

Policy Terms and Conditions

I. Definitions

For the purposes of interpretation and understanding of this product the Company has defined, herein below some of the important words used in this product and for the remaining language and the words the Company believes to mean the normal meaning of the English language as explained in the standard language dictionaries. The words and expressions defined in the Insurance Act, IRDA Act, Regulations notified by the Authority and Circulars and Guidelines issued by the Authority shall carry the meanings explained therein. The judicial pronouncements of the highest courts in India will have the effect on the definitions and the language used in this product. The terms and conditions, coverage's and exclusions, benefits, various procedures and concepts which have been built in to the product also carry the specified meaning assigned to them in the said language.

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same and vice versa.

- 1.1 Accident/Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2 Age** means the completed age of the Insured Person as on his last birthday.
- 1.3 Ambulance** means a road vehicle operated by a licensed/authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.
- 1.4 Annexure** means a document attached and marked as Annexure to this Policy.
- 1.5 Any One Illness** (not applicable for Travel and Personal Accident Insurance) means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital / nursing home where treatment was taken.
- 1.6 AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable, and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without inpatient services and must comply with all the following criterion:

- i. Having qualified 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 authorized representative.

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

- (a) Central or State Government AYUSH Hospital; or
- (b) Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- (c) AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

1.8 Break in Policy occurs at the end of the existing Policy Period, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

1.9 Cashless facility means a facility extended by the Company 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 Company to the extent pre authorization approved.

1.10 Claim means a demand made in accordance with the terms and conditions of the Policy for payment of Medical Expenses or Benefits in respect of the Insured Person.

1.11. Company means Care Health Insurance Limited.

1.12. Condition Precedent shall mean a policy term or condition upon which the Company's liability under the policy is conditional upon.

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

i) **Internal Congenital Anomaly** means Congenital anomaly which is not in the visible and accessible parts of the body.

ii) **External Congenital Anomaly** means Congenital anomaly which is in the visible and accessible parts of the body.

1.14 Co-Payment is 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.

1.15 Cumulative Bonus shall mean any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

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

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

1.17 Day Care Treatment means medical treatment and/or a Surgical Procedure which is:

- i) undertaken under general or local anesthesia in a Hospital/Day Care Center in less than 24 hours because of technological advancement, and
- ii) which would have otherwise required Hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Note: Day Care Treatment as specified under Annexure I

1.18 Deductible is 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.

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

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

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

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

1.22 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.

1.23 Grace Period means the specified period of time immediately following the premium due date during which 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.

1.24 Hospital (not applicable for Overseas Travel Insurance) 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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- 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 Company's authorized personnel.

1.25 Hospitalization (not applicable for Overseas Travel Insurance) means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

1.26. 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 intensivists charges.

1.27. Illness means a sickness or a disease or a pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a. 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
- b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - 1. It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests;
 - 2. It needs ongoing or long-term control or relief of symptoms;
 - 3. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - 4. It continues indefinitely;
 - 5. It recurs or is likely to recur

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

1.29 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.

1.30 Insured Person (Insured) means a person whose name specifically appears under Insured in the Policy Certificate and with respect to whom the premium has been received by the Company.

1.31 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.

1.32 Maternity Expenses shall include

- i) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization).
- ii) Expenses towards lawful medical termination of pregnancy during the Policy Period.

1.33 Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

1.34 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.

1.35 Medical Practitioner (not applicable for Overseas Travel Insurance) means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

1.36 Medically Necessary Treatment (not applicable for Overseas Travel Insurance) means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- a. is required for the medical management of the Illness or Injury suffered by the Insured;
- b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical

care in scope, duration, or intensity;

c. must have been prescribed by a Medical Practitioner;

d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

1.37 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.

1.38. Mental Illness means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize, reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub normality of intelligence

1.39 Network Provider Provider (not applicable for Overseas Travel Insurance) means the hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a Cashless Facility.

1.40 New Born Baby means baby born during the Policy Period and is aged up to 90 days.

1.41 Non - Network Provider: Non-Network means any hospital, day care centre or other provider that is not part of the network.

1.42 Notification of claim (Intimation) means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication

1.43 OPD Treatment is 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.

1.44 Policy means these Policy Terms & Conditions and Annexures thereto, the Proposal Form, Policy Certificate and Optional Cover (if applicable) which form part of the policy contract and shall be read together.

1.45 Policy Schedule means the certificate attached to and forming part of this Policy.

1.46 Policyholder means the person named in the Policy Schedule as the Policyholder.

1.47 Policy Period means the period commencing from the Policy Period Start Date and ending on the Policy Period End Date as specified in the Policy Schedule.

If the Policy Period is more than 12 months, the Sum Insured shall apply on Policy Year basis.

1.48 Policy Period End Date means the date on which the Policy expires, as specified in the Policy Schedule.

1.49 Policy Period Start Date Policy Period Start Date means the date on which the Policy commences, as specified in the Policy Schedule.

1.50 Policy Year means a period of 12 consecutive months commencing from the Policy Period Start Date or any anniversary thereof.

1.51 Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance Company.

1.52 Portability means the right accorded to individual health insurance policyholders (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.

1.53 Pre-existing Disease (not applicable for Overseas Travel Insurance) means any condition, ailment, injury or disease

- i. 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
- ii. 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 insurer or its reinstatement.

1.54 Pre-hospitalization Medical Expenses

Expenses means medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that :

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

1.55 Qualified Nurse (not applicable for Overseas Travel Insurance) is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

1.56 Reasonable and Customary Charges (not applicable for Overseas Travel Insurance) means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/Injury involved.

1.57 Rehabilitation means assisting an Insured Person who, following a Medical Condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.

1.58 Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

1.59 Room rent means the amount charged by a hospital and shall include associated medical expenses.

1.60 Subrogation (Applicable to other than Health Policies and health sections of Travel and PA policies) shall mean the right of the Company to assume the rights of the Policyholder/Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

1.61 Sum Insured means the amount specified in the Policy Schedule which represents the Company's maximum, total and cumulative liability for all Insured Persons for any and all Claims incurred during the Policy Year.

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

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

1.64 Variable Medical Expenses means those Medical Expenses as listed below which vary in accordance with the Room Category in a Hospital:

- a) Room, boarding, nursing and Operation theatre expenses as charged by the Hospital where the Insured Person availed medical treatment
- b) Intensive Care Unit (ICU) charges
- c) Fees charged by surgeon, anesthetist, Medical Practitioner

2. Benefits

General Conditions applicable to all Benefits:

- a) Any Benefit shall be available only if the same is specifically mentioned in the Policy Schedule.
- b) Admissibility of a Claim under Benefit 1 is a pre-condition to the admission of a Claim for Benefit 2 and Benefit 3 and the event giving rise to the Claim under the Benefit 1 should be within the Policy Period for the Claim for such Benefit to be accepted.
- c) Any Claim under Benefit 1 shall always be subject to Clause 6.5.
- d) Any Claim paid under Benefit 1 to Benefit 3 shall reduce the Sum Insured for that Policy Year and only the balance shall be available for all future claims for that Policy Year.
- e) Admissibility of a Claim under Benefit 4 is a pre-condition to the admission of a Claim for Benefit 5 and Benefit 6 and the event giving rise to the Claim under the Benefit 4 should be within the Policy Period for the Claim for such Benefit to be accepted.
- f) Any Claim paid under Benefit 4 to Benefit 6 shall reduce the Sum Insured for that Policy Period and only the balance shall be available for all future claims for that Policy Period.

2.1 Benefit 1 : Hospitalization Expenses

If an Insured Person is diagnosed with an Illness or suffers an Injury during the Policy Period and while the Policy is in force that requires:

- a) **In-patient Care:** Company will indemnify the Medical Expenses incurred on Hospitalization, provided that the Hospitalization was on the written advice of a Medical Practitioner.
- b) **Day Care Treatment:** The Insured Person to undergo Day Care Treatment Company will indemnify the Medical Expenses incurred on that Day Care Treatment, provided that the treatment was taken on the written advice of a Medical Practitioner.

(c) **Conditions for Medical Expenses**

(i) **Room Category (Room, boarding and nursing expenses as charged by the Hospital where the Insured Person availed medical treatment):**

- l. If the Insured Person is admitted in a room where the Room Category is other than Single Private Room with A.C., then the Policyholder shall bear the ratable proportion of the total Variable Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the Room Rent of Single Private Room with A.C. to the Room Rent actually incurred.

For the purpose of this Clause only, Single Private Room with A.C. means a Hospital room where a single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have the provision for accommodating an attendant. Such room shall be the most basic and the most economical of all accommodations available as a single room in that Hospital.

(d) **Advance Technology Methods:**

The Company will indemnify the Insured Person for expenses incurred under Benefit I (Hospitalization Expenses) for treatment taken through following advance technology methods:

- a. Uterine Artery Embolization and HIFU
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection
- f. Intra vitreal injections
- g. Robotic surgeries
- h. Stereotactic radio surgeries

- i. Bronchical Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM - (Intra Operative Neuro Monitoring)
 - l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haemato logical conditions to be covered.
- (e) Any Claim under this Benefit can be made under Clause 6.2(a) & (b).

2.2 Benefit 2 : Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses

- a) The Company will indemnify the Medical Expenses incurred for the Insured Person:
- i) As Pre-hospitalization Medical Expenses' during a period of 30 days immediately prior to the date of the Insured Person's admission to the Hospital; and
 - ii) As Post-hospitalization Medical Expenses' during a period of 60 days immediately following the date of the Insured Person's discharge from Hospital,

Provided that, the Medical Expenses relate to the same Illness/Injury for which the Company has accepted the Insured Person's Claim.

- b) If the provisions of Clause 6.6(d) of the Policy Terms & Conditions has been invoked, then:
- i) The date of admission to Hospital for the purpose of this Benefit shall be the date of the first admission to the Hospital for that Any One Illness; and
 - ii) The date of discharge from Hospital for the purpose of this Benefit shall be the last date of discharge from the Hospital in relation to that Any One Illness.
- c) Any Claim under this Benefit can be made under Clause 6.2(b).

2.3 Benefit 3 : Ambulance Cover

- a) The Company will indemnify up to the amount specified against this Benefit in the Policy Certificate, for the reasonable expenses

necessarily incurred on availing Ambulance services offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation to the nearest Hospital in case of an Emergency provided that the necessity of the Ambulance transportation is certified by the treating Medical Practitioner.

- b) Any Claim under this Benefit can be made under Clause 6.2(a) & (b).

2.4 Benefit 4 : Maternity Cover (including Pre-natal & Post natal Expenses)

- a) The Company will indemnify up to the amount specified against this Benefit in the Policy Certificate for the Maternity Expenses including pre-natal Medical Expenses & Post natal Medical Expenses incurred in respect of the Hospitalization of the Insured Person for the delivery of the child during the Policy Period.
- b) It is agreed and understood that:
 - i) The Company shall be liable under this Benefit only if the Insured Person for whom the Claim is made under this Benefit is covered for a continuous period as specified in the Policy Schedule.
 - ii) Maternity Expenses incurred in connection with the voluntary medical termination of pregnancy during the first 12 weeks from the date of conception shall not be admissible under this Benefit, for this purpose 'week' shall constitute any consecutive 7 days.
 - iii) Medical Expenses for ectopic pregnancy are not covered under this Benefit. However, these expenses are covered under Benefit 1.
- c) Clause 6.5 of the Policy Terms & Conditions shall be not applicable to this Benefit.
- d) Any Claim under this Benefit can be made under Clause 6.2(a) & (b).
- e) Claim under this Benefit shall be admissible only if the Age of the Insured Person is 45 years or below.

2.5 Benefit 5 : New Born Baby Cover

- a) The Company will indemnify up to the amount specified against this Benefit in the Policy Certificate for the Medical Expenses incurred in respect of a New Born Baby whose claim under Benefit 4 is admissible by the Company.
- b) Any Claim under this Benefit can be made under Clause 6.2(a) & 6.2(b).
- c) For continuous coverage under this Policy of the

child of 91 days and above, an additional premium would be required to be paid.

2.6 Benefit 6 : New Born Birth Defects

- a) The Company will pay the amount specified against this Benefit in the Policy Schedule , as a lump sum, in case the New Born Baby is diagnosed with Down's syndrome or Cerebral Palsy.
- b) No Claim under Benefit 5 shall be made with respect to Down's syndrome or Cerebral Palsy in case Claim is payable under this Benefit.
- c) Any Claim under this Benefit can be made under Clause 6.2(b).

3. Special Conditions

Special Conditions shall be applicable only if the same is specifically mentioned in the Policy Schedule.

3.1 Special Condition 1 : Floater Cover

- a) The Company's maximum, total and cumulative liability, for any and all Claims incurred during the Policy Year in respect of all Insured Persons, shall not exceed the Sum Insured.
- b) Definition 1.61 is deleted entirely and replaced with the following:

Sum Insured: The amount specified in the Policy Certificate which represents the Company's maximum, total and cumulative liability for all Insured Persons for any and all Claims incurred during the Policy Year.

3.2 Special Condition 2 : Co-payment

- a) The Policyholder shall bear 20% of the Final claim Amount assessed by the Company in accordance with Clause 6.5 in accordance with the table below and the Company's liability shall be restricted to the balance amount payable :

Cover	Entry Age* of Insured Person or Eldest Insured Person (in case of Floater)	Applicable To Type
Individual	>=61 years	Individual Insured Person
Floater	>=61 years	All Insured Person's

* Entry Age means the age of the Insured Person at the time of issue of the first Policy with the Company.

- b) The Co-payment shall be applicable to each and every Claim, for each Insured Person.

4. Exclusions

4.1 Waiting Period:

(a) 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.

(b) Specific Waiting Period: Code- Excl02

- 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:

- I. Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism and Spinal Disorders, Joint Replacement Surgery;
- II. Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy

and Tympanoplasty), Nasal Septum Deviation, Sinusitis and related disorders;

- III. Benign Prostatic Hypertrophy;
- IV. Cataract;
- V. Dilatation and Curettage;
- VI. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers;
- VII. Surgery of Genito urinary system unless necessitated by malignancy;
- VIII. All types of Hernia, Hydrocele;
- IX. Hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy;
- X. Internal tumors, skin tumors, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant;
- XI. Kidney Stone / Ureteric Stone / Lithotripsy / Gall Bladder Stone;
- XII. Myomectomy for fibroids;
- XIII. Varicose veins and varicose ulcers

(c) Pre-Existing Diseases: Code- Excl01

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with 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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

(d) Maternity Cover (Benefit 4): Claims

will not be admissible for any expenses coverage has elapsed under Plan - Joy Tomorrow, since the inception of the first Policy with the Company. If the Sum Insured is enhanced on any renewal of this Policy, the waiting periods shall be applicable afresh to the incremental amount of the Sum Insured only.

- (e) The Waiting Periods as defined in Clauses 4.1(a), 4.1(b), 4.1(c) and 4.1(d) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

4.2 Permanent Exclusions:

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

- (i) Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).

- (ii) Any condition caused by or associated with any sexually transmitted disease except arising out of HIV.

- (iii) 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 IVF, ZIFT, GIFT, ICSI

- III. Gestational Surrogacy

- IV. Reversal of sterilization

- iv) Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

- v) Charges incurred in connection with cost of routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.

- vi) 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.

- vii) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear; glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D) and oxygen concentrator for asthmatic condition, cost of cochlear implants.

- viii) Treatment of any external Congenital Anomaly or Illness or defects or anomalies or treatment relating to birth defects.

- ix) Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.

- x) 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.

- xi) 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.

- xii) Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.

- xiii) All preventive care, vaccination, including inoculation and immunizations (except in case of post-bite treatment), and tonics.

- xiv) Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of

	services and supplies.
xv) All expenses related to donor treatment, including surgery to remove organs from the donor, in case of transplant surgery.	(xxv) Expenses related to any kind of RMO charges, service charge ,surcharge, night charges levied by the hospital under whatever head.
xvi) Non-Allopathic Treatment or treatment related to any unrecognized systems of medicine.	(xxvi) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
xvii) Any OPD Treatment.	i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
xviii) Treatment received outside India.	ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
xix) 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.	iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
xx) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.	xxvii) Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.
xxi) 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.	xxviii) Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.
xxii) Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.	xxix) Any treatment taken in a clinic, rest
xxiii) Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.	
xxiv) Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately) , charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental	

- home, convalescent home for the addicted, detoxification center; sanatorium, home for the aged, mentally disturbed, remodeling clinic or similar institutions.
- xxx) Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 2.1(d).
- xxxi) Rest Cure, rehabilitation and respite care: (Code- Excl05)
- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
- I. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - II. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- xxxii) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)
- xxxiii) Treatments received in health spas, 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)
- xxxiv) 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)
- xxxv) Obesity/ Weight Control: (Code- Excl06)
- Expenses related to the surgical treatment of obesity that does not fulfill 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
- xxxvi) 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
- xxxvii) Refractive Error: (Code- Excl15)
- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- xxxviii) 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.
- Note:** Refer Annexure – III of the Policy Terms & Conditions for list of excluded hospitals.
- Note:** In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

5. Portability

In case portability has been granted to the Policyholder and / or Insured Person under this Policy then :-

- (a) The Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy with the previous insurer to the extent of the Sum Insured and Cumulative Bonus under the expiring health insurance policy.
- (b) The Waiting Periods under Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and Cumulative Bonus under the terms of the expiring policy.
- (c) The Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (d) No credit for Waiting Period as defined in Clause 4.1 (d) shall be available under portability if the health insurance policy with the previous insurer does not include maternity cover.
- (e) Credit for the sum insured of the expiring policy shall additionally be available as under:
 - (i) If the Insured Person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with the Company, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.
 - (ii) In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.
- (f) In case the Policyholder has opted to switch to any other insurer under portability and the outcome of acceptance of the portability is awaited from the new insurer on the date of renewal:
 - (i) The Company may at the request of the Policyholder, extend the Policy for a period not less than 1 month at an additional premium to be paid on a pro-rated basis.
 - (ii) In case any Claim is reported during the extended Policy Period, the Policyholder shall first pay the premium so as to make the extended Policy Period part of Policy as applicable. In such cases, Policyholder shall be liable to pay the premium for the balance period and continue with us for that Policy

year.

6. Claims Intimation, Assessment & Management

6.1 Claims Intimation

- a) Upon the occurrence of any Illness or Injury that may give rise to a Claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, the Policyholder or Insured Person shall undertake all of the following:
 - i) If any Illness is diagnosed or discovered or any Injury is suffered or any other contingency occurs which has resulted in a Claim or may result in a Claim under the Policy, the Policyholder or Insured Person, shall notify the Company either at the Company's call center or in writing immediately.
 - ii) It is agreed and understood that the following details are to be provided to the Company at the time of intimation of Claim:
 - 1) Policy Number;
 - 2) Name of the Policyholder;
 - 3) Name of the Insured Person in respect of whom the Claim is being made;
 - 4) Nature of Illness or Injury;
 - 5) Name and address of the attending Medical Practitioner and Hospital;
 - 6) Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
 - 7) Any other information, documentation or details requested by the Company.
- iii) In case of an emergency Hospitalization: within 24 hours of Hospitalization
- iv) In case of planned Hospitalization: 48 hours prior to Hospitalization.

6.2 Claims Procedure

- a) Cashless
For availing the Cashless Facility at a Network Provider, the Policyholder/Insured Person shall :-
 - i) Submit a pre-authorization form to the Company for approval. Only upon due approval from the Company, Cashless Facility can be availed at any Network Hospital.
 - ii) Present the health card provided by the Company under this Policy along with

a valid photo identification document (Voter ID card/Driving License/Passport/PAN Card or any other identification documentation as approved by the Company).

- iii) The Company will confirm in writing authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- iv) If the request for availing Cashless Facility is authorized by the Company, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility. All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified at Clause 6.4 shall be submitted to the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- v) If the Company does not authorize the Cashless Facility due to insufficient Sum Insured or if insufficient information is provided to the Company to determine the admissibility of the Claim, payment for the treatment will have to be made by the Policyholder or Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company and the same will be considered by the Company subject to the Policy.
- vi) It is agreed and understood that the Company may, in its sole discretion, modify or add to the list of Network Provider or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Provider and the extent of Cashless Facilities available at each Network Provider, the Policyholder or Insured Person can refer to the list of Network Provider available on the Company's website or at the call centre.

b) Re-imbusement

It is agreed and understood that in all cases where intimation of a Claim has been provided under

this clause, all the information and documentation specified in Clause 6.4 below shall be submitted (at the Policyholder or Insured Person's expense) to the Company immediately and in any event within 15 days of Insured Person's discharge from Hospital.

6.3 Policyholder's or Insured Person's duty at the time of Claim

- a) It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:
 - i) The Policyholder or Insured Person shall check the updated list of Network Provider before submission of a pre-authorisation request for cashless facility.
 - ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
 - iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6 of the Policy.
 - iv) The Insured Person will, at the request of the Company, submit himself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
 - v) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
 - vi) The Company shall be provided with complete documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.
 - vii) List of black listed hospitals have been mentioned in Annexure III. Modification of hospitals can be made to this list from time to time. A list of such hospitals will be available on our website.

6.4 Claim Documents

- a) The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6 in respect of all Claims:

- i) Duly completed and signed Claim form, in original;
 - ii) Medical Practitioner's referral letter advising Hospitalization;
 - iii) Medical Practitioner's prescription advising drugs/diagnostic tests/consultation;
 - iv) Original bills, receipts and discharge card from the Hospital/ Medical Practitioner;
 - v) Original bills from pharmacy/chemists;
 - vi) Original pathological/diagnostic test reports/radiology reports and payment receipts;
 - vii) Indoor case papers;
 - viii) Original investigation test reports and payment receipts
 - ix) Ambulance Receipt
 - x) Any other document as required by the Company to assess the Claim
- b) The Company will only accept bills/ invoices which are made in the Insured Person's name.

6.5 Claim Assessment

- a) All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
 - i) If a room accommodation has been opted for where the category is higher than the Single Private Room with A.C. that Insured Person under the Policy, then, the Variable Medical Expenses payable shall be pro-rated.
 - ii) The balance amount, if any, shall be the Claim payable.

6.6 Payment Terms

- a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- b) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person, once the Sum Insured for that Insured Person is exhausted.
- c) The Company shall settle any Claim within 30 days of receipt of all the necessary documents/information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder an offer of settlement of Claim and upon acceptance of such offer by the Policyholder the Company shall

make payment within 7 days from the date of receipt of such acceptance. However, if a claim warrants an investigation in the opinion of the Company, then the Company shall settle the claim within 45 days from the date of receipt of last necessary document. In case there is delay in the payment beyond the stipulated timelines, the Company shall pay additional amount as interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

- d) If the Policyholder or Insured Person suffers a relapse within 45 days of the date of discharge from the Hospital for which a Claim has been made, then such relapse shall be deemed to be part of the same Claim and all the limits for Any One Illness under this Policy shall be applied as if they were under a single Claim.
- e) For cashless Claims, the payment shall be made to the Network Provider whose discharge would be complete and final.
- f) For the Reimbursement Claims, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule) and in case of no nominee at its discretion to the legal heirs of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

7. General Terms and Conditions

7.1 Disclosure to information norm

If any untrue or incorrect statements are made or there has been a misrepresentation, mis-description or non-disclosure of any material particulars or any material information having been withheld or if a Claim is fraudulently made or any fraudulent means or devices are used by the Policyholder or the Insured Person or any one acting on his / their behalf, the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company, or the Company may adjust the scope of cover and/or the premium paid or payable, accordingly.

7.2 Observance of Terms and Conditions

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

the Policy.

7.3 Reasonable Care

Insured Persons shall take all reasonable steps to safeguard the interests against any Illness or Injury that may give rise to a Claim.

7.4 No constructive Notice

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

7.5 Complete discharge

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

7.6 Multiple Policies

- (a) In case any Insured is covered under more than one indemnity insurance policies, with the Company or with other insurers, the Policyholder shall have the right to settle the Claim with any of the Company, provided that the Claim amount payable is up to Sum Insured of such Policy.
- (b) In case the Claim amount under a single policy exceeds the Sum Insured, then Policyholder shall have the right to choose the companies with whom the Claim is to be settled. Further, policyholder/Insured Person shall have the right to choose the companies from whom he/she wants to claim the balance amount. Insured shall only be indemnified the hospitalization costs in accordance with terms & conditions of chosen Policy.
- (c) Policyholder/Insured Persons shall also have the right to prefer claims from other policy / policies for the balance claim or amounts disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted.
- (d) In case of multiple policies which provide fixed benefits, each insurer shall make the claim payments independent of payments received under other similar policies.

7.7 Policy Disputes

Any and all disputes or differences under or in relation

to the validity, construction, interpretation and effect to this Policy shall be determined by the Indian Courts and in accordance with Indian law. The disputes on quantum on payment of losses or any other dispute explained in the paragraph shall be preferred to be dealt and resolved under the alternative dispute resolutions system including Arbitration and Conciliation Act of India.

7.8 Free Look Period

- (a) The Policyholder may, within 15 days from the receipt of the Policy document, return the Policy stating reasons for his objection, if the Policyholder disagrees with any Policy terms and conditions.
- (b) If no Claim has been made under the Policy, the Company will refund the premium received after deducting proportionate risk premium for the period on cover, expenses for medical examination and stamp duty charges. If only part of the risk has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.
- (c) All rights under the Policy will immediately stand extinguished on the free look cancellation of the Policy
- (d) Provision for Free look period is not applicable and available at the time of renewal of the Policy.

7.9 Renewal Terms

- (a) This Policy will automatically terminate on the Policy Period End Date. All renewal applications should reach the Company on or before the Policy Period End Date.
- (b) The premium payable on renewal shall be paid to the Company on or before the Policy Period End Date and in any event before the expiry of the Grace Period.
- (c) For the purpose of this provision, Grace Period means a period of 30 days immediately following the Policy Period End Date during which a payment can be made to renew this Policy without loss of continuity benefits. Coverage is not available for the period for which premium is not received by the Company and the Company shall not be liable for any Claims incurred during such period.

- (d) The Company will ordinarily not refuse to renew the Policy except on ground of fraud, moral hazard or misrepresentation or non-co-operation by the Insured.
- (e) The Company reserves the right to carry out underwriting in relation to any request for increase of the Sum Insured at the time of renewal of the Policy.
- (f) This product may be withdrawn / modified by the Company after due approval from the IRDA. In case this product is withdrawn / modified by the Company, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDA. The Company shall duly intimate the Policyholder at least three months prior to the date of such modification / withdrawal of this product and the options available to the Policyholder at the time of Renewal of this policy.
- (g) The Company may, in its sole discretion, revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDA rules and regulations as applicable from time to time.
- (h) Renewal shall be offered lifelong. The Insured Person shall be given an option to port this policy into any other health insurance product of the Company and credit shall be given for number of years of continuous coverage under this policy for the standard waiting periods.
- (i) No loading based on individual claim experience shall be applicable on renewal premium payable

made under the Policy.

- (c) Refund % to be applied on premium received

Cancellation Date from Policy Period Start Date	Joy Tomorrow	Joy Tomorrow	Joy Today / Joy Tomorrow
	1 Year	2 Year	3 Year
Up to 1 month	75.0%	87.0%	91.0%
1 month to 3 months	50.0%	74.0%	82.0%
3 months to 6 months	25.0%	61.5%	73.5%
6 months to 12 months	0.0%	48.5%	64.5%
12 months to 15 months	N.A.	24.5%	47.0%
15 months to 18 months	N.A.	12.0%	38.5%
18 months to 24 months	N.A.	0.0%	30.0%
24 months to 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

- a. In case of demise of the Policyholder;

- (i) Where the Policy covers only the Policyholder, this Policy shall stand null and void from the date and time of demise of the Policy holder. The premium would be refunded for the unexpired period of this Policy at the short period scales.
- (ii) Where the Policy covers other Insured Person, this Policy shall continue till the end of Policy Period. If the other Insured Persons wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of a policyholder provided that:

- I. Written notice in this regard is given to the Company before the Policy Period End Date; and
- II. A person over Age 18 who satisfies the Company's criteria to become a Policyholder.

7.10 Cancellation / Termination

- a) The Company may at any time, cancel this Policy on grounds as specified in Clause 7.1 and the Company shall have no liability to make payment of any Claims and the premium paid shall be forfeited to the Company, by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to the Policyholder at his last known address.
- b) The Policyholder may also give 15 days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been

7.11 Limitation of Liability

Any Claim under this Policy for which the notification or intimation of Claim is received 12 calendar months after the event or occurrence giving rise to the Claim

shall not be admissible, unless the Policyholder proves to the Company's satisfaction that the delay in reporting of the Claim was for reasons beyond his control

7.12 Communication

- (a) Any communication meant for the Company must be in writing and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.
- b) All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's behalf.
- c) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

7.13 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.

7.14 Out of all the details of the various Benefits provided in the Policy Terms and Conditions, only the details pertaining to Benefits chosen by policyholder as per Policy Schedule shall be considered relevant

7.15 Electronic Transactions

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

may be prescribed from time to time.

7.16 Migration

Policy holder has an option to migrate from their existing Health Insurance Policy to any other Individual Health Insurance Policy or a Family Floater Policy or a Group Health Insurance Policy (only if the member complies with the norms relating to the Health Insurance coverage under the concerned Group Insurance Policy) with the Company.

- (i) The Policy holder should initiate the action to approach the Company to exercise migration option at least 30 days before the renewal date to avoid any break in the policy coverage.
- (ii) The Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) of this Policy shall be reduced by the number of months of continuous coverage under such health insurance policy to the extent of the sum insured and the deductible under the expiring health insurance policy.
- (iii) The Waiting Periods under Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) shall be applicable afresh to the amount by which the Sum Insured under this Policy exceeds the sum insured and the deductible under the terms of the expiring policy
- (iv) The Waiting Periods as defined in Clauses 4.1 (a), 4.1 (b), 4.1 (c) and 4.1 (d) shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.
- (v) No credit for Waiting Period as defined in Clause 4.1 (d) shall be available under portability if the health insurance policy with the insurer does not include maternity cover.
- (vi) Credit for the sum insured of the expiring policy shall additionally be available as under:

- a. If the Insured Person was covered on a Floater basis under the expiring policy and is proposed to be covered on a Floater basis with the Company, then the sum insured to be carried forward for credit under this Policy would also be applied on a Floater basis only.
- b. In all other cases the sum insured to be carried forward for credit in this Policy would be applied on an individual basis only.

7.17 Grievances

The Company has developed proper procedures and effective mechanism to address complaints by the customers. The Company is committed to comply with the Regulations, standards which have been set forth in the Regulations, Circulars issued by the

Authority (IRDAI) from time to time in this regard.

- a) If the Policyholder / Insured Person has a grievance that the Policyholder / Insured Person wishes the Company to redress, the Policyholder / Insured Person may contact the Company with the details of the grievance through:

Website: www.careinsurance.com

Email: customerfirst@careinsurance.com

Contact No.: 1800-102-4488 / 1800-102-6655

Courier: Any of Our Branch Office or corporate office

The Policyholder/Insured Person may also approach the grievance cell at any of the Company's branches with the details of his/her grievance during the Company's working hours from Monday to Friday.

Exclusively for Senior Citizens, We have a separate extension on the Customer Service Toll Free Number. This separate customer service channel prioritizes and routes any kind of request / grievance raised by Senior Citizens through various fast track internal escalations leading to lesser Turn-Around-Time (TAT) for request / grievance addressal

- b) If the Policyholder / Insured Person is not satisfied with the Company's redressal of the Policyholder's / Insured Person's grievance through one of the above methods, the Policyholder / Insured Person may contact the Company's Head of Customer Service at:

Head - Customer Services,

Care Health Insurance Limited,

(Formerly known as Religare Health Insurance Company Limited)

Unit No. 604 - 607, 6th Floor, Tower C, Unitech Cyber Park, Sector-39, Gurugram -122001 (Haryana)

- c) However, if the resolution provided by the Company is not satisfactory, the Policyholder/ Insured Person may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned on next page:

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, BENGALURU - 560 078. Tel.: 080-22222049 / 22222048 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 003. Tel.: 0755-2769201 / 9202 , Fax : 0755-2769203 E-mail : bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.: 0674 - 2596461 / 2596455, Fax : 0674-2596429 E-mail: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.: 0172 - 2706196 / 2706468, Fax : 0172-2708274 E-mail: bimalokpal.chandigarh@ecoi.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI-600 018. Tel.: 044-24333668 / 24335284, Fax : 044-24333664 E-mail : bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.: 011 - 23232481 / 23213504 E-mail : bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 E-mail : bimalokpal.guwahati@ecoi.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, Lane Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel.: 040 - 67504123 / 23312122 E-mail : bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Insurance Ombudsman, 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	Rajasthan
ERNAKULAM	Insurance Ombudsman, 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 E-mail : bimalokpal.emakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindustan Bldg. Annexe, 4, C.R. Avenue, Kolkata – 700 072. Tel : 033-22124339/22124340, Fax : 033-22124341 E-mail : bimalokpal.kolkata@ecoi.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-2, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel.: 0522 - 2231330 / 2231331, Fax : 0522-2231310 E-mail : bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkamagar, Sultanpur, Maharajgang, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	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 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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

Office of the 'Executive Council of Insurers'

Secretary General/Secretary,

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai - 400 054.

Tel : 022-26106889/671/980

Fax : 022-26106949

Email - inscoun@ecoi.co.in

Annexure I : List of Day Care Surgeries

1. **Cardiology Related:**

1. CORONARY ANGIOGRAPHY

2. **Critical Care Related:**

2. INSERT NON-TUNNEL CV CATH
3. INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
4. REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5. INSERTION CATHETER, INTRA ANTERIOR
6. INSERTION OF PORTA CATH

3. **Dental Related:**

7. SPLINTING OF AVULSED TEETH
8. SUTURING LACERATED LIP
9. SUTURING ORAL MUCOSA
10. ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11. FNAC
12. SMEAR FROM ORAL CAVITY

4. **ENT Related:**

13. MYRINGOTOMY WITH GROMMET INSERTION
14. TYMPANOPLASTY (CLOSURE OF AN EAR DRUM PERFORATION / RECONSTRUCTION OF THE AUDITORY OSSICLES)
15. REMOVAL OF A TYMPANIC DRAIN
16. KERATOSIS REMOVAL UNDER GA
17. OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18. TYMPANOPLASTY (CLOSURE OF AN EAR DRUM PERFORATION / RECONSTRUCTION OF THE AUDITORY OSSICLES)
19. REMOVAL OF KERATOSIS OBTURANS
20. STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21. REVISION OF A STAPEDECTOMY
22. OTHER OPERATIONS ON THE AUDITORY OSSICLES
23. MYRINGOPLASTY (POST-AURA / ENDAURAL APPROACH AS WELL

AS SIMPLE TYPE-I TYMPANOPLASTY)

24. FENESTRATION OF THE INNER EAR
25. REVISION OF A FENESTRATION OF THE INNER EAR
26. PALATOPLASTY
27. TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28. TONSILLECTOMY WITHOUT ADENOIDECTOMY
29. TONSILLECTOMY WITH ADENOIDECTOMY
30. EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31. REVISION OF A TYMPANOPLASTY
32. OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33. INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34. MASTOIDECTOMY
35. RECONSTRUCTION OF THE MIDDLE EAR
36. OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37. INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38. OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40. OTHER OPERATIONS ON THE NOSE
41. NASAL SINUS ASPIRATION
42. FOREIGN BODY REMOVAL FROM NOSE
43. OTHER OPERATIONS ON THE TONSILS AND ADENOIDS
44. ADENOIDECTOMY
45. LABYRINTHECTOMY FOR SEVERE VERTIGO
46. STAPEDECTOMY UNDER GA
47. STAPEDECTOMY UNDER LA
48. TYMPANOPLASTY (TYPE IV)
49. ENDOLYMPHATIC SAC SURGERY FOR

MENIERE'S DISEASE

50. TURBINECTOMY
51. ENDOSCOPIC STAPEDECTOMY
52. INCISION AND DRAINAGE OF PERICHONDRITIS
53. SEPTOPLASTY
54. VESTIBULAR NERVE SECTION
55. THYROPLASTY TYPE I
56. PSEUDOCYST OF THE PINNA - EXCISION
57. INCISION AND DRAINAGE - HAEMATOMA AURICLE
58. TYMPANOPLASTY (TYPE II)
59. REDUCTION OF FRACTURE OF NASAL BONE
60. THYROPLASTY TYPE II
61. TRACHEOSTOMY
62. EXCISION OF ANGIOMA SEPTUM
63. TURBINOPLASTY
64. INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65. UVULO PALATO PHARYNGO PLASTY
66. ADENOIDECTOMY WITH GROMMET INSERTION
67. ADENOIDECTOMY WITHOUT GROMMET INSERTION
68. VOCAL CORD LATERALISATION PROCEDURE
69. INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70. TRACHEOPLASTY

5. Gastroenterology Related:

71. CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY /EXPLORATION COMMON BILE DUCT
72. ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73. PANCREATIC PSEUDOCYST EUS & DRAINAGE

74. RF ABLATION FOR BARRETT'S OESOPHAGUS
75. ERCP AND PAPILOTOMY
76. ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77. EUS + SUBMUCOSAL RESECTION
78. CONSTRUCTION OF GASTROSTOMY TUBE
79. EUS + ASPIRATION PANCREATIC CYST
80. SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81. COLONOSCOPY, LESION REMOVAL
82. ERCP
83. COLONOSCOPY STENTING OF STRICTURE
84. PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85. EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86. ERCP AND CHOLEDOCHOSCOPY
87. PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88. ERCP AND SPHINCTEROTOMY
89. ESOPHAGEAL STENT PLACEMENT
90. ERCP + PLACEMENT OF BILIARY STENTS
91. SIGMOIDOSCOPY W/ STENT
92. EUS + COELIAC NODE BIOPSY
93. UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS

6. General Surgery Related:

94. INCISION OF A PILONIDAL SINUS / ABSCESS
95. FISSURE IN ANO SPHINCTEROTOMY
96. SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97. ORCHIDOPEXY
98. ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99. SURGICAL TREATMENT OF ANAL FISTULAS

100. DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101. EPIDIDYMECTOMY
102. INCISION OF THE BREAST ABSCESS
103. OPERATIONS ON THE NIPPLE
104. EXCISION OF SINGLE BREAST LUMP
105. INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106. SURGICAL TREATMENT OF HEMORRHOIDS
107. OTHER OPERATIONS ON THE ANUS
108. ULTRASOUND GUIDED ASPIRATIONS
109. SCLEROTHERAPY, ETC.
110. LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/ LIVER/LYMPH NODE BIOPSY
111. THERAPEUTIC LAPAROSCOPY WITH LASER
112. APPENDICECTOMY WITH/WITHOUT DRAINAGE
113. INFECTED KELOID EXCISION
114. AXILLARY LYMPHADENECTOMY
115. WOUND DEBRIDEMENT AND COVER
116. ABSCESS-DECOMPRESSION
117. CERVICAL LYMPHADENECTOMY
118. INFECTED SEBACEOUS CYST
119. INGUINAL LYMPHADENECTOMY
120. INCISION AND DRAINAGE OF ABSCESS
121. SUTURING OF LACERATIONS
122. SCALP SUTURING
123. INFECTED LIPOMA EXCISION
124. MAXIMAL ANAL DILATATION
125. PILES
126. A) INJECTION SCLEROTHERAPY
127. B) PILES BANDING
128. LIVER ABSCESS- CATHETER DRAINAGE
129. FISSURE IN ANO- FISSURECTOMY
130. FIBROADENOMA BREAST EXCISION
131. OESOPHAGEAL VARICES SCLEROTHERAPY
132. ERCP - PANCREATIC DUCT STONE REMOVAL
133. PERIANAL ABSCESS I&D
134. PERIANAL HEMATOMA EVACUATION
135. UGI SCOPY AND POLYPECTOMY OESOPHAGUS
136. BREAST ABSCESS I&D
137. FEEDING GASTROSTOMY
138. OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
139. ERCP- BILE DUCT STONE REMOVAL
140. ILEOSTOMY CLOSURE
141. COLONOSCOPY
142. POLYPECTOMY COLON
143. SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
144. UGI SCOPY AND POLYPECTOMY STOMACH
145. RIGID OESOPHAGOSCOPY FOR FB REMOVAL
146. FEEDING JEJUNOSTOMY
147. COLOSTOMY
148. ILEOSTOMY
149. COLOSTOMY CLOSURE
150. SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
151. PNEUMATIC REDUCTION OF INTUSSUSCEPTION
152. VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
153. RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
154. PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
155. ZADEK'S NAIL BED EXCISION
156. SUBCUTANEOUS MASTECTOMY
157. EXCISION OF RANULA UNDER GA
158. RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
159. EVERSION OF SAC
160. UNILATERAL
161. ILATERAL
162. LORD'S PLICATION

163. JABOULAY'S PROCEDURE
164. SCROTOPLASTY
165. CIRCUMCISION FOR TRAUMA
166. MEATOPLASTY
167. INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
168. PSOAS ABSCESS INCISION AND DRAINAGE
169. THYROID ABSCESS INCISION AND DRAINAGE
170. TIPS PROCEDURE FOR PORTAL HYPERTENSION
171. ESOPHAGEAL GROWTH STENT
172. PAIR PROCEDURE OF HYDATID CYST LIVER
173. TRUCUT LIVER BIOPSY
174. PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
175. EXCISION OF CERVICAL RIB
176. LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
177. MICRODOCHETOMY BREAST
178. SURGERY FOR FRACTURE PENIS
179. SENTINEL NODE BIOPSY
180. PARASTOMAL HERNIA
181. REVISION COLOSTOMY
182. PROLAPSED COLOSTOMY-CORRECTION
183. TESTICULAR BIOPSY
184. LAPAROSCOPIC CARDIOMYOTOMY (HELLERS)
185. SENTINEL NODE BIOPSY MALIGNANT MELANOMA
186. LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT)
190. OTHER OPERATIONS ON THE FALLOPIAN TUBE
191. DILATATION OF THE CERVICAL CANAL
192. CONISATION OF THE UTERINE CERVIX
193. THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY /
194. LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
195. OTHER OPERATIONS ON THE UTERINE CERVIX
196. INCISION OF THE UTERUS (HYSTERECTOMY)
197. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
198. INCISION OF VAGINA
199. INCISION OF VULVA
200. CULDOTOMY
201. SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
202. ENDOSCOPIC POLYPECTOMY
203. HYSTEROSCOPIC REMOVAL OF MYOMA
204. D&C
205. HYSTEROSCOPIC RESECTION OF SEPTUM
206. THERMAL CAUTERISATION OF CERVIX
207. MIRENA INSERTION
208. HYSTEROSCOPIC ADHESIOLYSIS
209. LEEP
210. CRYOCAUTERISATION OF CERVIX
211. POLYPECTOMY ENDOMETRIUM
212. HYSTEROSCOPIC RESECTION OF FIBROID
213. LLETZ
214. CONIZATION
215. POLYPECTOMY CERVIX
216. HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
217. VULVAL WART EXCISION
218. LAPAROSCOPIC PARAOVARIAN CYST EXCISION

7. Gynecology Related:

187. OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
188. INCISION OF THE OVARY
189. INSUFFLATIONS OF THE FALLOPIAN TUBES

219. UTERINE ARTERY EMBOLIZATION
220. LAPAROSCOPIC CYSTECTOMY
221. HYMENECTOMY(IMPERFORATE HYMEN)
222. ENDOMETRIAL ABLATION
223. VAGINAL WALL CYST EXCISION
224. VULVAL CYST EXCISION
225. LAPAROSCOPIC PARATUBAL CYST EXCISION
226. REPAIR OF VAGINA (VAGINAL ATRESIA)
227. HYSTEROSCOPY, REMOVAL OF MYOMA
228. TURBT
229. URETEROCOELE REPAIR - CONGENITAL INTERNAL
230. VAGINAL MESH FOR POP
231. LAPAROSCOPIC MYOMECTOMY
232. SURGERY FOR SUI
233. REPAIR RECTO- VAGINA FISTULA
234. PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
235. URS + LL
236. LAPAROSCOPIC OOPHORECTOMY
237. NORMAL VAGINAL DELIVERY AND VARIANTS

8. Neurology Related:

238. FACIAL NERVE PHYSIOTHERAPY
239. NERVE BIOPSY
240. MUSCLE BIOPSY
241. EPIDURAL STEROID INJECTION
242. GLYCEROL RHIZOTOMY
243. SPINAL CORD STIMULATION
244. MOTOR CORTEX STIMULATION
245. STEREOTACTIC RADIOSURGERY
246. PERCUTANEOUS CORDOTOMY
247. INTRATHECAL BACLOFEN THERAPY
248. ENTRAPMENT NEUROPATHY RELEASE
249. DIAGNOSTIC CEREBRAL ANGIOGRAPHY
250. VP SHUNT
251. VENTRICULOATRIAL SHUNT

9. Oncology Related:

252. RADIOTHERAPY FOR CANCER
253. CANCER CHEMOTHERAPY
254. IV PUSH CHEMOTHERAPY
255. HBI-HEMIBODY RADIOTHERAPY
256. INFUSIONAL TARGETED THERAPY
257. SRT-STEREOTACTIC ARC THERAPY
258. SC ADMINISTRATION OF GROWTH FACTORS
259. CONTINUOUS INFUSIONAL CHEMOTHERAPY
260. INFUSIONAL CHEMOTHERAPY
261. CCRT-CONCURRENT CHEMO + RT
262. 2D RADIOTHERAPY
263. 3D CONFORMAL RADIOTHERAPY
264. IGRF-IMAGE GUIDED RADIOTHERAPY
265. IMRT-STEP & SHOOT
266. INFUSIONAL BISPHOSPHONATES
267. IMRT-DMLC
268. ROTATIONAL ARC THERAPY
269. TELE GAMMA THERAPY
270. FSRT-FRACTIONATED SRT
271. VMAT-VOLUMETRIC MODULATED ARC THERAPY
272. SBRT- STEREOTACTIC BODY RADIOTHERAPY
273. HELICAL TOMOTHERAPY
274. SRS-STEREOTACTIC RADIOSURGERY
275. X-KNIFE SRS
276. GAMMAKNIFE SRS
277. TBI- TOTAL BODY RADIOTHERAPY
278. INTRALUMINAL BRACHYTHERAPY
279. ELECTRON THERAPY
280. TSET-TOTAL ELECTRON SKIN THERAPY
281. EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
282. TELECOBALT THERAPY
283. TELECESIUM THERAPY
284. EXTERNAL MOULD BRACHYTHERAPY

- 285. INTERSTITIAL BRACHYTHERAPY
- 286. INTRACAVITY BRACHYTHERAPY
- 287. 3D BRACHYTHERAPY
- 288. IMPLANT BRACHYTHERAPY
- 289. INTRAVESICAL BRACHYTHERAPY
- 290. ADJUVANT RADIOTHERAPY
- 291. AFTERLOADING CATHETER BRACHYTHERAPY
- 292. CONDITIONING RADIOTHERAPY FOR BMT
- 293. EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
- 294. RADICAL CHEMOTHERAPY
- 295. NEOADJUVANT RADIOTHERAPY
- 296. LDR BRACHYTHERAPY
- 297. PALLIATIVE RADIOTHERAPY
- 298. RADICAL RADIOTHERAPY
- 299. PALLIATIVE CHEMOTHERAPY
- 300. TEMPLATE BRACHYTHERAPY
- 301. NEOADJUVANT CHEMOTHERAPY
- 302. ADJUVANT CHEMOTHERAPY
- 303. INDUCTION CHEMOTHERAPY
- 304. CONSOLIDATION CHEMOTHERAPY
- 305. MAINTENANCE CHEMOTHERAPY
- 306. HDR BRACHYTHERAPY

10. Operations on the salivary glands & salivary ducts:

- 307. INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
- 308. EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
- 309. RESECTION OF A SALIVARY GLAND
- 310. RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
- 311. OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS

11. Operations on the skin & subcutaneous tissues:

- 312. OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 313. SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 314. LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
- 315. OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
- 316. SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
- 317. FREE SKIN TRANSPLANTATION, DONOR SITE
- 318. FREE SKIN TRANSPLANTATION, RECIPIENT SITE
- 319. REVISION OF SKIN PLASTY
- 320. OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
- 321. CHEMOSURGERY TO THE SKIN.
- 322. DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
- 323. RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
- 324. EXCISION OF BURSITIS
- 325. TENNIS ELBOW RELEASE

12. Operations on the Tongue:

- 326. INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
- 327. PARTIAL GLOSSECTOMY
- 328. GLOSSECTOMY
- 329. RECONSTRUCTION OF THE TONGUE
- 330. OTHER OPERATIONS ON THE TONGUE

13. Ophthalmology Related:

- 331. SURGERY FOR CATARACT
- 332. INCISION OF TEAR GLANDS
- 333. OTHER OPERATIONS ON THE TEAR DUCTS
- 334. INCISION OF DISEASED EYELIDS

335. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
336. OPERATIONS ON THE CANTHUS AND EPICANTHUS
337. CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
338. CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
339. REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
340. REMOVAL OF A FOREIGN BODY FROM THE CORNEA
341. INCISION OF THE CORNEA
342. OPERATIONS FOR PTERYGIUM
343. OTHER OPERATIONS ON THE CORNEA
344. REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
345. REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
346. REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
347. CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
348. CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
349. DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
350. ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
351. ENUCLEATION OF EYE WITHOUT IMPLANT
352. DACRYOCYSTORRHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
353. LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
354. BIOPSY OF TEAR GLAND
355. TREATMENT OF RETINAL LESION
356. SURGERY FOR MENISCUS TEAR
357. INCISION ON BONE, SEPTIC AND ASEPTIC
358. CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
359. SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
360. REDUCTION OF DISLOCATION UNDER GA
361. ARTHROSCOPIC KNEE ASPIRATION
362. SURGERY FOR LIGAMENT TEAR
363. SURGERY FOR HEMOARTHROSIS/ PYOARTHROSIS
364. REMOVAL OF FRACTURE PINS/ NAILS
365. REMOVAL OF METAL WIRE
366. CLOSED REDUCTION ON FRACTURE, LUXATION
367. REDUCTION OF DISLOCATION UNDER GA
368. EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
369. EXCISION OF VARIOUS LESIONS IN COCCYX
370. ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
371. CLOSED REDUCTION OF MINOR FRACTURES
372. ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
373. TENDON SHORTENING
374. ARTHROSCOPIC MENISCECTOMY - KNEE
375. TREATMENT OF CLAVICLE DISLOCATION
376. HAEMARTHROSIS KNEE- LAVAGE
377. ABSCESS KNEE JOINT DRAINAGE
378. CARPAL TUNNEL RELEASE
379. CLOSED REDUCTION OF MINOR DISLOCATION
380. REPAIR OF KNEE CAP TENDON
381. ORIF WITH K WIRE FIXATION- SMALL BONES
382. RELEASE OF MIDFOOT JOINT
383. ORIF WITH PLATING- SMALL LONG BONES

14. Orthopedics Related:

384. IMPLANT REMOVAL MINOR
 385. K WIRE REMOVAL
 386. POP APPLICATION
 387. CLOSED REDUCTION AND EXTERNAL FIXATION
 388. ARTHROTOMY HIP JOINT
 389. SYME'S AMPUTATION
 390. ARTHROPLASTY
 391. PARTIAL REMOVAL OF RIB
 392. TREATMENT OF SESAMOID BONE FRACTURE
 393. SHOULDER ARTHROSCOPY / SURGERY
 394. ELBOW ARTHROSCOPY
 395. AMPUTATION OF METACARPAL BONE
 396. RELEASE OF THUMB CONTRACTURE
 397. INCISION OF FOOT FASCIA
 398. CALCANEUM SPUR HYDROCORT INJECTION
 399. GANGLION WRIST HYALASE INJECTION
 400. PARTIAL REMOVAL OF METATARSAL
 401. REPAIR / GRAFT OF FOOT TENDON
 402. REVISION/REMOVAL OF KNEE CAP
 403. AMPUTATION FOLLOW-UP SURGERY
 404. EXPLORATION OF ANKLE JOINT
 405. REMOVE/GRAFT LEG BONE LESION
 406. REPAIR/GRAFT ACHILLES TENDON
 407. REMOVE OF TISSUE EXPANDER
 408. BIOPSY ELBOW JOINT LINING
 409. REMOVAL OF WRIST PROSTHESIS
 410. BIOPSY FINGER JOINT LINING
 411. TENDON LENGTHENING
 412. TREATMENT OF SHOULDER DISLOCATION
 413. LENGTHENING OF HAND TENDON
 414. REMOVAL OF ELBOW BURSA
 415. FIXATION OF KNEE JOINT
 416. TREATMENT OF FOOT DISLOCATION
 417. SURGERY OF BUNION
 418. INTRA ARTICULAR STEROID INJECTION
 419. TENDON TRANSFER PROCEDURE
 420. REMOVAL OF KNEE CAP BURSA
 421. TREATMENT OF FRACTURE OF ULNA
 422. TREATMENT OF SCAPULA FRACTURE
 423. REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
 424. REPAIR OF RUPTURED TENDON
 425. DECOMPRESS FOREARM SPACE
 426. REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)
 427. LENGTHENING OF THIGH TENDONS
 428. TREATMENT FRACTURE OF RADIUS & ULNA
 429. REPAIR OF KNEE JOINT
- 15. Other operations on the mouth & face:**
430. EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
 431. INCISION OF THE HARD AND SOFT PALATE
 432. EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
 433. INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
 434. OTHER OPERATIONS IN THE MOUTH
- 16. Pediatric surgery Related:**
435. EXCISION OF FISTULA-IN-ANO
 436. EXCISION JUVENILE POLYPS RECTUM
 437. VAGINOPLASTY
 438. DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
 439. PRESACRAL TERATOMAS EXCISION
 440. REMOVAL OF VESICAL STONE
 441. EXCISION SIGMOID POLYP
 442. STERNOMASTOID TENOTOMY
 443. INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
 444. EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA

- 445. MEDIASTINAL LYMPH NODE BIOPSY
- 446. HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
- 447. EXCISION OF CERVICAL TERATOMA
- 448. RECTAL-MYOMECTOMY
- 449. RECTAL PROLAPSE (DELORME'S PROCEDURE)
- 450. DETORSION OF TORSION TESTIS
- 451. EUA + BIOPSY MULTIPLE FISTULA IN ANO
- 452. CYSTIC HYGROMA - INJECTION TREATMENT

17. Plastic Surgery Related:

- 453. CONSTRUCTION SKIN PEDICLE FLAP
- 454. GLUTEAL PRESSURE ULCER-EXCISION
- 455. MUSCLE-SKIN GRAFT, LEG
- 456. REMOVAL OF BONE FOR GRAFT
- 457. MUSCLE-SKIN GRAFT DUCT FISTULA
- 458. REMOVAL CARTILAGE GRAFT
- 459. MYOCUTANEOUS FLAP
- 460. FIBRO MYOCUTANEOUS FLAP
- 461. BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
- 462. SLING OPERATION FOR FACIAL PALSY
- 463. SPLIT SKIN GRAFTING UNDER RA
- 464. WOLFE SKIN GRAFT
- 465. PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA

18. Thoracic surgery Related:

- 466. THORACOSCOPY AND LUNG BIOPSY
- 467. EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
- 468. LASER ABLATION OF BARRETT'S OESOPHAGUS
- 469. PLEURODESIS
- 470. THORACOSCOPY AND PLEURAL BIOPSY
- 471. EBUS + BIOPSY
- 472. THORACOSCOPY LIGATION THORACIC DUCT

- 473. THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE

19. Urology Related:

- 474. HAEMODIALYSIS
- 475. LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
- 476. EXCISION OF RENAL CYST
- 477. DRAINAGE OF PYONEPHROSIS /PERINEPHRIC ABSCESS
- 478. INCISION OF THE PROSTATE
- 479. TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 480. TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
- 481. OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 482. RADICAL PROSTATOVESICULECTOMY
- 483. OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
- 484. OPERATIONS ON THE SEMINAL VESICLES
- 485. INCISION AND EXCISION OF PERIPROSTATIC TISSUE
- 486. OTHER OPERATIONS ON THE PROSTATE
- 487. INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 488. OPERATION ON A TESTICULAR HYDROCELE
- 489. EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
- 490. OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
- 491. INCISION OF THE TESTES
- 492. EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
- 493. UNILATERAL ORCHIDECTOMY
- 494. BILATERAL ORCHIDECTOMY
- 495. SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
- 496. RECONSTRUCTION OF THE TESTIS
- 497. IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS

498. OTHER OPERATIONS ON THE TESTIS
499. EXCISION IN THE AREA OF THE EPIDIDYMIS
500. OPERATIONS ON THE FORESKIN
501. LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
502. AMPUTATION OF THE PENIS
503. OTHER OPERATIONS ON THE PENIS
504. CYSTOSCOPICAL REMOVAL OF STONES
505. CATHETERISATION OF BLADDER
506. LITHOTRIPSY
507. BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS
508. EXTERNAL ARTERIO-VEINOUS SHUNT
509. AV FISTULA - WRIST
510. URSL WITH STENTING
511. URSL WITH LITHOTRIPSY
512. CYSTOSCOPIC LITHOLAPAXY
513. ESWL
514. BLADDER NECK INCISION
515. CYSTOSCOPY & BIOPSY
516. CYSTOSCOPY AND REMOVAL OF POLYP
517. SUPRAPUBIC CYSTOSTOMY
518. PERCUTANEOUS NEPHROSTOMY
519. CYSTOSCOPY AND "SLING" PROCEDURE.
520. TUNA- PROSTATE
521. EXCISION OF URETHRAL DIVERTICULUM
522. REMOVAL OF URETHRAL STONE
523. EXCISION OF URETHRAL PROLAPSE
524. MEGA-URETER RECONSTRUCTION
525. KIDNEY RENOSCOPY AND BIOPSY
526. URETER ENDOSCOPY AND TREATMENT
527. VESICO URETERIC REFLUX CORRECTION
528. SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
529. ANDERSON HYNES OPERATION
530. KIDNEY ENDOSCOPY AND BIOPSY
531. PARAPHIMOSIS SURGERY
532. INJURY PREPUCE- CIRCUMCISION
533. FRENULAR TEAR REPAIR
534. MEATOTOMY FOR MEATAL STENOSIS
535. SURGERY FOR FOURNIER'S GANGRENE SCROTUM
536. SURGERY FILARIAL SCROTUM
537. SURGERY FOR WATERING CAN PERINEUM
538. REPAIR OF PENILE TORSION
539. DRAINAGE OF PROSTATE ABSCESS
540. ORCHIECTOMY
541. CYSTOSCOPY AND REMOVAL OF FB

Annexure II - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

Sr. No.	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 : List of Black Listed Hospitals

S. No.	HOSPITAL NAME	ADDRESS	ZONE
1	Nulife Hospital & Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar, New Delhi, Delhi	North
2	Taneja Hospital	F-15, Vikas Marg, Preet Vihar, New Delhi, Delhi	North
3	Shri Komal Hospital & Dr. Saxena's Nursing Home	Opp. Radhika Cinema, Circular Road, Rewari, Haryana	North
4	Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur, Gurgaon, Haryana	North
5	Amar Hospital	S.A.S. Nagar, Mohali, Sector-70, Mohali, Punjab	North
6	Brij Medical Centre	K K 54, Kavi Nagar, Ghaziabad, Uttar Pradesh	North
7	Family Medicare	A-55, Sector-61, Rajat Vihar Sector-62, Noida, Uttar Pradesh	North
8	Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh	North
9	City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opp. Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, Uttar Pradesh	North
10	Dayal Maternity & Nursing Home	No. 953/23, D.C.F Chowk, DLF Colony, Rohtak, Haryana	North
11	Metas Adventist Hospital	No. 24, Ring-Road, Athwalines, Surat, Gujarat	West
12	Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V Lane Road, Lokhandwala, Near Laxmi Indst Estate, Andheri, Mumbai, Maharashtra	West
13	Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises, Andheri Kurla Road, Andheri, Mumbai, Maharashtra	West
14	Gokul Hospital	Thakur Complex, Kandivali East, Mumbai, Maharashtra	West
15	Shree Sai Hospital	Gokul Nagri - I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra	West
16	Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr. Deepak Shetty Road, Kalyan D.C., Thane, Maharashtra	West
17	Saykhedkar Hospital And Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony, Nashik, Maharashtra	West
18	Arpan Hospital And Research Centre	No. 151/2, Imli Bazar, Near Rajwada, Imli Bazar, Indore, Madhya Pradesh	West
19	Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No. 43, Raipur, Chhattisgarh	East
20	Gupta Multispeciality Hospital	B-20, Vivek Vihar, New Delhi, Delhi	North
21	R.K. Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township- I, Faridabad, Haryana	North
22	Prakash Hospital	D-12, I2A, I2B, Noida, Sector-33, Noida, Uttar Pradesh	North
23	Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana	North
24	Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, I32, Ring Road, Satellite, Ahmedabad, Gujarat	West
25	Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra	West
26	Scope Hospital	628, Niti Khand-I, Indirapuram, Indirapuram, Ghaziabad, Uttar Pradesh	North
27	Agarwal Medical Centre	E-234, Greater Kailash- I, New Delhi, Delhi	North
28	Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana	North
29	Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector-41, Noida, Uttar Pradesh	North
30	Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Naroda Road, Ahmedabad, Gujarat	West
31	Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana	North

Annexure III : List of Black Listed Hospitals

S. No.	HOSPITAL NAME	ADDRESS	ZONE
32	B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka	South
33	East West Medical Centre	No.71 I, Sector-14, Gurgaon, Haryana	North
34	Jagtap Hospital	Anand Nagar, Singhgood Road, Anandnagar, Pune, Maharashtra	West
35	Dr.Malwankar'sRomeenNursingHome	GaneshMarg, TagoreNagar, Vikhroli East, Mumbai, Maharashtra	West
36	Noble Medical Centre	SVP Road, Borivali West, Mumbai, Maharashtra	West
37	Rama Hospital	Sonepat Road, Bahalgarh, Sonipat, Haryana	North
38	S.B. Nursing Home & ICU	Lake Bloom 16, 17, 18 Opp. Solaris Estate, L.T. Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai, Mumbai, Maharashtra	West
39	Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp. Toyota Showroom, Malad Link Road, Malad West, Mumbai, Maharashtra	West
40	Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh	North
41	Mahaveer Hospital & Trauma Centre	76-E, Station Road, Panki, Kanpur, Uttar Pradesh	North
42	Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh	South
43	Amrapali Hospital	Plot No. NH-34, P-2, Omega -I, Greater Noida, Uttar Pradesh	North
44	Hardik Hospital	29C, Budh Bazar, Vikas Nagar, New Delhi, Delhi	North
45	Jabalpur Hospital & Research Centre Pvt. Ltd.	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh	West
46	Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra	West
47	Santosh Hospital	L-629/63 I, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh	North
48	Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh	North
49	City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana	North
50	Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana	North
51	Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Uttar Pradesh	North
52	Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh	North
53	Sparsh Medicare and Trauma Centre	Shakti Khand-III/54, Indirapuram, Ghaziabad, Uttar Pradesh	North
54	Saras Healthcare Pvt. Ltd.	K-112, Sec-12, Pratap Vihar, Ghaziabad, Uttar Pradesh	North
55	Getwell Soon Multi-Speciality Institute Pvt. Ltd.	S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh	North
56	Shivalik Medical Centre Pvt. Ltd.	A-93, Sec-34, NOIDA, Uttar Pradesh	North
57	Aakanksha Hospital	126, Aaradhnagar Society, B/H Bhulakshavan School, Aanand-Mahal Road, Adajan, Surat, Gujarat	West
58	Abhinav Hospital	Harsh Apartment, Nr. Jamna Nagar Bus Stop, Goddod Road, Surat, Gujarat	West
59	Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Road, Surat, Gujarat	West
60	Aris Care Hospital	A 223-224, Mansarovar Society, 60 Feet, Godadara Road, Surat, Gujarat	West
61	Arzoo Hospital	Opp. L.B. Cinema, Bhatar Road, Surat, Gujarat	West
62	Auc Hospital	B-44, Gujarat Housing Board, Pandeshara, Surat, Gujarat	West
63	Dharamjivan General Hospital & Trauma Centre	Karmayogi- I, Plot No. 20/2 I, Near Piyush Point, Pandesara, Surat, Gujarat	West
64	Dr. Santosh Basotia Hospital	Bhatar Road, Surat, Gujarat	West
65	God Father Hospital	344, Nandvan Society, B/H Matrushakti Society, Puna Gam, Surat, Gujarat	West
66	Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat	West

Annexure III : List of Black Listed Hospitals

S. No.	HOSPITAL NAME	ADDRESS	ZONE
67	Hari Milan Hospital	L.H. Road, Surat, Gujarat	West
68	Jaldhi Ano-Rectal Hospital	I 03, Payal Apt., Next To Rander Zone Office, Tadwadi, Surat, Gujarat	West
69	Jeevan Path Gen. Hospital	2nd Floor, Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat	West
70	Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat	West
71	Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Society, Bhamroli-Bhatar, Pandesara, Surat, Gujarat	West
72	Krishnavati General Hospital	Bamroli Road, Surat, Gujarat	West
73	Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat	West
74	Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Gujarat	West
75	Poshia Children Hospital	Harekrishan Shoping Complex, 1st Floor, Varachha Road, Surat, Gujarat	West
76	R.D Janseva Hospital	I 20 Feet Bamroli Road, Pandesara, Surat, Gujarat	West
77	Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp. Hans Society, L.H. Road, Varachha Road, Surat, Gujarat	West
78	Santosh Hospital	L. H. Road, Varachha, Surat, Gujarat	West
79	Sparsh Multy Speciality Hospital & Trauma Care Center	G.I.D.C Road, Nr. Udhana Citizan Co-Op. Bank, Surat, Gujarat	West

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

Optional Cover

1. The Optional Cover shall be available only if the same is specifically mentioned in the Policy Schedule.
2. The Optional Cover is subject to the terms and conditions stated below and the Policy Terms & Conditions.

3. Optional Cover – I : No Claim Bonanza

- 3.1 If the Policy is renewed or continued for three consecutive claim free Policy Years without any break, the Company will provide 100% of the Sum Insured of the expiring Policy on a cumulative basis as a No Claims Bonanza.
- 3.2 In any Policy Year, the accrued No Claims Bonanza shall not exceed 100% of the total of the Sum Insured available in the renewed Policy.

3.3 General Terms and Conditions:

- (a) For a Floater policy, the No Claim Bonanza, shall also be available only on Floater basis and shall accrue only if no Claim has been made in respect of any Insured Person during the expiring block of three continuous claim free Policy Years. The No Claim Bonanza which is accrued during the Claim-free Policy Period will only be available to those Insured Persons who were insured in such Claim-free Policy Period and continue to be insured in the subsequent Policy Period.
- (b) The accrued No Claim Bonanza as notified in the renewal notice shall be provisional and is subject to revision if a Claim is made under the expiring Policy Year.
- (c) The accrued No Claim Bonanza will be forfeited if the Policy is not continued / renewed on or before Policy Period End Date and in any event not later than the expiry of the Grace Period.
- (d) The No Claim Bonanza shall be applicable subject to continuation of the Policy for three continuous Policy Years.
- (e) This clause does not alter the Company's right to decline renewal or cancellation of the Policy.
- (f) In the event of a Claim occurring during any Policy Period, the accrued No Claim Bonanza will not be available in subsequent renewal, but in no case shall the Sum Insured be reduced.
- (g) At the time of Policy renewal if the Policyholder chooses not to renew this Optional Cover, then the No Claim Bonanza under the expiring Policy shall be forfeited.

- (h) Any Claim under this Optional Cover shall always be subject to Clause 5.5 of the Policy Terms and Conditions.
- (i) In case Sum Insured under the Policy is increased at the time of renewal, the No Claim Bonanza shall be calculated on the Sum Insured applicable on the last completed Policy Year.

3.4. Cancellation

- (a) The Policyholder may give 15 days' notice in writing, to the Company, for the cancellation of this Optional Cover, in which case the company shall from the date of receipt of the notice, cancel this Optional Cover and refund the premium for the unexpired period at the short period scales, as mentioned below provided no Claim has been made under any of the benefits as specified in Clause 2 of the Policy Terms and Conditions:
 - b) Refund % to be applied on annual premium rates.

Cancellation Date (x months) from Policy Period Start Date	Joy Tomorrow	Joy Tomorrow	Joy Today / Joy Tomorrow
	1 Year	2 Year	3 Year
Up to 1 month	75.0%	87.0%	91.0%
1 month to 3 months	50.0%	74.0%	82.0%
3 months to 6 months	25.0%	61.5%	73.5%
6 months to 12 months	0.0%	48.5%	64.5%
12 months to 15 months	N.A.	24.5%	47.0%
15 months to 18 months	N.A.	12.0%	38.5%
18 months to 24 months	N.A.	0.0%	30.0%
24 months to 30 months	N.A.	N.A.	8.0%
Beyond 30 months	N.A.	N.A.	0.0%

- (c) If any Claim is made and the Policyholder chooses to cancel this Optional Cover then Company shall not be liable to refund any premium paid in respect of this Optional Cover.

Illustration: Working of No Claim Bonanza

For Policy Period 1st Jan. 2014 to 31st Dec. 2016 (either by continuous renewal without any break in case of 1 year/2 year policy tenure or by taking a policy with tenure of 3 years)

Details	Scenario 1	Scenario 2	Scenario 3	Scenario 4
Sum Insured at Policy Year Start Date (01.01.2014)	300,000	300,000	300,000	300,000
No Claims Bonanza	-	-	90,000	90,000
			Assuming that policy has 3 completed & continuous claim free years	
Total Eligible Sum Insured for Claim	300,000	300,000	6,00,000	6,00,000
Claim 1 on 01.05.2017 :				
Claim made for (Rs.)	2,00,000	4,00,000	3,50,000	7,50,000
Claim Amount Eligible	2,00,000	3,00,000	3,50,000	6,00,000
Sum Insured utilized for Claim	2,00,000	3,00,000	3,00,000	3,00,000
No Claims Bonanza available	No	No	Yes	Yes
No Claim Bonanza amount to be utilized for Claim	N.A.	N.A.	50,000	3,00,000
Total Claim Payable	2,00,000	3,00,000	3,50,000	6,00,000
Balance Sum Insured available for the balance policy period	1,00,000	-	-	-
Balance No Claim Bonanza available for the balance policy period	-	-	2,50,000	-
Claim 2 on 01.09.2017 :				
Claim made for (Rs.)	2,00,000	4,00,000	3,50,000	3,50,000
Claim Amount Eligible	1,00,000	0	2,50,000	0
Sum Insured utilized for Claim	1,00,000	0	0	0
No Claims Bonanza available	No	No	Yes	No
No Claim Bonanza amount to be utilized for Claim	N.A.	N.A.	2,50,000	N.A.
Total Claim Payable	1,00,000	0	2,50,000	0
Balance Sum Insured for the balance policy period	Nil	Nil	Nil	Nil

Note : It is assumed that Claim Event 1 and Claim Event 2 are not related events