

POLICY WORDING

YOUR POLICY IN DETAIL



Arogya Sanjeevani Policy, Edelweiss General Insurance Company Limited

1. PREAMBLE

This Policy is a contract of insurance issued by Edelweiss General Insurance Company Limited (herein after called the "Company") to the proposer mentioned in the Schedule (hereinafter called the "Insured") to cover the person(s) named in the Schedule (hereinafter called the "Insured Persons"). The Policy is based on the statements and declarations provided in the proposal form by the proposer and is subject to receipt of requisite premium.

2. OPERATIVE CLAUSE

If during the Policy period one or more Insured Person(s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre following the medical advice of a duly qualified Medical Practitioner, the Company shall indemnify expenses which are medically necessary and contained under the cover(s) mentioned in the Policy Schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such claims during each Policy Year shall be the Sum Insured (Individual or Floater) opted and Cumulative Bonus (if any) specified in the Schedule.

3. DEFINITIONS

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

3.1. Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

3.2. Age means age of the Insured person on last birthday as on date of commencement of the Policy.

3.3. Any One Illness means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.

3.4. Associate medical expenses means proportionate deductions of the medical expenses when a higher room category is chosen than the category that is eligible as per terms and conditions of the policy. Proportionate deduction would be applied only in case of a hospital that follows differential billing practice based on the room category occupied by a patient and not for hospitals which do not follow differential billing based on the room category

This shall not apply to the below categories:

a) Cost of pharmacy, b. Cost of implants and medical devices, c) Cost of diagnostics, d) ICU Charges

3.5. AYUSH Treatment refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

3.6. An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried

out by AYUSH Medical Practitioner(s) comprising of any of the following:

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

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

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

- Having qualified registered AYUSH Medical Practitioner(s) in charge;
- Having dedicated AYUSH therapy sections as required and /or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the = Company's authorized representative.

3.8. Break in Policy means the period of gap that 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

3.9. Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the Insured Person 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.

3.10. Condition Precedent means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

3.11. Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body.

3.12. 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.

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

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

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner (s) in charge;
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. Maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

3.15. Day Care Treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under general or local anaesthesia in a hospital/day care centre in less than twenty four hours because of technological advancement, and
- ii. Which would have otherwise required a hospitalisation of more than twenty four hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

3.16. Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

3.17. Disclosure to information norm: The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

3.18. Emergency Care: Emergency care 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.

3.19. Family means, the Family that consists of the proposer and any one or more of the family members as mentioned below:

- i. legally wedded spouse.
- ii. Parents and Parents-in-law.
- iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

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

3.21. Hospital means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. Has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient 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 shall make these accessible to the Company's authorized personnel.

3.22. Hospitalisation means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.

3.23. Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy period and requires medical treatment.

i. Acute Condition means 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 means 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 special trained to cope with it
- d) it continues indefinitely
- e) it recurs or is likely to recur

3.24. Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

3.25. In-Patient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

3.26. Insured Person means person(s) named in the Schedule of the Policy.

3.27. 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.

3.28. ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis 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.

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

3.30. Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

3.31. Medical Practitioner means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.

3.32. 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 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.

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

3.34. Network Provider means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.

3.35. Non- Network Provider means any hospital that is not part of the network.

3.36. Notification of Claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

3.37. Out-Patient (OPD) Treatment means treatment 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.

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

- a) that is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
- c) A condition for which any symptoms and or signs if presented and have resulted within three months of the issuance of the policy in a diagnostic illness or medical condition.

3.39. Pre-hospitalisation Medical Expenses means medical expenses incurred during the period of 30 days preceding the hospitalisation of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
- ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the insurance Company.

3.40. Post-hospitalisation Medical Expenses means medical expenses incurred during the period of 60 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 hospitalisation was required, and
- ii. The inpatient hospitalisation claim for such hospitalisation is admissible by the Insurance Company.

3.41. Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person

3.42. Policy period means period of one policy year as mentioned in the Schedule for which the Policy is issued

3.43. Policy Schedule means the Policy Schedule attached to and forming part of Policy

3.44. Policy year means a period of twelve months beginning from the date of commencement of the Policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, Policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the Policy period, as mentioned in the Schedule

3.45. Portability means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

3.46. 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.

3.47. Renewal: 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.

3.48. Room Rent means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.

3.49. Sub-limit means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

3.50. Sum Insured means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.

3.51. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

3.52. Third Party Administrator (TPA) means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

3.53. Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

4. COVERAGE

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

4.1. Hospitalization

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule, for,

- i. Room Rent , Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the Sum Insured subject to maximum of ₹5,000/-, per day.
- ii. Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) expenses up to 5% of Sum Insured subject to maximum of ₹10,000/- per day.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/surgeon or to the hospital.
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs , costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

4.1.1. Other expenses

- i. Expenses incurred on treatment of cataract subject to the sub limits
- ii. Dental treatment, necessitated due to disease or injury
- iii. Plastic surgery necessitated due to disease or injury
- iv. All the day care treatments (Details mentioned in Appendix II)
- v. Expenses incurred on road Ambulance subject to a maximum of ₹2,000/- per hospitalisation.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
2. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges.

4.2. AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of Sum Insured as specified in the Policy Schedule in any AYUSH Hospital.

4.3. Cataract Treatment

The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or ₹40,000/-, whichever is lower, per each eye in one Policy year.

4.4. Pre Hospitalization

The Company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the Policy.

4.5. Post Hospitalisation

The Company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the Policy.

4.6. The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy - Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

4.7. The expenses that are not covered in this Policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II , List-III and List-IV of Annexure-A respectively.

5. Cumulative Bonus (CB)

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), provided the Policy is renewed with the Company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

Notes:

- i. In case where the Policy is on individual basis, the CB shall be added and available individually to the Insured Person if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- ii. In case where the Policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iv. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons
- v. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies / individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- vi. If the Sum Insured has been reduced at the time of Renewal, the

applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.

vii. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.

viii. If a claim is made in the expiring Policy Year, and is notified to us after the acceptance of Renewal premium any awarded CB shall be withdrawn

6. Waiting Period

The Company shall not be liable to make any payment under the Policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

6.1. Pre-Existing Diseases (Code- Excl01)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first Policy with us.

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

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

d) Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

6.2. First Thirty Days Waiting Period (Code- Excl03)

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

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

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

6.3. Specific Waiting Period: (Code- Excl02)

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.

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

c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

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

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

A. 24 Months waiting period -

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty

6. Hysterectomy

7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps

8. Benign prostate hypertrophy

9. Cataract and age related eye ailments

10. Gastric/ Duodenal Ulcer

11. Gout and Rheumatism

12. Hernia of all types

13. Hydrocele

14. Non Infective Arthritis

15. Piles, Fissures and Fistula in anus

16. Pilonidal sinus, Sinusitis and related disorders

17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident

18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.

19. Varicose Veins and Varicose Ulcers

20. Internal Congenital Anomalies

B. 48 Months waiting period

1. Treatment for joint replacement unless arising from accident

2. Age-related Osteoarthritis & Osteoporosis

7. EXCLUSIONS

The Company shall not be liable to make any payment under the Policy, in respect of any expenses incurred in connection with or in respect of:

7.1 Investigation & Evaluation (Code- Excl04)

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

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

7.2 Rest Cure, rehabilitation and respite care (Code- Excl05)

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

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

7.3 Obesity/ Weight Control (Code- Excl06)

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

1) Surgery to be conducted is upon the advice of the Doctor

2) The surgery/ Procedure conducted should be supported by clinical protocols

3) The member has to be 18 years of age or older and

4) Body Mass Index (BMI);

a) Greater than or equal to 40 or

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

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

7.4 Change-of-Gender treatments: (Code- Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

7.5 Cosmetic or plastic Surgery: (Code- Excl08)

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

7.6 Hazardous or Adventure sports: (Code- Excl09)

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

7.7 Breach of law: (Code- Excl10)

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

7.8 Excluded Providers: (Code-Excl11)

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

7.9 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

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

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

7.12 Refractive Error: (Code- Excl15)

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

7.13 Unproven Treatments: (Code- Excl16)

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

7.14 Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

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

7.15 Maternity Expenses (Code - Excl18):

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.

7.16 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.

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

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

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

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

7.18 Any expenses incurred on Domiciliary Hospitalization and OPD treatment

7.19 Treatment taken outside the geographical limits of India

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

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

9. CLAIM PROCEDURE

1.1 Procedure for Cashless claims:

- (i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. (ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization. (iii) The Company/ TPA upon getting cashless request form and related medical information from the Insured Person/ network provider will issue pre-authorization letter to the hospital after verification. (iv) At the time of discharge, the Insured Person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. (v) The Company / TPA reserves the right to deny pre-authorization in case the Insured Person is unable to provide the relevant medical details. (vi) In case of denial of cashless access, the Insured Person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company/ TPA for reimbursement.

1.2 Procedure for reimbursement of claims:

For reimbursement of claims the Insured Person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

Sl. No	Type of Claim	Prescribed Time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

9.1 Notification of Claim

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

- i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
- ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

9.2 Documents to be submitted:

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

- i. Duly Completed claim form
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break-up
- v. Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- ix. Sticker/Invoice of the Implants, wherever applicable.
- x. MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate, wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.

In addition:

Note:

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

9.3 Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

9.4 Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate .

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

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

9.5 Services Offered by TPA (To be stated where TPA is involved)

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

TPA shall provide the following services,

- (i) Dispatch of Physical or E-card.
- (ii) Servicing of claims by way of preauthorization of cashless treatment or processing towards settlement of claims, as per the underlying terms and conditions of the respective policies and within the terms agreed.
- (iii) Wellness services for the members as per the terms and conditions of the Policy.

9.6 Payment of Claim

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

10. GENERAL TERMS & CONDITIONS

10.1 Disclosure of Information

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

10.2 Condition Precedent to Admission of Liability

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

10.3 Material Change

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

10.4 Records to be Maintained

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

10.5 Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim

10.6 Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the Schedule.

10.7 Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

10.8 Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or 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. In all such cases the insurer if chosen by the policy holder 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. Policyholder having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other policy/ policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this Policy.
3. If the amount to be claimed exceeds the Sum Insured under a single policy after, 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.

10.9 Fraud

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

Any amount already paid against claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:-

- (a) the suggestion ,as a fact of that which is not true and which the Insured Person does not believe to be true;
- (b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- (c) any other act fitted to deceive; and
- (d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the Policy on the ground of fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

10.10 Cancellation

a) The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund%	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Year
Up to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

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

b) The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

10.11 Automatic change in Coverage under the Policy

The coverage for the Insured Person(s) shall automatically terminate:

1. In the case of his/ her (Insured Person) demise.
However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy. In case, the other Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the Insured Person) must be submitted to the Company along with the application. Provided no claim has been made, and termination takes place on account of death of the Insured Person, pro-rata refund of premium of the deceased Insured Person for the balance period of the Policy will be effective.
2. Upon exhaustion of Sum Insured and cumulative bonus, for the Policy year. However, the Policy is subject to renewal on the due date as per the applicable terms and conditions.

10.12 Territorial Jurisdiction

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

10.13 Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each

of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

10.14 Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:

i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

ii. Migration benefit will be offered to the extent of sum of previous Sum Insured and accrued bonus/multiplier benefit (as part of the base Sum Insured), migration benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Migration, kindly refer the link:

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

10.15 Portability

The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:

i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base Sum Insured), portability benefit shall not apply to any other additional increased Sum Insured.

For Detailed Guidelines on Portability, kindly refer the link:

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987&flag=1

10.16 Renewal of Policy

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the Insured Person. The Company is not bound to give notice that it is due for renewal.

i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years

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

iii. At the end of the Policy Period, the Policy shall terminate and can be

renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

10.17. Premium Payment in Instalments

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

i. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.

ii. During such grace period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by the Company.

iii. The Benefits provided under - "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.

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

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

10.18. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

10.19 Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the Policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges; or

ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

10.20 Endorsements (Changes in Policy)

i. This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him /her moving out of India.

10.21 Change of Sum Insured

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

10.22 .Terms and conditions of the Policy

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

10.23 Nomination:

The policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the policyholder. 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. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting 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.

11. TABLE OF BENEFITS

Name	Arogya Sanjeevani Policy, Edelweiss GIC LTD
Product Type	Individual/ Floater
Category of Cover	Indemnity
Sum Insured	INR On Individual basis - SI shall apply to each individual family member On Floater basis - SI shall apply to the entire family
Policy Period	1 year
Eligibility	Policy can be availed by persons between the age of 18 years and 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. Legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e . natural or legally adopted) between the age 3 months to 25 years . If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals

Grace Period	For Yearly payment of mode, a fixed period of 30 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 15 days be allowed as grace period.
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.
Pre Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Submit for room/doctors fee	1 .Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of ₹5,000 /- per day. 2.Intensive Care Unit (ICU) charges / Intensive Cardiac Care Unit (ICCU) charges All inclusive as provided by the Hospital / Nursing Home up to 5% of the Sum Insured subject to maximum of ₹10,000/-, per day
Cataract Treatment	Up to 25% of Sum Insured or ₹40,000/-, whichever is lower, per eye, under one Policy year.
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to Sum Insured , during each Policy year as specified in the Policy Schedule.
Pre Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the Company shall be covered after a waiting period of 4 years
Cumulative bonus	Increase in the Sum Insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. In the event of claim the cumulative bonus shall be reduced at the same rate.
Co Pay	5% co pay on all claims

12. REDRESSAL OF GRIEVANCE

Grievance-In case of any grievance relating to servicing the Policy, the Insured Person may submit in writing to the Policy issuing office or regional office for redressal.

For details of grievance officer, kindly refer the link:

https://www.edelweissinsurance.com/documents/20143/1081704/GRO_DETAILS_15-01-2020.pdf/eabf8f7b-89a4-b4c8-b180-7f2f3893bca4

IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

Insurance Ombudsman -The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

Customer Services and Grievances Redressal:

Grievance-In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal. For details of grievance officer, kindly refer the link

https://www.edelweissinsurance.com/documents/20143/1081704/GRO_DETAILS_15-01-2020.pdf/eabf8f7b-89a4-b4c8-b180-7f2f3893bca4



GRIEVANCE MECHANISM

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 14 days of the receipt of the complaint.

Escalation Matrix:

Step 1

Call: 1800 12000

Email: support@edelweissinsurance.com

Step 2

If the response is not as per Complainant's expectations he/she may contact the Grievance Cell at the below touch-points:

- Email: grievance@edelweissinsurance.com
- Address: Edelweiss General Insurance Company Limited, Kohinoor City Mall, Tower 3, Kirol Road, Kurla West, Mumbai 400070

Step 3

If the response is not as per Complainant's expectations he/she may contact the Company's Grievance Redressal Officer at:

- Email: grievanceofficer@edelweissinsurance.com
- Address: Edelweiss General Insurance Company Limited, Kohinoor City Mall, Tower 3, Kirol Road, Kurla West, Mumbai 400070

Step 4

If the Complainant is not still not satisfied with the response or does not receive a response from the Company within 14 days, the Complainant may approach the Grievance Cell of the 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, the Complainant may approach the Office of the Insurance Ombudsman established by the Central Government of India

as per Rule 13 and Rule 14 of the Insurance Ombudsman Rules, 2017 ('Ombudsman Rules').

The following complaints can be lodged with the Insurance Ombudsman:

1. Any partial or total repudiation of claims by an insurer;
2. Any dispute in regard to premium paid or payable in terms of the policy;
3. Any dispute on the legal construction of the policies in so far as such disputes relate to claims;
4. Delay in settlement of claims;
5. Non-issue of any insurance document to customers after receipt of premium.

Manner in which complaint is to be made Rule 14 of the Ombudsman Rules:-

1. Any person who has a grievance against the Company, 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.
2. 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.
3. 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.



Ombudsman and Addresses

Mentioned below are contact details of Ombudsman:

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email:- bimalokpal.ahmedabad@ecoi.co.in	State of Gujarat, Union Territory of Dadra & Nagar Haveli & Union Territory of Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@ecoi.co.in	State of Karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 033. Tel.:- 0755-2769200/201/202, Fax:- 0755-2769203 Email:- bimalokpal.bhopal@ecoi.co.in	States of Madhya Pradesh and Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455, Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@ecoi.co.in	State of Odisha
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/ 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@ecoi.co.in	States of Punjab, Haryana, Himachal Pradesh, Union Territory of Jammu & Kashmir, Union Territory of Ladakh and Union Territory of Chandigarh
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 , Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@ecoi.co.in	State of Tamil Nadu and Union Territories - Puducherry Town and Karaikal (which are part of Union Territory of Puducherry)
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23232481/23232481 Email:- bimalokpal.delhi@ecoi.co.in	State of Delhi
ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@ecoi.co.in	State of Kerala, Union Territory of Lakshadweep and Mahe, a part of Puducherry
GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361- 2632204 / 2602205 Email:- bimalokpal.guwahati@ecoi.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040- 67504123 / 23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@ecoi.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of Puducherry

CONTACT DETAILS	JURISDICTION
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@ecoi.co.in	State of Rajasthan
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340, Fax:- 033-22124341 Email:- bimalokpal.kolkata@ecoi.co.in	States of West Bengal, Bihar, Sikkim and Union Territory of Andaman and Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331, Fax:- 0522-2231310. Email:- bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022- 26106552/ 26106960, Fax:- 022-26106052 Email:- bimalokpal.mumbai@ecoi.co.in	State of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Budh Nagar, U.P.-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@ecoi.co.in	State of Uttarakhand 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 Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email:- bimalokpal.patna@ecoi.co.in	States of Bihar and Jharkhand
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- bimalokpal.pune@ecoi.co.in	State of Maharashtra, Area of Navi Mumbai and Thane, excluding Mumbai Metropolitan Region

Annexure-A

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

Sl. No.	Item
1	Baby food
2	Baby utilities charges
3	Beauty services
4	Belts/braces
5	Buds
6	Cold pack/hot pack
7	Carry bags
8	Email/ internet charges
9	Food charges (other than patient's diet provided by hospital)
10	leggings
11	Laundry charges
12	Mineral water
13	Sanitary pad
14	Telephone charges
15	Guest services
16	Crepe bandage
17	Diaper of any type
18	Eyelet collar
19	Slings
20	Blood grouping and cross matching of donors samples
21	Service charges where nursing charge also charged
22	Television charges
23	Surcharges
24	Attendant charges
25	Extra diet of patient (other than that which forms part of bed charge)
26	birth certificate
27	Certificate charges
28	Courier charges
29	Conveyance charges
30	Medical certificate
31	Medical records
32	Photocopies charges
33	Mortuary charges
34	Walking aids charges
35	Oxygen cylinder (for usage outside the hospital)
36	spacer
37	Spirometre
38	Nebulizer kit
39	Steam inhaler
40	Armsling
41	Thermometer
42	Cervical collar
43	Splint
44	Diabetic foot wear
45	Knee braces (long/ short/ hinged)

Sl. No.	Item
46	Knee immobilizer/shoulder immobilizer
47	Lumbo sacral belt
48	Nimbus bed or water or air bed charges
49	Ambulance collar
50	Ambulance equipment
51	Abdominal binder
52	Private nurses charges- special nursing charges
53	Sugar free tablets
54	Creams powders lotions (toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG electrodes
56	Gloves
57	Nebulisation kit
58	Any kit with no details mentioned [delivery kit, orthokit, recovery kit, etcl
59	Kidney tray
60	Mask
61	Ounce glass
62	Oxygen mask
63	Pelvic traction belt
64	Pan can
65	Trolley cover
66	Urometer, urine jug
67	Ambulance
68	Vasofix safety

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

Sl. No.	Item
1	Baby charges (unless specified/indicated)
2	hand wash
3	Shoe cover
4	Caps
5	Cradle charges
6	Comb
7	Eau-de-cologne/ room freshners
8	Foot cover
9	Gown
10	Slippers
11	Tissue paper
12	Tooth paste
13	Tooth brush
14	Bed pan
15	Face mask
16	Flex! Mask
17	Hand holder
18	Sputum cup
19	Disinfectant lotions
20	Luxury tax
21	Hvac
22	House keeping charges
23	Air conditioner charges
24	Im iv injection charges
25	Clean sheet
26	Blanket/warmer blanket
27	Admission kit
28	Diabetic chart charges
29	Documentation charges/ administrative expenses
30	Discharge procedure charges
31	Daily chart charges
32	Entrance pass/ visitors pass charges
33	Expenses related to prescription on discharge
34	File opening charges
35	Incidental expenses/ misc. Charges (not explained)
36	patient identification band/ name tag
37	Pulseoxymeter charges

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

Sl. No.	Item
1	Hair removal cream
2	Disposables razors charges (for site preparations)
3	eye pad
4	Eye sheild
5	Camera cover
6	Dvd, cd charges
7	Gause soft
8	Gauze
9	Ward and theatre booking charges
10	Arthroscopy and endoscopy instruments
11	Microscope cover
12	Surgical blades, harmonicscalpel,shaver
13	Surgical drill
14	Eye kit
15	Eye drape
16	X-ray film
17	Boyles apparatus charges
18	Cotton
19	Cotton bandage
20	Surgical tape
21	Apron
22	Torniquet
23	Orthobundle, gynaec bundle

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

Sl. No.	Item
1	Admission/registration charges
2	Hospitalisation for evaluation/ diagnostic purpose
3	Urine container
4	Blood reservation charges and ante natal booking charges
5	Bipap machine
6	Cpap/ capo equipments
7	Infusion pump- cost
8	Hydrogen peroxide\spirit\ disinfectants etc
9	Nutrition planning charges - dietician charges- diet charges
10	Hiv kit
11	Antiseptic mouthwash
12	Lozenges
13	Mouth paint
14	Vaccination charges
15	Alcohol swabes
16	Scrub solutionsterillium
17	Glucometer& strips
18	Urine bag

**Appendix II
List of Day Care Treatments**

Sl. No.	Day Care Procedure Name
1	Stapedotomy
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
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.

Sl. No.	Day Care Procedure Name
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
80	SRS-Stereotactic radiosurgery
81	X-kKnife 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

Sl. No.	Day Care Procedure Name
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 radiotherapy 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
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

Sl. No.	Day Care Procedure Name
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
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

Sl. No.	Day Care Procedure Name
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	Colonoscopy stenting of stricture
193	Percutaneous endoscopic gastrostomy
194	EUS and pancreatic pseudo cyst drainage
195	ERCP and choledochoscopy
196	Proctosigmoidoscopy volvulus detorsion
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

Sl. No.	Day Care Procedure Name
229	UGI SCOPY and polypectomy stomach
230	Rigid oesophagoscopy for FB removal
231	Feeding jejunostomy
232	Colostomy
233	Ileostomy
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	Microdocheotomy 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)
271	arthroscopic repair of ACL tear knee
272	Closed reduction of minor fractures

Sl. No.	Day Care Procedure Name
273	Arthroscopic repair of PCL tear knee
274	Tendon shortening
275	Arthroscopic meniscectomy - knee
276	Reatment of clavicle dislocation
277	Rthroscopic 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
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

Sl. No.	Day Care Procedure Name
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
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

Sl. No.	Day Care Procedure Name
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	Ureterocele 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 + II
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)
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 may modify /edit above list, consider other treatments as day care treatments depending on the treatment.