COCOCure Super Top Up – Navi General Insurance

POLICY WORDINGS

1. TERMS & CONDITIONS

This is Your COCOCure Super Top Up Policy, which has been issued by Us relying on the Information disclosed by You in Your Proposal for this Policy or its preceding Policy/Policies of which this is a Renewal. The insurance cover is provided under this Policy to the Insured Person/s up to the Sum Insured and shall be subject to (a) the terms, conditions and exclusions to this Policy (b) the receipt of premium, and (c) Disclosure to Information Norm for Yourself and on behalf of each of the Insured Persons.

2. INTERPRETATIONS & DEFINITIONS

For easy understanding of this Policy, the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy. For this purpose and where the context permits the singular shall include the plural, the male gender shall include the female, and references to any statutory enactment shall include subsequent amendments to the same.

S. No	Words/ Phrases	Definition
1	**Accident/Accidental**	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2	**Admissible claim amount**	means the amount that is admissible as per policy terms and conditions before applying deductible/co-payment. Any deductible/co-payment will be applied on the admissible claim amount. The amount so arrived after application of deductible/co-payment, will be payable under the policy but not exceeding the Sum Insured.
3	**Adventure Sports**	Adventure sports (also called action sports, aggro sports, and extreme sports) are a popular term for certain activities perceived as having a high level of inherent danger. These sports / activities often involves speed, height, a high level of physical exertion and highly specialised gear such as racing on wheels or horseback, power boat racing, ski racing, hunting or equestrian activities, big game hunting, rock climbing/trekking/mountaineering, winter sports, Skydiving, Parachuting, paragliding/parapenting, Scuba Diving, ski doo riding, cavin/pot holing, bungee jumping, hell skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, riding or driving in races or rallyies, piloting aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey.
4	**Age or Aged**	means the completed Age in years as at the Commencement Date.
5	**Annexure**	means the document attached and marked as Annexure to this Policy.

6	**Any one Illness**	means continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
7	**Authority**	means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).
8	**AYUSH Hospital**	means a healthcare facility wherein medical / surgical / para – surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner(s)* comprising of any of the following – a. Central or State Government AYUSH Hospital; or b. Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine / Central Council for Homeopathy; or c. AYUSH hospital, standalone or co – located with in-patient healthcare facility of any recognised system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion : i. Having atleast 5 in-patient beds; ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock; iii. Having dedicated AYUSH therapy sections as required and / or has equipped operation theatre where surgical procedures are to be carried out; iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorised representative.
9	**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 supervision of registered AYUSH Medical Practitioner(s) on day care basis without inpatient services and must comply with all the following criterion: i. Having qualifies registered AYUSH Medical Practitioner(s) in charge; ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorised representative.

10	**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.
11	**Cancellation (of Policy)**	means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
12	**Complaint or Grievance**	means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.
13	**Complainant**	means a Policyholder or prospect or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an insurer or a distribution channel.
14	**Commencement Date**	means the start date of this Policy as specified in the Policy Schedule.
15	**Condition Precedent**	means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
16	**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.
17	**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 claim amount. A Co-Payment does not reduce the Sum Insured.
18	**Daily Benefit Amount**	means the amount payable for **each Day of Hospitalisation.**

19	**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 a fully equipped operation theatre of its own where Surgical Procedures are carried out; **iv.** maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
20	**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 24 hrs because of technological advancement, and **ii.** which would have otherwise required Hospitalisation of more than 24 hours. **Note** - Treatment normally taken on an Out-patient basis is not included in the scope of this definition.
21	**Deductible**	means a cost sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A Deductible does not reduce the Sum Insured.
22	**Dental Treatment**	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
23	**Dependent Child**	means biologically or legally adopted son or daughter of the Policyholder whose completed age is less than or equal to 30 years and who is financially dependent on the Policyholder with no source of income and have not established his/her own independent households.
24	**Diagnosis**	means conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.

25	**Domiciliary Hospitalisation**	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.
26	**Each Day of Hospitalisation**	means a period of 24 consecutive hours during a period of confinement. The first Day of confinement shall commence at the time of admission to the Hospital and each subsequent Day shall commence 24 hours after the commencement of the previous Day. In the event of the time of discharge of the Insured Person from the Hospital being more than 12 hours, but less than 24 hours from the end of the previous Day, then the day of discharge shall also be regarded as a Day.
27	**Emergency**	means a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured Person's health.
28	**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.
29	**Family**	means the persons named in the Policy Schedule who are the Insured Person's – **i.** Spouse – The Insured's legally married spouse as long as she continues to be married to the Primary Insured. **ii.** Children – The Insured's children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households. **iii.** Parents – The Insured's natural parents or parents that have legally adopted him.
30	**Family Floater**	means a Policy described as such in the Policy Schedule where You and Your Family named in the Policy Schedule are covered under this Policy as at the Commencement Date. The Sum Insured for a Family Floater is the amount shown in the Policy Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Family during each Policy Year.

31	**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.
32	**Harvesting**	means a Surgical Procedure to remove organs or tissues from a donor (Cadaveric or live), for the purpose of organ transplantation.
33	**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 Our authorized personnel.
34	**Hospitalization**	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.
35	**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.
36	**IRDAI**	means the Insurance Regulatory and Development Authority of India.
37	**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
38	**Infertility**	means a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.
39	**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.
40	**Insured Person (Insured)**	means a person whose name specifically appears in the Policy Schedule and with respect to whom the premium has been received by Us.
41	**Intensive Care Unit (ICU)**	means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
42	**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.
43	**Material Fact**	means all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
44	**Maternity Expenses**	means: i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation); ii. expenses towards lawful medical termination of pregnancy during the Policy Period.
45	**Medical Advice**	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
46	**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.

47	**Medical Practitioner**	is 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 Homoeopathy 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. Medical Practitioner should not be the Insured Person or his/her immediate Family Member or anyone who is living in the same household as the Insured Person.
48	**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.
49	**The Mental Healthcare Act, 2017**	means Act as notified by Government of India in the Official Gazette.
50	**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.
51	**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.
52	**New Born Baby**	means baby born during the Policy Period and is aged up to 90 days.
53	**Non-Network Provider**	means any Hospital, Day Care Centre or other provider that is not part of the network.
54	**Non-Allopathic Treatment**	means forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy in the Indian context.
55	**Non-Floater**	means a Policy where You and Your Family members named in the Policy Schedule are covered under this Policy as at the commencement date. The Sum Insured for Non-Floater is the amount shown in the Policy Schedule against each individual Insured Person which also represents Our maximum liability for that Insured Person.

56	**Nominee**	means the person named in the Policy Schedule who is nominated by the Policyholder/Insured Person, to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder/Insured Person is deceased.
57	**Notification of Claim**	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
58	**Outpatient (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.
59	**Policy**	means this Policy document together with the Policy Schedule, Your Proposal Form including any attachment like endorsement, rider, condition, warranty, declaration etc.
60	**Policyholder**	means the person named in the Policy Schedule as the Policyholder.
61	**Policy Period**	means the period commencing from Policy start date and time as specified in the Schedule and terminating at midnight on the Policy end date as specified in the Schedule to this Policy.
62	**Policy Schedule**	means the document attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period and the limits, conditions etc. to which benefits under the Policy are subject to including any annexures and / or endorsements.
63	**Policy Year**	means a period of 12 consecutive months commencing from the Policy Period Start Date and such 12 consecutive months thereafter but not beyond the Policy Period.
64	**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.
65	**Post Hospitalisation Medical Expenses**	means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that: i. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and ii. The inpatient Hospitalisation claim for such Hospitalisation is admissible by the insurance company.

66	**Pre-Hospitalisation Medical Expenses**	means Medical Expenses incurred during pre-defined number of 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.
67	**Pre-Existing Disease**	means any condition, ailment or *Injury* or disease – a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
68	**Proposal Form**	means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, benefits, terms and conditions of the cover to be granted.
69	**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.
70	**Reasonable & Customary charges**	means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of Illness/ Injury involved.
71	**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 gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.
72	**Relaxation Period**	means the specified period immediately following the premium instalment due date during which a payment can be made to continue a Policy in force without loss of continuity of waiting periods and coverage of Pre-existing diseases.
73	**Road Ambulance**	means a motor vehicle operated by a licenced/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from Hospital in emergencies.
74	**Room Rent**	means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated Medical Expenses.

75	**Specialized Medical Practitioner**	is a person who holds a master's degree in the field of medicine or Surgery and valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
76	**Sum Insured**	means the sum as specified in the Policy Schedule against each of the Insured Persons/cover. It is Our maximum liability for the Insured Person for all benefits claimed for during the Policy Period.
77	**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.
78	**TPA**	means any person who is registered under the IRDAI (Third Party Administrators - Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.
79	**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.
80	**Waiting Period**	means the specified period from the commencement date of the policy during which we shall not be liable to make any payment for any claim. Any Claim manifested during the Waiting Period shall be excluded from coverage for the entire Policy Period including renewals.
81	**We/Our/Us/Insurer**	means Navi General Insurance Limited.
82	**You/Your/Policyholder**	means the Policyholder or Primary Insured named in the Policy Schedule.

3. SCOPE OF COVER

This Policy provides coverage(s) subject to the Sum Insured as specified in the Policy Schedule for the events described below and occurring during the Policy Year only if the aggregate of covered **medical expenses** exceed the Deductible . Assessment of all the claims including those falling within the deductible shall be as per the terms and conditions of this Policy. Each coverage is subject to terms, conditions and exclusions of this Policy.

3.1. Inpatient Hospitalization

We will cover the Medical Expenses incurred for Medically Necessary Treatment when the Insured Person is admitted as In-Patient in a Hospital for more than 24 consecutive hours.

Expenses shall include -

a. Room Rent and Nursing charges;
b. Intensive Care Unit (ICU) charges;
c. Operation Theatre charges;
d. Fees of Medical Practitioner/ Surgeon / Anaesthetist / Specialists;
e. Physiotherapy, Investigation & Diagnostic procedures;
f. Medicines, Drugs and Consumables;
g. Blood, Oxygen, Surgical appliances;
h. The cost of prosthetic and other devices or equipment recommended by the attending Medical Practitioner and if implanted internally during a Surgical Procedure.

Modern Treatment Methods

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 the 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 prostrate (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.

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CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

Mental Illness:

We will cover Mental Illness as per the provisions of Mental Healthcare Act, 2017. However, in case of following mental illnesses the Inpatient Hospitalization benefit will be restricted to Policy Sum Insured or 3 lacs, whichever is Lower;

1. Schizophrenia (ICD - F20 ; F21; F25)
2. Bipolar Affective Disorders (ICD - F31; F34)
3. Depression (ICD - F32; F33)
4. Obsessive Compulsive Disorders (ICD - F42 ; F60.5)
5. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)

HIV & AIDS

We will cover upto the Sum Insured in case of Inpatient hospitalization (including Day Care Treatment) for the treatment arising out of HIV or any condition caused by or associated with Acquired Immuno-Deficiency Syndrome (AIDS).

3.2. Day Care Treatment

We will cover the Day Care Treatment undertaken in Hospital / Day Care Centre. List of such treatment is available in **Annexure I** of this document.

3.3. Pre-Hospitalization

We will cover the Pre-hospitalisation Medical Expenses incurred immediately before the Insured Person's Hospitalisation (including Day Care Treatment) for the number of days specified in the Policy Schedule.

Please be informed that the date of admission to the Hospital for this coverage shall be the date of the Insured Person's first admission to the Hospital in relation to Any One Illness.

3.4. Post Hospitalization

We will cover the Post-Hospitalisation Medical Expenses incurred immediately after the Insured Person's discharge from the Hospital (including Day Care Treatment) for the number of days specified in the Policy Schedule.

Please be informed that in case of **Any one illness** where insured person undergoes more than one hospitalisation within 45 days, the cover for post hospitalisation expenses cumulatively shall not exceed the number of days mentioned in the Policy Schedule.

3.5. Domiciliary Hospitalization

We will cover Domiciliary Hospitalisation including Pre - Hospitalization and Post Hospitalization medical expenses if medical treatment is continuously required for at least three (3) days, in which case the cost of medical treatment for the entire period shall be payable.

3.6. Organ Donor Expenses

We will cover the Surgical Expenses incurred towards donor in case of major organ transplant for Harvesting of the organ provided that:

a. The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and amendments thereof and other applicable laws & rules.
b. The organ donated is for the use of the Insured Person.
c. The Insured Person (recipient) has been medically advised to undergo an organ transplant.
d. We will cover the expenses incurred for transportation including preservation during transportation of the Organ subject to a maximum of Rs. 20,000/- per such event.
e. We have accepted claim under In-patient Hospitalisation - 3.1.

Please be informed that We will not pay for –

a. Any expense other than specified above.
b. Cost towards donor screening.
c. Pre / post hospitalisation Medical Expenses of the organ donor.
d. Cost directly or indirectly associated with acquisition of the organ.
e. Any other medical treatment for the donor consequent to the Harvesting.
f. Expenses related to only organ preservation.
g. Transplant of any organ/tissue where the transplant is experimental or investigational.
h. Expenses incurred by an insured person while donating organ

3.7. AYUSH

We will cover the Medical Expenses incurred on In-patient Hospitalisation (3.1) up to the Sum Insured for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatment undergone in:

a. A government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.
b. Teaching Hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH).
c. AYUSH Hospitals

Note - AYUSH Hospitals and AYUSH Day Care Centres should have either pre entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

3.8. Mandatory Co-payment

A mandatory Co-payment on each and every claim as specified below shall apply on the **admissible claim amount** in respect of an Insured Person whose age at the first inception of the policy with us is 61 years or above.

Age at Entry	Co-Payment
61-79 years	10%
80 Years and above	20%

Please be informed that Insured person(s) who have opted for a 'Waiver of Mandatory Co-payment', this Co-payment shall not apply.

3.9. ReCover

If the Policy Sum Insured is exhausted due to claims paid during the Policy Year, then We will reinstate the amount equivalent to the Deductible amount opted or sum insured whichever is less , for the Policy Year provided that,

a. The reinstated amount will only be applicable for the benefits described under Section – 3.1 – In-Patient Hospitalisation .
b. Reinstated amount shall not be available for the illness/injury for which claim has been paid under the Policy . It will also not be applicable to the claims related to relapse of same illness / injury within 45 days. The reinstated sum insured can only be availed by the Insured person for subsequent hospitalization(s) for any other illness/injury.
c. This reinstatement of the Sum Insured will be done only once during the Policy Year.
d. For claims related to Cancer and Chronic Kidney Disease requiring regular dialysis, this benefit will be applicable only once during the lifetime of the Insured Person.
e. For Family Floater Policies, the reinstated Sum Insured will be available on a floater basis for all the Insured Persons in the Family.
f. The unutilised reinstated Sum Insured cannot be carried forward to any subsequent Policy Year.
g. During a Policy Year, the aggregate of all claims payable under the Policy, shall not exceed the sum of:
    1. Sum Insured
    2. Reinstated Sum Insured

3.10 EmPower

If Insured Person loses his job on account of any Chronic illness or injury /critical illness/disability suffered during the policy period which renders the Insured Person completely unfit to pursue the job and the same is certified by the Medical Practitioner, then during the period of such unemployment, we will cover medically necessary treatment for Inpatient hospitalisation of that Insured Person upto the deductible amount opted or sum insured whichever is less, only once during the policy year, provided that -

1. The Loss of Job occurs after a waiting period of 6 (Six) months after the Policy Inception date and during the Policy Period.
2. This benefit is applicable only for a maximum period of 3 (Three) consecutive months from the date of Loss of Job, and
3. The Insured Person remains unemployed during this period for which the benefit under this policy is paid and shall provide all necessary proofs in order to substantiate his unemployment.

Please be informed that –

a. Claim amount paid under this coverage will not be considered for deductible.
b. Mandatory Co-payment & Deductible shall not be applied under this coverage.
c. We will not pay in respect of:
   i. Self-employed persons;
   ii. Unemployment at the time of inception of the *Policy Period* or arising within One Hundred Eighty (180) days of inception of first *Policy* with *Us*.
   iii. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.

3.11 CoPayRent

If a claim for Inpatient hospitalization is paid or admissible for the Insured Person under any Indemnity Health Insurance Policy from us or any Non-Life Insurance Company/Health Insurance Company registered with the Authority , then we will cover the following expenses not paid under such in-patient hospitalisation claim, upto the deductible amount or sum insured whichever is less.

a. Co-payment
b. Non-Medical Expenses
c. Prosthesis

Please be informed that –

1. Claim amount under this coverage will not be considered for deductible.
2. Clause 6.2) xii)c) will not be applicable to the extent of cover provided under this section.

4. OPTIONAL COVERAGES

Optional Coverage(s) shall be available only if the same is specifically mentioned in your Policy Schedule. These coverages are subject to (a) the terms, conditions and exclusions to this Policy (b) the receipt of premium.

4.1. Daily Cash Allowance

If We have accepted a claim under Inpatient Hospitalisation – 3.1, then We will pay a **Daily Benefit amount** stated in the Policy Schedule, for **Each Day of Hospitalisation**, during the Policy Year for treatment of an Illness /disease/ Injury provided that:

a. The Insured Person has been hospitalised for a minimum continuous period of 24 hours.
b. We will pay twice the daily benefit amount for each day that the Insured Person spends in an Intensive Care Unit.
c. In case, insured person spends a day partly in ICU and partly in Non-ICU then we will pay twice the daily cash amount for such day.
d. Our maximum liability will be limited to 5 days for, each hospitalisation and 30 days during a Policy Year.
e. The payment under this benefit will be in addition to the payment made under Section 3.1 of the Policy.
f. Mandatory Co-Payment shall not be applicable under this benefit.

4.2. Waiver of Mandatory Co-Payment

Mandatory Co Payment under Section – 3.8 stands deleted as specified in the Policy Schedule.

4.3. Reduction in Named Ailments Waiting Period

24 months Waiting Period for Named ailments as mentioned under Section 5.2.2 stands reduced to 12 months for all Insured Persons covered under this Policy.

4.4. Reduction in Pre-Existing Disease Waiting Period

36 months Waiting Period for "Pre-existing Disease / Conditions" as mentioned under Section 5.2.1 stands reduced to 24 months for all Insured Persons covered under this Policy.

4.5. Extension in Pre- Hospitalization Period

30 days Period for Pre-Hospitalization Medical Expenses under Section 3.3 stands extended to 60 days for all Insured Persons covered under this Policy.

4.6. Extension in Post Hospitalization Period

60 days Period for Post-Hospitalization Medical Expenses under Section 3.4 stands extended to 90 days for all Insured Persons covered under this Policy.

4.7. Room Rent Sublimit

Room Rent under section 3.1 - Inpatient Hospitalization stands limited to the amount as specified in the Policy Schedule for all Insured persons covered under this policy.

Please be informed that If the Insured Person is admitted in the Hospital room where the Room Rent is higher than the sublimit amount as specified in the Policy Schedule then , we will proportionately deduct "Associate Medical Expenses".

Associate Medical Expenses include medical expenses related to Nursing Charges, Operation Theatre Charges, Fees of Medical practitioner/ surgeon/ anaesthetist/ specialist and Physiotherapy charges.

5. EXCLUSIONS

We will not make payment for a claim in respect of any Insured Person in any way resulting directly or indirectly from or attributable to any of the following unless specifically covered elsewhere in this Policy:

5.1. STANDARD EXCLUSIONS

5.1.1 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.

5.1.2 Chemical and Nuclear Exposure - We will not pay for the treatment costs directly or indirectly caused by or contributed to or arising from Nuclear Weapons/materials, radiations of any kind, contamination by radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, chemical or biological Weapons.

5.1.3 War - We will not pay for the treatment related to any condition resulting from, or as a consequence of War, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

5.2. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

5.2.1 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 36 months of continuous coverage after the date of inception of the first policy with insurer.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of number of months (as specified in the Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

5.2.2 Specified Disease / procedure waiting period – Code – Excl02 -– (Named Ailments)

a) Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/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.

f) List of specific diseases/procedures are mentioned below –

	Organ / Organ Systems	Illness / Surgeries
1.	**Ear Nose Throat**	a. Sinusitis b. Chronic Suppurative Otitis Media (CSOM) c. Tonsillectomy d. Adenoidectomy e. Mastoidectomy f. Tympanoplasty g. Surgery for Deviated Nasal Septum h. Surgery for turbinate/Concha i. Any other benign ear, nose and throat disorder or Surgery
2.	**Eye**	a. Cataract b. Surgical Management of Glaucoma c. Retinopathy
3.	**Gastrointestinal**	a. Calculus Diseases of Gall Bladder including Cholecystectomy b. All types of Surgery of Hernia c. Fissure/Fistula in anus, Hemorrhoids, Pilonidal Sinus d. Ulcer of Stomach & Duodenum e. Gastroesophageal Reflux Disorder(GRD) f. Perianal / Perineal Abscess g. Rectal Prolapse
4.	**Gynaecological**	a. Cysts, polyps b. Any type of Breast lumps (unless malignant) c. Polycystic Ovarian Disease (PCOD) d. Fibroids (Fibromyoma) e. Myomectomy for fibroids f. Prolapse of Uterus unless necessitated by malignancy g. Adenomyosis h. Endometriosis i. Menorrhagia and Dysfunctional Uterine Bleeding (DUB) j. Dilatation & Curettage (D & C) k. Hysterectomy unless due to malignancy
5.	**Orthopaedic**	a. Non-Infectious Arthritis b. Gout and Rheumatism c. Osteoarthritis and Osteoporosis d. Ligament, Tendon & Meniscal Tear (other than caused by Accident) e. Spondylitis/Spondylosis/Spondylolisthesis f. Surgery for Prolapsed intervertebral disc (other than caused by Accident) g. Joint Replacement Surgeries (other than caused by Accident)

6.	**Urogenital**	a. Calculus of Urinary system (Kidney Stone/Urinary Bladder/Ureteric Stone) b. Any Surgery of the genitourinary system unless necessitated by malignancy. c. Benign Hyperplasia of Prostate d. Surgery for Hydrocele/Rectocele
7.	**Others**	a. Varicose veins and Varicose ulcers
8.	**General (Applicable to organ systems/organs/disciplines whether or not described above)**	a. Any type of cysts / Nodules / Polyps / Internal tumours / Skin tumours / Lump / growth

5.2.3 30 - day Waiting Period – Code – Excl03 –

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

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

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

5.2.4 Waiting Period for coverage of Internal Congenital Anomaly - We will not pay in respect of *Internal Congenital Anomaly* within first 24 months from inception of first *Policy* with *Us*.

5.2.5 Waiting Period for Named Mental Illness - We will not pay for any treatment / Hospitalisation for the illnesses mentioned below or any complication arising from the same, during first twenty four (24) months from the inception of first Policy with Us.

	Organ / Organ Systems	Illness
1.	**Mental Disorders**	a. Schizophrenia (ICD - F20 ; F21;F25) b. Bipolar Affective Disorders (ICD - F31; F34) c. Depression (ICD - F32; F33) d. Obsessive Compulsive Disorders (ICD - F42 ; F60.5) e. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)

5.2.6 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excel12**

5.2.7 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.

5.2.8 **Circumcision -** We will not pay for Circumcisions unless necessary for the treatment of a disease or necessitated by an Injury

5.2.9 **Rest Cure, Rehabilitation and Respite Care – Excl05 -** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

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

5.2.10 **External Congenital anomaly** - We will not cover for screening, counselling and treatment related to External congenital anomalies.

5.2.11 **Dental Care -** We will not pay for the Dental Treatment and Surgery of any kind, other than arising out of an Accident and subsequently requiring Hospitalisation.

5.2.12 **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.

5.2.13 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**

5.2.14 **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.

5.2.15 **Eyesight, Hearing Aids & External prosthesis**

(a) **Eyesight** - We will not pay for treatment related to routine eyesight checking or hearing tests including optometric therapy.
(b) **Hearing Aids** - We will not pay for any cost of hearing aids / Cochlear Implants, Spectacles or Contact Lenses.
(c) **External Prosthesis** - We will not pay for any cost related to providing, maintaining and fitting of external and or durable medical/non-medical equipment, used for Diagnosis and or treatment, including Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD) or Infusion Pump, ambulatory devices - walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, artificial limb and also medical equipment which is subsequently used at home (except when used intra-operatively) as listed in Annexure II – Non Medical Expenses.

5.2.16 Refractive Error – Code- Excl15 - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

5.2.17 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.

5.2.18 Medically Necessary Expenses - We will not pay for any treatment or part of a treatment that is not reasonable and medically necessary and drugs or treatments which are not supported by a prescription.

5.2.19 Non-Medical Expenses - We will not pay for any Non-medical expenses defined in Annexure-II.

5.2.20 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

5.2.21 Maternity – Code – Excl18 -

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

5.2.22 Preventive Vaccinations - We will not pay for the expenses towards any treatment related to preventive care, vaccination including inoculation and immunizations (except in case of post-bite vaccination treatment) unless certified and recommended by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim.

5.2.23 Sterility and Infertility – Code – Excl17 - Expenses related to sterility and infertility. This includes :

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

5.2.24 Self-inflicted injuries or attempted suicide - We will not pay any expenses for treatment resulting directly or indirectly from self-inflicted Injury or suicide, attempted suicide while sane or insane.

5.2.25 Treatment by a Medical Practitioner outside discipline - We will not pay any expenses for treatment rendered by Persons not registered as Medical Practitioner or from a Medical Practitioner practising outside the discipline that he/she is licensed for.

5.2.26 Time bound Exclusions - We will not pay for any specific time bound exclusion(s) applied by Us and mentioned in the Schedule and accepted by the Insured Person.

5.2.27 Investigation & Evaluation – Code – Excl04 -

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

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

5.2.28 Excluded Providers: Code- Excl11 - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

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

5.2.30 Permanent Exclusions - We will not pay for any disease which is permanently excluded and specified in the policy schedule with your due consent.

6. GENERAL TERMS & CONDITIONS

6.1. CONDITIONS PRECEDENT TO THE POLICY

i. AGE

A person shall be eligible to become an Insured Person if he/she is not younger than 91 days.

ii. CONDITION PRECEDENT TO ADMISSION OF LIABILITY

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

iii. 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* by the policyholder.

"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

iv. ELECTRONIC TRANSACTIONS

The Policy holder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions from time to time. The Policyholder hereby agrees and confirms that all transactions effected by or through facilities including the Internet, , call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid when done in adherence to and in compliance with the terms and conditions for such facilities and as may be prescribed from time to time and shall be within the terms and conditions of this contract. However, these terms and condition shall not override provisions of any law(s) or statutory regulations as amended from time to time.

v. NO CONSTRUCTIVE NOTICE

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

6.2. CONDITIONS APPLICABLE DURING THE CONTRACT

i. ALTERATIONS TO THE POLICY

The proposal form, declaration, Policy Schedule and Policy constitutes the complete contract of insurance. This Policy cannot be changed by any one (including an insurance agent or broker) except Us. Any change that We make will be communicated to You by a written endorsement signed and stamped by Us.

ii. CANCELLATION

a. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Months	1 Year	2 Years	3 Years
1	87%	91%	93%
2	79%	87%	90%
3	71%	83%	87%
4	63%	79%	85%
5	55%	75%	82%
6	63%	71%	79%
7	39%	67%	77%
8	32%	63%	74%

9	24%	59%	71%
10	16%	55%	69%
11	0%	52%	66%
12	0%	48%	63%
13		44%	61%
14		40%	58%
15		36%	56%
16		32%	53%
17		28%	50%
18		32%	48%
19		20%	45%
20		24%	42%
21		12%	40%
22		8%	37%
23		4%	34%
24		0%	32%
25			29%
26			26%
27			24%
28			21%
29			19%
30			21%
31			13%
32			16%
33			8%
34			5%
35			0%
36			0%

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 misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

iii. COMMUNICATIONS & NOTICES

a. Any notice, direction or instruction under this Policy shall be in writing and if it is:
   - To any Insured Person, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
   - To Us, it shall be delivered to Our address specified in the Schedule.

b. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
c. Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
d. You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
e. You must include Your Policy number for any communication with Us.

iv. FREE LOOK PERIOD

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

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

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

v. GEOGRAPHY

This Policy covers for events within the territorial limits of India. All payments under this Policy will only be made in Indian Rupees.

vi. 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 due date of instalment premium till the date of receipt of premium by Company.
iii. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

<u>If You are opting for Instalment premium payment, then kindly ensure that:</u>

a. Electronic Clearing Service (ECS) Mandate form is completely filled & signed by You.
b. The Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
c. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan /coverages/revision in premium.
d. You need to inform us at least 15 days prior to the due date of instalment premium if You wish to discontinue with the ECS facility.
e. Non-payment of premium on due date as opted by You in the mandate form subject to an additional 15 days of Relaxation Period will lead to termination of the policy.

vii. POLICY DISPUTES

Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

viii. PROTECTION OF POLICY HOLDERS INTEREST

This Policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017 or any amendment thereof from time to time.

ix. RECORDS TO BE MAINTAINED

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records pertaining to the treatment taken for any liability under the Policy and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

x. 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 effected.

xi. TERMINATION OF POLICY

This Policy terminates on earliest of the following events-

a. Cancellation of Policy as per the cancellation provision.
b. On the Policy expiry date.

xii. MORATORIUM PERIOD

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

xiii. WITHDRAWAL OF POLICY

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

xiv. LOADINGS

We may apply risk loading on premium payable based on the information revealed in the Proposal Form and the current health status of the person subject to the following:

a. The maximum risk loading for an individual shall not exceed 100%.
b. These loadings are applicable from commencement date of policy including subsequent renewal(s) with Us.
c. We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium

6.3. CONDITIONS FOR RENEWAL OF CONTRACT

i. CONTINUITY

Insured Person would have an option to migrate to Our other individual Health insurance product(s), if available, subject to Our underwriting guidelines. Likewise, children covered under the Policy when exiting on account of being not dependent on parents will also be given an option to migrate to Our individual Health insurance plans subject to Our underwriting guidelines. Insured Person will be entitled for accrued continuity benefits as per prevailing Portability guidelines issued by the regulator.

ii. MIGRATION

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link – www.naviinsurance.com

iii. PORTABILITY

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

For Detailed Guidelines on Portability, kindly refer the link – www.naviinsurance.com

iv. PROCESS OF PORTABILITY

Insured Persons covered continuously under this Policy or any other Retail Health Insurance Policy from a Non-Life Insurance Company/Health Insurance Company registered with the Authority without any break shall have the right to migrate from such policy to a suitable Individual Health insurance Policy offered by Us provided that:

a. You should submit application for portability with complete documentation at least 45 days prior to expiry of your existing health insurance Policy.
b. Portability benefit is available only at the time of renewal of the existing health insurance policy.
c. Portability benefit will be credited up to the extent of the sum of expiring policy sum insured.
    i. If the expiring Policy Sum Insured is lower than the Sum Insured opted under this Policy, waiting periods will apply to the amount of proposed increase in Sum Insured only.
    ii. If the expiring Policy Sum Insured is higher than or equal to the Sum Insured opted under this Policy, then the waiting periods will be reduced by the number of months of continuous coverage under the previous policy.
d. In case, expiring policy has permanent exclusions for Mental Illness then waiting period for these conditions will be afresh.
e. In case, expiring policy has coverage for Mental Illness then as per portability guidelines waiting period credit for these covers is permissible.
f. All waiting periods, if any shall be applicable individually for each Insured Person.
g. Acceptance of the Portability application will be based on the underwriting guidelines of the Company. We may at Our sole discretion restricts the terms on which We may offer the cover.
h. There is no obligation on Us to insure all Insured Persons on the proposed terms, even if We have received all the documentation from You.
i. In case You opt to port to any other Insurance Company for Renewal, under the Portability provision and the outcome of such Portability request is awaited from the new insurer on the date of Renewal:
    i. On Your request, We may extend this Policy for a period of not less than one month at an additional premium to be paid on a prorate basis.
    ii. If a claim is reported during this extension period, You shall be required to first pay the full annual Policy premium. Our liability for the payment of such claim shall commence only once such premium is received.

Registered & Corporate Office: Navi General Insurance Limited (Formerly DHFL General Insurance Limited)
402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
Toll-free number: 1800 123 0004 8200 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

v. RENEWAL OF POLICY

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of thirty (30) days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience.

vi. CHANGE OF POLICYHOLDER

The Policyholder may be changed only at the time of Renewal. The new Policyholder must be a member of insured person's Family.

The Policyholder may be changed during the Policy Period upon request in case of death of the Policyholder, emigration of Policyholder from India or in case of divorce of the Policyholder.

vi. **ADDITION OF INSURED PERSON**

Addition of insured person can be made during the *Policy Period* for child between the age of 91 days and 180 days (both days inclusive) and for newly married spouse within 3 months of marriage.

Addition of insured person can also be done at renewal subject to underwriting.

For newly added insured person, all waiting periods will apply afresh.

vii. **CHANGE IN SUM INSURED**

ENHANCEMENT -

Sum Insured can be enhanced at the time of renewal only. All waiting periods will apply afresh to the enhanced Sum Insured from the effective date of such enhancement.

You can submit a request for the enhancement in Sum Insured by filling the Change Request Form. For such requests, Underwriting will be done as per the Underwriting Guidelines of the Company.

REDUCTION –

Sum Insured can be reduced at the time of renewal only. You can submit a request for the reduction in Sum Insured by filling the Change Request Form.

6.4. CONDITIONS WHEN A CLAIM ARISES

i. ARBITRATION

If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereto. No reference to Arbitration shall be made unless We have admitted Our liability for a claim in writing.

ii. DISCLAIMER OF CLAIM

If We shall disclaim liability to the Insured for any claim and if the Insured shall not, within twelve (12) calendar months from the date or receipt of the notice of such disclaimer notify Us in writing that he does not accept such disclaimer and intends to recover his claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the Policy.

iii. COMPLETE DISCHARGE

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

iv. 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. 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.

iv. PHYSICAL EXAMINATION

Any Medical Practitioner authorized by Us shall be allowed to examine the Insured Person in case of any alleged disease/Illness/Injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of his/her claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

v. CLAIMS PROCESS & MANAGEMENT

a. POLICYHOLDER'S / INSURED PERSON'S DUTIES AT THE TIME OF CLAIM

On occurrence of an event which will eventually lead to a Claim under this Policy, the Policyholder/ Insured Person shall:

i. Forthwith intimate / file / submit a Claim in accordance with section 6.3.1 (ii) Claim intimation of this Policy.
ii. Completed claim forms and processing documents must be furnished to Us / TPA within the stipulated timelines for reimbursement of all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.
iii. Cashless and Reimbursement Claim processing is through Our service partner TPA, details of the same will be available on the Health Card issued by Us on Our /TPA website. For the latest list of Network Providers, you can log on to Our /TPA website. TPA will facilitate health claims processing
iv. Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

b. CLAIM INTIMATION

Upon the occurrence of any Insured Claim Event that may give rise to a claim under this Policy, then the Policyholder/ Insured Person, must notify Us either at the call centre or in writing as per the following claim procedure:

	Type of Hospitalisation	Notify Us or Our TPA
1)	Planned Hospitalisation	Immediately and in any event at least 48 hours prior to Your admission.
2)	Emergency Hospitalisation	Within 24 hours of Your admission to Hospital or before discharge whichever is earlier

The following details are to be provided to Us at the time of intimation of Claim:

a. Policy Number
b. Name of the Policyholder
c. Employee /Member Number
d. Name of the Insured Person in whose relation the Claim is being lodged
e. Name of Illness
f. Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
g. Date of Diagnosis of Illness
h. Incident/Accident details
i. Date of occurrence and place of Incident/Accident
j. Any other information, documentation as requested by Us

Failure to intimate a claim within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to intimate the claim within such time.

c. **CASHLESS FACILITY**

Cashless Facility is available for Hospitalisation only at Our Network Provider. The Insured Person can avail Cashless Facility at Network Provider, by presenting the health card as provided by Us with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by Us)

1. **For Planned Hospitalisation:**
   a. The Insured Person should at least 48 hrs prior to admission to the Hospital approach the Network Provider for Hospitalisation for medical treatment.
   b. The Network Provider will issue the request for authorization letter for Hospitalisation in the pre-authorization form prescribed by the Authority.
   c. The Network Provider shall electronically send the pre-authorization form along with all the relevant details to the 24 (twenty-four) hour authorization/cashless department of the TPA along with contact details of the treating Medical Practitioner and the Insured Person.
   d. Upon receiving the pre-authorization form and all related medical information from the Network Provider, the eligibility of cover under the Policy will be verified.
   e. Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued. All authorisations will be issued within a period of 3 hours from the receipt of last complete documents.
   f. The Authorisation letter will include details of sanctioned amount, any specific limitation on the claim, any Co-Payments or Deductibles and non- payable items if applicable.
   g. The authorisation letter shall be valid only for a period of 15 days from the date of issuance of authorization

In the event that the cost of Hospitalisation exceeds the authorized limit as mentioned in the authorization letter:

   a. The Network Provider shall request for an enhancement of authorisation limit. Eligibility will be verified, and the enhancement will be evaluated on the availability of further limits.
   b. We shall accept or decline such additional expenses within 3 hours of receiving the request for enhancement

At the time of Discharge

   a. The Network Provider may forward a final request for authorization for any residual amount along with the discharge summary and the billing format in accordance with the process.
   b. Upon receipt of the final authorisation letter, Insured may be discharged by the Network Provider.
   c. Network provider to ensure that the final authorization letter is signed by Insured.
   d. Insured must ensure to take photocopies of relevant medical records for future reference

2. **In case of Emergency Hospitalisation:**
   a. The Insured Person may approach the Network Provider for Hospitalisation.
   b. Insured Person will need to provide health Card / Health insurance Policy details at Hospital admission counter.
   c. The Network Provider shall forward the request for authorization within 24 hours of admission to the Hospital or before discharge whichever is earlier.
   d. In the interim, the Network Provider may either consider treating the Insured Person by taking a token deposit or treating as per their norms.
   e. The Network Provider shall refund the deposit amount to you barring a token amount to take care of non-covered expenses once the authorization is issued

The Network Provider will send the claim documents to TPA within 15 days from the date of discharge from Hospital

i. Claim Form Duly Filled and Signed
ii. Original signed pre-authorisation request
iii. Copy of authorisation approval letter (s)
iv. Copy of Photo ID of Patient Verified by the Hospital
v. Original Discharge/Death Summary
vi. Operation Theatre Notes (if any)
vii. Original Hospital Main Bill along with break up Bill and original receipts
viii. Original Investigation Reports, X Ray, MRI, CT Films, HPE
ix. Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
x. Doctors Reference Slips for Investigations/Pharmacy
xi. Original Pharmacy Bills
xii. MLC/FIR Report/Post Mortem Report (if applicable and conducted).

Any additional documents may be called as required based on the circumstances of the claim.

There can be instances where Cashless Facility may be denied for Hospitalisation due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to TPA which will be considered subject to the Policy Terms &Conditions.

We in Our sole discretion, reserves the right to modify, add or restrict any Network Provider for Cashless services under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable/latest list of Network Provider on TPA's website or by calling call centre.

d. CLAIM REINBURSEMENT PROCESS

Wherever You have opted for a reimbursement of expenses, You may submit the documents for reimbursement of the claim to Our / TPA office not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from any of Our / TPA Offices or download a

copy from Our website at www.naviinsurance.com. The necessary claim documents to be submitted for reimbursement are as following:

i. Claim Form Duly Filled and Signed
ii. Original Discharge/Death Summary
iii. Operation Theatre Notes (if any)
iv. Original Hospital Main Bill along with break up Bill and original receipts
v. Original investigation reports, X Ray, MRI, CT films, HPE
vi. Doctors Reference Slips for Investigations/Pharmacy
vii. Original Pharmacy Bills
viii. MLC/FIR Report/Post Mortem Report (if applicable and conducted).
ix. Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
x. KYC documents (Photo ID proof, Pan Card, Aadhar Card)
xi. Cancelled cheque for NEFT payment

We may call for any additional documents/information as required based on the circumstances of the claim.

e. CLAIMS DOCUMENTS

In case of any Claim for the covered Benefit, the list of necessary documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately but not later than thirty (30) days of date of occurrence of an Insured event, to avail the Claim.

Completed claim forms and processing documents must be furnished to Us within the stipulated timelines for all claims. 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 for him or any other person to give documents.

Original Documents are required for Claims processing:

1. Claim Form Duly Filled and Signed
2. Hospital summary / Discharge Summary / Death Summary
3. Operation Theatre Notes / Indoor case papers
4. Final Hospital Bill with Bill break up and receipt
5. Doctor reference slip for investigation tests
6. Pathological / Investigation reports with payment receipts
7. Pharmacy bills
8. Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
9. Copy of attested Death Certificate issued by Hospital and Local Authority (In death cases)
10. MLC/FIR Report/Post Mortem Report (if applicable and conducted) duly attested by concern authority (in death cases).
11. Confirmation from Employer on Insured Person's employment status (Applicable only in Empower benefit)

12. Settlement letter from the other insurer who has paid the claim and made deductions with respect to – Copayment / Prosthesis / Non-Medical Expenses (Applicable only in CoPayRent benefit)
13. Copy of KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
14. Cancelled cheque for NEFT payment

f. SCRUTINY OF CLAIM DOCUMENTS

i. We shall scrutinize the Claim and accompanying documents. Any deficiency of documents shall be intimated within five (5) days of their receipt.

ii. First reminder for deficient documents will be sent within 10 days of first deficiency letter and Second reminder - within 10 days of first reminder deficiency letter. Final reminder letter will be sent from 10 days from second reminder.

iii. We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from the last reminder if the documents are not received.

g. CLAIM INVESTIGATION

We may investigate claims if reasonably required to determine the validity of claim. Verification carried out, if any, will be done by Individuals or Medical Practitioners or entities authorized by Us to carry out such verification / investigation(s) and the costs for such verification / investigation shall be borne by Us.

You additionally hereby consent to disclose Us of documentation and information that may be held with Your Medical Practitioner and other insurers.

h. PRE- HOSPITALIZATION & POST HOSPITALIZATION

Claim documents for Pre-& Post hospitalisation should be sent to TPA within 15 days of completion of treatment.

i. CLAIM SETTLEMENT (PROVISION OF 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 to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

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

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

"**Bank rate**" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due

j. MULTIPLE POLICIES

In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

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

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

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

k. 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 and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

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

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

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

I. TPA RELATED INFORMATION

For intimation of claim, submission of claim related documents and any claim related query, You can contact TPA assigned as per zone wise and /or as selected by You and which is appearing on your Policy Schedule and Health Card.

Region	TPA Address & Contact Details
WEST DADRA & NAGAR HAVELI | DAMAN & DIU | GOA | GUJARAT | MADHYA PRADESH | MAHARASHTRA	**PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED** Plot No. A-442, Road No. 28, MIDC Industrial Area, Wagle Estate, Ram Nagar, Near Vitthal Rukhmani Mandir, Thane (W), Maharashtra 400604 **Website** - www.paramounttpa.com **IRDAI Reg No:** 006 **Email** - navigi@paramounttpa.com **Toll Free** - 1800 2256 01
SOUTH ANDAMAN & NICOBAR ISLANDS | ANDHRA PRADESH | KARNATAKA | KERALA | LAKSHADWEEP | TAMIL NADU | TELANGANA | PUDUCHERRY	**FAMILY HEALTH PLAN INSURANCE TPA LIMITED** No:8-2-269/A/2-1 To 6, 2nd Floor, Srinilaya Cyber Spazio, Road No.2, Banjara Hills, Hyderabad, Telangana – 500034 **Website** - www.fhpl.net **IRDAI Reg No:** 013 **Email** - navigi@fhpl.net **Toll Free** - 1800 599 2488
EAST & NORTH ARUNACHAL PRADESH | ASSAM | BIHAR | CHHATTISGARH | JHARKHAND | MANIPUR | MEGHALAYA | MIZORAM | NAGALAND | ODISHA | SIKKIM | TRIPURA | WEST BENGAL | CHANDIGARH | DELHI | HARYANA | HIMACHAL PRADESH | JAMMU & KASHMIR | PUNJAB | RAJASTHAN | UTTAR PRADESH | UTTARAKHAND	**RAKSHA HEALTH INSURANCE TPA PRIVATE LIMITED** C/O Escorts Corporate Centre, 15/5, Mathura Road, Faridabad - 121003 Haryana **Website** - www.rakshatpa.com **IRDAI Reg No:** 015 **Email** - navigi@rakshatpa.com **Toll Free** - 1800 180 1555

7. REDRESSAL OF GRIEVANCE

In case of any grievance, the insured person may contact the company through -
Website: www.naviinsurance.com
Toll free: 1800-123-0004 (From 8 am to 8 pm)
E-mail: mycare@navi.com
Fax : 022-4001 8251
Courier: Navi General Insurance Limited
402, 403 & 404, A & B Wing, 4th Floor, Fulcrum,
Sahar Road, Next to Hyatt Regency,
Andheri (East),
Mumbai, Maharashtra – 400 099

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at Manager.CustomeExperience@navi.com

For updated details of grievance officer, kindly refer the link - www.naviinsurance.com/service/

For Senior Citizens, we have a special cell and our Senior Citizen customers can email us at seniorcare@navi.com for priority resolution.

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Ombudsman & Addresses: Refer the link - http://ecoi.co.in/ombudsman.html

S. No.	AREAS OF JURISDICTION	OFFICE OF THE INSURANCE OMBUDSMAN
1	Gujarat and Union Territories of Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@ecoi.co.in
2	Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
3	Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
4	Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
5	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of 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

6	Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	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
7	Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in
8	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in
9	Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry	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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
10	Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in

11	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in
12	West Bengal, Union Territories of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
13	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, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	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
14	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	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
15	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,	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@ecoi.co.in

	Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	
16	Bihar and Jharkhand	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
17	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@ecoi.co.in

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

ANNEXURE 1 - DAY CARE PROCEDURES

Sr. No	System	Procedure
1	ENT	Adenoidectomy with Grommet insertion
2		Adenoidectomy without Grommet insertion
3		Conchoplasty
4		Endolymphatic Sac Surgery for Meniere's Disease
5		Excision and destruction of lingual tonsils
6		Excision of Angioma Septum
7		Fenestration of the inner ear
8		Incision & Drainage of Pharyngeal Abscess
9		Incision and drainage – Hematoma Auricle
10		Incision and drainage of perichondritis
11		Labyrinthectomy for severe Vertigo
12		Myringoplasty
13		Myringotomy with Grommet Insertion
14		Ossiculoplasty
15		Palatoplasty
16		Pseudocyst of the Pinna - Excision
17		Reduction of fracture of Nasal Bone
18		Removal of Tympanic Drain under LA
19		Septoplasty
20		Stapedectomy under GA
21		Stapedectomy under LA
22		Stapedotomy
23		Thyroplasty Type I
24		Tonsillectomy with adenoidectomy
25		Tonsillectomy without adenoidectomy
26		Tracheoplasty
27		Tracheostomy
28		Transoral incision and drainage of a pharyngeal abscess
29		Turbinectomy
30		Turbinoplasty
31		Tympanoplasty
32		Uvulo Palato Pharyngo Plasty
33		Vestibular Nerve section
34		Vocal Cord lateralisation Procedure
35		Mastoidectomy
36	Ophthalmology	Biopsy of tear gland
37		Corrective surgery of blepharoptosis
38		Corrective surgery of the entropion and ectropion

39		Excision and destruction of the diseased tissue of the eyelid
40		Incision of diseased eyelids
41		Incision of tear glands
42		Incision of the cornea
43		Operation on the canthus and epicanthus
44		Operations for pterygium
45		Removal of foreign body from eye
46		Surgery for cataract
47		Treatment of retinal lesion
48		Other operation on the tear ducts
49		Other operations on the cornea
50		Enucleation of Eye Without Implant
51		Dacryocystorhinostomy for Various Lesions of Lacrimal Gland
52	Oncology	2D Radiotherapy
53		3D Brachytherapy
54		3D Conformal Radiotherapy
55		Adjuvant chemotherapy
56		Adjuvant Radiotherapy
57		Afterloading Catheter Brachytherapy
58		CCRT-Concurrent Chemo + RT
59		Conditioning Radiothearpy for BMT
60		Consolidation chemotherapy
61		Continuous Infusional Chemotherapy
62		Electron Therapy
63		External mould Brachytherapy
64		Extracorporeal Irradiation of Blood Products
65		Extracorporeal Irradiation to the Homologous Bone grafts
66		FSRT-Fractionated SRT
67		Gamma knife SRS
68		HBI-Hemibody Radiotherapy
69		HDR Brachytherapy
70		Helical Tomotherapy
71		IGRT- Image Guided Radiotherapy
72		Implant Brachytherapy
73		IMRT- DMLC
74		IMRT- Step & Shoot
75		Induction chemotherapy
76		Infusional Bisphosphonates
77		Infusional Chemotherapy
78		Infusional Targeted therapy
79		Interstitial Brachytherapy

80		Intracavity Brachytherapy
81		intraluminal Brachytherapy
82		Intravesical Brachytherapy
83		IV Push Chemotherapy
84		LDR Brachytherapy
85		Maintenance chemotherapy
86		Neoadjuvant chemotherapy
87		Neoadjuvant radiotherapy
88		Palliative chemotherapy
89		Palliative Radiotherapy
90		Radical chemotherapy
91		Radical Radiotherapy
92		Rotational Arc Therapy
93		SBRT-Stereotactic Body Radiotherapy
94		SC administration of Growth Factors
95		SRS-Stereotactic Radiosurgery
96		SRT-Stereotactic Arc Therapy
97		TBI- Total Body Radiotherapy
98		Tele gamma therapy
99		Telecesium Therapy
100		Telecobalt Therapy
101		Template Brachytherapy
102		TSET-Total Electron Skin Therapy
103		VMAT-Volumetric Modulated Arc Therapy
104		X-Knife SRS
105	Plastic Surgery	Breast reconstruction surgery after mastectomy
106		Construction skin pedicle flap
107		Fibro myocutaneous flap
108		Gluteal pressure ulcer-Excision
109		Muscle-skin graft duct fistula
110		Muscle-skin graft, leg
111		Myocutaneous flap
112		Plastic surgery to the floor of the mouth under GA
113		Removal cartilage graft
114		Removal of bone for graft
115		Sling operation for facial palsy
116		Split Skin Grafting under RA
117		Wolfe skin graft
118	Urology	Anderson hynes operation
119		AV fistula - wrist
120		Bladder Neck Incision

121		Cystoscopic Litholapaxy
122		Cystoscopy & Biopsy
123		Cystoscopy and "SLING" procedure.
124		Cystoscopy and removal of FB
125		Cystoscopy and removal of polyp
126		Drainage of prostate abscess
127		ESWL
128		Excision of urethral diverticulum
129		Excision of urethral prolapse
130		Frenular tear repair
131		Haemodialysis
132		injury prepuce- circumcision
133		Kidney endoscopy and biopsy
134		Meatotomy for meatal stenosis
135		Mega-ureter reconstruction
136		Orchiectomy
137		Paraphimosis surgery
138		Percutaneous nephrostomy
139		Removal of urethral Stone
140		Repair of penile torsion
141		Suprapubic cystostomy
142		Surgery filarial scrotum
143		Surgery for fournier's gangrene scrotum
144		Surgery for pelvi ureteric junction obstruction
145		Surgery for watering can perineum
146		TUNA- prostate
147		Ureter endoscopy and treatment
148		URSL with lithotripsy
149		URSL with stenting
150		Vesico ureteric reflux correction
151	Neurology	Diagnostic cerebral angiography
152		Entrapment neuropathy Release
153		Epidural steroid injection
154		Facial nerve physiotherapy
155		Glycerol rhizotomy
156		Intrathecal Baclofen therapy
157		Motor cortex stimulation
158		Muscle biopsy
159		Nerve biopsy
160		Percutaneous Cordotomy
161		Spinal cord stimulation

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162		Stereotactic Radiosurgery
163		Ventriculoatrial shunt
164		VP shunt
165	Thoracic Surgery	Brochoscopic treatment of bleeding lesion
166		Brochoscopic treatment of fistula / stenting
167		Bronchoalveolar lavage & biopsy
168		Coronary Angiography
169		Direct Laryngoscopy with biopsy
170		EBUS + Biopsy
171		Endoscopic thoracic sympathectomy
172		Laser Ablation of Barrett's oesophagus
173		Pleurodesis
174		Thoracoscopy and Lung Biopsy
175		Thoracoscopy and pleural biopsy
176		Thoracoscopy assisted empyema drainage
177		Thoracoscopy ligation thoracic duct
178	Gastroenterology	Colonoscopy ,lesion removal
179		Colonoscopy stenting of stricture
180		Construction of gastrostomy tube
181		ERCP
182		ERCP + placement of biliary stents
183		ERCP and choledochoscopy
184		ERCP and papillotomy
185		ERCP and sphincterotomy
186		Esophageal stent placement
187		Esophagoscope and sclerosant injection
188		EUS + aspiration pancreatic cyst
189		EUS + coeliac node biopsy
190		EUS + submucosal resection
191		EUS and pancreatic pseudo cyst drainage
192		Pancreatic pseudocyst EUS & drainage
193		Percutaneous Endoscopic Gastrostomy
194		Proctosigmoidoscopy volvulus detorsion
195		RF ablation for barrett's Esophagus
196		Sigmoidoscopy
197		Small bowel endoscopy (therapeutic)
198	General Surgery	Abscess-Decompression
199		Axillary lymphadenectomy
200		Breast abscess I& D
201		Cervical lymphadenectomy
202		Circumcision for Trauma

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203		Colonoscopy
204		Colostomy
205		colostomy closure
206		Drainage of pyelonephrosis / perinephric abscess
207		Epididymectomy
208		ERCP - Bile duct stone removal
209		ERCP - pancreatic duct stone removal
210		Esophageal Growth stent
211		Eversion of Sac
212		Excision of Cervical RIB
213		Excision of Ranula under GA
214		Feeding Gastrostomy
215		Feeding Jejunostomy
216		Fibroadenoma breast excision
217		Fissure in Ano- fissurectomy
218		Fissure in ano sphincterotomy
219		Glossectomy
220		Surgical treatment of Hydrocele
221		Ileostomy
222		Ileostomy closure
223		Incision and drainage of Abscess
224		Incision of a pilonidal sinus / abscess
225		Infected keloid excision
226		Infected lipoma excision
227		Infected sebaceous cyst
228		Inguinal lymphadenectomy
229		Intersphincteric abscess incision and drainage
230		Jaboulay's Procedure
231		Laparoscopic cardiomyotomy(Hellers)
232		Laparoscopic pyloromyotomy(Ramstedt)
233		Laparoscopicreduction of intussusception
234		Liver Abscess- catheter drainage
235		Lord's plication
236		Maximal anal dilatation
237		Meatoplasty
238		Microdochectomy breast
239		Oesophageal varices Sclerotherapy
240		Oesophagoscopy and biopsy of growth oesophagus
241		PAIR Procedure of Hydatid Cyst liver
242		Pancreatic Pseudocysts Endoscopic Drainage
243		Parastomal hernia

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244		Perianal abscess I&D
245		Perianal hematoma Evacuation
246		Photodynamic therapy or esophageal tumour and Lung tumour
247		Piles
248		Pneumatic reduction of intussusception
249		Polypectomy colon
250		Prolapsed colostomy- Correction
251		Psoas Abscess Incision and Drainage
252		Resection of Salivary Gland
253		Rigid Oesophagoscopy for dilation of benign Strictures
254		Rigid Oesophagoscopy for FB removal
255		Rigid Oesophagoscopy for Plummer vinson syndrome
256		Scalp Suturing
257		Scrotoplasty
258		Sentinel node biopsy
259		Sentinel node biopsy malignant melanoma
260		Splenic abscesses Laparoscopic Drainage
261		Subcutaneous mastectomy
262		Submandibular salivary duct stone removal
263		Surgery for fracture Penis
264		Surgical treatment of varicocele
265		Suturing of lacerations
266		Testicular biopsy
267		Thyroid abscess Incision and Drainage
268		TIPS procedure for portal hypertension
269		Tru cut liver biopsy
270		UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
271		UGI scopy and Polypectomy oesophagus
272		UGI Scopy and Polypectomy stomach
273		Varicose veins legs - Injection sclerotherapy
274		Wound debridement and Cover
275		ZADEK's Nail bed excision
276	Orthopedic	Abscess knee joint drainage
277		Amputation follow-up surgery
278		Amputation of metacarpal bone
279		Arthroplasty
280		Arthroscopic Meniscle repiar
281		Arthroscopic Repair of ACL tear knee
282		Arthroscopic repair of PCL tear knee
283		Arthroscopic Shoulder surgery
284		Arthrotomy Hip joint

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285		Aspiration of Hematoma
286		Biopsy elbow joint lining
287		Biopsy finger joint lining
288		Calcaneum spur hydrocort injection
289		Carpal tunnel release
290		Closed reduction and external fixation
291		Closed reduction of dislocation / Fracture
292		Decompress forearm space
293		Elbow arthroscopy
294		Excision of dupuytren's contracture
295		Excision of various lesions in Coccyx
296		Exploration of ankle joint
297		Fixation of knee joint
298		Ganglion wrist hyalase injection
299		Haemarthrosis knee- lavage
300		Implant removal minor
301		Incision of foot fascia
302		Intra articular steroid injection
303		Joint Aspiration - Daignostic / Theraputic
304		K wire removal
305		Lengthening of hand tendon
306		Lengthening of thigh tendons
307		ORIF with K wire fixation- small bones
308		ORIF with plating- Small long bones
309		Partial removal of metatarsal
310		Partial removal of rib
311		POP application under GA
312		Release of midfoot joint
313		Release of thumb contracture
314		Removal of elbow bursa
315		Removal of fracture pins/ nails
316		Removal of knee cap bursa
317		Removal of tumor of arm/ elbow under RA/GA
318		Removal of wrist prosthesis
319		Remove/graft bone lesion
320		Repair of knee joint
321		Repair of ruptured tendon
322		Revision of neck muscle (Torticollis release)
323		Revision/Removal of Knee cap
324		Surgery of bunion
325		Syme's amputation

326		Tendon lengthening
327		Tendon shortening
328		Tendon transfer procedure
329		Tennis elbow release
330		Treatment fracture of radius & ulna
331		Treatment of clavicle dislocation
332		Treatment of foot dislocation
333		Treatment of fracture of ulna
334		Treatment of scapula fracture
335		Treatment of sesamoid bone fracture
336		Treatment of shoulder dislocation
337		Excision of any other bursitis
338	Paediatric surgery	Cystic hygroma - Injection treatment
339		Detorsion of torsion Testis
340		Dilatation of accidental caustic stricture oesophageal
341		EUA + biopsy multiple fistula in ano
342		Excision Juvenile polyps rectum
343		Excision of cervical teratoma
344		Excision of fistula-in-ano
345		Excision of soft tissue rhabdomyosarcoma
346		Excision Sigmoid Polyp
347		High Orchidectomy for testis tumours
348		Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
349		lap.Abdominal exploration in cryptorchidism
350		Mediastinal lymph node biopsy
351		Orchidopexy for undescended testis
352		Presacral Teratomas Excision
353		Rectal prolapse (Delorme's procedure)
354		Rectal-Myomectomy
355		Removal of vesical stone
356		Sternomastoid Tenotomy
357		Vaginoplasty
358	Gynaecology	Bartholin Cyst excision
359		Conization
360		Cryocauterisation of Cervix
361		D&C
362		Endometrial ablation
363		Hymenectomy(imperforate Hymen)
364		Hysteroscopic adhesiolysis
365		Hysteroscopic removal of myoma
366		Hysteroscopic resection of endometrial polyp

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367		Hysteroscopic resection of fibroid
368		Hysteroscopic resection of septum
369		Laparoscopic cystectomy
370		Laparoscopic Myomectomy
371		Laparoscopic oophorectomy
372		Laparoscopic cyst excision
373		Large loop excision of the transformation zone
374		Loop Electrosurgical excision procedure
375		MIRENA insertion for therapeutic use
376		Pelvic floor repair(excluding Fistula repair)
377		Polypectomy
378		Repair of vagina (vaginal atresia)
379		Repair recto- vagina fistula
380		Surgery for Stress Urinary Incontienance
381		Thermal Cauterisation of Cervix
382		Transurethral Resection of Bladder Tumor
383		Ureterocoele repair - congenital internal
384		Uterine artery embolization
385		Vaginal mesh For POP
386		Vaginal wall cyst excision
387		Vulval cyst Excision
388		Vulval wart excision
389	Dental	FNAC
390		Oral biopsy in case of abnormal tissue presentation
391		Splinting of avulsed teeth
392		Suturing lacerated lip
393		Suturing oral mucosa

Note:

a) The above list is exhaustive. Any addition / deletion in this list shall be subject to IRDAI's approval.
b) The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures.

ANNEXURE II - NON-MEDICAL EXPENSES LIST

SR NO	ITEMS
LIST 1 – Non Payable Items	
1	BABY FOOD
2	BABY UTILITES 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	CONVENYANCE 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)
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 (Toileteries are not payable,only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY
LIST II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS

5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	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	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZOR 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, HARMONIC SCALPEL, 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	
1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS
7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer & Strips
18	URINE BAG

ANNEXURE III – Illustration on how COCOCure Super Top Up will work

Shanti has a COCOCure Super Top Up Policy with Deductible of ₹ 3,00,000 & Sum Insured ₹ 5,00,000. Let's see the payout in various situations.

<table>
<tr><th></th><th>Description of Case</th><th>How the Claim payment will be considered</th></tr>
<tr><td colspan="3">Admissible Expenses means the amount payable under the policy as per the terms and conditions of this policy.</td></tr>
<tr><td>Case 1</td><td>Shanti is hospitalised during the policy period.

Inpatient Hospitalisation = Rs 3 Lakhs
Pre / Post expenses = Rs 1 Lakh

Total incurred expenses – Rs 4 Lakhs</td><td><u>Scenario 1:</u> Admissible expenses is Rs 2.50 Lakhs, which is within the Deductible. So, nothing is payable under the policy.

<u>Scenario 2:</u> Admissible expenses is Rs.3.50 Lakhs, which has exceeded the Deductible by Rs 50,000, so the amount payable under the policy is Rs 50,000/-.</td></tr>
<tr><td>Case 2</td><td>Shanti has been hospitalised twice during the policy period.

<u>Hospitalisation # 1</u>
Inpatient Hospitalisation = Rs 2 Lakhs
Pre & post Hospitalisation = Rs 1 Lakh
Total Expenses Incurred = Rs 3 Lakhs

<u>Hospitalisation # 2</u>
Inpatient Hospitalisation = Rs 1.75 Lakhs
Pre & post expenses = Rs 50,000
Total Expenses Incurred = Rs 2.25 Lakhs</td><td>Admissible expenses of the two hospitalisations are as under;

<table><tr><th>Claim</th><th>Admissible Expenses</th></tr><tr><td>Hospitalisation # 1</td><td>Rs 2.30 Lakhs</td></tr><tr><td>Hospitalisation # 2</td><td>Rs 1.90 Lakhs</td></tr><tr><td>Total</td><td>Rs 4.20 Lakhs</td></tr></table>
No claim will be payable after first hospitalisation as admissible expenses is within the deductible limit. Subsequent to second hospitalisation during the policy period, since, total admissible expenses under both the claims = 4.20 Lakhs, which has exceeded the Deductible by Rs 1.20 Lakh, so the amount payable under the policy after second hospitalisation is Rs 1.20 Lakh.</td></tr>
<tr><td>Case 3</td><td>Shanti is hospitalised during the policy period.

Inpatient Hospitalisation = Rs 8.50 lakhs
Pre / Post expenses = Rs 1 Lakh

Total incurred expenses – Rs 9.50 Lakhs</td><td>Admissible expenses = Rs 8.30 lakhs
Deductible = Rs 3 Lakhs
Amount after applying deductible = Rs 5.30 Lakhs
Sum Insured = Rs 5 Lakhs
Payable Amount = Rs 5 Lakhs

Expenses after considering the Deductible, is Rs 5.30 Lakhs, which is greater than the Sum Insured (Rs 5 Lakhs). Hence, amount payable in this case under the policy is Rs 5 Lakhs only and not Rs 5.30 Lakhs.</td></tr>
<tr><td>Case 4</td><td>Shanti has undergone multiple hospitalisation under the policy.</td><td>Hospitalisation # 1 relates to Maternity and is not admissible since it is not covered in this policy.</td></tr>
</table>

<table>
<tr>
<td></td>
<td>Hospitalisation # 1 = Maternity
Inpatient Hospitalisation for Maternity = Rs 4.50 Lakhs
Pre & post Hospitalisation = Rs 1 Lakh
Total Expenses Incurred = Rs 5.50 Lakhs

Hospitalisation # 2 = Gastroenteritis
Inpatient Hospitalisation = Rs 1.75 Lakhs
Pre & post hospitalisation = Rs 0.65 Lakhs
Total incurred expenses = Rs 2.40 Lakhs

Hospitalisation # 3 = Injury
Inpatient Hospitalisation = Rs 1.75 Lakhs
Pre & post hospitalisation = Rs 0.75 Lakhs
Total incurred expenses = Rs 2.50 Lakhs</td>
<td>In Hospitalisation # 2 admissible amount is Rs.2.1 Lakhs which has not exceeded the Deductible; hence nothing is payable.

Hospitalisation # 3 – Admissible amount is Rs.2.2 Lakhs.

<table>
<tr><th>Claim</th><th>Admissible Expenses</th></tr>
<tr><td>Hospitalisation # 1</td><td>Not Payable. Hence Nil</td></tr>
<tr><td>Hospitalisation # 2</td><td>Rs 2.10 Lakhs</td></tr>
<tr><td>Hospitalisation # 3</td><td>Rs 2.20 Lakhs</td></tr>
<tr><td>Total</td><td>Rs 4.30 Lakhs</td></tr>
</table>

Aggregate of all claims is Rs 4.30 Lakhs, which has exceeded the Deductible by Rs 1.30 Lakhs. Hence, the amount payable under the policy is Rs 1.30 Lakhs after hospitalisation # 3.</td>
</tr>
</table>