br>Fax:- 044-24333664<br>Email:- **bimalokpal.chennai@gbic.co.in** | State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). |
| **DELHI**<br>Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building,<br>Asaf Ali Road,<br>New Delhi – 110 002.<br>Tel.:- 011-23239611/7539/7532<br>Fax:- 011-23230858<br>Email:- **bimalokpal.delhi@gbic.co.in** | State of Delhi |
| **ERNAKULAM**<br>Office of the Insurance Ombudsman,<br>2nd floor, Pulinat Building,<br>Opp. Cochin Shipyard,<br>M.G. Road,<br>Ernakulum - 682 015.<br>Tel.:- 0484-2358759/2359338<br>Fax:- 0484-2359336<br>Email:-<br>**bimalokpal.ernakulum@gbic.co.in** | Kerala, Lakshadweep, Mahe-a part of Pondicherry |
| **GUWAHATI**<br>Office of the Insurance Ombudsman,<br>'Jeevan Nivesh', 5th Floor,<br>Nr. Panbazar over bridge, S.S. Road, | States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |

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| Guwahati – 781001(ASSAM).<br>Tel.:- 0361- 2132204 / 2132205<br>Fax:- 0361-2732937<br>Email:- **bimalokpal.guwahati@gbic.co.in** | |
| **HYDERABAD**<br>Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court"<br>Lane Opp. Saleem Function Palace,<br>A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad - 500 004.<br>Tel.:- 040-65504123/23312122<br>Fax:- 040-23376599<br>Email:-<br>**bimalokpal.hyderabad@gbic.co.in** | States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory<br>of Pondicherry. |
| **JAIPUR**<br>Office of the Insurance Ombudsman,<br>Jeevan Nidhi-II Bldg.,<br>Ground Floor,<br>Bhawani Singh Marg,<br>Jaipur - 302005.<br>Tel.:- 0141-2740363<br>Email:- **bimalokpal.jaipur@gbic.co.in** | State of Rajasthan. |
| **KOLKATA**<br>Office of the Insurance Ombudsman,<br>Hindustan Building Annexe,<br>4th floor, 4, CR Avenue,<br>Kolkata - 700 072.<br>Tel.:- 033-22124339 / 22124340<br>Fax:- 033-22124341<br>Email:- **bimalokpal.kolkata@gbic.co.in** | States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands. |
| **LUCKNOW**<br>Office of the Insurance Ombudsman,<br>6th Floor, Jeevan Bhawan,<br>Phase-II, Nawal Kishore Road,<br>Hazratganj,<br>Lucknow-226 001. | District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, |

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|---|---|
| Tel.:- 0522-2231330 / 2231331<br>Fax:- 0522-2231310.<br>Email:- **bimalokpal.lucknow@gbic.co.in** | Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar. |
| **MUMBAIs**<br>Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel.:- 022-26106928/360/889<br>Fax:- 022-26106052<br>Email:- **bimalokpal.mumbai@gbic.co.in** | States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |
| **NOIDA**<br>Office of the Insurance Ombudsman,<br>Bhagwan Sahai Palace,<br>4th Floor, Main Road,<br>Naya Bans, Sector-15,<br>Gautam Budh Nagar, Noida<br>Email:- **bimalokpal.noida@gbic.co.in** | States of Uttaranchal and the following Districts of Uttar Pradesh:. Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. |
| **PATNA**<br>Office of the Insurance Ombudsman,<br>1st Floor, Kalpana Arcade Building,<br>Bazar Samiti Road,<br>Bahadurpur,<br>Patna - 800 006.<br>Email:- **bimalokpal.patna@gbic.co.in** | States of Bihar and Jharkhand. |
| **PUNE**<br>Office of the Insurance Ombudsman,<br>Jeevan Darshan Building, 3rd Floor,<br>CTS Nos. 195 to 198,<br>NC Kelkar Road, Narayan Peth,<br>Pune - 411 030<br>Tel: 020 -32341320 | States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. |

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| Email:- **bimalokpal.pune@gbic.co.in** | |

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.edelweissinsurance.com or from any of the Company's offices. Address and contact number of Governing Body of Insurance Council -

Office of the 'Governing Body of Insurance Council' Secretary General/Secretary,

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz (W), Mumbai - 400 054.

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**Appendix I - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy.**

| S.No. | Item | S.No. | Item |
|---|---|---|---|
| **Toiletries/Cosmetics/Personal Comfort Or Convenience Items/Similar Expenses** | | **Toiletries/Cosmetics/Personal Comfort Or Convenience Items/Similar Expenses** | |
| 1 | Hair removal cream | 53 | Gauze soft |
| 2 | Baby charges (unless specified/indicated) | 54 | Gauze |
| 3 | Baby food | 55 | Hand holder |
| 4 | Baby utilities charges | 56 | Hansaplast/ adhesive bandages |
| 5 | Baby set | 57 | Infant food |
| 6 | Baby bottles | 58 | Slings |
| 7 | Brush | 59 | Weight control programs/ supplies/ services |
| 8 | Cosy towel | 60 | Cost of spectacles/ contact lenses/ hearing aids etc. |

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| 9 | Hand wash | 61 | Dental treatment expenses that do not require hospitalization |
| 10 | Moisturiser paste brush | 62 | Hormone replacement therapy |
| 11 | Powder | 63 | Home visit charges |
| 12 | Razor | 64 | Infertility/ subfertility/ assisted conception procedure |
| 13 | Shoe cover | 65 | Obesity (including morbid obesity) treatment if excluded in<br>Policy |
| 14 | Beauty services | 66 | Psychiatric and psychosomatic disorders |
| 15 | Belts/ braces | 67 | Corrective surgery for refractive error |
| 16 | Buds | 68 | Treatment of sexually transmitted diseases |
| 17 | Barber charges | 69 | Donor screening charges |
| 18 | Caps | 70 | Admission/registration charges |
| 19 | Cold pack/hot pack | 71 | Hospitalization for evaluation/ diagnostic purpose |
| 20 | Carry bags | 72 | Expenses for investigation/ treatment irrelevant to the disease for which admitted or diagnosed |
| 21 | Cradle charges | 73 | Any expenses when the patient is diagnosed with retro virus + or suffering from /hiv/ aids etc is detected/ directly or Indirectly |
| 22 | Comb | 74 | Stem cell implantation/ surgery and storage |
| 23 | DISPOSABLES RAZORS CHARGES ( for site preparations) | 75 | Ward and theatre booking charges |
| 24 | Eau-de-cologne / room fresheners | 76 | Arthroscopy and endoscopy |

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| | | | instruments |
| 25 | Eye pad | 77 | Microscope cover |
| 26 | Eye shield | 78 | Surgical blades, harmonic scalpel, shaver |
| 27 | Email / internet charges | 79 | Surgical drill |
| 28 | Food charges (other than patient's diet provided by hospital) | 80 | Eye kit |
| 29 | Foot cover | 81 | Eye drape |
| 30 | Gown | 82 | X-ray film |
| 31 | Leggings | 83 | Sputum cup |
| 32 | Laundry charges | 84 | Boyles apparatus charges |
| 33 | Mineral water | 85 | Blood grouping and cross matching of donors samples |
| 34 | Oil charges | 86 | Antiseptic or disinfectant lotions |
| 35 | Sanitary pad | 87 | Band aids, bandages, sterile injections, needles, syringes |
| 36 | Slippers | 88 | Cotton |
| 37 | Telephone charges | 89 | Cotton bandage |
| 38 | Tissue paper | 90 | Micropore/ surgical tape |
| 39 | Tooth paste | 91 | Blade |
| 40 | Tooth brush | 92 | Apron |
| 41 | Guest services | 93 | Tourniquet |
| 42 | Bed pan | 94 | Orthobundle, gynaec bundle |
| 43 | Bed under pad charges | 95 | Urine container |
| 44 | Camera cover | **Elements of room charge** | |
| 45 | Cliniplast | 96 | Luxury tax |
| 46 | Crepe bandage | 97 | Hvac |

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| 47 | Curapore | 98 | House keeping charges |
| 48 | Diaper of any type | 99 | Service charges where nursing charge also charged |
| 49 | Dvd, cd charges | 100 | Television and air conditioner charges |
| 50 | Eyelet collar | 101 | Surcharges |
| 51 | Face mask | 102 | Attendant charges |
| 52 | Flexi mask | 103 | Im iv injection charges |

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| 104 | Clean sheet | **Items payable if supported by a prescription** | |
| 105 | Extra diet of patient(other than that which forms part of bed Charge) | 156 | Betadine \ hydrogen peroxide\spirit / disinfectants, etc |
| 106 | Blanket/warmer blanket | 157 | Private nurses charges- special nursing charges |
| **Administrative or non-medical charges** | | 158 | Nutrition planning charges - dietician charges- diet charges |
| 107 | Admission kit | 159 | Sugar free tablets |
| 108 | Birth certificate | 160 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 109 | Blood reservation charges and ante natal booking charges | 161 | Digestion gels |
| 110 | Certificate charges | 162 | Ecg electrodes |
| 111 | Courier charges | 163 | Gloves |
| 112 | Conveyance charges | 164 | Hiv kit |
| 113 | Diabetic chart charges | 165 | Listerine/ antiseptic mouthwash |
| 114 | Documentation charges / administrative expenses | 166 | Lozenges |

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| 115 | Discharge procedure charges | 167 | Mouth paint |
| 116 | Daily chart charges | 168 | Nebulisation kit |
| 117 | Entrance pass / visitors pass charges | 169 | Novorapid |
| 118 | Expenses related to prescription on discharge | 170 | Volini gel/ analgesic gel |
| 119 | File opening charges | 171 | Zytee gel |
| 120 | Incidental expenses / misc. Charges (not explained) | 172 | Vaccination charges |
| 121 | Medical certificate | **Part of hospital's own costs and not payable** | |
| 122 | Maintenance charges | 173 | Ahd |
| 123 | Medical records | 174 | Alcohol swabs |
| 124 | Preparation charges | 175 | Scrub solution/sterillium |
| 125 | Photocopies charges | **Others** | |
| 126 | Patient identification band / name tag | 176 | Vaccine charges for baby |
| 127 | Washing charges | 177 | Aesthetic treatment / surgery |
| 128 | Medicine box | 178 | Tpa charges |
| 129 | Mortuary charges | 179 | Visco belt charges |
| 130 | Medico legal case charges (mlc charges) | 180 | Any kit with no details mentioned [delivery kit, orthokit, Recovery kit, etc] |
| **External durable devices** | | 181 | Examination gloves |
| 131 | Walking aids charges | 182 | Kidney tray |
| 132 | Bipap machine | 183 | Mask |
| 133 | Commode | 184 | Ounce glass |
| 134 | Cpap/ capd equipments | 185 | Outstation consultant's/ surgeon's fees |
| 135 | Infusion pump – cost | 186 | Oxygen mask |

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| 136 | Oxygen cylinder (for usage outside the hospital) | 187 | Paper gloves |
| 137 | Pulse oxymeter charges | 188 | Pelvic traction belt |
| 138 | Spacer | 189 | Referral doctor's fees |
| 139 | Spirometer | 190 | Accu check (glucometery / strips) |
| 140 | Spo2 probe | 191 | Pan can |
| 141 | Nebulizer kit | 192 | Sofnet |
| 142 | Steam inhaler | 193 | Trolley cover |
| 143 | Armsling | 194 | Urometer, urine jug |
| 144 | Thermometer | 195 | Ambulance |
| 145 | Cervical collar | 196 | Tegaderm / vasofix safety |
| 146 | Splint | 197 | Urine bag |
| 147 | Diabetic foot wear | 198 | Softovac |
| 148 | Knee braces ( long/ short/ hinged) | 199 | Stockings |
| 149 | Knee immobilizer/shoulder immobilizer | | |
| 150 | Lumbo sacral belt | | |
| 151 | Nimbus bed or water or air bed charges | | |
| 152 | Ambulance collar | | |
| 153 | Ambulance equipment | | |
| 154 | Microshield | | |
| 155 | Abdominal binder | | |

## Appendix II – List of Day Care Treatments

| Sr No. | Day Care Procedure Name |
|---|---|
| 1 | Stapedotomy |

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|---|---|
| 2 | Myringoplasty(Type I Tympanoplasty) |
| 3 | Revision stapedectomy |
| 4 | Labyrinthectomy for severe Vertigo |
| 5 | Stapedectomy under GA |
| 6 | Ossiculoplasty |
| 7 | Myringotomy with Grommet Insertion |
| 8 | Tympanoplasty (Type III) |
| 9 | Stapedectomy under LA |
| 10 | Revision of the fenestration of the inner ear. |
| 11 | Tympanoplasty (Type IV) |
| 12 | Endolymphatic Sac Surgery for Meniere's Disease |
| 13 | Turbinectomy |
| 14 | Removal of Tympanic Drain under LA |
| 15 | Endoscopic Stapedectomy |
| 16 | Fenestration of the inner ear |
| 17 | Incision and drainage of perichondritis |
| 18 | Septoplasty |
| 19 | Vestibular Nerve section |
| 20 | Thyroplasty Type I |
| 21 | Incision and drainage - Haematoma Auricle |
| 22 | Tympanoplasty (Type II) |
| 23 | Keratosis removal under GA |
| 24 | Reduction of fracture of Nasal Bone |
| 25 | Excision and destruction of lingual tonsils |
| 26 | Conchoplasty |
| 27 | Thyroplasty Type II |
| 28 | Tracheostomy |
| 29 | Excision of Angioma Septum |
| 30 | Turbinoplasty |
| 31 | Incision & Drainage of Retro Pharyngeal Abscess |
| 32 | UvuloPalatoPharyngoPlasty |
| 33 | Palatoplasty |
| 34 | Tonsillectomy without adenoidectomy |
| 35 | Adenoidectomy with Grommet insertion |
| 36 | Adenoidectomy without Grommet insertion |
| 37 | Vocal Cord lateralisation Procedure |
| 38 | Incision & Drainage of Para Pharyngeal Abscess |
| 39 | Transoral incision and drainage of a pharyngeal abscess |
| 40 | Tonsillectomy with adenoidectomy |

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| 41 | Tracheoplasty Ophthalmology |
| 42 | Incision of tear glands |
| 43 | Other operation on the tear ducts |
| 44 | Incision of diseased eyelids |
| 45 | Excision and destruction of the diseased tissue of the eyelid |
| 46 | Removal of foreign body from the lens of the eye. |
| 47 | Corrective surgery of the entropion and ectropion |
| 48 | Operations for pterygium Rigid Oesophagoscopy for dilation of benign Strictures |
| 49 | Corrective surgery of blepharoptosis |
| 50 | Removal of foreign body from conjunctiva |
| 51 | Biopsy of tear gland |
| 52 | Removal of Foreign body from cornea |
| 53 | Incision of the cornea |
| 54 | Other operations on the cornea |
| 55 | Operation on the canthus and epicanthus |
| 56 | Removal of foreign body from the orbit and the eye ball. |
| 57 | Surgery for cataract |
| 58 | Treatment of retinal lesion |
| 59 | Removal of foreign body from the posterior chamber of the eye |
| 60 | IV Push Chemotherapy |
| 61 | HBI-Hemibody Radiotherapy |
| 62 | Infusional Targeted therapy |
| 63 | SRT-Stereotactic Arc Therapy |
| 64 | SC administration of Growth Factors |
| 65 | Continuous Infusional Chemotherapy |
| 66 | Infusional Chemotherapy |
| 67 | CCRT-Concurrent Chemo + RT |
| 68 | D Radiotherapy |
| 69 | D Conformal Radiotherapy |
| 70 | IGRT- Image Guided Radiotherapy |
| 71 | IMRT- Step & Shoot |
| 72 | Infusional Bisphosphonates |
| 73 | IMRT- DMLC |
| 74 | Rotational Arc Therapy |
| 75 | Tele gamma therapy |
| 76 | FSRT-Fractionated SRT |
| 77 | VMAT-Volumetric Modulated Arc Therapy |
| 78 | SBRT-Stereotactic Body Radiotherapy |
| 79 | Helical Tomotherapy |

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| 80 | SRS-Stereotactic Radiosurgery |
| 81 | X-Knife SRS |
| 82 | Gammaknife SRS |
| 83 | TBI- Total Body Radiotherapy |
| 84 | intraluminal Brachytherapy |
| 85 | Electron Therapy |
| 86 | TSET-Total Electron Skin Therapy |
| 87 | Extracorporeal Irradiation of Blood Products |
| 88 | Telecobalt Therapy |
| 89 | Telecesium Therapy |
| 90 | External mould Brachytherapy |
| 91 | Interstitial Brachytherapy |
| 92 | Intracavity Brachytherapy |
| 93 | D Brachytherapy ORIF with plating- Small long bones |
| 94 | Implant Brachytherapy |
| 95 | Intravesical Brachytherapy |
| 96 | Adjuvant Radiotherapy |
| 97 | Afterloading Catheter Brachytherapy |
| 98 | Conditioning Radiothearpy for BMT |
| 99 | Extracorporeal Irradiation to the Homologous Bone grafts |
| 100 | Radical chemotherapy |
| 101 | Neoadjuvant radiotherapy |
| 102 | LDR Brachytherapy |
| 103 | Palliative Radiotherapy |
| 104 | Radical Radiotherapy |
| 105 | Palliative chemotherapy |
| 106 | Template Brachytherapy |
| 107 | Neoadjuvant chemotherapy |
| 108 | Adjuvant chemotherapy |
| 109 | Induction chemotherapy |
| 110 | Consolidation chemotherapy |
| 111 | Maintenance chemotherapy |
| 112 | HDR Brachytherapy |
| 113 | Construction skin pedicle flap |
| 114 | Gluteal pressure ulcer-Excision |
| 115 | Muscle-skin graft, leg |
| 116 | Removal of bone for graft |
| 117 | Muscle-skin graft duct fistula |
| 118 | Removal cartilage graft |

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| 119 | Myocutaneous flap |
| 120 | Fibro myocutaneous flap |
| 121 | Breast reconstruction surgery after mastectomy |
| 122 | Sling operation for facial palsy |
| 123 | Split Skin Grafting under RA |
| 124 | Wolfe skin graft |
| 125 | Plastic surgery to the floor of the mouth under GA |
| 126 | AV fistula - wrist |
| 127 | URSL with stenting |
| 128 | URSL with lithotripsy |
| 129 | CystoscopicLitholapaxy |
| 130 | ESWL |
| 131 | Haemodialysis |
| 132 | Bladder Neck Incision |
| 133 | Cystoscopy & Biopsy |
| 134 | Suprapubiccystostomy |
| 135 | percutaneous nephrostomy |
| 136 | Cystoscopy and "SLING" procedure. |
| 137 | TUNA- prostate |
| 138 | Excision of urethral diverticulum |
| 139 | Removal of urethral Stone |
| 140 | Excision of urethral prolapse |
| 141 | Mega-ureter reconstruction |
| 142 | Kidney renoscopy and biopsy |
| 143 | Ureter endoscopy and treatment |
| 144 | Vesico ureteric reflux correction |
| 145 | Surgery for pelvi ureteric junction obstruction |
| 146 | Anderson hynes operation |
| 147 | Kidney endoscopy and biopsy |
| 148 | Paraphimosis surgery |
| 149 | injury prepuce- circumcision |
| 150 | Frenular tear repair |
| 151 | Meatotomy for meatal stenosis |
| 152 | surgery for fournier's gangrene scrotum |
| 153 | surgery filarial scrotum |
| 154 | surgery for watering can perineum |
| 155 | Repair of penile torsion |
| 156 | Drainage of prostate abscess |
| 157 | Orchiectomy |

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| 158 | Cystoscopy and removal of FB |
| 159 | Facial nerve physiotherapy |
| 160 | Nerve biopsy |
| 161 | Muscle biopsy |
| 162 | Epidural steroid injection |
| 163 | Glycerol rhizotomy |
| 164 | Spinal cord stimulation |
| 165 | Motor cortex stimulation |
| 166 | Stereotactic Radiosurgery |
| 167 | Percutaneous Cordotomy |
| 168 | Intrathecal Baclofen therapy |
| 169 | Entrapment neuropathy Release |
| 170 | Diagnostic cerebral angiography |
| 171 | VP shunt |
| 172 | Ventriculoatrial shunt |
| 173 | Thoracoscopy and Lung Biopsy |
| 174 | Excision of cervical sympathetic Chain |
| 175 | Thoracoscopic |
| 176 | Laser Ablation of Barrett's oesophagus |
| 177 | Pleurodesis |
| 178 | Thoracoscopy and pleural biopsy |
| 179 | EBUS + Biopsy |
| 180 | Thoracoscopy ligation thoracic duct |
| 181 | Thoracoscopy assisted empyaema drainage |
| 182 | Pancreatic pseudocyst EUS & drainage |
| 183 | RF ablation for barrett'sOesophagus |
| 184 | ERCP and papillotomy |
| 185 | Esophagoscope and sclerosant injection |
| 186 | EUS + submucosal resection |
| 187 | Construction of gastrostomy tube |
| 188 | EUS + aspiration pancreatic cyst |
| 189 | Small bowel endoscopy (therapeutic) |
| 190 | Colonoscopy ,lesion removal |
| 191 | ERCP |
| 192 | Colonscopy stenting of stricture |
| 193 | Percutaneous Endoscopic Gastrostomy |
| 194 | EUS and pancreatic pseudo cyst drainage |
| 195 | ERCP and choledochoscopy |
| 196 | Proctosigmoidoscopy volvulus detorsion |

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| 197 | ERCP and sphincterotomy |
| 198 | Esophageal stent placement |
| 199 | ERCP + placement of biliary stents |
| 200 | Sigmoidoscopy w / stent |
| 201 | EUS + coeliac node biopsy |
| 202 | Infected Keloid Excision |
| 203 | Incision of a pilonidal sinus / abscess |
| 204 | Axillary lymphadenectomy |
| 205 | Abscess-Decompression |
| 206 | Cervical lymphadenectomy |
| 207 | Inguinal lymphadenectomy |
| 208 | Suturing of lacerations |
| 209 | Maximal anal dilatation |
| 210 | Piles |
| | A)Injection Sclerotherapy |
| | B)Piles banding |
| 211 | Liver Abscess- catheter drainage |
| 212 | Fissure in Ano- fissurectomy |
| 213 | Fibroadenoma breast excision |
| 214 | OesophagealvaricesSclerotherapy |
| 215 | ERCP - pancreatic duct stone removal |
| 216 | Perianal abscess I&D |
| 217 | Perianal hematoma Evacuation |
| 218 | Fissure in anosphincterotomy |
| 219 | UGI scopy and Polypectomyoesophagus |
| 220 | Breast abscess I& D |
| 221 | Feeding Gastrostomy |
| 222 | Oesophagoscopy and biopsy of growth oesophagus |
| 223 | UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers |
| 224 | ERCP - Bile duct stone removal |
| 225 | Ileostomy closure |
| 226 | Colonoscopy |
| 227 | Polypectomy colon |
| 228 | Splenic abscesses Laparoscopic Drainage |
| 229 | UGI SCOPY and Polypectomy stomach |
| 230 | Rigid Oesophagoscopy for FB removal |
| 231 | Feeding Jejunostomy |
| 232 | Colostomy |
| 233 | Ileostomy |

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| 234 | colostomy closure |
| 235 | Submandibular salivary duct stone removal |
| 236 | Pneumatic reduction of intussusception |
| 237 | Varicose veins legs - Injection sclerotherapy |
| 238 | Rigid Oesophagoscopy for Plummer vinson syndrome |
| 239 | Pancreatic Pseudocysts Endoscopic Drainage |
| 240 | ZADEK's Nail bed excision |
| 241 | Subcutaneous mastectomy |
| 242 | Excision of Ranula under GA |
| 243 | Eversion of Sac |
| | a) Unilateral |
| | b)Bilateral |
| 244 | Lord's plication |
| 245 | Jaboulay's Procedure |
| 246 | Scrotoplasty |
| 247 | Surgical treatment of varicocele |
| 248 | Epididymectomy |
| 249 | Circumcision for Trauma |
| 250 | Meatoplasty |
| 251 | Intersphincteric abscess incision and drainage |
| 252 | Psoas Abscess Incision and Drainage |
| 253 | Thyroid abscess Incision and Drainage |
| 254 | TIPS procedure for portal hypertension |
| 255 | Esophageal Growth stent |
| 256 | PAIR Procedure of Hydatid Cyst liver |
| 257 | Tru cut liver biopsy |
| 258 | Photodynamic therapy or esophageal tumour and Lung tumour |
| 259 | Excision of Cervical RIB |
| 260 | laparoscopic reduction of intussusception |
| 261 | Microdochectomy breast |
| 262 | Surgery for fracture Penis |
| 263 | Sentinel node biopsy |
| 264 | Parastomal hernia |
| 265 | Revision colostomy |
| 266 | Prolapsed colostomy- Correction |
| 267 | Testicular biopsy |
| 268 | laparoscopic cardiomyotomy( Hellers) |
| 269 | Sentinel node biopsy malignant melanoma |
| 270 | laparoscopic pyloromyotomy( Ramstedt) |

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| 271 | Arthroscopic Repair of ACL tear knee |
| 272 | Closed reduction of minor Fractures |
| 273 | Arthroscopic repair of PCL tear knee |
| 274 | Tendon shortening |
| 275 | Arthroscopic Meniscectomy - Knee |
| 276 | Treatment of clavicle dislocation |
| 277 | Arthroscopic meniscus repair |
| 278 | Haemarthrosis knee- lavage |
| 279 | Abscess knee joint drainage |
| 280 | Carpal tunnel release |
| 281 | Closed reduction of minor dislocation |
| 282 | Repair of knee cap tendon |
| 283 | ORIF with K wire fixation- small bones |
| 284 | Release of midfoot joint |
| 285 | Implant removal minor |
| 286 | K wire removal |
| 287 | POP application |
| 288 | Closed reduction and external fixation |
| 289 | Arthrotomy Hip joint |
| 290 | Syme's amputation |
| 291 | Arthroplasty |
| 292 | Partial removal of rib |
| 293 | Treatment of sesamoid bone fracture |
| 294 | Shoulder arthroscopy / surgery |
| 295 | Elbow arthroscopy |
| 296 | Amputation of metacarpal bone |
| 297 | Release of thumb contracture |
| 298 | Incision of foot fascia |
| 299 | calcaneum spur hydrocort injection |
| 300 | Ganglion wrist hyalase injection |
| 301 | Partial removal of metatarsal |
| 302 | Repair / graft of foot tendon |
| 303 | Revision/Removal of Knee cap |
| 304 | Amputation follow-up surgery |
| 305 | Exploration of ankle joint |
| 306 | Remove/graft leg bone lesion |
| 307 | Repair/graft achilles tendon |
| 308 | Remove of tissue expander |
| 309 | Biopsy elbow joint lining |

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| 310 | Removal of wrist prosthesis |
| 311 | Biopsy finger joint lining |
| 312 | Tendon lengthening |
| 313 | Treatment of shoulder dislocation |
| 314 | Lengthening of hand tendon |
| 315 | Removal of elbow bursa |
| 316 | Fixation of knee joint |
| 317 | Treatment of foot dislocation |
| 318 | Surgery of bunion |
| 319 | intra articular steroid injection |
| 320 | Tendon transfer procedure |
| 321 | Removal of knee cap bursa |
| 322 | Treatment of fracture of ulna |
| 323 | Treatment of scapula fracture |
| 324 | Removal of tumor of arm/ elbow under RA/GA |
| 325 | Repair of ruptured tendon |
| 326 | Decompress forearm space Cystoscopy and removal of polyp Revision of neck muscle ( Torticollis release ) |
| 327 | Lengthening of thigh tendons |
| 328 | Treatment fracture of radius & ulna |
| 329 | Repair of knee joint Paediatric surgery |
| 330 | Excision Juvenile polyps rectum |
| 331 | Vaginoplasty |
| 332 | Dilatation of accidental caustic stricture oesophageal |
| 333 | Presacral Teratomas Excision |
| 334 | Removal of vesical stone |
| 335 | Excision Sigmoid Polyp |
| 336 | Sternomastoid Tenotomy |
| 337 | Infantile Hypertrophic Pyloric Stenosis pyloromyotomy |
| 338 | Excision of soft tissue rhabdomyosarcoma |
| 339 | Mediastinal lymph node biopsy |
| 340 | High Orchidectomy for testis tumours |
| 341 | Excision of cervical teratoma |
| 342 | Rectal-Myomectomy |
| 343 | Rectal prolapse (Delorme's procedure) |
| 344 | Orchidopexy for undescended testis |
| 345 | Detorsion of torsion Testis |
| 346 | lap.Abdominal exploration in cryptorchidism |
| 347 | EUA + biopsy multiple fistula in ano |

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| 348 | Cystic hygroma - Injection treatment |
| 349 | Excision of fistula-in-ano |
| 350 | Hysteroscopic removal of myoma |
| 351 | D&C |
| 352 | Hysteroscopic resection of septum |
| 353 | thermal Cauterisation of Cervix |
| 354 | Hysteroscopicadhesiolysis |
| 355 | LEEP |
| 356 | Cryocauterisation of Cervix |
| 357 | Polypectomy Endometrium |
| 358 | Hysteroscopic resection of fibroid |
| 359 | LLETZ |
| 360 | Conization |
| 361 | polypectomy cervix |
| 362 | Hysteroscopic resection of endometrial polyp |
| 363 | Vulval wart excision |
| 364 | Laparoscopic paraovarian cyst excision |
| 365 | uterine artery embolization |
| 366 | Bartholin Cyst excision |
| 367 | Laparoscopic cystectomy |
| 368 | Hymenectomy( imperforate Hymen) |
| 369 | Endometrial ablation |
| 370 | vaginal wall cyst excision |
| 371 | Vulval cyst Excision |
| 372 | Laparoscopic paratubal cyst excision |
| 373 | Repair of vagina ( vaginal atresia ) |
| 374 | Hysteroscopy, removal of myoma |
| 375 | TURBT |
| 376 | Ureterocoele repair - congenital internal |
| 377 | Vaginal mesh For POP |
| 378 | Laparoscopic Myomectomy |
| 379 | Surgery for SUI |
| 380 | Repair recto- vagina fistula |
| 381 | Pelvic floor repair( excluding Fistula repair) |
| 382 | URS + LL |
| 383 | Laparoscopic oophorectomy |
| 384 | Insert non- tunnel CV cath |
| 385 | Insert PICC cath ( peripherally inserted central catheter) |
| 386 | Replace PICC cath ( peripherally inserted central catheter ) |

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| 387 | Insertion catheter, intra anterior |
| 388 | Insertion of Portacath |

Note:

1. Any surgery/procedure (not listed above) which due to advancement of medical science requires hospitalization for less than 24 hours will require prior approval from company/TPA.
2. The standard exclusions and waiting periods are applicable to all of the above day care procedures / surgeries depending on the medical condition / disease under treatment. Only 24 hours hospitalization is not mandatory.

Disclaimer: The Company's Claims Team may modify /edit above list, consider other treatments as day care treatments depending on the treatment.