HEALTH INSURANCE POLICY - RETAIL

Policy Wording

This Policy is issued to the Insured based on the Proposal and declaration together with any statement, report or other document which shall be the basis of this contract and shall be deemed to be incorporated herein, to Insurer upon payment of the Premium. This Policy records the agreement between Insurer and Insured and sets out the terms of insurance and the obligations of each party.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

Subject to the terms, Conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon, Insurer undertakes to pay the Insured Person the hospitalization expenses arising out of an Injury or Illness/Disease and that are reasonably and necessarily incurred by or on behalf of such Insured Person, but not exceeding the sum Insured for the insured person as mentioned in the schedule of the policy. The following benefits are covered under this policy subject to the sub-limits as stipulated in the policy contract.

- Room, Boarding Expenses
- Medical Practitioners fees
- Intensive Care Unit
- Nursing Expenses
- Surgical fees, Operating theatre, Anesthetist, Anesthesia, Blood, Oxygen and their administration
- Physio therapy while being treated as inpatient and being part of the treatment
- Drugs and medicines consumed during hospitalization period
- Hospital miscellaneous services (such as laboratory, X-ray, diagnostic tests)
- Dressing, ordinary splints and plaster casts
- Cost of Prosthetic devices if implanted during a surgical procedure

Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.

DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the feminine wherever the context so permits:

"**Accident**" means a sudden, unforeseen and involuntary event caused by external and visible means.

"**Accidental Bodily Injury**" means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Medical Practitioner but does not include any sickness or disease.

"Administrator" means any third party administrator engaged by the Insurer for providing Policy and claims facilitation services to the Insured as well as to the Insurer and who is duly licensed by IRDA for the said purpose.

"Age" means completed years as at the Commencement Date of the Policy Period.

"Any One Illness" means any continuous period of illness and which includes a relapse within 45 days from the date of discharge from the Hospital/Nursing Home where treatment may have been taken and for which a claim had been made with the Insurer. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this Policy.

"Co-Payment" means the agreed share of the claim amount which is to be borne by the Insured for each Hospitalisation/claim.

"Day Care Expenses" means the Reasonable and Customary Expenses incurred towards medical treatment for a Day Care Treatment /Procedure preauthorized by the Administrator and done in a Network Hospital / Day Care Centre to the extent that such cost does not exceed the Reasonable and Customary Expenses in the locality for the same Day Care Treatment / Procedure.

"Day Care Hospital/Centre" means a special facility, or an arrangement within a Hospital setting, that enables the patient to come to the Hospital for treatment during the day and return home or to another facility at night.

"Day care Treatments" Day care treatment refers to medical treatment, and/or surgical procedure which is:

- undertaken under General or Local Anaesthesia in a Hospital/day care centre in less than 24 hrs because of technological advancement, and
- which would have otherwise required a Hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

"Diagnostic Centre" means the diagnostic centers which have been empanelled by Insurer or Administrator as per the latest version of the Schedule of diagnostic centers maintained by Insurer or Administrator, which is available to Insured on request.

"Dependent Child/Children" means children / a child (natural or legally adopted), who are/is financially dependent on the Insured or Proposer aged between 3 months and twenty three (23) years and who are unmarried.

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"Disease / Illness" means a condition affecting the general well being and health of the body that first manifests itself in the Policy Period and which requires treatment by a Medical Practitioner.

"Domiciliary Hospitalisation" means Medical treatment for a period exceeding three days for such Illness/Disease/Injury which in the normal course would require care and treatment at a Hospital/nursing home but actually taken whilst confined at home in India under any of the following circumstances namely :

- The condition of the patient is such that he/she cannot be removed to the Hospital/nursing Home or
- The patient cannot be removed to Hospital/nursing home for lack of accommodation therein subject however that domiciliary Hospitalisation benefits shall not cover:
  - Expenses incurred for pre and post Domiciliary Hospitalisation treatment or
  - Expenses incurred for treatment for any of the following diseases:
    - Asthma
    - Bronchitis
    - Chronic Nephritis and Nephritic Syndrome
    - Diarrhea and all type of Dysenteries including Gastro-enteritis
    - Diabetes Mellitus and Insipidus
    - Epilepsy
    - Hypertension
    - Influenza, Cough and Cold
    - All Psychiatric or Psychosomatic Disorders
    - Pyrexia of unknown Origin for less than 10 days
    - Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharingitis
    - Arthritis, Gout and Rheumatism

"Eligible Hospitalisation Expenses" means the expenses which the Insured/Insured Person is entitled for applicable room rent and other charges as given in the scope of cover under the policy.

"Epidemic Disease" means a Disease which occurs when new cases of a certain Disease, in a given human population, and during a given period, substantially exceed what is the normal "expected" Incidence Rate based on recent experience (the number of new cases in the population during a specified period of time is called the "Incidence Rate").

"Excess" means the % of sum insured/claim or amount up to which all Expenses covered by this Policy are to be borne by the Insured for which the Policy benefits will not be available and before the liability of the Insurer is commenced.

"External Congenital Anomaly" means a condition(s) which is present since birth, in the Visible and an accessible part of the body and which is abnormal with reference to form, structure or Position.

"Family" means and includes Insured Person/Insured Person's legal Spouse, Insured Person's legal & dependent children and dependent parents

"Grace Period" means the specified period of 15 days immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing condition / Diseases. Coverage is not available for the period for which no premium is received.

"Hospital/Nursing Home" means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a Hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner OR must comply with all minimum criteria as under:

- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- has qualified Medical Practitioner (s) in charge round the clock;
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurer's authorized personnel.

"Hospitalisation" means the Insured's admission into Hospital for a continuous period of not less than 24 hours.

"Insured" means You/Your/Self/the person named in the Schedule, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.

"Insured Person" means the person named in the Schedule/who is a resident of India and for whom the insurance is proposed and appropriate premium paid. This includes Insured Person's family inclusive of dependent parents

"Insurer" means Us/Our/We SBI General Insurance Company Limited.

"Inpatient Care" means care or treatment for which the Insured Person has to be hospitalized for more than 24 hours.

"Intensive Care Unit" means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

"Internal Congenital Anomaly" means Disease not manifested externally resulting from congenital disorder due to defects in or damage to a developing fetus. It may be the result of genetic abnormalities, the intrauterine (uterus) environment, errors of morphogenesis, or a chromosomal abnormality.

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"Medical Expenses" mean reasonable & customary Expenses unavoidably and reasonably incurred by the Insured for medical treatment of Disease, illness or injury that may be the subject matter of claim as an In-patient in a Hospital / Nursing Home/Day Care Centre, and includes the costs of a bed; treatment and care by medical staff; medical procedures; Medical Practitioner's fees; medicines and consumables including cost of pacemaker, implants, as long as these are recommended by the attending Medical Practitioner.

"Medical Practitioner" means a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include Physician, Specialist and Surgeon. The registered Medical Practitioner should not be the Insured or any one of the close family members of the Insured.

"Mental Illness/Disease" means any mental Disease or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual regardless of its cause or origin.

"Network Hospital" means the institutions (Hospitals/Nursing Homes as defined earlier) named on a list maintained by and available from the Administrator, and the same list may be amended from time to time by Administrator and Insurer.

"Non Network Hospital" are those Hospitals/Nursing Homes which are outside the network of Hospitals/Nursing Homes as maintained on the list and made available by the Administrator and the Insurer.

"Other Insurer" means any of the registered Insurers in India other than Us/Our/We SBI General Insurance Company Limited.

"Out Patient Department" means a department where patient is not Hospitalized and who is being treated in an office, clinic, or other ambulatory care facility by Medical Practitioner for illness/Disease.

"Package Service Expenses" means expenses levied by the Hospital/Nursing Home for treatment of specific surgical procedures/medical ailments as a lump sum amount under agreed package charges based on the room criteria as defined in the tariff Schedule of the Hospital/Nursing Home.

"Pre-existing Condition" means any condition, ailment or injury or related condition(s) for which Insured had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first Policy issued by the Insurer.

"Policy Period" means the period commencing with the commencement date of the Policy & terminating with the expiry date of the Policy as stated in the Policy Schedule.

"Post-Hospitalisation Expenses" means relevant Medical Expenses incurred during period up to 60 days after Hospitalisation on Disease/Illness/Accidental Bodily Injury sustained. Such Expenses will be considered as part of claim limited to treatment which is continued after discharge for an ailment / Disease / Accidental Bodily Injury not different from the one for which Hospitalisation was necessary.

"Pre-Hospitalisation Expenses" means relevant medical Expenses incurred during period up to 30 days prior to Hospitalisation on Disease/Illness/Injury sustained. Such Expenses will be considered as part of claim limited to treatment which is taken before Hospitalisation for an ailment / Disease / injury not different from the one for which Hospitalisation was necessary.

"Proposal" means the written application or a standard form which the Insured duly fills and signs in with complete details seeking insurance are provided by him and includes any other information Insured provides to the insurer in the said form or in any communication with the Insurer seeking such insurance.

"Proposer" means the person furnishing complete details and information in the Proposal form for availing the benefits either for himself or towards the person to be covered under the Policy and consents to the terms of the contract of Insurance by way of signing the same.

"Qualified Nurse" means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

"Reasonable and Customary Expenses" means a charge which: a) is charged for medical treatment, supplies or medical services that are medically necessary to treat Insured's condition; and b) does not exceed the usual level of Expenses for similar medical treatment, supplies or medical services in the locality where the expense is incurred; and c) does not include Expenses that would not have been made if no insurance existed.

"Schedule" means that portion of the Policy which sets out Insured details, the type of Insurance cover in force, the Policy Period and the Sum Insured. Any Annexure and/or Endorsement to the Schedule shall also be a part of the Schedule.

"Sum Insured" means the specified amount mentioned in the Schedule to this Policy which represents the Insurer's maximum liability for any or all claims under this policy during the currency of the Policy subject to terms and conditions as stated in the Policy.

"Surgical Operation" means manual and/or operative procedures required for treatment of a Disease / Illness or Accidental Bodily Injury, correction of deformities and defects, diagnosis and cure of Diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

"Waiting Period" No benefit shall be payable during the term of the Policy for the claim which occurs or where the hospitalisation for the claim has occurred within 30 days of first Policy issue Date. Waiting period is not applicable for the subsequent continuous uninterrupted renewals and hospitalisation due to accidents.

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SCOPE OF COVER

Insurer shall pay the expenses reasonably and necessarily incurred by or on behalf of the Insured Person under the following categories but not exceeding the Sum Insured and subject to deduction of any excess as reflected in the policy schedule in respect of such Insured person as specified in the Schedule:

1. Room, Board & Nursing expenses as charged by the Hospital/Nursing Home Excluding registration and service Expenses are covered up to 1% of the Sum Insured per day and if admitted into Intensive Care Unit up to 2% of the Sum Insured per day under the policy.

   All admissible claims under Room, Board & Nursing Expenses including ICU, during the policy period are restricted maximum up to 25% of the Sum Insured per illness/injury.

2. Medical Practitioner, Surgeon, Anesthetist, Consultants, and Specialists Fees - All admissible claims under this section during the policy period restricted maximum up to 40% of the Sum Insured per illness/injury.

3. Anesthesia, Blood, Oxygen, Operation Theatre Expenses, Surgical Appliances, Medicines & consumables, Diagnostic expenses and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, prosthesis/internal implants and any medical Expenses incurred which is integral part of the operation - All admissible claims under this section during the policy period restricted maximum up to 40% of the Sum Insured per illness/injury.

   The amounts payable under points no. 2 and 3 shall be at the rate applicable to the entitled room category. In case the insured opts for a room with rent higher than the entitled category as under point no. 1, the charges payable under point 1, 2 and 3 shall be limited to the charges applicable to the entitled category.

4. **Cataract Treatment:** Our obligation to make payment in respect of any claim for treatment of Cataract including surgery thereof under the policy is limited to 15 % of the Sum Insured subject to a maximum of INR 25000 per eye and further subject to first two years exclusion for cataract as provided under the Policy.

5. **Pre-Hospitalisation Expenses:** The maximum amount that can be claimed under this head is limited to 10% of the Eligible Hospitalisation Expenses for each of the admitted hosipitalisation claim under the Policy.

6. **Post-Hospitalisation Expenses:** The maximum amount that can be claimed under this head is limited to 10% of the Eligible Hospitalisation Expenses for each of the admitted hosipitalisation claim under the Policy.

7. **Day Care Expenses:** Insurer shall pay for Day Care Expenses incurred on technological surgeries and procedures requiring less than 24 hours of Hospitalisation as per Annexure A (day care procedure in the Policy), forming part of this Policy up to the Sum Insured. The day care Expenses will be payable only if, prior approval has been provided by the Administrator or Insurer for such a day care procedure.

8. **Ambulance Expenses:** 1% of Sum Insured per Policy period up to a maximum of INR 1500 will be reimbursed to Insured for the cost of ambulance transportation. Ambulance services used should be of a licensed ambulance operator.

9. **Ayurvedic Medicine:** Ayurvedic Treatment covered up to maximum 15% of Sum Insured per Policy Period up to a maximum of INR 20000 subject to treatment taken at a Ayurvedic hospital confirming with our definition of hospital and which is registered with any of the local Government bodies for the said purpose.

10. **Homeopathic and Unani system of medicine:** Homeopathy and Unani Treatment covered up to maximum 10% of Sum Insured per Policy Period up to a maximum of INR 15000 subject to treatment taken at a Homeopathic / Unani hospital confirming with our definition of hospital and which is registered with any of the local Government bodies for the said purpose.

11. **Domiciliary Hospitalisation:** Insurer will cover Reasonable and Customary Expenses towards Domiciliary Hospitalisation subject to 20% of the Sum Insured maximum up to INR 20000 whichever is less and according to the definition of domiciliary Hospitalisation as given in the policy Schedule.

12. **Organ Donor:** The Medical Expenses incurred for extraction of the required organ from the organ donor are covered under the policy subject to Insurer accepting the inpatient Hospitalisation claim made by the Insured and further provided that:

    i) The organ donor is the Insured Person's blood relative or is an individual who can donate the organ as per the local law and as approved by the medical board of the hospital where the organ extraction is taking place and the organ donated is for the use of the Insured Person, and

    ii) We will not pay the donor's pre- and post-Hospitalisation expenses or any other medical treatment for the donor consequent on the organ extraction.

    iii) All the expenses incurred on the donor/donee, as above would be within the overall Sum Insured of the Insured Person under the Policy and as specified in the policy Schedule.

    However, all admissible claims under above coverage's during the policy period restricted maximum up to the Sum Insured as stated in the Policy Schedule per Policy Period.

13. **Free medical check-up:** For every four claim-free consecutive years during which policyholder has been Insured with Insurer without any break in insurance, Insurer may arrange a free medical check-up for Insured in Insurer's empanelled diagnostic centre or Insurer shall reimburse the cost incurred by Insured for the check-up subject to maximum 1% of Sum Insured up to a maximum of INR 2500.

14. **Parental Care:** Available for persons above 60 years of age. Insurer shall pay for the attendant nursing Expenses after discharge from the hospital for INR 500 or actual whichever is lesser per day up to a maximum 10 days per Hospitalisation of such Insured Person subject to the treating Medical Practitioner at the hospital where the Hospitalisation took place, recommending the duration of such nursing care requirement. The Expenses can be reimbursed for a period not exceeding 15 days during the entire Policy period. The attendant nurse must qualify Insurer's definition and attendance is required as per treating Medical Practitioner's opinion.

15. **Accidental Hospitalisation:** In case of hospitalization following an Accident, Sum Insured limit available for the Insured Person will be 125% of the amount arrived after deducting the claims paid and/or outstanding from sum insured as on the date of accident for the Insured Person under the policy and excluding cumulative bonus accrued. Any such increase in sum insured over and above the base sum insured due to the operation of this clause would be restricted to a maximum of INR 1,00,000/- only. This benefit is payable only once per Insured Person during the policy period and only once irrespective of number of such accidental hospitalisations during the policy period for policies covered under Family Floater cover.

16. **Child Care:** Insurer shall pay for the attendant escort Expenses of INR 500 for each completed day of Hospitalisation of a child below 10 years of age, subject to maximum of 30 days during the Policy Period. Escort person includes mother, father, grandfather, grandmother and any immediate family member.

17. **Co-pay:** For all admissible claims in non-network hospitals, Insured shall bear 10% of the admissible claim in addition to the excess as per terms of insurance

18. **Convalescence Benefit:** This benefit is available for Insured Person's aged above 10 years & below 60 years and we shall pay an amount of INR 5,000/- per Insured, if the Insured Person is hospitalised for any bodily injury or illness as covered under the Policy, for a period of 10 consecutive days or more. This benefit is payable only once per Insured during the policy period

EXCLUSIONS

We will not pay for any expenses incurred by Insured in respect of claims arising out of or howsoever related to any of the following:

1. Pre existing Diseases Exclusion:

   Benefits will not be available for Any condition, whether diagnosed or not, ailment or injury or related condition(s) for which Insured has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Insured's first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Insurer. It would also mean any direct or indirect complications arising out of pre-existing conditions whether known or unknown to the Insured.

   This Exclusion shall cease to apply if Insured has maintained the Health Insurance Policy with Insurer for a continuous period of a full 4 years without break from the date of Insured's first Health Insurance Policy with Insurer.

   This Exclusion shall also apply to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover.

   In case of rollover/renewal policies issued by any Other Insurer which are accepted by us the following conditions would be applicable for coverage of exclusion of Pre-Existing diseases/conditions but only up to the sum insured limit under the expiring policy held by the insured.

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- If the Insured is covered continuously and without interruption for at least 4 years under any Other Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, then the pre-existing condition stands waived.
- If the Insured is covered continuously and without interruption for at least 3 years under any other Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, then the pre-existing condition stands waived after a waiting period of 1 year from commencement of Policy.
- If the Insured is covered continuously and without interruption for at least 2 years under any other Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, then the pre-existing condition stands waived after a waiting period of 2 years from commencement of Policy.
- If the Insured is covered continuously and without interruption for at least 1 year under any other Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, then the pre-existing condition stands waived after a waiting period of 3 year from commencement of Policy.

2. Exclusions applicable to first 30 days of cover from commencement of Policy:

   Medical Expenses incurred for any disease / illness or diagnosable within 30 days, of the commencement (Commencement Date of first Health Insurance Policy with us) of the Policy Period except those incurred as a result of Accidental Bodily Injury.

   This Exclusion shall also apply to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover.

   If the policy is a renewal / rollover from any Other Insurer and if the Insured is covered continuously for at least 1 year under a individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, this exclusion stands waived

3. Exclusions applicable to first year of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

   Any types of gastric or duodenal ulcers,

   Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty

   Surgery on all internal or external tumor /cysts/nodules/polyps of any kind including breast lumps

   All types of Hernia and Hydrocele

   Anal Fissures, Fistula and Piles

   This Exclusion shall also apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover.

   If the policy is a renewal / rollover from any Other Insurer and if the Insured is covered continuously for at least 1 year under a individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, this exclusion stands waived provided that the Insured establishes to the Insurer's satisfaction that Insured was unaware of and had not taken any advice or medication for such Illness or treatment.

4. Exclusions applicable to first two years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

   - Cataract
   - Benign Prostatic Hypertrophy
   - Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus
   - Hypertension, Heart Disease and related complications
   - Diabetes and related complications
   - Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism
   - Surgery of Genitourinary tract
   - Calculus Diseases of any etiology
   - Sinusitis and related disorders
   - Surgery for prolapsed intervertebral disc unless arising from accident
   - Surgery of varicose veins and varicose ulcers
   - Chronic Renal failure including dialysis

   This Exclusion shall also apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover.

   If the policy is a renewal / rollover from any Other Insurer and if the Insured is covered continuously and without interruption/break in insurance for at least 2 years under a individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, this exclusion stands waived provided that the Insured establishes to the Insurer's satisfaction that Insured Person was unaware of and had not taken any advice or medication for such Illness or treatment.

5. Exclusions applicable to first three years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

   Medical Expenses incurred during or in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement surgery is necessitated by accidental Bodily Injury.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover.

   If the policy is a renewal / rollover from any Other Insurer and if the Insured is covered continuously and without interruption/break in insurance for at least 3 years under an individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a Hospital, this exclusion stands waived provided that the Insured establishes to the Insurer's satisfaction that Insured was unaware of and had not taken any advice or medication for such Illness or treatment.

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6. Treatment outside India.
7. Epidemics recognized by WHO or/and Indian government. Government screening programs, etc are not covered by this policy.
8. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
10. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
11. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment for refractive error. Any form of plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury).
12. The cost of spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances. Prosthesis and/or devices.
13. Expenses incurred on Items for personal comfort like television, telephone, etc. incurred during hospitalization and which have been specifically charged for in the hospitalisation bills issued by the hospital/nursing home.
14. External medical equipment of any kind used at home as post Hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Ambulatory Peritoneal Dialysis (C.A.P.D) and Oxygen concentrator for Bronchial Asthmatic condition.
15. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
16. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and /or external illness/disease/defect.
17. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
18. Any complications arising out of or ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
19. Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
20. Venereal disease or any sexually transmitted disease or sickness.
21. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and certification by Gynecologist that it is life threatening.
22. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
23. Vaccination or inoculation except as part of post-bite treatment for animal bite.
24. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Medical Practitioner.
25. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by an accidental body injury and proved to our satisfaction that the condition is a result of an accidental injury.
26. Treatment for any mental illness or psychiatric or psychological ailment / condition.
27. Medical Practitioner's home visit Expenses during pre and post hospitalization period, Attendant Nursing Expenses unless more than 60 years as specified in the parental care benefit.
28. Outpatient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
29. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to all forms of skiing, scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurer.
30. Genetic disorders and stem cell implantation / surgery/storage.
31. Expenses incurred at Hospital or Nursing Home primarily for diagnosis irrespective of 24 hours hospitalization without diagnosis of any disease which does not require any follow up treatment covered under this policy. This would also include stay in a hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner, which ordinarily can be given without hospitalization.
32. Treatments in health hydro, spas, nature care clinics and the like.
33. Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts or for the treatment of psychiatric or mental disorders; even if the institution has been registered as a hospital or nursing home with the Appropriate Authorities
34. Treatment with alternative medicines like acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
35. Expenses incurred primarily for diagnostics, x-ray or laboratory examinations, or other diagnostics studies not consistent with or incidental to diagnosis and treatment of the positive existence or presence of any disease, illness or injury, for which confinement is required at a hospital or nursing home or at home under domiciliary hospitalization as defined.
36. Hospitalization for donation of any body organs by an Insured Person including complications arising from the donation of organs.
37. Treatment for obesity, weight reduction or weight management.
38. Experimental and unproven treatment.
39. Costs of donor screening or treatment
40. Disease / injury illness whilst performing duties as a serving member of a military or police force.
41. Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.

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GENERAL CONDITIONS

a) Due Care

Where this Policy requires Insured to do or not to do something, then the complete satisfaction of that requirement by Insured or someone claiming on Insured behalf is a precondition to any obligation under this Policy. If Insured or someone claiming on Insured behalf fails to completely satisfy that requirement, then Insurer may refuse to consider Insured claim. Insured will cooperate with Insurer at all times.

b) Mis-description

This Policy shall be void and premium paid shall be forfeited to Insurer in the event of misrepresentation, mis-description or non-disclosure of any materials facts pertaining to the proposal form, written declarations or any other communication exchanged for the sake of obtaining the Insurance policy by the Insured. Nondisclosure shall include non-intimation of any circumstances which may affect the insurance cover granted. The Misrepresentation, mis-description and non-disclosure is related to the information provided by the proposer/insured to the Insurer at any point of time starting from seeking the insurance cover in the form of submitting the filled in proposal form, written declarations or any other communication exchanged for the sake of obtaining the Insurance policy and ends only after all the Contractual obligations under the policy are exhausted for both the parties under the contract.

c) Insured Person

Only those persons named as the Insured Person in the Schedule shall be covered under this Policy. The details of the Insured Person are as provided by Insured. A person may be added as an Insured Person during the Policy Period after Insured's Proposal has been accepted by Insurer, an additional premium has been paid and Insurer's agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured. Cover under this Policy shall be withdrawn from any Insured Person upon such Insured giving 15 days written notice to be received by Insurer

d) Package Service Expenses as defined under the policy will be payable only if prior approval for the said package service is provided by Administrator / Insurer upon the request of the Insured Person or Insured

Communications:

1. Any communication meant for Insurer must be in writing and be delivered to Insurer's address shown in the Schedule. Any communication meant for Insured will be sent by Insurer to Insured's address shown in the Schedule/Endorsement.
2. All notifications and declarations for Insurer must be in writing and sent to the address specified in the Schedule. Agents are not authorized to receive notices and declarations on Insurer's behalf.
3. Insured must notify Insurer of any change in address.

e) Unhindered access

The Insured/Insured person shall extend all possible support & co-operation including necessary authorisation to the insurer for accessing the medical records and medical practitioners who have attended to the patient.

f) Claims Procedures

I. Claims Procedure for Reimbursement:

1. The Insured shall without any delay consult a Doctor and follow the advice and treatment recommended, take reasonable step to minimize the quantum of any claim that might be made under this Policy and intimation to this effect must be forwarded to Insurer accordingly.
2. Insured must provide intimation to Insurer immediately and in any event within 48 hours from the date of Hospitalisation . However the Insurer at his sole discretion may relax this condition subject to a justifiable reason/evidence being produced by the Insured on the reasons for such a delay beyond the stipulated 48 hours up to a maximum period of 7 days.
3. Insured has to file the claim with all necessary documentation within 15 days of discharge from the Hospital, provide Insurer with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give Insurer such additional information and assistance as Insurer may require in dealing with the claim. In case of delayed submission of claim and in absence of a justified reason for delayed submission of claim, the Insurer would have the right of not considering the claim for reimbursement.
4. In respect of post hospitalization claims, the claims must be lodged within 15days from the completion of post Hospitalisation treatment subject to maximum of 75 days from the date of discharge from hospital.
5. The Insured shall submit himself for examination by the Insurer's medical advisors as often as may be considered necessary by the Insurer for establishing the liability under the Policy. The Insurer will reimburse the amount towards the expenses incurred for the said medical examination to the Insured.
6. Insured must submit all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner /Hospital /Diagnostic Laboratory as required by Insurer.
7. On receipt of intimation from Insured regarding a claim under the policy, Insurer/Administrator is entitled to carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalisation if and when Insurer may reasonably require.

II. Claims procedure for Cashless:

- Administrator will provide the User guide & identity card to Insured. User guide will have following details:
  - Contact details of all Administrator offices
  - Website address of Administrator
  - Network list of hospitals with their contact details
  - Claim submission guidelines.

III. Claims Submission

Insured will submit the claim documents to administrator. Following is the document list for claim submission:

- Duly filled Claim form,

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- Valid Photo Identity Card
- Original Discharge card/certificate/ death summary
- Copies of prescription for diagnostic test, treatment advise, medical references
- Original set of investigation reports
- Itemized original hospital bill and receipts Hospital and related original medical expense receipt Pharmacy bills in original with prescriptions

IV. Claims Processing

On receipt of claim documents from Insured, Insurer/Administrator shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

g) Cumulative Bonus

If no claim has been made under the policy with us and the policy is renewed with us and without any break or within the Grace period as defined under the policy, we will allow a cumulative bonus to the renewal policy upon receipt of premium automatically by increasing the Sum Insured by 5%. The maximum cumulative bonus shall not exceed 25% of the Sum Insured in any policy year. The cumulative bonus to be offered is as mentioned below:

1. In case of a family floater cover, the cumulative bonus so applied will depend on the claim/claims made under the expiring policy and will be 5% of Sum Insured for a claim free year and subject to a maximum of 25% of Sum Insured in any policy year.
2. In case of a claim in the Policy the Cumulative Bonus if any under the policy will get reduced to Nil at the time of renewal, in the renewed policy. Also, in case of a policy issued to a Family with specific Sum Insured to Insured Persons, the Cumulative Bonus for the Insured Person who has made the claim under the policy gets reduced to NIL in the following year in the renewed policy.
3. In case of a policy being renewed with us and which was previously covered with other Indian Insurers, we will be offering a maximum cumulative bonus of 20% of Sum Insured provided the Insured submits the renewal notice and policy copy reflecting a no claim bonus/cumulative bonus equivalent or more than 25%. In case of no claim bonus enjoyed with previous Insurers being less than 25%, a deduction of 5% will be made from the % of no claim bonus enjoyed and the balance will be allowed under the policy, as no claim bonus/cumulative bonus. However, this benefit will be restricted only up to the sum insured as provided under the previous or expiring policy obtained by the Insured from Other Insurer.
4. In case of increase in the Sum Insured on renewal of the Policy Cumulative bonus will be applicable on the increased Sum Insured only from the next year subject to no claims and will start from 5% and may / may not be similar to the cumulative bonus on the basic Sum Insured at the inception of the Policy with us.
5. The accumulated cumulative bonus is available to the insured person only upon exhaustion of the basic sum insured under the policy and all the eligibility criteria for the ascertaining the applicable limits under the policy will be calculated basing on the base sum insured.

h) Basis of claims payment

a) If Insured suffer a relapse within 45 days of the discharge from Hospital, obtaining medical treatment or consulting a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim, as long as the relapse occurs within the Policy Period.

b) The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.

c) The plan which Insured is covered for will be shown on the Schedule. The table below sets out the percentage of the eligible claim amount that Insurer will be accountable for where a claim cost is incurred in a Location other than that prescribed in the Schedule.

Benefit Plan	Treatment Location A- Mumbai and Delhi	Treatment Location B- Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad	Treatment Location C- Rest of India
Plan A (Normal residential location -Mumbai & Delhi)	100%	100%	100%
Plan B (Normal residential location -Chennai, Kolkata, Bangalore, Ahmedabad, Hyderabad)	80%	100%	100%
Plan C (Normal residential location -Rest of India)	70%	80%	100%

- Plan A - 100% of the admissible claim amount for all Locations subject to the Policy terms and conditions.
- Plan B - 100% of the admissible claim amount for Locations B and C, and 80% for Location A subject to the Policy terms and conditions.,
- Plan C - 100% of the admissible claim amount for Locations C, 80% for Location B and 70% for Location A subject to the Policy terms and conditions.

The percentage of amount shown in the above table is with respect to the admissible claim amount. The Insurer will make payments only after being satisfied, with the necessary bills and documents submitted with reference to the claim.

i) Multiple policies

At any point of time, if it is found that there are multiple policies obtained by the Insured covering hospitalisation reimbursement benefit provided by this policy and such information on other existing hospitalisation reimbursement/health insurance policies is not declared/provided to us in the proposal form, the policy issued thereof stands cancelled ab initio treating the same as violation of clause (b) j

j) Mis-description under the general conditions in the policy and no liability exists under the policy for the disease/illness contracted by the insured. In such an event the premium collected under the policy would be refunded to the insured without any deduction for the expense incurred by the insurer for issuance of such policy and without any interest. In case of full and complete declaration of policies held with us and or with Other Insurers, our liability under the policy would be as under:

- All the policies being insured with us, the maximum liability for the company would be the sum insured under all such policies put together.

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- If there are policies with us and also with other insurers, the Company shall not be liable to pay or contribute more than its rateable proportion of any expense incurred towards the covered benefit by the insured person.

k) Fraudulent Claims

If any claim is in any respect fraudulent, or if any false statement or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured / Insured Person or anyone acting on his or her behalf to obtain any benefits under the Policy, all benefits under this Policy shall be forfeited. The Insurer will have the right to reclaim all benefits paid in respect of a claim which is fraudulent as mentioned above under this Condition as well as under General Condition No c of this Policy.

l) Subrogation

Insured and/or any Insured Persons shall at their 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 Insurer 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 Insurer would become entitled upon Insurer making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after our payment. Neither Insured nor any Insured Person shall prejudice these subrogation rights in any manner and shall at your own expense provide Insurer with whatever assistance or cooperation is required to enforce such rights. Any recovery Insurer make pursuant to this clause shall first be applied to the amounts paid or payable by Insurer under this Policy and our costs and expenses of affecting a recovery, where after Insurer shall pay any balance remaining to Insured. However, this clause will not apply to the benefit based sections of this policy.

m) Renewal & Cancellation

a. Ordinarily renewals will not be refused /cancellation will not be invoked by Insurer except on ground of fraud, moral hazard or misrepresentation.

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 before mentioned and that nothing is known to the Insured that may increase the risk to the Insurer under the coverage provided hereunder. In case any disease /illness is contracted during the last 12 months (whether a claim is made or not with the Insurer), the information on the same needs to be provided to us at the time of renewal.

c. The Policy will automatically terminate at the end of the Policy Period and we are under no obligation to give notice that it is due for renewal.

d. In case of a Policy that has expired/ not renewed with the Insurer before the end date of period of Insurance and being renewed upon specific acceptance by the Insurer within 15 days from the date of expiry, the cover would be without loss of continuity benefits of waiting period and coverage of Pre-existing diseases. However, Coverage is not available for the period for which no premium is received and any complications arising from any illness/disease/accident during such period of break in Insurance is not covered under the Policy.

e. In the event of any renewal of the policy after 15 days from the expiry of the policy, the same will be treated as a fresh policy and all the terms and conditions of the policy will be applicable.

f. Insurer may cancel this insurance by giving Insured at least 15 days written notice and shall refund a pro-rata premium for the unexpired Policy Period.

g. Insured may cancel this insurance by giving Insurer at least 15 days written notice, and if no claim has been made then the Insurer shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

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n) Dispute Resolution

a. 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 to the dispute/difference, 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 3 Arbitrators, one arbitrator to be appointed by each of the parties to the dispute/difference and the third Arbitrator to be appointed by such two Arbitrators and the arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliations Act 1996.

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

c. It is 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 shall be first obtained.

The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.

o) Examination of Medical Records: Insurer may examine Insured Person's medical records/reports and related documents relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiry, or until final adjustment (if any) and resolution of all claims under this Policy

p) Geographical limits: All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. All matters or disputes arising hereunder the policy shall be determined in accordance with the law and practice of such Court within the Indian Territory.

q) Observance of terms and conditions: The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the Insured / Insured Person, shall be a condition precedent to any liability of the Insurer to make any payment under this Policy.

r) Forfeiture of claims: If any claim is made and rejected and no court action or suit commenced within 12 months after such rejection or, in case of arbitration taking place as provided herein, within 12 calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

s) **Position after a claim**: As from the day of receipt of the claim amount by the Insured/Insured Person, the Sum Insured and / or duration of cover for the remainder of the period of insurance shall stand reduced by a corresponding amount.

t) **Payment of Claims in case of death during hospitalisation**: In the event of death of Primary Insured person on whose behalf covered medical expenses are incurred, such admissible claim amount would be payable to the legal heirs of the Primary Insured Person and If the diseased person is other than the primary insured person under the policy, we will pay such admissible claim amounts to the Primary Insured Person. The primary insured person is the head of the family and who is the primary earning member for the family.

u) **Section 80 D Income-Tax Act**: The premium paid is exempted from Income Tax under Sec 80 D of Income Tax act.

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GRIEVANCE REDRESSAL PROCEDURE

The Grievance Redressal Cell of the Company looks into complaints from policyholders. If the Insured has a grievance that the Insured wishes the Company to redress, the Insured may approach the person nominated as 'Grievance Redressal Officer' with the details of his grievance.

Name, address, e-mail ID and contact number. of the Grievance Redressal Officer appears in the Policy document as well as on Company's website. An acknowledgement will be sent from the Grievance Redressal Cell within 24 hours of receipt of any complaint. Every complaint will be registered, numbered, internally assigned, investigated and the Company's response notified within 15 days of receipt of complaint.

Further, the Insured may approach the nearest Insurance Ombudsman for redressal of the grievance. List of Ombudsman offices with contact details are attached for ready reference. For updated status, Please refer to website www.irdaindia.org

OMBUDSMAN OFFICES

Areas of Jurisdiction	Addresses of the Ombudsman Offices
State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.	**AHMEDABAD** 2nd Floor, Shree Jayshree Ambica Chambers, Nr. C U Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD-380014 Tel: 27546150, Fax: 079-27546142 Email: insombalhd@rdiffmail.com
States of Madhya Pradesh and Chattisgarh.	**BHOPAL** 1st Flr, 117, Zone II (Above D M Motors Pvt. Ltd.), Maharana Pratap Nagar, BHOPAL-462 011 Tel: 2578100, 2578102, 2578103, Fax: 0755-2578103 Email:insombmp@satyam.net.in
State of Orissa.	**BHUBANESWAR** 62, Forst Park, BHUBANESWAR-751 009. Tel: 2535220, Fax: 0674-2531607 Email:susantamishra@yahoo.com, ioobbsr@vsnl.net
States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.	**CHANDIGARH** S.C.O No.101,102 & 103, 2nd Floor, Batra Building, Sector 17 D, CHANDIGARH-160 017 Tel: 2706196, EPBX:0172-2706468, Fax: 0172-2708274
State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	**CHENNAI** Fatima Akhtar Court , 4th Floor, 453 (Old 312) Anna Salai, Teynampet, CHENNAI-600 018 Tel: 24333678, 24333668, 24335284, Fax: 044-24333664 Email:insombud@md4.vsnl.net.in
States of Delhi and Rajasthan.	**DELHI** 2/2 A, Universal Insurance Bldg, Asaf Ali Road, NEW DELHI-110 002 Tel: 23239611, Fax: 011-23230858 Email: insombudsmandel@netcracker.com
States of Andhra Pradesh, Karnataka and Union Territory of Yanam - a part of the Union Territory of Pondicherry.	**HYDERABAD** 6-2-46, Yeturu Towers,Lane Opp. Saleem Function Palace, A C Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 Tel: 55574325, Fax:040-23376599 Email:insombud@hd2.vsnl.net.in
State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.	**KOCHI** 2nd Flr, CC 27/2603 Pulinat Bldg, Opp. Cochin Shipyard, M G Road, ERNAKULAM-682 015 Tel: 2373334, 2350959, Fax:0484-2373336 Email:insuranceombudsmankochi@hclinfinet.com
States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.	**KOLKATA** North British Building 29, N S Road, 3rd Floor, KOLKATTA-700 001 Tel: 22212666, 22212669, Fax:033-22212668
States of Uttar Pradesh and Uttaranchal.	**LUCKNOW** Jeevan Bhavan, Phase 2, 6th floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 Tel: 0522-2201188, 2231330, 2231331, Fax:0522-2231310 E-mail: ioblko@sancharnet.in
States of Maharashtra and Goa.	**MUMBAI** 3rd Floor, Jeevan Seva Annexe (above MTNL), S V Road, Santacruz (W), Mumbai-400 054 Tel: 26106889, EPBX:022-26106889, Fax:022-26106052, 26106980 Email:ombudsman.i@hclinfinet.com
States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	**GUWAHATI** Aquarius Bhaskar Nagar, R G Baruah Road, GUWAHATI 781 021 Tel: 2413525, EPBX:0361-2415430, Fax: 0361-2414051

Address and contact number of Governing Body of Insurance Council

Secretary General
Governing Body of Insurance Council
Jeevan Seva Annexe, 3rd Floor (Above MTNL), S. V. Road, Santacruz (W), Mumbai – 400 054

Tel: 022-6106889; Fax: 022-6106980, 6106052; Email: inscoun@vsnl.net

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Insurance is the subject matter of the solicitation.

ANNEXURE A - DAY CARE LIST

The following are the listed Day care procedures and such other Surgical Operation that necessitate less than 24 hours Hospitalisation due to medical/technological advancement / infrastructure facilities and the coverage of which is subject to the terms, conditions and exclusions of the policy

Microsurgical operations on the middle ear

1. Stapedectomy
2. Revision of a stapedectomy
3. Other operations on the auditory ossicles
4. Myringoplasty (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

Other operations on the middle & internal ear

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

Operations on the nose & the nasal sinuses

18. Excision and destruction of diseased tissue of the nose
19. Operations on the turbinates (nasal concha)
20. Other operations on the nose
21. Nasal sinus aspiration

Operations on the eyes

22. Incision of tear glands
23. Other operations on the tear ducts
24. Incision of diseased eyelids
25. Excision and destruction of diseased tissue of the eyelid
26. Incision of diseased eyelids
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration & reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids
73. Trauma surgery and orthopaedics
74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

Operations on the breast

79. Incision of the breast
80. Operations on the nipple

Operations on the digestive tract

81. Incision and excision of tissue in the perianal region

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82. Surgical treatment of anal fistulas
83. Surgical treatment of haemorrhoids
84. Division of the anal sphincter (sphincterotomy)
85. Other operations on the anus
86. Ultrasound guided aspirations
87. Sclerotherapy etc.
88. Laparoscopic cholecystectomy

Operations on the female sexual organs

89. Incision of the ovary
90. Insufflation of the Fallopian tubes
91. Other operations on the Fallopian tube
92. Dilatation of the cervical canal
93. Conisation of the uterine cervix
94. Other operations on the uterine cervix
95. Incision of the uterus (hysterotomy)
96. Therapeutic curettage
97. Culdotomy
98. Incision of the vagina
99. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
100. Incision of the vulva
101. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

102. Incision of the prostate
103. Transurethral excision and destruction of prostate tissue
104. Transurethral and percutaneous destruction of prostate tissue
105. Open surgical excision and destruction of prostate tissue
106. Radical prostatovesiculectomy
107. Other excision and destruction of prostate tissue
108. Operations on the seminal vesicles
109. Incision and excision of periprostatic tissue
110. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

111. Incision of the scrotum and tunica vaginalis testis
112. Operation on a testicular hydrocele
113. Excision and destruction of diseased scrotal tissue
114. Plastic reconstruction of the scrotum and tunica vaginalis testis
115. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

116. Incision of the testes
117. Excision and destruction of diseased tissue of the testes
118. Unilateral orchidectomy
119. Bilateral orchidectomy
120. Orchidopexy
121. Abdominal exploration in cryptorchidism
122. Surgical repositioning of an abdominal testis
123. Reconstruction of the testis
124. Implantation, exchange and removal of a testicular prosthesis
125. Other operations on the penis

Operations on the spermatic cord, epididymis und ductus deferens

126. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
127. Excision in the area of the epididymis
128. Epididymectomy
129. Reconstruction of the spermatic cord
130. Reconstruction of the ductus deferens and epididymis
131. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

132. Operations on the foreskin
133. Local excision and destruction of diseased tissue of the penis
134. Amputation of the penis
135. Plastic reconstruction of the penis
136. Other operations on the penis

Operations on the urinary system

137. Cystoscopical removal of stones

Other Operations

138. Lithotripsy
139. Coronary angiography
140. Haemodialysis
141. Radiotherapy for Cancer
142. Cancer Chemotherapy

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