RELIANCE
General Insurance

Reliance HealthWise Policy

Policy Terms & Conditions

Preamble

WHEREAS the policyholder designated in the Schedule to this Reliance Health Wise Policy having by a proposal and declaration together with any statement, report or other document which shall be the basis of the contract and shall be deemed to be incorporated herein, has applied to Reliance General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth and paid appropriate premium for the policy period as specified in the Schedule.

NOW THIS POLICY WITNESSETH that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon the Company, undertakes, that if during the Policy Period as specified in the Schedule, any claim is incurred which becomes admissible and payable under this Policy then the Company shall pay for such claim, as per terms, conditions and benefits and exclusions and the limit of Sum insured as set forth in this policy.

1. Definitions

Any word or expression to which a specific meaning has been assigned in any part of this Policy or the Schedule shall bear the same meaning wherever it appears. For purposes of this Policy, the terms specified below shall have the meanings set forth:

1. **"Accident(al)"** is a sudden, unforeseen and involuntary event caused by external, visible & violent means.
2. **"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 of pre-authorization approved.
3. **Congenital Anomaly"** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

   (a) **Internal Congenital anomaly** which is not in the visible and accessible parts of the body.

   (b) **External Congenital anomaly** which is in the visible and accessible parts of the body.

4. **"Day Care Treatment"** refers to medical treatment, and /or surgical procedure which is :
   i. Undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hours because of technological advancement, and
   ii. which would have otherwise required a hospitalisation of more than 24 hours.
   Treatment normally taken on out-patient basis is not included in the scope of this definition.

5. **"Day care centre"** means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
   i. has qualified nursing staff under its employment;
   ii. has qualified medical practitioner(s) in charge;
   iii. has a fully equipped operation theatre of its own where surgical procedures are carried out ;
   iv. maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

6. **"Dependent Child"** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income. The age of the dependant child should be upto 21 years as on the start of Policy period.

7. **"Domicilliary hospitalisation"** means medical treatment for an illness/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:
   a. .the condition of the patient is such that he/she cannot be removed to Hospital/, or
   b. the patient takes treatment at home on account of non availability of room in a hospital.

8. **"Family"** means the Insured, his/her lawful spouse and maximum of two dependent children upto the age of 21 years.

9. **"Hospital"** means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration & Regulation) Act, 2010 or under 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 inpatient beds, in towns having a population of less than 10,00,000 and atleast 15 inpatient beds in all other places;
   iii. has qualified medical practitioner(s) in charge round the clock;
   iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
   v. maintains daily records of patients and make these accessible to the Insurance company's authorized personnel.

10. **"Hospitalisation"** means admission in a hospital for a minimum period of 24 consecutive hours for Inpatient care except for day care treatment , where such admission could be for a period of less than 24 consecutive hours.

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

12. **"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.

13. **"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..

14. **"Insurer"** means Company i.e., Reliance General Insurance Co. Ltd.

15. **"Insured Person/Insured"** means the person specifically named as such in the Schedule to this Policy, who has a permanent place of residence in India and for whom the insurance is proposed and the appropriate premium paid.

16. **"Medical Advise"** means any consultation or advice from a medical practitioner including the issue of any prescription or repeat prescription.

17. **"Medical Expenses"** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of illness or injury 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 Medical Practitioners in the same locality would have charged for the same medical treatment.

18. **"Medical Practitioner"** is a person who holds a valid registration from the Medical Council of any state or Medical Council of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license and should not be the policy holder/ insured or close family member of the policyholder/ insured.

19. **"Medically necessary treatment"** is any treatment, tests, medication, or stay in hospital or part of stay in a hospital which

    I. Is required for the medical management of the illness or injury suffered by the insured;

    II. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

    III. Must have been prescribed by a medical practitioner;

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

20. **"Network Provider"** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

21. **"Non- Network"** any hospital, day care centre or other provider that is not part of the network.

22. **"Policy"** is the Company's contract of insurance with the policyholder providing cover as detailed in this Policy Terms & conditions, the Proposal Form, Policy Schedule ,Endorsements, if any and Annexures, which form part of the contract and must be read together.

23. **"Policy period"** means the period between the start date and the end date as specified in the Schedule to this Policy or the cancellation of this policy, whichever is earlier.

24. **"Post hospitalisation medical expenses"** Medical expenses incurred 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 hospitalisation was required, and

(ii) .the in-patient hospitalisation claims for such hospitalisation is admissible by the Insurance Company.

25. **"Pre-existing Disease"** means any condition, illness or injury or related condition(s) for which the Insured/Insured person had signs or symptoms and/or were diagnosed and/or received medical advice/ treatment, within 48 months prior to the first policy under which the Insured Person was covered with us.

26. **"Pre-hospitalisation medical expenses** "Medical expenses incurred immediately before the Insured person is hospitalized, provided that:

(i). Such medical expenses are incurred for the same condition for which the Insured Person's hospitalisation was required, and

(ii).The in-patient hospitalisation claims for such hospitalisation is admissible by the Insurance Company..

27. **"Qualified Nurse"** is a person who holds a valid registration from the Nursing council of India or the Nursing council of any state in India.

28. **"Reasonable & Customary charges"** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/injury involved.

29. **"Schedule"** means the document attached name so and to and the forming part of this Policy mentioning the details of the Insured/ Insured Person/s, the Sum Insured, the period and the limits to which benefits under the Policy are subject to.

30. **"Sum Insured"** means the sum as specified in the schedule, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period.

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

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

2. SCOPE OF COVER

The company undertakes, subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon that if during the Policy Period, the Insured/Insured Person shall contract any illness or injury and if such illness or injury shall upon the written medical advise of a Medical Practitioner require any such Insured/Insured Person within the policy period, to incur hospitalisation at any Hospital, day care treatment at any day care centre or domiciliary hospitalisation in India, for the medically necessary treatment of the Insured/Insured Person, under any of the Basic cover as mentioned hereunder, then the Company will indemnify the Insured/Insured Person, for the amount of such medical expenses, which should be reasonable & customary charges, as would fall unc the different heads mentioned below and are incurred by or on behalf o such Insured/Insured Person for

- Hospital (Room & Boarding and Operation theatre) charges
- Fees of Surgeon, Anesthetist, Nurse, Specialists etc.,
- Cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs etc.
- Pre hospitalisation medical expenses and post hospitalisation medical expenses
- Ambulance charges
- Medical expenses on day care treatment
- Medical expenses on Domiciliary hospitalisation

in manner, for the period and to the extent of the Sum Insured as specified in this Policy. The company's total liability in aggregate for all claims paid under the policy shall not exceed the Sum Insured.

as per Annexure 1

Benefits

Basic Cover

1. Hospitalisation

This benefit covers payment of medical expenses incurred for medically necessary treatment taken during for Hospitalization of the Insured/Insured Person for illness/injury contracted or sustained by the Insured/Insured Person during the Policy period in a Hospital, , which, includes, Hospital (Room & Boarding and Operation theatre) charges, fees of Surgeon, Anesthetist, Nurses, Specialists, the cost of diagnostic tests, medicines, blood, oxygen, appliances like pacemaker, artificial limbs and organs.

2. Domiciliary Hospitalisation

This benefit covers payment of medical expenses incurred for medically necessary treatment pertaining to domiciliary hospitalisation of the insured person subject to the following

i. The period of domiciliary hospitalization should exceed three consecutive days for illness or injury, which in the normal course, would require inpatient care and medically necessary treatment at a Hospital/, but is actually taken whilst the Insured / Insured Person is confined at home in India,

ii. Domiciliary hospitalisation benefits shall be subject to the Sum Insured as specified in the Schedule, and shall, in no case cover expenses incurred for:

a. Pre hospitalisation medical expenses and Post Hospitalisation medical ,

b. Treatment of any of the following diseases/illness/injury:

i. Asthma
ii. Bronchitis
iii. Chronic nephritis and nephritic syndrome
iv. Diarrhea & all types of dysenteries including gastroenteritis
v. Diabetes mellitus and insipidus
vi. Epilepsy
vii. Hypertension
viii. Influenza, cough and cold
ix. All psychiatric or psychosomatic disorders
x. Pyrexia of unknown origin for less than 10 days
xi. Tonsillitis and upper respiratory tract infection including laryngitis & pharangitis
xii. Arthritis, gout and rheumatism.

Domiciliary hospitalisation benefits also cover medical expenses on qualified nurses engaged on the written medical advise of the attending medical practitioner. The same shall be subject to the Sum Insured as specified in the Schedule.

3. Day Care Treatment

This benefit covers payment of medical expenses incurred for medically necessary treatment pertaining to Day care treatment of the Insured/Insured person.

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

The list of covered Day Care Treatment/Surgical Procedure is appended

4. Pre-Hospitalisation medical expenses

This benefit covers relevant Pre-hospitalization medical expenses incurred by the Insured/ Insured Person during a period , as specified in Schedule, prior to hospitalization

5. Post-Hospitalisation medical expenses

This benefit covers relevant Post-hospitalization medical expenses incurred by the Insured/ Insured Person during a period , as specified in Schedule, post hospitalization

6. Pre-Existing Disease

This Policy covers relevant medical expenses of the respective insured/insured person(s) incurred from the 3rd year/5th year of the policy after 2 or 4 continuous renewals under this Policy , depending upon the plan chosen and as specified in the Schedule , with the Company, for medically necessary treatment of preexisting disease during Hospitalization in a Hospital .

7. Critical Illness

The Policy provides as applicable to the relevant plan specified in the schedule to the policy, for an additional amount equivalent to the Sum Insured opted under Hospitalisation, towards treatment of listed critical illnesses. For the purposes of this Policy and the determination of the Company's liability under it, the Insured Event in relation to the Insured, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs or symptoms first commence more than 30 days after the commencement of Policy Period and shall only include those defined hereunder. If these illness, medical event or surgical procedure are found to be pre-existing at the time of taking the Policy then the relevant waiting period as defined under pre-existing disease shall apply.

Cancer of specified severity

I. A malignant tumour characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded —

(i) Tumors showing the malignant changes of carcinoma in situ & tumors which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CI N-1, CI **N-2 & CIN-3.**

(ii) Any skin cancer other than invasive malignant melanoma

(iii) All tumors of the prostrate unless histologically classified as having a Gleason score greater than 6 or having progressed to atleast clinical TNM classification T2N0M0

(iv) Papilary Micro-carcinoma of the thyroid less than 1 cm in diameter

(v) Chronic lymphocyctic leukaemia less than RAI stage 3

(vi) Microcarcinoma of the bladder

(vii) All tumors in the presence of HIV infection

Open chest Coronary Artery Bypass Graft

I. The actual undergoing of open heart chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- Angioplasty and/or any other intra-arterial procedures
- Any key-hole or laser surgery

First Heart Attack – Of Specified Severity

I. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

(i) A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for eg. Typical chest pain)
(ii) New characteristic electrocardiogram changes
(iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers

II. The following are excluded:

(i) Non ST-segment elevation myocardial infarction (NSTEMI) with elevation of Tropon in I or T

(ii)Other acute Coronary Syndromes

(iii). Any type of angina pectoris

Kidney Failure Requiring Regular Dialysis

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

Multiple Sclerosis With Persisting Symptoms

I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

(i). Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis

(ii). There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of atleast 6 months, and

-(iii). Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.

(iv) Other causes of neurological damage such as SLE and HIV are excluded.

Major Organ/ Bone Marrow Transplant

I. The actual undergoing of a transplant of:

(i). One of the following organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

(ii) Human bone marrow using haematopoietic stem cell.The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

(i) Other stem-cell transplants

(ii) Where only islets of langerhans are transplanted

Stroke Resulting in Permanent Symptoms

V. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical finding in CT scan or MRI of the brain.Evidence of permanent neurological deficit lasting at least 3 months has to be produced.

II. The following are excluded:

(i) Transient ischemic attacks (TIA)

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(ii) Traumatic injury of the brain

(iii) .Vascular disease affecting only the eye or optic nerve vestibular functions

Aorta graft surgery

The actual surgical repair of an aortic aneurysm (an abnormal bulge in the wall of the aortic blood vessel causing the aorta to dilate or widen and the aortic valve to leak leading to bursting of arterial wall) for the first time by a surgeon. The diagnosis to be evidenced by any two of the following:

- Computerised tomography (CT) scan
- Magnetic resonance imaging (MRI) scan
- Echocardiography (an ultrasound of the heart)
- Abdominal ultrasound (for associated abdominal aneursysms) -

Angiography (an x-ray of the blood vessels)

Permanent Paralysis of Limbs

I. Total and irrecoverable loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

Primary Pulmonary Arterial Hypertension

The first occurrence of narrowing of the arteries of the lungs causing it harder for the right side of the heart to circulate the blood to the lungs which is evidenced by shortness of breath, dizziness, fainting etc., all which are exacerbated by exertion which is evidenced by the following:

- Physical examinations
- Pulmonary function test
- Arterial Blood Gas Levels
- Right-sided Cardiac Catheterisation.

Primary Pulmonary Hypertension caused due to the following are excluded:

- A genetic defect
- Intake of diet medications
- As a consequence of HIV infection

This additional Sum Insured mentioned above is exclusive and specific for the medically necessary treatment of the diagnosed critical illness as defined herein above undertaken in a Hospital under in-patient care and will not be available for other treatments/ hospitalization. For all other treatments/hospitalization benefits the limits shall be Sum Insured as specified in the Schedule. Once a claim is accepted and paid for an Insured Person under this section of the policy, coverage under this section will not be available for that particular Insured Person for all future renewals of the Policy.

8. Donor Expenses

This benefit covers the medical expenses towards hospitalization of donor in case of major organ transplant subject to the overall limit of the Sum Insured and Plan opted as specified in the Schedule.

9. Cost of health check up

Reimbursement of the cost of medical check-up up to 1% of average Sum Insured for Individual Policies and up to 1.25% for Floater covers, once at the end of a block of four consecutive years provided there are no claims reported under the Policies by any member, during this block. The limit specified for floater cover is the overall limit available for all members.

VALUE ADDED COVERS

Benefits under this Section are Value added services payable up to the limit of the Sum Insured as specified in the Schedule to this Policy and shall not exceed the overall limit of Sum Insured under Hospitalisation opted by the Policyholder / Insured during the policy period. Benefits under each value added cover shall be available separately to each Insured/Insured Person and available per hospitalisation.

A valid claim should have been admitted under the basic cover of the Policy, for admission of liability under each of the value added covers.

1. Daily Hospitalisation Allowance

This benefit provides for payment to the Insured/ Insured Person of Daily Hospital Allowance up to limits specified in the Schedule in case of hospitalisation exceeding 3 days.

2. Nursing Allowance

This benefit provides for payment to Insured/ Insured Person of an allowance up to the limit as specified in the schedule for services of a qualified nurse at the Insured / Insured Person's residence or the Hospital on the medical advise which is confirmed as medically necessary by the attending Medical practitioner and the same relate directly to a illness / injury for which the Insured/ Insured Person has been hospitalized.

3. Ambulance Charges

This benefit provides the payment to the Insured/ Insured Person of reasonable & customary charges up to the limit as specified in the schedule incurred for his / her transportation by ambulance to the Hospital for medically necessary treatment of the illness/ injury necessitating his/ her admission to Hospital.

4. Recovery Benefit

This Policy provides for payment to the Insured/ Insured Person of the sum as specified in the Schedule in the event of his/ her hospitalisation for a illness/ injury exceeds a period of 10 days or more. This benefit is applicable, separately, to all the members of the floater irrespective of the number of occurrences during the Policy period subject to overall limit of the Sum Insured.

5. Expenses on Accompanying Person

This benefit provides for payment to Insured / Insured Person of expenses incurred by the accompanying person at the Hospital during medically necessary treatment of Insured / Insured Person for an illness, injury necessitating his / her hospitalisation, as per limits specified in the schedule.

3. POLICY EXCLUSIONS

The Company shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. All pre-existing diseases, until 24/48 months of continuous cover for the respective Insured Person has elapsed as per the plan opted, since inception of the first Policy with us.
2. Any disease contracted by the Insured and treatment undertaken during the first 30 days from the commencement date of the Policy except in case of accidental injuries. This exclusion doesn't apply for Insured/Insured Person having any health insurance policy in India atleast for 1 year prior to taking this policy as well as for subsequent renewals with the Company without a break.
3. Expenses incurred on treatment of following diseases, illness, injury within the first year from the inception of this Policy:

   Cataract

   Benign Prostatic Hypertrophy

   Myomectomy, Hysterectomy or menorrhagia or fibromyoma unless because of malignancy

   Dilation and curettage

   Hernia, hydrocele, congenital internal anomaly/diseases, fistula in anus, sinusitis

   Skin and all internal tumors/ cysts/nodules/ polyps of any kind including breast lumps unless malignant /adenoids and hemorrhoids

   Dialysis required for chronic renal failure

   Gastric and Duodenal ulcers

   This exclusion doesn't apply for Insured/Insured Person having any health insurance policy in India atleast for 1 year prior to taking this Policy as well as for subsequent renewals with the Company without a break.
4. Circumcision unless necessary for treatment of a illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
5. Dental treatment or surgery of any kind unless requiring hospitalisation with minimum of 24 hours stay and treatment.
6. Birth control procedures, hormone replacement therapy, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner.
7. Routine medical, eye and ear examinations, cost of spectacles, laser surgery for correction of refractive error, contact lenses or hearing aids, vaccinations, issue of medical certificates and examinations as to suitability for employment or travel.
8. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV.
9. Vitamins and tonics unless forming part of treatment for disease, illness or injury as certified by the Medical Practitioner,
10. Treatment of obesity, general debility, convalescence, run down condition or rest cure, external congenital anomaly/ illness or defects or anomalies, sterility, venereal disease or intentional self-injury and use of intoxicating drugs/alcohol.
11. Sex change or treatment, which results from, or is in any way related to, sex change.
12. Vaccination and inoculation of any kind.
13. Treatment by a family member and self-medication or any treatment that is not scientifically recognised.
14. Any criminal act.
15. illness / injury, directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion.
16. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
17. Any medical, physical or mental condition or treatment or service, which is specifically excluded under this Policy.

18. Alcohol or drug abuse.
19. Prostheses, corrective devices and medical appliances, which are not, required intraoperatively or for the illness/ injury for which the Insured/Insured Person was hospitalised.
20. Any stay in Hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner.
21. Treatment of mental illness, stress, psychiatric or psychological disorders.
22. Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any illness / injury.
23. Any loss, directly or indirectly, due to contamination due to an act of terrorism, regardless of any contributory causes (if the Company alleges that by reason of this exclusion any loss is not covered by this insurance, the burden of proving the contrary shall be upon the Insured /Insured Person).
24. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
25. Illness, injury, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
26. Experimental and unproven treatment.
27. Any non-medical charges as mentioned in "List of Medical Expenses Excluded" as appended
28. Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a Hospital/ or at home under domiciliary hospitalisation as defined.
29. Costs of donor screening or treatment, unless specifically covered and specified in the Schedule to this Policy.
30. Naturopathy treatment, any other form of Non Allopathic treatment or local medication.
31. Any treatment received outside India.
32. Treatment taken from persons not registered as Medical Practitioners under respective medical councils.
33. Insured/Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
34. Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air charter Company.

4 CLAIMS PROCEDURE

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, including complying with the following steps, shall be the condition precedent to the admissibility of the Claim.

Upon the discovery or happening of any Illness / Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admissibility of the Claim, the Policyholder/ Insured Person shall undertake the following:

4.1 Claims Intimation

In the event of any Illness or Injury or occurrence of any other contingency which has resulted in a Claim or may result in a Claim covered under the Policy, the Policyholder/ Insured Person, must notify the Company either at the call center or in writing immediately.

In the event of

- planned Hospitalization, the Policyholder /Insured Person will intimate such admission at least 48 hours prior to the planned date of admission.
- Emergency Hospitalization, the Policyholder /Insured Person will intimate such admission within 24 hours of such admission.

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

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Date of Admission
- Any other information as requested by the Company

4.2 Claims Procedure

4.2.1 Cashless: Cashless facility is available only at a Network Hospital. The Insured Person can avail Cashless facility at the time of admission into any Network Hospital, presenting the health card as provided by the Company with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by the Company).

To avail Cashless facility, the following procedure must be followed by the Policyholder/ Insured Person:

a. Pre-authorization : Prior to Hospitalization, the Policyholder/ Insured Person must call the call center of the Company and request authorization by way of submission of a completed Pre-authorization form at least 48 hours before a planned Hospitalization and in case of an Emergency situation, within 24 hours of Hospitalization.

b. The Company will process the Policyholder's/ Insured Person's request for authorization after having obtained accurate and complete information for the Illness/ Injury for which Cashless facility for Hospitalization is sought by the Policyholder/ Insured Person and the Company will confirm such Cashless authorization / rejection in writing or by other means.

c. If the procedure above is followed and the Policyholder's/ Insured Person's request for Cashless facility is authorized, the Policyholder/ Insured Person will not be required to pay for the Hospitalization Expenses which are covered under this Policy and fall within the Company's liability (within the authorized limit).Original bills and evidence of treatment in respect of the same shall be left with the Network Hospital.

d. The Company reserves the right to review each Claim for Hospitalization Expenses and coverage will be determined according to the terms and conditions of this Policy. The Policyholder/ Insured Person shall, in any event, be required to settle all other expenses, co-payment and / or deductibles (if applicable), directly with the Hospital.

e. Cashless facility for Hospitalization Expenses shall be limited exclusively to Medical Expenses incurred for treatment undertaken in a Network Hospital for Illness or Injury which are covered under the Policy.

f. There can be instances where the Company may deny Cashless facility for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case the Policyholder/ Insured Person may be required to pay for the treatment and submit the Claim for reimbursement to the Company which will be considered subject to the Policy Terms &Conditions.

g. The Policyholder/ Insured Person shall be required to submit the documents as mentioned in Clause 4.4 with the Network Hospital.

Note :Under Cashless facility, the Company may authorize upon the Policyholder's / Insured Person's request for direct settlement of admissible Claim as per agreed charges & terms and conditions between Network Hospital and the Company. In such cases, the Company will directly settle all eligible amounts as per the Policy Terms

&Conditions with the Network Hospital to the extent the Claim is covered under the Policy.
The Company, at its sole discretion, reserves the right to modify, add or restrict any Network Hospital for Cashless services available under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable list of Network Hospital on the Company's website.

4.2.2 **Re-imbursement :**
In case of any Claim under the Benefits, where cashless facility is not availed, the list of documents as mentioned in Clause 4.4 shall be provided by the Policyholder/Insured Person, immediately but not later than 15 days of discharge from the Hospital, at the Policyholder's/ Insured Person's expense to avail the Claim.

4.3 Policyholder's / Insured Person's duty at the time of Claim

a. The Policyholder / Insured Person must take reasonable steps or measure to avoid or minimize the quantum of any Claim that may be made under this Policy.
b. Forthwith intimate / file / submit a Claim in accordance with Clause 4 of this Policy.
c. If so requested by the Company, the Insured Person will have to submit himself for a medical examination by the Company's nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by the Company.
d. The Policyholder/ Insured Person is required to check the applicable list of Network Hospitalization the Company's website or call center before availing the Cashless services.
e. On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/ Insured Person shall :
   - Allow the Medical Practitioner or any of the Company's representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
   - Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If the Policyholder / Insured Person does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

4.4 Claim Documents

The Policyholder / Insured Person shall submit to the Company/ Network Hospital (as applicable) the following documents for or in support of the Claim:

- Duly completed and signed Claim Form, in original
- Medical Practitioner's referral letter advising Hospitalization
- Medical Practitioner's prescription advising drugs / diagnostic tests / consultation
- Original bills, receipts and discharge card from the Hospital / Medical Practitioner
- Original bills from pharmacy / chemists
- Original pathological / diagnostic test reports and payment receipts
- Indoor case papers
- Ambulance receipt and bill
- First Information Report/ Final Police Report, if applicable
- Post mortem report, if available
- Any other document as required by the Company to assess the Claim

When original bills, receipts, prescriptions, reports and other documents are given to any other insurer or to the reimbursement provider, verified photocopies attested by such other insurer/reimbursement provider along with an original certificate of the extent of payment received from them needs to be submitted.

Note :

- Claim once paid under one Benefit cannot be paid again under any other Benefit.
- All invoices / bills should be in Insured Person's name.

4.5 Payment Terms

4.5.1. This Policy covers medical treatment taken within India, and payments under this Policy shall be made in Indian Rupees within India.
4.5.2. Claims shall not be admissible under this Policy unless the Company has been provided with the complete documentation / information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum unless the Policyholder / Insured Person have complied with the obligations under this Policy.
4.5.3. The Company shall not indemnify the Policyholder / Insured Person for any period of Hospitalization of less than 24 hours except for the Day Care Treatment, the list of which is annexed as per Annexure 1 (List of Day Care Treatments).
4.5.4. The Sum Insured of the Insured Person shall be reduced by the amount payable / paid under the Benefit(s) and the balance shall be available as the Sum Insured for the unexpired Policy Period.
4.5.5. For Cashless Claims, the payment shall be made to the Network Hospital whose discharge would be complete and final.
4.5.6. 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 any adult Insured Person in the Policy whose discharge shall be treated as full and final discharge of its liability under the Policy.
4.5.7. The Company will only be liable to pay for such Benefits for which the Policyholder has specifically claimed in the Claim Form.

5 TERMS AND CONDITIONS

1. Floater Policy

Where the Policy is obtained on floater basis covering the family members, the Sum Insured as specified in the Schedule to this Policy, shall be available to the Insured and all and any one of the Insured Persons for one or more claims during the Policy period, upto the limit of Sum Insured specified in the Schedule to this Policy Where the Policy is issued on Floater basis, the Policy can cover only the Insured, his/her lawful spouse and 2 dependant children who are upto the age of 21 years. A Floater Policy cannot cover any other person apart from the above category of persons.

2. Duty of disclosure

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

In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the Policyholder/ Insured Person or any one acting on his/ their behalf to obtain a benefit under this Policy, the Company may cancel this Policy at its sole discretion and the premium paid shall be forfeited in its favor.

3. Observance of Terms and Conditions

The due observance and fulfillment of the Policy Terms & Conditions and Endorsements of this Policy in so far as they relate to anything to be done or complied with by the Policyholder / Insured Person, shall be a condition precedent to any of the Company's liability to make any payment under this Policy.

4. Reasonable Care

The Policyholder/ Insured Person shall take all reasonable steps to safeguard the interests against any Illness / Injury that may give rise to a Claim.

5. Material Change

The Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in occupation / business at his own expense and the Company may adjust the scope of cover and/or premium, if necessary, accordingly.

6. Records to be maintained

The Policyholder/ Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representative(s) to inspect such records. The Policyholder/ Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period and up to three years after the policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

7. No constructive Notice

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

8. Complete discharge

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

9. Subrogation

Subrogation shall mean the right of the Company to assume the rights of the Insured Person/Policyholder to recover expenses paid out under the Policy that may be recovered from any other source.

The Policyholder/ Insured Person shall at his own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by the Company for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which the Company is/or would become entitled upon the Company paying for a Claim under this Policy, whether such acts or things shall be or become necessary or required before or after its payment. Neither the Policyholder nor any Insured Person shall prejudice these subrogation rights in any manner and shall at his own expense provide the Company with whatever assistance or cooperation is required to enforce such rights. Any recovery the Company makes pursuant to this clause shall first be applied to the amounts paid or payable by the Company under this Policy and any costs and expenses incurred by the Company of effecting a recovery, where after the Company shall pay any balance remaining to the Policyholder. This clause shall not apply to any Benefit offered on fixed benefit basis.

10. Contribution

Contribution is essentially the right of the Company to call upon other Insurers liable to the same Insured to share the costs of an indemnity claim on a rateable proportion of Sum Insured.

If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would have covered but for the existence of this Policy), the same Claim (in whole or in part), then the Company shall not be liable to pay or contribute more than its ratable proportion of any Claim.

This clause shall not apply to any Benefit offered on fixed benefit basis.

11. Fraudulent Claims

If a Claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a Claim, or if any fraudulent means or devices are used by the Policyholder / Insured Person or anyone acting on his/ their behalf to obtain any benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to the Company by the Policyholder / all Insured Persons who shall be jointly liable for such repayment.

12. Policy Disputes

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

13. Free Look Period

The Policyholder would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review the entire Policy. Where the Policyholder disagrees to any of those terms or conditions, the Policyholder has the option to return the Policy stating the reasons for his objection and the Policyholder shall be entitled to a refund of the premium paid, provided no Claim has been incurred under this Policy, subject only to a deduction of the expenses incurred by the Company on medical examination and the stamp duty charges. In cases where the risk has already commenced when the option of returning this Policy is exercised, within the free look period, by the Policyholder, the refund of the premium paid will also be subject to a deduction for proportionate risk premium for the period on cover. Where only part of the risk (e.g. only accidental hospitalization risk) has commenced, such proportionate risk premium shall be calculated as commensurate with the risk covered during such period.

This clause shall not be applicable on renewal of this Policy and Portability cases.

14. Renewal Notice

a. This Policy will automatically terminate at the end of the Policy Period. All renewal applications should reach the Company before the end of the Policy Period.

b. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein prior mentioned and that nothing is known to the Policyholder/ Insured Person(s) that may result in enhancing the Company's risk.

c. This Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of this Policy and in any case not later than the expiry of the Grace Period.
Grace period refers to a period of 30 days immediately following the premium due date during which a payment can be made to renew this Policy without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Disease. Coverage is not available for the period for which Premium is not received by the Company.
The Company shall not be liable for any Claims incurred during such period.

d. Ordinarily renewals will not be refused by the Company except on ground of fraud, moral hazard or misrepresentation.

e. Renewal premium can vary subject to prior regulatory approval.

f. Renewal Discount equivalent to 5%, on cumulative basis, of renewal premium for each continuous claim free year will offered as No claim Bonus subject to maximum up to 20%, where the Policy which is claim free & is renewed without a break. In case of a claim all discount shall be forfeited at renewal.

15. Cancellation / Termination

- The Company may at any time, cancel this Policy on grounds as specified in Clause 5.2, by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to the Policyholder at his last known address.
- The Policyholder may also give 15days' notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice, cancel the Policy and refund the premium for the unexpired period of this Policy at the short period scales as mentioned below, provided no Claim has been made under the Policy by the Policyholder/ Insured Person.

Refund % to be applied on Policy Premium

Policy Tenure - >	**1 year**
Cancellation date up to (x months) from Policy Period Start Date	**Refund**
Up to 1 month	75.0%
Up to 3 months	50.0%
Up to 6 months	25.0%

In case of demise of the Policyholder, this Policy shall continue till the end of Policy Period or next premium due whichever is earlier. In case the other Insured Person want to continue with the same Policy, the Company would renew the Policy providing all continuity benefits, subject to there being atleast one adult member as an Insured Person who would then become the Policyholder. This will be subject to the

Company receiving a written application in this regard before Policy Period End Date. For long term contracts, the Company shall, from the date of receipt of notice cancel the Policy after retaining proportionate premium for the covered period and 30% of the premium relating to the balance premium for the unexpired period.

16. Limitation Period

In no case whatsoever the Company shall be liable for any Claim under this Policy, if the requirement of Clause 4 above are not complied with, unless the Claim is the subject of pending action; it being expressly agreed and declared that if the Company shall disclaim liability for any Claim hereunder and such Claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

17. Communication

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.

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.

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.

18. 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.

19. Cause of Action

Claims shall be payable under this Policy only if the cause of action arises in India.

20. Overriding effect of Policy Schedule

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

21. Electronic Transactions

The Policyholder/ Insured Person agrees 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'sother 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.

22. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

23. Portability

Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time bound exclusions if he/she chooses to switch from one Insurer to another.

If the Policyholder/ Insured Person renew with the Company, without break, any similar individual health insurance policy from any insurance company registered with IRDA, then the Waiting Periods as defined in exclusions shall be reduced by the number of years of continuous coverage under such health insurance policy with the previous insurer(s).

The Company's total liability for payment of all claims in aggregate, incurred during the Policy Period, on account of Portability shall not exceed Sum Insured Limit for Portability with a capping upto Applicable Sub-limit for Portability for each Insured Person as defined in Policy Schedule

The Waiting Periods as defined in policy exclusion 1,2, & 3 and shall be applicable individually for each Insured Person and Claims shall be assessed accordingly.

24. Withdrawal/Revision/Modification of the Product

The Company reserves the right to withdraw, revise or modify this product /policy in the future.

The revision/modification may be in respect of Benefits, coverages, premiums, policy terms and conditions &/or exclusions.

In the event of any such withdrawal of product the company will notify in advance to the policyholder providing him the option to port to the specified existing health products of the company with continuity benefit.

In the event of any revision or modification of the product/terms of policy/premium , the company will notify the policyholder 3 months in advance of such changes.

25. Payment of Interest

In the event of delay in settlement of claim beyond the period as specified by the Insurance Regulatory & Development Authority of India (IRDA)the Company shall be liable to pay interest on demand as per the rate as defined by IRDA

26. Pre- policy Health check-up

The prospect whose medical test is conducted and for whom the company grants an insurance cover under this policy and whose name specifically appears as Insured person in the schedule, the company shall reimburse 50% of the cost of such medicals conducted at the Company's designated centre.

27. Arbitration Clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act,1996.

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

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

28. Grievances

If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website	: www.reliancegeneral.co.in
e-mail	: services.rgicl@rcap.co.in
Telephone	: 1800-3002-8282
Fax	: +91-22-30479650

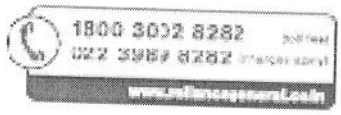
Post/Courier : Any branch office or the correspondence address, during normal business hours

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

The Grievance Cell, Reliance General Insurance Company Limited Corrospondence Unit
C-42, Pawane, T.T.C, Industrial Area,

M.I.D.C, Turbhe, Navi Mumbai,
Maharashtra, INDIA 400705

RELIANCE
General Insurance



If the Policyholder is not satisfied with the Company's redressal of the Policyholder's grievance through one of the above methods, the Policyholder may approach the nearest Insurance Ombudsman for resolution of the grievance. The contact details of Ombudsman offices are mentioned below:

Areas of Jurisdiction	Addresses of the Ombudsman Offices	Telephone No.	Fax No.	E-mail ID
Gujarat and Dadra & Nagar Haveli and Daman and Diu	2nd Floor, Shree JayshreeAmbica Chambers, Nr. C U Shah College, 5,Navyug Colony, Ashram Road, AHMEDABAD-380014	079-27546150	079-27546142	insombalhd@rediffmail.com
Madhya Pradesh and Chhattisgarh	1st Floor, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011	0755-2578100, 2578102	0755-2578103	insombmp@satyam.net.in
Orissa	62, Forest Park, BHUBANESWAR-751 009.	0674-2535220	0674-2531607	ioobbsr@vsnl.net
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Chandigarh	S.C.O No.101,102 & 103, 2nd Floor,Batra Building, Sector 17 D, CHANDIGARH-160 017	0172-2706196	0172-2708274	
Tamil Nadu and Pondicherry Town and Karaikal	Fatima Akhtar Court , 4th Floor, 453 (Old 312) AnnaSalai, Teynampet, CHENNAI-600 018	044-24333678, 24333668, 24335284	044-24333664	insombud@md4.vsnl.net.in
Delhi and Rajasthan	2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002	011-23239611	011-23230858	insombudsmandel@netcracker.com
Andhra Pradesh, Karnataka and Yanam - a part of Pondicherry	6-2-46, Yeturu Towers, Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004	040-55574325	040-23376599	insombud@hd2.vsnl.net.in
Kerala, Lakshadweep, Mahe-a part of Pondicherry	2nd Floor, CC 27/2603 PulinatBldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015	0484-2373334, 2350959	0484-2373336	insuranceombudsmankochi@hclinfinet.com
West Bengal, Bihar, Sikkim, Jharkhand and Andaman and Nicobar Islands	North British Building 29, N S Road, 3rd Floor, KOLKATTA-700 001	033-22212666, 22212669	033-22212668	
Uttar Pradesh and Uttaranchal	JeevanBhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001	0522-2201188, 2231330, 2231331	0522-2231310	ioblko@sancharnet.in
Maharashtra and Goa	3rd Floor, JeevanSevaAnnexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054	022-26106889, EPBX : 022-26106889	022-26106052, 26106980	ombudsman.i@hclinfinet.com
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 021	0361-2413525 EPBX : 0361-2415430	0361-2414051	

The details of Insurance Ombudsman are available on IRDA website :www.irda.gov.in, on the website of General Insurance Council : www.generalinsurancecouncil.org.in,the Company's website www.reliancegeneral.co.in or from any of the Company's offices.

Address and contact number of Governing Body of Insurance Council –

Secretary General
Governing Body of Insurance Council
JeevanSevaAnnexe, 3rd Floor (Above MTNT)
S. V. Road, Santacruz (W)
Mumbai – 400 054
Tel: 022-6106889
Fax: 022-6106980, 6106052
Email: inscoun@vsnl.ne0074

LIST OF MEDICAL EXPENSES EXCLUDED

S NO.	List of excluded expenses ("Non-Medical") under indemnity Policy	Expenses
1	HAIR REMOVAL CREAM CHARGES	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/ INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
30	FOOT COVER	Not Payable
31	GOWN	Not Payable
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
	ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES	
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
	ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE5CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS	
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately

76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not separately
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not separately
79	SURGICAL DRILL	Payable under OT Charges, not separately
80	EYE KIT	Payable under OT Charges, not separately
81	EYE DRAPE	Payable under OT Charges, not separately
82	BOYLES APPARATUS CHARGES	Part of OT Charges, not seperately
83	X-RAY FILM	Payable under Radiology Charges, not as consumable
84	SPUTUM CUP	Payable under Investigation Charges, not as consumable
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTION	Not Payable - Part of Dressing charges
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable - Part of Dressing charges
89	COTTON BANDAGE	Not Payable - Part of Dressing charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
	ELEMENTS OF ROOM CHARGE	
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable - Part of Room Charges
	ADMINISTRATIVE OR NON-MEDICAL CHARGE	
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable
112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs,
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
	EXTERNAL DURABLE DEVICES	
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable

143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
149	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/ quadriplegia for any reason
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHIELD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
155	ABDOMINAL BINDER	
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\ SPIRIT\\DETTOL \SAVLON\ DISINFECTANTS ETC	May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES	Post hospitalization nursing
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES-DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE TABLET	Payable -Sugar free variants of admissable medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGENE GEL/ ANTACID GEL	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable
177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not Payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitilasation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medicaly necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Annexure 1 – List of Day Care Procedures

1. Microsurgical operations on the middle ear
    1. Stapedotomy to treat various lesions in middle ear
    2. Revision of a stapedectomy
    3. Other operations on the auditory ossicles
    4. Myringoplasty (post-aura/endaural approach as well as simple Type -I Tympanoplasty)
    5. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
    6. Revision of a tympanoplasty
    7. Other microsurgical operations on the middle ear

2. Other operations on the middle & internal ear
    9. Myringotomy
    10. Removal of a tympanic drain
    11. Incision of the mastoid process and middle ear
    12. Mastoidectomy
    13. Reconstruction of the middle ear
    14. Other excisions of the middle and inner ear
    15. Fenestration of the inner ear
    16. Revision of a fenestration of the inner ear
    17. Incision (opening) and destruction (elimination) of the inner ear
    18. Other operations on the middle and inner ear
    19. Removal of Keratosis Obturans

3. Operations on the nose & the nasal sinuses
    20. Excision and destruction of diseased tissue of the nose
    21. Operations on the turbinates (nasal concha)
    22. Other operations on the nose
    23. Nasal sinus aspiration Foreign body removal from nose

4. Operations on the eyes
    24. Incision of tear glands
    25. Other operations on the tear ducts
    26. Incision of diseased eyelids
    27. Correction of Eyelid Ptosis by LevatorPalpebraeSuperioris Resection (bilateral)
    28. Correction of Eyelid Ptosis by Fascia Lata Graft (bilateral)
    29. Excision and destruction of diseased tissue of the eyelid
    30. Operations on the canthus and epicanthus
    31. Corrective surgery for entropion and ectropion
    32. Corrective surgery for blepharoptosis
    33. Removal of a foreign body from the conjunctiva
    34. Removal of a foreign body from the cornea
    35. Incision of the cornea
    36. Operations for pterygium
    37. Other operations on the cornea
    38. Removal of a foreign body from the lens of the eye
    39. Removal of a foreign body from the posterior chamber of the eye
    40. Removal of a foreign body from the orbit and eyeball
    41. Operation of cataract
    42. Diathermy/Cryotherapy to treat retinal tear
    43. Anterior chamber Paracentesis/Cyclodiathermy/Cyclocryotherapy/Goniotomy/Trabeculotomy and Filtering and Allied Operations to treat glaucoma
    44. Enucleation of Eye without Implant
    45. Dacryocystorhinostomy for various lesions of Lacrimal Gland
    46. Laser Photocoagulation to treat Ratinal Tear

5. Operations on the skin & subcutaneous tissues
   47. Incision of a pilonidal sinus
   48. Other incisions of the skin and subcutaneous tissues
   49. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
   50. Local excision of diseased tissue of the skin and subcutaneous tissues
   51. Other excisions of the skin and subcutaneous tissues
   52. Simple restoration of surface continuity of the skin and subcutaneous tissues
   53. Free skin transplantation, donor site
   54. Free skin transplantation, recipient site
   55. Revision of skin plasty
   56. Other restoration and reconstruction of the skin and subcutaneous tissues.
   57. Chemosurgery to the skin.
   58. Destruction of diseased tissue in the skin and subcutaneous tissues
   59. Reconstruction of Deformity/Defect in Nail Bed

6. Operations on the tongue
   60. Incision, excision and destruction of diseased tissue of the tongue
   61. Partial glossectomy
   62. Glossectomy
   63. Reconstruction of the tongue
   64. Other operations on the tongue

7. Operations on the salivary glands & salivary ducts
   65. Incision and lancing of a salivary gland and a salivary duct
   66. Excision of diseased tissue of a salivary gland and a salivary duct
   67. Resection of a salivary gland
   68. Reconstruction of a salivary gland and a salivary duct
   69. Other operations on the salivary glands and salivary ducts

8. Other operations on the mouth & face
   70. External incision and drainage in the region of the mouth, jaw and face
   71. Incision of the hard and soft palate
   72. Excision and destruction of diseased hard and soft palate
   73. Incision, excision and destruction in the mouth
   74. Palatoplasty
   75. Other operations in the mouth

9. Operations on the tonsils & adenoids
   76. Transoral incision and drainage of a pharyngeal abscess
   77. Tonsillectomy without adenoidectomy
   78. Tonsillectomy with adenoidectomy
   79. Excision and destruction of a lingual tonsil
   80. Other operations on the tonsils and adenoids
   81. Trauma surgery and orthopaedics
   82. Incision on bone, septic and aseptic
   83. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
   84. Suture and other operations on tendons and tendon sheath
   85. Reduction of dislocation under GA
   86. Arthroscopic knee aspiration
   87. Adenoidectomy

10. Operations on the breast
   88. Incision of the breast abscess
   89. Operations on the nipple
   90. Excision of single breast lump

11. Operations on the digestive tract,Kidney and Bladder
   91. Incision and excision of tissue in the perianal region
   92. Surgical treatment of anal fistulas
   93. Surgical treatment of hemorrhoids
   94. Division of the anal sphincter (sphincterotomy)
   95. Other operations on the anus
   96. Ultrasound guided aspirations
   97. Sclerotherapy, etc.
   98. Laparotomy for grading Lymphoma with Splenectomy/Liver/Lymph Node Biopsy

99. Therapeutic Laparoscopy with Laser
100. Cholecystectomy and Choledocho-Jejunostomy/ Duodenostomy/Gastrostomy/Exploration Common Bile Duct
101. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/ removal of foreign body/diathermy of bleeding lesions
102. Lithotripsy/Nephrolithotomy for renal calculus
103. Excision of renal cyst
104. Drainage of Pyonephrosis/Perinephric Abscess
105. Appendicectomy with/without Drainage

12. Operations on the female sexual organs
    106. Incision of the ovary
    107. Insufflations of the Fallopian tubes
    108. Other operations on the Fallopian tube
    109. Dilatation of the cervical canal
    110. Conisation of the uterine cervix
    111.
    112. Therapeutic curettage with Colposcopy/Biopsy/Diathermy/Cryosurgery/
    113. Laser Therapy of Cervix for Various lesions of Uterus
    114. Other operations on the uterine cervix
    115. Incision of the uterus (hysterectomy)
    116. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
    117. Incision of vagina
    118. Incision of vulva
    119. Culdotomy
    120. Operations on Bartholin's glands (cyst)
    121. Salpingo-Oophorectomy via Laparotomy

13. Operations on the prostate & seminal vesicles
    122. Incision of the prostate
    123. Transurethral excision and destruction of prostate tissue
    124. Transurethral and percutaneous destruction of prostate tissue
    125. Open surgical excision and destruction of prostate tissue
    126. Radical prostatovesiculectomy
    127. Other excision and destruction of prostate tissue
    128. Operations on the seminal vesicles
    129. Incision and excision of periprostatic tissue
    130. Other operations on the prostate

14. Operations on the scrotum & tunica vaginalis testis
    131. Incision of the scrotum and tunica vaginalis testis
    132. Operation on a testicular hydrocele
    133. Excision and destruction of diseased scrotal tissue
    134. Other operations on the scrotum and tunica vaginalis testis

15. Operations on the testes
    135. Incision of the testes
    136. Excision and destruction of diseased tissue of the testes
    137. Unilateral orchidectomy
    138. Bilateral orchidectomy
    139. Orchidopexy
    140. Abdominal exploration in cryptorchidism
    141. Surgical repositioning of an abdominal testis
    142. Reconstruction of the testis
    143. Implantation, exchange and removal of a testicular prosthesis
    144. Other operations on the testis

16. Operations on the spermatic cord, epididymis und ductus deferens
    145. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
    146. Excision in the area of the epididymis
    147. Epididymectomy
    17. Operations on the penis
    148. Operations on the foreskin
    149. Local excision and destruction of diseased tissue of the penis
    150. Amputation of the penis
    151. Other operations on the penis

18. Operations on the urinary system
    152. Cystoscopical removal of stones
    153. Catheterisation of Bladder

19. Other Operations
    154. Lithotripsy
    155. Coronary angiography
    156. Biopsy ofTemporal Artery for Various Lesions
    157. External Arterio-venous Shunt
    158. Haemodialysis
    159. Radiotherapy for Cancer
    160. Cancer Chemotherapy
    161. Endoscopic polypectomy

20. Operations of bones and joints
    162. Surgery for ligament tear
    163. Surgery for meniscus tear
    164. Surgery for hemoarthrosis/pyoarthrosis
    165. Removal of fracture pins/nails
    166. Removal of metal wire
    167. Closed reduction on fracture, luxation
    168. Reduction of dislocation under GA
    169. Epiphyseolysis with osteosynthesis
    170. Excision of Bursirtis
    171. Tennis Elbow Release
    172. Excision of Various Lesions in Coccyx

The list above is indicative. The Company reserves the right to modify the list from time to time. However any deletion in the list of surgeries would be after IRDA approval

Insurance is a subject matter of solicitation. IRDA Registration No. 103. Corporate Identity Number U66603MH2000PLC128300.
UIN: IRDA/NL-HLT/RGI/P-H/V.I/315/13-14

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