Max Bupa Health Pulse Policy Document

1. Preamble

This 'Max Bupa Health Pulse' policy is a contract of insurance between You and Us which is subject to payment of full premium in advance and the terms, conditions and exclusions of this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You in the Proposal Form and the Information Summary Sheet.

Please inform Us immediately of any change in the address or any other changes affecting You or any Insured Person which would impact the benefits, terms and conditions under this Policy.

In addition, please note the list of exclusions is set out in Section 7 of this Policy.

2. Definitions & Interpretation

For the purposes of interpretation and understanding of this Policy, We have defined, in Section 11, some of the important words used in the Policy which will have the special meaning accorded to these terms for the purposes of this Policy. For the remaining language and words used, the usual meaning as described in standard English language dictionaries shall apply. The words and expressions defined in the Insurance Act 1938, IRDA Act 1999, regulations notified by the IRDAI and circulars and guidelines issued by the IRDAI, together with their amendment shall carry the meanings given therein.

Note: *Where the context permits, the singular will be deemed to include the plural, one gender shall be deemed to include the other genders and references to any statute shall be deemed to refer to any replacement or amendment of that statute.*

3. Benefits available under the Policy

The benefits available under this Policy are described below.

a. The Policy covers Reasonable and Customary Charges incurred towards medical treatment taken by the Insured Person during the Policy Period for an Illness, Injury or condition as described in the sections below and contracted or sustained during the Policy Period. The benefits listed in the sections below will be payable subject to the terms, conditions and exclusions of this Policy and the availability of the Sum Insured and any sub-limits for the benefit as maybe specified in the Policy Schedule.

b. All the benefits (including optional benefits) which are available under the Policy along with the respective limits / amounts applicable based on the Sum Insured have been summarized in the Product Benefit Table in Annexure III.

c. All claims under the Policy must be made in accordance with the process defined under Section 8 (Claim Process & Requirements).

d. All claims paid under any benefit except for those admitted under Section 3.9 (Pharmacy and Diagnostic Services), Section 3.12 (Health Check-up), Section 4.1 (Personal Accident Cover), Section 4.2 (Critical Illness Cover), Section 4.3 (e-Consultation) and Section 4.4 (Hospital Cash) shall reduce the Sum Insured for the Policy Year in which the Insured Event in relation to which the claim is made has been occurred, unless otherwise specified in the respective section. Thereafter only the balance Sum Insured after payment of claim amounts admitted shall be available for future claims arising in that Policy Year.

3.1 Inpatient Care

What is covered:

We will indemnify the Medical Expenses incurred for one or more of the following due to the Insured Person's Hospitalization during the Policy Period following an Illness or Injury:

i. Room Rent: Room boarding and nursing charges during Hospitalization as charged by the Hospital where the Insured Person availed medical treatment;
ii. Medical Practitioners' fees, excluding any charges or fees for Standby Services;
iii. Investigative tests or diagnostic procedures directly related to the Insured Event which led to the current Hospitalization;
iv. Medicines, drugs as prescribed by the treating Medical Practitioner related to the Insured Event that led to the current Hospitalization;
v. Intravenous fluids, blood transfusion, injection administration charges and /or allowable consumables;
vi. Operation theatre charges;
vii. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery;
viii. Intensive Care Unit Charges.

Conditions - The above coverage is subject to fulfillment of following conditions:

a. The Hospitalization is for Medically Necessary Treatment and advised in writing by a Medical Practitioner.

b. If the Insured Person is admitted in a Hospital room where the room category opted or Room Rent incurred is higher than the eligibility as specified in the Policy Schedule, then We shall be liable to pay only a pro-rated portion of the total Associated Medical Expenses (including surcharge or taxes thereon) as per the following formula:
(eligible Room Rent limit / Room Rent actually incurred) * total Associated Medical Expenses

Associated Medical Expenses shall include Room Rent, nursing charges for Hospitalization as an Inpatient excluding private nursing charges, Medical Practitioners' fees excluding any charges or fees for Standby Services, investigation and diagnostics procedures directly related to the current admission, operation theatre charges, ICU Charges.

c. We will pay the visiting fees or consultation charges for any Medical Practitioner visiting the Insured Person only if:
   i. The Medical Practitioner's treatment or advice has been specifically sought by the Hospital; and
   ii. The visiting fees or consultation charges are included in the Hospital's bill

3.2 Pre-hospitalization Medical Expenses

What is covered:

We will indemnify, on Reimbursement basis only, the Insured Person's Pre-hospitalization Medical Expenses incurred in respect of an Illness or Injury.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. We have accepted a claim under Section 3.1 (Inpatient Care)

or Section 3.4 (Day Care Treatment) or Section 3.5 (Domiciliary Hospitalization).

b. Pre-hospitalization Medical Expenses are incurred for the same condition for which We have accepted the Inpatient Care, Day Care Treatment or Domiciliary Hospitalization claim.
c. The expenses are incurred after the inception of the First Policy with Us. If any portion of these expenses is incurred before the inception of the First Policy with Us, then We shall be liable only for those expenses incurred after the commencement date of the First Policy, irrespective of the initial waiting period.
d. Pre-hospitalization Medical Expenses incurred on physiotherapy will also be payable provided that such physiotherapy is prescribed in writing by the treating Medical Practitioner as Medically Necessary Treatment and is directly related to the same condition that led to Hospitalization.
e. Any claim admitted under this Section 3.2 shall reduce the Sum Insured for the Policy Year in which In-patient Care or Day Care Treatment or Domiciliary Hospitalization claim has been incurred.

Sub-limit:

a. We will pay above mentioned Pre-hospitalization Medical Expenses only for period up to 30 days immediately preceding the Insured Person's admission for Inpatient Care or Day Care Treatment or Domiciliary Hospitalization.

3.3 Post-hospitalization Medical Expenses

What is covered:

We will indemnify, on Reimbursement basis only, the Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. We have accepted a claim under Section 3.1 (Inpatient Care) or Section 3.4 (Day Care Treatment) or Section 3.5 (Domiciliary Hospitalization).
b. Post-hospitalization Medical Expenses are incurred for the same condition for which We have accepted the Inpatient Care or Day Care Treatment or Domiciliary Hospitalization claim.
c. The expenses incurred shall be as advised in writing by the treating Medical Practitioner.
d. Post-hospitalization Medical Expenses incurred on physiotherapy will also be payable provided that such physiotherapy is prescribed in writing by the treating Medical Practitioner as Medically Necessary Treatment and is directly related to the same condition that led to Hospitalization.
e. Any claim admitted under this Section 3.3 shall reduce the Sum Insured for the Policy Year in which In-patient Care or Day Care Treatment or Domiciliary Hospitalization claim has been incurred.

Sub-limit:

a. We will pay Post-hospitalization Medical Expenses only for period up to 60 days immediately following the Insured Person's discharge from Hospital or Day Care Treatment or Domiciliary Hospitalization.

3.4 Day Care Treatment

What is covered:

We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury. List of Day Care Treatments which are covered under the Policy are provided in Annexure IV.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The Day Care Treatment is advised in writing by a Medical Practitioner as Medically Necessary Treatment.
b. Only those Day Care Treatments are covered that are mentioned under list of Day Care Treatments under Annexure IV.
c. If We have accepted a claim under this benefit, We will also indemnify the Insured Person's Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses in accordance with Sections 3.2 and 3.3 above.

What is not covered:

OPD Treatment and Diagnostic Services costs are not covered under this benefit.

3.5 Domiciliary Hospitalization

What is Covered:

We will indemnify on Reimbursement basis only, the Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The Domiciliary Hospitalization continues for at least 3 consecutive days in which case We will make payment under this benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalization;
b. The treating Medical Practitioner confirms in writing that the Insured Person's condition was such that the Insured Person could not be transferred to a Hospital OR the Insured Person satisfies Us that a Hospital bed was unavailable.
c. If We have accepted a claim under this benefit, We will also indemnify the Insured Person's Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses in accordance with Sections 3.2 and 3.3 above.

3.6 Alternative Treatments

What is covered:

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization for Inpatient Care during the Policy Period on treatment taken under Ayurveda, Unani, Siddha and Homeopathy.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The treatment should be taken in:
    i. A Government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/ National Accreditation Board on Health.
    ii. Teaching Hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
    iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State / UT and complies with the following minimum criteria:
        a) Has at least fifteen in-patient beds;
        b) Has minimum five qualified and registered AYUSH doctors;
        c) Has qualified staff under its employment round the clock;
        d) Has dedicated AYUSH therapy sections;
        e) Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
b. Pre-hospitalization Medical Expenses incurred for up to 30 days

immediately preceding the Insured Person's admission and Post-hospitalization Medical Expenses incurred for up to 60 days immediately following the Insured Person's discharge will also be indemnified under this benefit, provided that these Medical Expenses relate only to Alternative Treatments and not Allopathy.

c. Section 7.6 of the Permanent Exclusions (other than for Yoga) shall not apply to the extent this benefit is applicable.

3.7 **Living Organ Donor Transplant**

What is covered:

We will indemnify the Medical Expenses incurred for a living organ donor's treatment as an Inpatient for the harvesting of the organ donated.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The donation conforms to the Transplantation of Human Organs Act 1994 and any amendments thereafter and the organ is for the use of the Insured Person.
b. The organ transplant is certified in writing by a Medical Practitioner as Medically Necessary Treatment for the Insured Person.
c. We have accepted the recipient Insured Person's claim under Section 3.1 (Inpatient Care).

What is not covered:

a. Stem cell donation whether or not it is Medically Necessary Treatment except for Bone Marrow Transplant.
b. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
c. Screening or any other Medical Expenses related to the organ donor, which are not incurred during the duration of Insured Person's Hospitalization for organ transplant.
d. Transplant of any organ/tissue where the transplant is Unproven/ Experimental Treatment or investigational in nature.
e. Expenses related to organ transportation or preservation.
f. Any other medical treatment or complication in respect of the donor which is directly or indirectly consequence to harvesting.

3.8 **Emergency Ambulance**

What is covered - The above coverage is subject to fulfilment of following conditions:

We will indemnify the costs incurred, on transportation of the Insured Person by road Ambulance to a Hospital for treatment in an Emergency following an Illness or Injury.

Conditions:

a. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is injured or is ill to a Hospital where appropriate medical treatment can be obtained or;
b. The medical condition of the Insured Person requires immediate ambulance services from the existing Hospital to another Hospital with advanced facilities as advised by the treating Medical Practitioner for management of the current Hospitalization.
c. This benefit is available for only one transfer per Hospitalization.
d. The ambulance service shall be offered by a healthcare or ambulance Service Provider.
e. We have accepted a claim under Section 3.1 (Inpatient Care) above.
f. We will cover expenses up to the amount specified in Your Policy Schedule.

What is not covered:

The Insured Person's transfer to any Hospital or diagnostic centre for evaluation purposes only.

3.9 **Pharmacy and Diagnostic Services**

What is covered:

You may purchase medicines or avail diagnostic services from Our Service Provider through Our website or mobile application.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The cost for the purchase of the medicines or for availing diagnostic services shall be borne by You.
b. Further it is made clear that purchase of medicines from Our Service Provider is Your absolute discretion and choice.

3.10 **No Claim Bonus**

What is covered:

a. If the Policy is Renewed with Us without a break or if the Policy continues to be in force for the 2nd Policy Year in the 2 year / 3 year Policy Period respectively (if applicable) and no claim has been made in the immediately preceding Policy Year, then for every claim free Policy Year, We will increase the Sum Insured applicable under the Policy by 10% of the Base Sum Insured of the immediately preceding Policy Year subject to a maximum of 100% of the Base Sum Insured. There will be no change in the sub-limits of any benefit due to increase in Sum Insured under this benefit.
b. If a claim has been made in the immediately preceding Policy Year, We will not increase or decrease the Sum Insured due to this benefit for the Policy Year. Whereas, if a reported claim has been denied by Us, the Insured Persons will be eligible for this benefit.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. If the Insured Person in the expiring Policy is covered under an Individual Policy and has an accumulated No Claim Bonus in the expiring Policy under this benefit, and such expiring Policy is Renewed with Us on a Family Floater Policy, then We will provide the credit for the accumulated No Claim Bonus to the Family Floater Policy.
b. If the Insured Persons in the expiring Policy are covered on a Family Floater Policy and such Insured Persons Renew their expiring Policy with Us by splitting the Floater Sum Insured stated in the Policy Schedule in to two or more floater / individual Policy, then We will provide the credit of the accumulated No Claim Bonus to the split Policy.
c. In case the Base Sum Insured under the Policy is reduced at the time of Renewal, the applicable accumulated No Claim Bonus shall also be reduced in proportion to the Base Sum Insured. The maximum reduction in the accumulated No Claim Bonus shall be limited to 50% of the accumulated No Claim Bonus. Post reduction in the Base Sum Insured and the accumulated No Claim Bonus, if the accumulated No Claim Bonus is equal to or more than 100% (200%, if Enhanced No Claim Bonus is opted) of the revised Base Sum Insured, then there will be no further increase in the accumulated No Claim Bonus upon Renewal of such Policy.
d. In case the Base Sum Insured under the Policy is increased at the time of Renewal, the applicable accumulated No Claim Bonus shall also be increased in proportion to the Base Sum Insured. The maximum increase in the accumulated No Claim Bonus shall be limited to 50% of the accumulated No Claim Bonus. Post increase in the Base Sum Insured and the accumulated No Claim Bonus, if the accumulated No Claim Bonus is equal to or more than 100% (200%, if Enhanced No Claim Bonus is opted) of the revised Base Sum Insured, then there will be no further increase in the accumulated No Claim Bonus upon Renewal of such Policy.
e. This benefit is not applicable for Optional benefits (if opted

for) such as Personal Accident Cover, Critical Illness Cover, e-Consultation and Hospital Cash.

3.11 **Re-fill Benefit**

What is covered:

If the Base Sum Insured and accumulated No Claim Bonus (if any) has been partially or completely exhausted due to claims made and paid or accepted as payable, for any Illness / Injury during the Policy Year under Section 3, then We will provide a Re-fill amount of maximum up to 100% of the Base Sum Insured (excluding No Claim Bonus) which may be utilized for claims arising in that Policy Year, subject to the conditions mentioned below.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The Re-fill amount may be used for only subsequent claims in respect of the Insured Person and shall not be for any Illness / Injury (including its complications or follow up) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person.
b. For Family Floater Policies, the Re-fill amount will be available on a floater basis to all Insured Persons in that Policy Year.
c. If the Re-fill amount is not utilized in whole or in part in a Policy Year, it cannot be carried forward to any extent in any subsequent Policy Year.
d. The maximum liability for a single claim after applying Re-fill benefit shall not be more than Base Sum Insured and accumulated No Claim Bonus (if any).

3.12 **Health Check-up**

What is covered:

If the Policy is Renewed with Us without a break or if the Policy continues to be in force for the 2nd Policy Year and 3rd Policy Year in the 2 year or 3 year Policy Period respectively (if applicable), then the Insured Person may avail a health check-up, each Policy Year starting from 2nd Policy Year, on Cashless Facility basis.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. Health check-up will be arranged only at Service Providers empanelled with Us.
b. Health check-up shall be available to Insured Person covered as adult under the Policy.
c. The Insured Person will not be eligible to avail a health check-up in the first Policy Year in which he/she is covered as an Insured Person under the Policy.
d. Any unutilized Health Check-up cannot be carry forwarded to the next Policy Year.
e. The tests covered under this benefit are Complete Blood Count, Urine Routine, ESR, HBA1C, S Cholesterol, Sr. HDL, Sr LDL and Kidney Function Test.

3.13 **Mental Disorders Treatment**

What is covered:

We will indemnify the expenses incurred by the Insured Person for Inpatient treatment for Mental Illness up to the limit as specified in Your Policy Schedule.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. Mental Disorders Treatment is only covered where patient is diagnosed by a qualified psychiatrist and / or referred to a clinical psychologist for further treatment.
b. The Hospitalization is for Medically Necessary Treatment and prescribed in writing by a registered mental health specialist, psychiatrist or clinical psychologist.
c. The treatment should be taken in Hospitals having registration under the Clinical Establishments (Registration and Regulation) Act, 2010 and complies with the following minimum criteria:
   i. Has qualified psychiatric doctor who is registered with respective medical council;
   ii. Has dedicated mental therapy sections;
   iii. Maintains daily records of patients.
d. Pre-hospitalization Medical Expenses incurred for up to 30 days, if falling within the Policy Period, immediately preceding the Insured Person's admission and Post-hospitalization Medical Expenses incurred for up to 60 days, if falling within the Policy Period, immediately following the Insured Person's discharge will also be indemnified under this benefit.

What is not covered:

a. The condition which is not clinically significant or is related to anxiety, bereavement, relationship or academic problems, acculturation difficulties or work pressure.
b. Treatment related to intentional self inflicted Injury or attempted suicide by any means.
c. Any neuro-developmental delays and disorders.
d. Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opiods or nicotine.

Sub-limit:

a. The following disorders / conditions shall be covered only up to 10% of Base Sum Insured or Rs. 50,000, whichever is lower. This sub-limit shall apply for all the following disorders / conditions on cumulative basis.

Disorder / Condition	Description
Severe Depression	Severe depression is characterized by a persistent feeling of sadness or a lack of interest in outside stimuli. It affects the way one feels, thinks and behaves.
Schizophrenia	Schizophrenia is mental disorder, that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. Schizophrenia result in combination of hallucinations, delusions, and extremely disordered thinking and behavior that impairs daily functioning,
Bipolar Disorder	Bipolar disorder is a mental illness that brings severe high and low moods and changes in sleep, energy, thinking, and behavior. It includes periods of extreme mood swings with emotional highs and lows.
Post traumatic stress disorder	Post-traumatic stress disorder is an anxiety disorder caused by very stressful, frightening or distressing events. It includes flashbacks, nightmares, severe anxiety and uncontrollable thoughts about the event.

Disorder / Condition	Description
Eating disorder	Eating disorder is a mental condition where people experience severe disturbances in their eating behaviors and related thoughts and emotions.
Generalized anxiety disorder	Generalized Anxiety Disorder is a mental health disorder characterized by a perpetual state of worry, fear, apprehension, inability to relax.
Obsessive compulsive disorders	Obsessive-compulsive disorder is an anxiety disorder in which people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions).
Panic disorders	Panic disorder is an anxiety disorder characterized by reoccurring unexpected panic attacks with sudden periods of intense fear. It may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling that something terrible is going to happen.
Personality disorders	Personality disorder is a type of mental disorder in which people have a rigid and unhealthy pattern of thinking, functioning and behaving. It includes trouble in perceiving and relating to situations and people.
Conversion disorders	Conversion disorder is a type of mental disorder where mental or emotional distress causes physical symptoms without the existence of an actual physical condition.
Dissociative disorders	Dissociative disorders are mental disorders that involve experiencing a disconnection and lack of continuity between thoughts, memories, surroundings, actions and identity.

ICD codes for the above disorders / conditions are provided in Annexure V.

b. Pre-hospitalization and Post-hospitalization Medical Expenses are also covered within the overall benefit sub-limit as specified above in point (a).

3.14 **HIV / AIDS**

What is covered:

We will indemnify the expenses incurred by the Insured Person, as per the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter, for Hospitalization (including Day Care Treatment) due to condition caused by or associated with HIV / AIDS up to the limit as specified in Your Policy Schedule

Conditions - The above coverage is subject to fulfilment of following conditions

a. The Hospitalization or Day Care Treatment is Medically Necessary and the Illness is the outcome of HIV / AIDS. This needs to be prescribed in writing by a registered Medical Practitioner.
b. The coverage under this benefit is provided for opportunistic infections which are caused due to low immunity status in HIV / AIDS resulting in acute infections which may be bacterial, viral, fungal or parasitic.
c. The patient should be a declared HIV positive by informed consent by Integrated counseling and testing centre deployed by government of India.
d. This benefit is provided subject to a Waiting Period of 48 months from inception of the cover with Us, with HIV / AIDS covered as a benefit, for the respective Insured Person.
e. Pre-hospitalization Medical Expenses incurred for up to 30 days, if falling within the Policy Period, immediately preceding the Insured Person's admission and Post-hospitalization Medical Expenses incurred for up to 60 days, if falling within the Policy Period, immediately following the Insured Person's discharge will also be indemnified under this benefit.

What is not covered:

a. Health conditions which are chronic and not directly related to the patient's immune status.
b. Lifestyle diseases like diabetes, hypertension, heart diseases and dyslipidemia which are not related to HIV / AIDS would not be covered under this benefit

Sub-limit:

a. This benefit is covered up to 10% of Base Sum Insured or Rs. 50,000 whichever is lower.
b. Pre-hospitalization and Post-hospitalization Medical Expenses are also covered within the overall benefit sub-limit as specified above in point (a).

4. Optional Benefits

The following optional benefits shall apply under the Policy only if it is specified in the Policy Schedule. Optional benefits can be selected by You only at the time of issuance of the First Policy or at Renewal (unless otherwise specified) on payment of the corresponding additional premium.

The optional benefits 'Personal Accident Cover', 'Critical Illness Cover' and 'Hospital Cash' will be payable (only on Reimbursement basis) if the conditions mentioned in the below sections are contracted or sustained by the Insured Person covered under these optional benefits during the Policy Period.

The applicable optional benefits will be payable subject to the terms, conditions and exclusions of this Policy and subject always to any sub-limits for the optional benefit as specified in the Policy Schedule.

All claims for any applicable optional benefits under the Policy must be made in accordance with the process defined under Section 8 (Claim Process & Requirements).

4.1 **Personal Accident Cover**

What is covered:

This optional benefit is available either to the Primary Insured Person or Primary Insured Person along with his/her spouse, which is specified in the Policy Schedule.

If the Insured Person covered under this optional benefit dies or sustains any Injury resulting solely and directly from an Accident occurring during the Policy Period at any location worldwide, and while the Policy is in force, We will provide the benefits described below.

4.1.1 Accident Death (AD)

What is covered:

If the Injury due to Accident solely and directly results in the Insured Person's death within 365 days from the occurrence of the Accident, We will make payment of Personal Accident Cover Sum Insured specified in the Policy Schedule. If a claim is made under this optional benefit, the coverage for that Insured Person under the Policy shall immediately and automatically cease. Any claim incurred before death of such Insured person shall be admissible subject to terms and conditions under this Policy.

4.1.2 Accident Permanent Total Disability (APTD)

What is covered:

If the Injury due to Accident solely and directly results in the Permanent Total Disability of the Insured Person which means that the Injury results in one or more of the following conditions within 365 days from the occurrence of an Accident, We will make payment of 125% of the Personal Accident Cover Sum Insured as specified in the Policy Schedule.

1. Loss of use of limbs or sight

The Insured Person suffers from total and irrecoverable loss of:

i. The use of two limbs (including paraplegia and hemiplegia) OR
ii. The sight in both eyes OR
iii. The use of one limb and the sight in one eye

2. Loss of independent living

The Insured Person is permanently unable to perform independently three or more of the following six activities of daily living.

i. Washing: the ability to maintain an adequate level of cleanliness and personal hygiene.
ii. Dressing: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary.
iii. Feeding: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available.
iv. Toileting: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene.
v. Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence.
vi. Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

Conditions - The above coverage is subject to fulfilment of following conditions:

1. The Permanent Total Disability is proved through a disability certificate issued by a Medical Board duly constituted by the Central and/or the State Government; and
2. We will admit a claim under this optional benefit only if the Permanent Total Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Total Disability unless it is irreversible, such as in case of amputation/loss of limbs etc; and
3. If the Insured Person dies before a claim has been admitted under this optional benefit, no amount will be payable under this optional benefit, however We will consider the claim under Section 4.1.1 (Accident Death) subject to terms and conditions mentioned therein; and
4. We will not make payment under Accident Permanent Total Disability more than once in the Insured Person's lifetime for any and all Policy Periods.
5. If a claim under this optional benefit is admitted, then coverage for the Insured Person will immediately and automatically cease under Section 4.1 (Personal Accident Cover) and this optional benefit shall not be applied in respect of that Insured Person on any Renewal thereafter. However, other applicable benefits can be Renewed in respect of the Insured Person.

4.1.3 Accident Permanent Partial Disability (APPD)

What is covered:

If the Injury due to Accident solely and directly results in the Permanent Partial Disability of the Insured Person which is of the nature specified in the table below within 365 days from the occurrence of such Accident, We will make payment under this optional benefit in accordance with the table below:

Conditions - The above coverage is subject to fulfilment of following conditions:

1. The Permanent Partial Disability is proved through a disability certificate issued by a Medical Board duly constituted by the Central and/or the State Government; and
2. We will admit a claim under this optional benefit only if the Permanent Partial Disability continues for a period of at least 6 continuous calendar months from the commencement of the Permanent Partial Disability, unless it is irreversible; and
3. If the Insured Person dies before a claim has been admitted under this optional benefit, no amount will be payable under this optional benefit, however We will consider the claim under Section 4.1.1 (Accident Death) subject to the terms and conditions mentioned therein.
4. If a claim under this optional benefit has been admitted, then no further claim in respect of the same condition will be admitted under this optional benefit.
5. If a claim under this optional benefit is paid and the entire Personal Accident Sum Insured specified in the Policy Schedule does not get utilized, then the balance Personal Accident Cover Sum Insured shall be available for further claims under Section 4.1 (Personal Accident Cover) until the entire Personal Accident Cover Sum Insured is consumed. The Personal Accident Cover Sum Insured specified in the first Policy Schedule shall be a lifetime limit for the Insured Person and once this limit is exhausted, coverage for the Insured Person will immediately and automatically cease under Section 4.1 (Personal Accident Cover) and this optional benefit shall not be applied in respect of that Insured Person on any Renewal thereafter. However, other applicable benefits can be Renewed in respect of the Insured Person.

Permanent Partial Disability Grid

S. No.	Nature of Disability	% of Personal Accident Cover Sum Insured payable
1	Loss or total and permanent loss of use of both the hands from the wrist joint	100%
2	Loss or total and permanent loss of use of both feet from the ankle joint	100%
3	Loss or total and permanent loss of use of one hand from the wrist joint and of one foot from the ankle joint	100%
4	Loss or total and permanent loss of use of one hand from the wrist joint and total and permanent loss of sight in one eye	100%
5	Loss or total and permanent loss of use of one foot from the ankle joint and total and permanent loss of sight in one eye	100%
6	Total and permanent loss of speech and hearing in both ears	100%
7	Total and permanent loss of hearing in both ears	50%
8	Loss or total and permanent loss of use of one hand from wrist joint	50%
9	Loss or total and permanent loss of use of one foot from ankle joint	50%
10	Total and permanent loss of sight in one eye	50%
11	Total and permanent loss of speech	50%
12	Permanent total loss of use of four fingers and thumb of either hand	40%
13	Permanent total loss of use of four fingers of either hand	35%
14	Uniplegia	25%
15	Permanent total loss of use of one thumb of either hand	
	a. Both joints	25%
	b. One joint	10%
16	Permanent total loss of use of fingers of either hand	
	a. Three joints	10%
	b. Two joints	8%
	c. One joint	5%
17	Permanent total loss of use of toes of either foot	
	a. All toes- one foot	20%
	b. Great toe- both joints	5%
	c. Great toe- one joint	2%
	d. Other than great toe, one toe	1%

4.2 **Critical Illness Cover**

What is covered:

This optional benefit is available either to the Primary Insured Person or Primary Insured Person along with his/her spouse, which is specified in the Policy Schedule.

If the Insured Person covered under this optional benefit is diagnosed for the first time with any of the following listed Critical Illnesses or if any of the following Critical Illnesses occurs or manifests itself in the Insured Person during the Policy Period for the first time, We will pay the Critical Illness Sum Insured specified in the Policy Schedule provided that the Insured Person survives the Survival Period of 30 days from the diagnosis of the Critical Illness during the Policy Period.

1. Cancer of Specified Severity

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

II. The following are excluded –
   a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
   b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
   c. Malignant melanoma that has not caused invasion beyond the epidermis;
   d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
   e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
   f. Chronic lymphocytic leukaemia less than RAI stage 3
   g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
   h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or be low and with mitotic count of less than or equal to 5/50 HPFs;
   i. All tumors in the presence of HIV infection.

2. Myocardial Infarction

(First Heart Attack of specific severity)

I. The first occurrence of heart attack or 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 Myocardial Infarction should be evidenced by all of the following criteria:
   i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. 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. Other acute Coronary Syndromes
   ii. Any type of angina pectoris
   iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:
   i. Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement or Repair of Heart Valves

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded

6. 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 (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner

7. Stroke resulting in Permanent Symptoms

I. 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 findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:
   i. Transient ischemic attacks (TIA)
   ii. Traumatic injury of the brain
   iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ /Bone Marrow Transplant

I. The actual undergoing of a transplant of:
   i. One of the following human 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 cells. 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

9. Permanent Paralysis of Limbs

I. Total and irreversible 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.

10. Motor Neuron Disease with Permanent Symptoms

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

12. Deafness

I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

13. End Stage Lung Failure

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
   i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
   ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
   iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
   iv. Dyspnea at rest.

14. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   i. Permanent jaundice; and
   ii. Ascites; and
   iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

15. Loss of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

II. All psychiatric related causes are excluded

16. Third Degree Burns

I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

17. Fulminant Viral Hepatitis

I. A sub-massive to massive necrosis of the liver by any virus, leading precipitously to liver failure.
   This diagnosis must be supported by all of the following:
   i. rapid decreasing of liver size; and
   ii. necrosis involving entire lobules, leaving only a collapsed reticular framework; and
   iii. rapid deterioration of liver function tests; and
   iv. deepening jaundice; and
   v. hepatic encephalopathy.
   Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria

18. Aplastic Anemia

I. Aplastic Anemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:
   i. Absolute neutrophil count of less than 500/mm^3
   ii. Platelets count less than 20,000/mm^3
   iii. Reticulocyte count of less than 20,000/mm^3
   The Insured Person must be receiving treatment for more than 3 consecutive months with frequent blood product transfusions, bone marrow stimulating agents, or immunosuppressive agents or the Insured Person has received a bone marrow or cord blood stem cell transplant. Temporary or reversible Aplastic Anemia is excluded and not covered under this Policy

19. Muscular Dystrophy

I. Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of Muscular Dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyography evidence. The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6)"Activities of Daily Living".
   Activities of Daily Living are defined as:
   a. Washing : the ability to maintain an adequate level of cleanliness and personal hygiene

b. Dressing : the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are Medically Necessary
c. Feeding : the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
d. Toileting : the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene
e. Mobility : the ability to move indoors from room to room on level surfaces at the normal place of residence
f. Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa

20. Bacterial Meningitis

I. Bacterial meningitis is a bacterial infection of the meninges of the brain causing brain dysfunction. There must be an unequivocal diagnosis by a consultant physician of bacterial meningitis that must be proven on analysis and culture of the cerebrospinal fluid. There must also be permanent objective neurological deficit that is present on physical examination at least 3 months after the diagnosis of the meningitis infection.

Conditions applicable to 'Critical Illness cover':

a. We will not make payment under Section 4.2 (Critical Illness Cover) more than once in the Insured Person's lifetime for any and all Policy Periods
b. The diagnosis of a Critical Illness must be verified in writing by a Medical Practitioner.
c. The Waiting Periods specified below shall be applicable to the Insured Person and claims shall be assessed accordingly. On Renewal, if the Critical Illness Cover Sum Insured specified in the Policy Schedule is enhanced, the Waiting Periods would apply afresh to the extent of the increase in benefit amount limit, subject to Underwriting Guidelines and in accordance with the existing guidelines of the IRDAI.

We shall not be liable to make any payment under this Policy for covered listed Critical Illnesses directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

i. **Pre-existing Diseases:** All the listed Critical Illnesses under the optional benefit, which occurs or manifests itself as a result of any Pre-existing Disease, will be subject to a Waiting Period of 48 months of continuous coverage since the inception of the First Policy with Us. Pre-existing Disease Waiting Period shall be applicable only if the pre-existing medical condition is the direct cause of any Critical Illness and confirmed by the Medical Practitioner.
ii. **Initial Waiting Period:** All the listed Critical Illnesses under the optional benefit, which occurs or manifests itself during the Policy Period, will be subject to a Waiting Period of 90 days of continuous coverage since the inception of the First Policy with Us.

d. If the Insured Person is diagnosed / undergoes a Surgical Procedure or any medical condition occurs falling under the definition of Critical Illness as specified above that may result in a claim, then We shall be given written notice immediately and in any event within 7 days of the aforesaid Illness/ condition/ Surgical Procedure.
e. We shall not be liable to make any payment under this optional benefit if the Insured Person does not survive the Survival Period.
f. If diagnosis of the Critical Illness takes place on or before the Policy expiry date specified in the Policy Schedule, but the Survival Period expires after the Policy expiry date, such claims would be admissible provided that the Insured Person survives the Survival Period.
g. In the event of death of the Insured Person post the Survival Period, the immediate family member/relative of the Insured Person claiming on Insured Person's behalf must inform Us in writing immediately and send a copy of all the required documents to prove the cause of death within 30 days of the death. We upon acceptance of the admission of claim under the Policy shall make payment to the Nominee/legal heirs of the Insured Person.
h. If We have admitted a claim under this optional benefit for an Insured Person in any Policy Year, this optional benefit shall not be renewed in respect of that Insured Person for any subsequent Policy Year, but the cover for this optional benefit will be renewable for other Insured Persons.

4.3 **e-Consultation**

What is covered:

If the Insured Person is diagnosed with an Illness or is planning to undergo a planned Surgery or a Surgical Procedure, the Insured Person can, at the Insured Person's sole discretion, obtain an e-Consultation during the Policy Period.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. e-Consultation shall be requested through Our call centre or website chat.
b. e-Consultation will be arranged by Us (without any liabilities) and will be based solely on the information provided by the Insured Person.
c. e-Consultation must not be considered a substitute to medical opinion or advise nor shall be same pursued over a medical advice or opinion given by treating physician or doctor
d. By seeking e-Consultation under this benefit, the Insured Person is not prohibited or advised against visiting or consulting with any other independent Medical Practitioner or commencing or continuing any treatment advised by such Medical Practitioner.
e. The Insured Person is free to choose whether or not to obtain the e-Consultation, and if obtained then whether or not to act on it in whole or in part.
f. e-Consultation under this benefit shall not be valid for any medico-legal purposes.
g. We do not represent correctness of e-Consultation and shall not assume or deem to assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.

4.4 **Hospital Cash**

What is covered:

If We have accepted an Inpatient Care Hospitalization claim under Section 3.1 (Inpatient Care), We will pay the Hospital Cash amount specified in the Policy Schedule up to a maximum 30 days of Hospitalization during the Policy Year for the Insured Person for each continuous period of 24 hours of Hospitalization from the first day of Hospitalization subject to following conditions.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. The Insured Person has been admitted in a Hospital for a minimum period of 48 hours continuously.

4.5 **Enhanced No Claim Bonus**

What is covered:

This optional benefit shall be subject to all guidelines and conditions mentioned under Section 3.10 (No Claim Bonus), except that the No Claim Bonus stated in Section 3.10 (a) shall automatically increase to 20% of Base Insured for every claim free Policy Year and the maximum No Claim Bonus shall not exceed 200% of the Base Sum Insured.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. Once opted, this optional benefit cannot be opted out at the time of Renewal.

4.6 **Enhanced Re-fill Benefit**

What is covered:

This optional benefit shall be subject to all guidelines and conditions mentioned under Section 3.11 (Re-fill Benefit), except that the Re-fill benefit stated in Section 3.11 shall become 150% of Base Insured instead of 100% of Base Sum Insured.

Conditions - The above coverage is subject to fulfilment of following conditions:

a. Once opted, this optional benefit cannot be opted out at the time of Renewal.

5. Claim Cost Sharing:

Co-payment (if applicable) as specified in the Policy Schedule shall be applied on the amount payable by Us. A 20% Co-payment will apply under Classic plan available under the product for treatment in Delhi NCR, Mumbai (including Navi Mumbai and Thane), Kolkata & Gujarat State.

Co-payment will not apply to any claim under Section 3.8 (Emergency Ambulance), Section 3.9 (Pharmacy and Diagnostic Services), Section 3.12 (Health Check-up), Section 4.1 (Personal Accident Cover), Section 4.2 (Critical Illness Cover), Section 4.3 (e-Consultation) and Section 4.4 (Hospital Cash).

6. Waiting Periods

All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly. On Renewal, if the Sum Insured is enhanced, the Waiting Periods would apply afresh to the extent of the increased Sum Insured only. The Waiting Periods set out below shall not apply to Section 3.9 (Pharmacy and Diagnostic Services), Section 4.1 (Personal Accident Cover), Section 4.2 (Critical Illness Cover) and Section 4.3 (e-Consultation). The Waiting Periods for Critical Illness Cover have already been specified under Section 4.2 respectively.

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

6.1 **Pre-existing Diseases:**

You should disclose the Pre-existing Diseases or conditions applicable (if any) at the time of buying the Policy. Pre-existing Diseases, if disclosed to Us, accepted by Us during underwriting the risk and specified in Your Policy Schedule shall be covered only after 48 months of continuous coverage have elapsed since the inception of the First Policy with Us.

6.2 **Initial Waiting Period (30 days):**

All the benefits under the Policy and any treatment taken, unless the treatment is Medically Necessary Treatment required solely and directly as a result of an Accident that occurs during the Policy Period, will be subject to a Waiting Period of 30 days since the inception of the First Policy with Us.

6.3 **Specific Waiting Periods:**

The medical conditions and/or Surgical Procedure listed below will be subject to a Waiting Period of 24 months unless the condition / procedure is directly caused by Accident (covered from day 1) and will be covered in the third Policy Year as long as the Insured Person has been insured continuously under the Policy without any break:

a. Pancreatitis and stones in biliary and urinary system
b. Cataract, glaucoma and other disorders of lens, disorders of retina
c. Hyperplasia of prostate, hydrocele and spermatocele
d. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
e. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
f. Hernia of all sites,
g. Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
h. Chronic kidney disease and failure
i. Varicose veins of lower extremities
j. All internal or external benign or in situ neoplasms/tumours, cyst, sinus, polyp, nodules, swelling, mass or lump
k. Ulcer, erosion and varices of gastro intestinal tract
l. Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
m. Internal Congenital Anomaly
n. Surgery of Genito-urinary system unless necessitated by malignancy
o. Spinal disorders

If the Insured Person is suffering from the above Illness/condition as a Pre-existing Diseases (if disclosed by the Insured Person and accepted by Us), any claim in respect of that Illness/condition shall not be covered until 48 months of continuous coverage have elapsed since the inception of the First Policy with Us.

6.4 **Personal Waiting Periods:**
Conditions specified for an Insured Person under Personal Waiting Period in the Policy Schedule will be subject to a Waiting Period of 48 months from the inception of the First Policy with Us for that Insured Person and will be covered from the commencement of the fifth Policy Year for that Insured Person as long as the Insured Person has been insured continuously under the Policy without any break.

7. Permanent Exclusions
We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following unless specifically mentioned elsewhere in the Policy. Sections 7.1 to 7.26 are not applicable to Section 4.1 (Personal Accident Cover) and Section 4.2 (Critical Illness Cover).

The permanent exclusions applicable to Section 4.1 (Personal Accident Cover) and Section 4.2 (Critical Illness Cover) have been specified separately under Section 7.27 and Section 7.28 respectively.

7.1 **Ancillary Hospital Charges**
Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for admission, discharge, administration, RMO charges, night charges, registration, documentation and filing, surcharges and service charges levied by the Hospital.

7.2 **Hazardous Activities**
Any claim relating to Hazardous Activities.

7.3 **Artificial life maintenance:**
Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:
a. Deep coma and unresponsiveness to all forms of stimulation; or
b. Absent pupillary light reaction; or
c. Absent oculovestibular and corneal reflexes; or
d. Complete apnea.

7.4 **Circumcision:**
Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.

7.5 **AYUSH Treatments:**
Any form of AYUSH Treatments, except as mentioned under Section 3.6.

7.6 **Conflict & Disaster:**
Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

7.7 **External Congenital Anomaly:**
Screening, counseling or treatment related to external Congenital Anomaly.

7.8 **Convalescence & Rehabilitation:**
Hospital accommodation when it is used solely or primarily for any of the following purposes:
a. Any services provided for the purpose of Convalescence, Rehabilitation and Respite Care.
b. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
c. Hospice care - Any services for people who are terminally ill to address physical, social, emotional and spiritual need.

7.9 **Cosmetic or plastic Surgery**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless necessary as a part of medically necessary treatment are excluded. For this to be considered a medical necessity it must be certified by the attending Medical Practitioner for reconstruction following an Accident, Burns or Cancer.

7.10 **Dental/oral treatment:**
Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.

7.11 **Eyesight & Optical Services:**
Any treatment to correct refractive errors of the eye, unless required as the result of an Accident. We will not pay for routine eye examinations, contact lenses, spectacles or laser eye sight correction.

7.12 **Experimental or Unproven Treatment:**
a. Services including device, treatment, procedure or pharmacological regimens which are considered as experimental or unproven.
b. Stem Cell Transplant: Any stem cell transplant other than for Bone Marrow Transplant.

7.13 **Hormone Replacement Therapy:**
Treatment for any condition / illness which requires hormone replacement therapy.

7.14 **Hospitalization not justified:**
Admission solely for the purpose of physiotherapy, evaluation, investigations, diagnosis or observation services.

7.15 **Inconsistent, Irrelevant or Incidental Diagnostic procedures:**
Charges incurred primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the current diagnosis and treatment even if the same requires confinement at a Hospital.

7.16 **Non-Medical Expenses:**
a. Items of personal comfort and convenience:
    i. Personal attendant or beauty services, cosmetics, toiletry items, guest services and similar incidental expenses or services;
    ii. Issue of medical certificate and examinations as to suitability for employment or travel or any other such purpose; Any charges incurred to procure any treatment/Illness related documents pertaining to any period of Hospitalization/Illness;
    iii. Intra Ocular Lens: All classes of intraocular lens implants.
b. External or Ambulatory Devices
    i. External and or durable medical/non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD or infusion pump.
    ii. Ambulatory devices such as walkers, crutches, belts, collars,

caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer /thermometer and similar items and also any medical equipment which is subsequently used at home.

c. Visiting Charges:
Any travelling charge for a visiting consultant.

7.17 **Obesity and Weight Control Programs:**
Services including medical treatment and Surgical Procedures and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

7.18 **Reproductive medicine & other Maternity Expenses:**
Any assessment or treatment method for:

a. Birth Control
Any type of contraception, sterilization, abortions, voluntary termination of pregnancy or family planning;

b. Assisted Reproduction
Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI, gestational surrogacy;

c. Sexual Disorder and Erectile Dysfunction.
Treatment of any sexual disorder including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction;

d. Any costs or expenses related to pregnancy, complications arising from pregnancy or medical termination of pregnancy unless caused by an Accident.
However, the above exclusions do not apply to treatment for ectopic pregnancy or Accidental miscarriage.

7.19 **Robotic Assisted Surgery, Light Amplification by Stimulated Emission of Radiation (LASER) & Cyber Knife Treatments:**
Any expenses for robotic surgical system or specialized laser surgeries e.g. Holmium Laser Enucleation of Prostate, KTP Laser surgeries and such other similar therapies and experimental techniques would be excluded.

7.20 **Sexually transmitted Infections & diseases:**
Screening, prevention and treatment for sexually related infection or disease.

7.21 **Sleep disorders:**
Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.

7.22 **Substance related and Addictive Disorders:**
Treatment related to Illness / Accident / disorders caused due to alcohol, drug and substance abuse. In case of Illness / Accident, the exclusion shall apply only in case Illness / Accident is caused due to the above substance abuse by the Insured Person.

7.23 **Unlawful Activity:**
Any condition occurring as a result of breach of law with criminal intent.

7.24 **Treatment received outside India:**
Any treatment or medical services received outside India.

7.25 **Unrecognized Physician or Hospital:**

a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy.

b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine.

c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives.

d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.

e. Treatment or services received in health hydros, nature cure clinics or any establishment that is not a recognized Hospital or healthcare facility.

7.26 **Generally Excluded Expenses**
Any costs or expenses specified in the list of expenses generally excluded at Annexure II.

7.27 **Permanent Exclusions for Personal Accident Cover**
We shall not be liable to make any payment under any benefits under Section 4.1 (Personal Accident Cover) if the claim is attributable to, or based on, or arises out of, or is directly or indirectly connected to any of the following:

a. Suicide or self inflicted Injury, whether the Insured Person is medically sane or insane.

b. Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

c. Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time.

d. Any change of profession after inception of the Policy or any Renewal which results in the enhancement of Our risk, if not accepted and endorsed by Us on the Policy Schedule.

e. Committing an assault, a criminal offence or any breach of law with criminal intent.

f. Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.

g. Participation in aviation/marine activities (including crew) other than as a passenger in an aircraft/water craft that is authorized by the relevant regulations to carry such passengers between established airports or ports.

h. Engaging in or taking part in professional/adventure sports or any hazardous pursuits, 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, polo, snow and ice sports, hunting.

i. Body or mental infirmity or any Illness except where such condition arises directly as a result of an Accident during the Policy Period. However this exclusion is not applicable to claims made under Section 4.1.3 (Permanent Partial Disability).

7.28 **Permanent Exclusions for Critical Illness Cover**
We shall not be liable to make any payment under Section 4.2 (Critical Illness Cover) directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following unless specifically mentioned elsewhere in the Policy.

1. **AYUSH Treatment:**
Any covered Critical Illnesses diagnosed and/or treated by a Medical Practitioner who practices AYUSH Treatment.

2. **Conflict & Disaster:**
Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism.

3. **External Congenital Anomaly:**
Screening, counseling or treatment related to External Congenital Anomaly.

4. **Cosmetic and Reconstructive Surgery:**
Any Critical Illnesses arising due to treatment undergone purely for cosmetic or psychological reasons to improve appearance.

5. **Experimental/ Investigational or Unproven Treatment:**
   a. Services including device, treatment, procedure or pharmacological regimens which are considered as investigative or Unproven / Experimental Treatment.
   b. Biodegradable (bioresorbable, bioabsorbable) polymer drug eluting stents will be considered as experimental and investigational for all purpose.

6. **Hazardous Activities:**
Any claim relating to Hazardous Activities.

7. **HIV, AIDS, and related complex:**
Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), including any condition that is related to HIV or AIDS.

8. **Reproductive medicine & other Maternity Expenses:** Any Critical Illness arising out of , directly/ indirectly caused by, contributed to or aggravated by:
   a. Pregnancy or Child Birth
   Pregnancy (including voluntary termination), miscarriage, maternity or child birth (including through caesarean section)
   b. Birth Control
   Any type of contraception, sterilization, abortions, voluntary termination of pregnancy or family planning;
   c. Assisted Reproduction
   Infertility services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI, gestational surrogacy;
   d. Sexual disorder and Erectile Dysfunction.
   Treatment of any sexual disorder including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction;
   e. Any costs or expenses related to pregnancy, complications arising from pregnancy or medical termination of pregnancy unless caused by an Accident.

9. **Sexually transmitted Infections & Diseases:**
Screening, prevention and treatment for sexually related infection or disease.

10. **Substance related and Addictive Disorders:**
Treatment and complications related to disorders of intoxication, dependence, abuse, and withdrawal caused by drugs and other substances such as alcohol, opiods or nicotine.

11. **Traffic Offences & Unlawful Activity:**
Any condition occurring as a result of breach of law by the Insured Person with criminal intent.

12. **Unrecognized Physician or Hospital:**
   a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy or by relevant authorities in the area or country where the treatment is taken.
   b. Treatment or Medical Advice related to one system of medicine provided by a Medical Practitioner of another system of medicine.
   c. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives.
   d. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India or any other country where treatment takes place.
   e. Treatment or services received in health hydros, nature cure clinics or any establishment that is not a recognized Hospital or healthcare facility

8. Claims Process & Requirements

The fulfillment of the terms and conditions of this Policy (including payment of full premium in advance by the due dates mentioned in the Policy Schedule) in so far as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be Condition Precedent to admission of Our liability under this Policy.

8.1 **Claims Administration:**

On the occurrence or discovery of any Illness or Injury that may give rise to a claim under this Policy, the Claims Procedure set out below shall be followed:

   a. We advise You to submit all claims related documents.
   b. The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed.
   c. We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.
   d. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim.
   e. It is hereby agreed and understood that no change in the Medical Record provided under the Medical Advice information, by the Hospital or the Insured Person to Us or Our Service Provider during the period of Hospitalization or after discharge by any means of request will be accepted by Us. Any decision on request for acceptance of such change will be considered on merits where the change has been proven to be for reasons beyond the claimant's control.

8.2 **Claims Procedure:** On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy the following procedure shall be complied with:

a. **For Availing Cashless Facility:** Cashless Facility can be availed only at Our Network Providers or Service Providers (as applicable). The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone. In order to avail Cashless Facility, the following process must be followed:

i. Process for Obtaining Pre-Authorization

A. For Planned Treatment:
We must be contacted to pre-authorize Cashless Facility for planned treatment at least 72 hours prior to the proposed treatment. Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date at a Network Provider.

B. In Emergencies:
If the Insured Person has been Hospitalized in an Emergency, We must be contacted to pre-authorize Cashless Facility within 48 hours of the Insured Person's Hospitalization or before discharge from the Hospital, whichever is earlier.

All final authorization requests, if required, shall be sent at least six hours prior to the Insured Person's discharge from the Hospital.

Each request for pre-authorization except for e-Consultation and Health Checkup must be accompanied with completely filled and duly signed pre-authorization form including all of the following details:

I. The health card We have issued to the Insured Person at the time of inception of the Policy (if available) supported with KYC document;
II. The Policy Number;
III. Name of the Policyholder;
IV. Name and address of Insured Person in respect of whom the request is being made;
V. Nature of the Illness/Injury and the treatment/ Surgery required;
VI. Name and address of the attending Medical Practitioner;
VII. Hospital where treatment/Surgery is proposed to be taken;
VIII. Date of admission;
IX. First and any subsequent consultation paper / Medical Record since beginning of diagnosis of that treatment/Surgery;
X. Admission note;
XI. Treating Medical Practitioner certificate for Illness / Insured Event history with justification of Hospitalization.

If these details are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation in respect of that request.

When We have obtained sufficient details to assess the request, We will issue the authorization letter specifying the sanctioned amount, any specific limitation on the claim, applicable Co-payment and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

In case of preauthorization request where chronicity of condition is not established as per clinical evidence based information, We may reject the request for preauthorization and ask the claimant to claim as Reimbursement. Claim document submission for Reimbursement shall not be deemed as an admission of Our liability.

Once the request for pre-authorisation has been granted, the treatment must take place within 15 days of the pre-authorization date and pre-authorization shall be valid only if all the details of the authorized treatment, including dates, Hospital, locations, indications and disease details, match with the details of the actual treatment received. For Hospitalization on a Cashless Facility basis, We will make the payment of the amount assessed to be due, directly to the Network Provider / Service Provider.

We reserve the right to modify, add or restrict any Network Provider or Service Provider for Cashless Facility in Our sole discretion.

ii. Reauthorization
Cashless Facility will be provided subject to re-authorization if requested for either change in the line of treatment or in the diagnosis or for any procedure carried out on the incidental diagnosis/finding prior to the discharge from the Hospital.

b. **For Reimbursement Claims:** For all claims for which Cashless Facility has not been pre-authorized or for which treatment has not been taken at a Network Provider or for which Cashless Facility is not available, We shall be given written notice of the claim along with the following details within 48 hours of admission to the Hospital or before discharge from the Hospital, whichever is earlier:

i. The Policy Number;
ii. Name of the Policyholder;
iii. Name and address of the Insured Person in respect of whom the request is being made;
iv. Nature of Illness or Injury and the treatment/Surgery taken;
v. Name and address of the attending Medical Practitioner;
vi. Hospital where treatment/Surgery was taken;
vii. Date of admission and date of discharge;
viii. Any other information that may be relevant to the Illness/ Injury/ Hospitalization.

8.3 Claims Documentation:

For medical claims – Reimbursement Facility:

We shall be provided with the following necessary information and documentation in respect of all claims at Your/Insured Person's expense within 30 days of the Insured Event giving rise to a claim or within 30 days from the date of occurrence of an Insured Event or completion of Survival Period (in case of Critical Illness Cover).

For medical claims – Cashless Facility:
We will be provided these documents by the Network Provider immediately following the Insured Person's discharge from Hospital.

Necessary information and documentation for medical claims

a. Claim form duly completed and signed by the claimant.
b. Details of past medical history record, first and subsequent consultation.
c. Age / Identity proof document of Insured Person in case of claim approved under Cashless Facility (not required if submitted at the time of pre-authorization request) and Policyholder in case of Reimbursement claim.
    i. Self attested copy of valid age proof (passport / driving license / PAN card / class X certificate / birth certificate);
    ii. Self attested copy of identity proof (passport / driving license / PAN card / voter identity card);
    iii. Recent passport size photograph
d. Cancelled cheque/ bank statement / copy of passbook mentioning account holder's name, IFSC code and account number printed on it of Policyholder / nominee (in case of death of Policyholder).
e. Original discharge summary.
f. Bar code sticker and invoice for implants and prosthesis (if used and only in case of Surgery/Surgical Procedure).
g. Original final bill from Hospital with detailed break-up and paid receipt.
h. Room tariff of the entitled room category (in case of a Non-Network provider and if room tariff is not a part of Hospital bill): duly signed and stamped by the Hospital in which treatment is taken.
    (In case You are unable to submit such document, then We shall consider the Reasonable and Customary Charges of the Insured Person's eligible room category of Our Network Provider within the same geographical area for identical or similar services.)
i. Original bills of pharmacy/medicines purchased, or of any other investigation done outside Hospital with reports and requisite prescriptions.
j. For Medico-legal cases (MLC) or in case of Accident
    i. MLC/ Panchnama / First Information Report (FIR) copy attested by the concerned Hospital / police station (if applicable);
    ii. Original self-narration of incident in absence of MLC / FIR.
k. Original laboratory investigation, diagnostic, radiological & pathological reports with supporting prescriptions.

In the event of the Insured Person's death during Hospitalization, written notice accompanied by a copy of the post mortem report (if any) shall be given to Us regardless of whether any other notice has been given to Us.

For Personal Accident claims

Additional claim documentation for Personal Accident Cover under Section 4.1:

1. *Accident Death*
    i. Copy of death certificate (issued by the office of Registrar of Births and Deaths or any other authorized legal institution)
    ii. Copy of post mortem report wherever applicable
2. *Accident Permanent Total Disability or Accident Permanent Partial Disability*
    i. Certificate of disability issued by a Medical Board duly constituted by the Central and/or the State Government.

For Critical Illness claims

Additional claim documentation for Critical Illness Cover under Section 4.2:

1. Treating Medical Practitioner's certification for insured person's survival post survival period.

8.4 **Claims Assessment & Repudiation:**

a. At Our discretion, We may investigate claims to determine the validity of a claim. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorized by Us in writing.
b. We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information and documentation set out above. However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim has fallen due.
c. Payment for Reimbursement claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule or Your legal heirs or legal representatives holding a valid succession certificate.
d. If a claim is made which extends in to two Policy Periods, then such claim shall be paid taking into consideration the available Sum Insured in these Policy Periods. Such eligible claim amount will be paid to the Policyholder/ Insured Person after deducting the extent of premium to be received for the Renewal/due date of premium of the Policy, if not received earlier.
e. All admissible claims under this Policy shall be assessed by Us in the following progressive order:-
    i. If a room has been opted in a Hospital for which the room category is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Schedule, then the Associated Medical Expenses payable shall be pro-rated as per the applicable limits in accordance with Section 3.1.
    ii. Co-payment (if applicable) as specified in the Policy Schedule shall be applicable on the amount payable by Us.
f. The claim amount assessed in Section 8.4 e above would be deducted from the amount mentioned against each benefit and Sum Insured as specified in the Policy Schedule.

8.5 **Delay in Claim Intimation or Claim Documentation:**
If the claim is not notified to Us or claim documents are not submitted within the stipulated time as mentioned in the above sections, then We shall be provided the reasons for the delay, in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

8.6 **Claims process and documentation for Section 3.12 (Health Check-up) and Section 4.3 (e-Consultation):**

After validation of Insured Person and Policy details, We will evaluate the information of the Insured Person from the perspective to check eligibility of cover only and if the request is approved, We will facilitate arrangement as per the conditions specified under respective benefits admissible to the Insured Person.

9. Portability Option

All health insurance policies are portable. You should initiate action to approach another insurer to take advantage of portability well before the renewal date to avoid any break in the policy coverage due to delay in acceptance of the proposal by the other insurer.

If You/the Insured Person has exercised the Portability Option at the time of Renewal then You / the Insured Person will be provided with credit gained for Pre-existing Diseases in terms of Waiting Periods and time bound exclusions up to the existing Sum Insured and cover in accordance with the existing guidelines of the IRDAI provided that:

a. The ported Insured Person was insured under another Indian retail health insurance policy with any other Indian general insurance company or stand-alone health insurance company or any group/ retail indemnity health insurance policy from Us.
b. The Waiting Period with respect to change in Sum Insured shall be taken into account as follows:
    i. If the ported Sum Insured is higher than the Sum Insured under the expiring policy, Waiting Periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the IRDAI.
c. In case of different policies and plan in previous years, the Portability Option would be provided for the expiring policy or Plan which is to be ported to Us.
d. The Portability Option has been accepted by Us within 15 days of receiving Your Proposal and Portability Form subject to the following:
    i. You shall have paid Us the applicable premium in full;
    ii. We might have, subject to Our medical underwriting as per Our Board approved underwriting policy, restricted the terms upon which We have offered cover, the decision as to which shall be in Our sole and absolute discretion;
    iii. There was no obligation on Us to insure all Insured Persons or to insure all Insured Persons on the proposed terms, even if You have given Us all documentation;
    iv. We have received necessary details of medical history and claim history from the previous insurance company for the Insured Person's previous health insurance policy through the IRDAI's web portal.
e. In case You have opted to switch to any other insurer under Portability provisions(Porting Out) and the outcome of acceptance of the Portability request is awaited from the new insurer on the date of Renewal,
    i. We may upon Your request extend this Policy for a period of not less than one month at an additional premium to be paid on a pro rata basis.
    ii. If during this extension period a claim has been reported, You shall be required to first pay the balance of the full annual Policy premium. Our liability for the payment of such claim shall commence only once such premium is received. Alternately We may deduct the premium for the balance period and pay the balance claim amount if any and issue the Policy for the remaining period.
    iii. We reserve the right to modify or amend the terms and the applicability of the Portability option in accordance with the provisions of the regulations and guidance issued by the IRDAI as amended from time to time.

10. General Terms and Conditions

10.1 **Free Look Provision**

a. The free look period shall be applicable at the inception of the Policy and is not applicable and available at the time of Renewal of the Policy or in cases of Portability.
b. You have a period of 15 days (30 days if the Policy has been sold through distance marketing) from the date of receipt of the Policy document to review the terms and conditions of this Policy.
c. If You have any objections to any of the terms and conditions, You may cancel the Policy within the period mentioned above stating the reasons for cancellation and provided that no claims have been made under the Policy.
d. If no claim has been made during the Free Look period, You shall be entitled to:
    i. A refund of the premium paid less any expenses incurred by Us on medical examination of the Insured Persons and the stamp duty charges or;
    ii. where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
    iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
e. Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy.

10.2 **Cancellation/Termination (other than Free Look cancellation)**

a. **Cancellation by You:** You may terminate this Policy by giving 30 days prior written notice to Us. We shall cancel the Policy for the balance of the Policy Period and refund the premium (exclusive of service tax) for the unexpired term as mentioned herein below, provided that no claim has been made and Health Check-up or e-Consultation (if opted) have not been availed under the Policy by or on behalf of any Insured Person:

Please note that the expenses incurred by Us on medical examination of the Insured Person shall also be deducted from the refund amount.

1 year		2 years		3 years	
Policy in-force up to	Refund Premium (%)	Policy in-force up to	Refund Premium (%)	Policy in-force up to	Refund Premium (%)
Up to 30 days	75%	Up to 30 days	87.5%	Up to 30 days	90%
31 to 90 days	50%	31 to 90 days	75%	31 to 90 days	87.5%
91 to 180 days	25%	91 to 180 days	62.5%	91 to 180 days	75%
exceeding 180 days	0%	181 to 365 days	50%	181 to 365 days	60%
		366 to 455 days	25%	366 to 455 days	50%
		456 to 545 days	12%	456 to 545 days	25%
		Exceeding 545 days	0%	545 to 720 days	12%
				Exceeding 720 days	0%

b. **Automatic Cancellation:**
   i. Individual Policy:
   The Policy shall automatically terminate in the event of death of the Insured Person.
   ii. For Family Floater Policies:
   The Policy shall automatically terminate in the event of the death of all the Insured Persons. .
   iii. Refund:
   A refund in accordance with the table in Section 10.2 (a) shall be payable if there is an automatic cancellation of the Policy provided that no claim has been made and Health Check-up or e-Consultation (if opted) have not been availed under the Policy by or on behalf of any Insured Person. We will pay the refund of premium to the Nominee named in the Policy Schedule or Your legal heirs or legal representatives holding a valid succession certificate.

c. **Cancellation by Us:** We may terminate this Policy during the Policy Period by sending 30 days prior written notice to Your address shown in the Policy Schedule without refund of premium (for cases other than non cooperation) if:
   i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or
   ii. You or any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy; and/or
   iii. You or any Insured Person has not co-operated with Us. In such cases, premium will be refunded on pro-rata basis provided that no claim has been filed under the Policy by or on behalf of any Insured Person;

   For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by Us and e-Consultation cannot be availed during the notice period.

10.3 **Loading on Premium**

a. Based upon the disclosure of the health status of the persons proposed for insurance and declarations made in the Proposal or Insurance Summary Sheet, We may apply a risk loading on the premium payable (excluding statutory levies and taxes) under the Policy. The maximum risk loading applicable shall not exceed 50%.

b. These loadings will be applied from inception date of the First Policy including subsequent Renewal(s) with Us.

c. If a loading applies to the premium for the main Policy, such loading will also apply to the premium for the optional benefits selected except under Section 4.1 (Personal Accident Cover) and Section 4.3 (e-Consultation).

10.4 **Renewal of Policy**

This Policy is Renewable for life however this Policy will automatically terminate at the end of the Policy Period or Grace Period and We are under no obligation to give intimation in this regard. The details pertaining to Sum Insured and Waiting Period will be shared by Us on Policy Year wise.

a. **Continuity of benefits on Timely Renewal:**
   i. The benefits under the Policy can be availed continuously after completion of the Policy Period if the Renewal request is made along with the applicable premium on a timely basis.
   ii. The Renewal premium is payable on or before the due date and in any circumstances before the expiry of Grace Period
   iii. Renewal premium rates for this Policy may be further altered by Us including in the following circumstances:
      A. You proposed to add an Insured Person to the Policy
      B. You change any coverage provision
   iv. Renewal premium will alter based on individual Age. The reference of Age for calculating the premium for Family Floater Policies shall be the Age of the eldest Insured Person.
   v. Renewal premium will not alter based on individual claim experience. Renewal premium rates may be changed by Us provided that such changes are approved by IRDAI and in accordance with the IRDAI's rules and regulations as applicable from time to time.

b. **Grace Period**:
   i. If You do not Renew the Policy by the due dates specified in the Policy Schedule, You or any other eligible adult Insured Person may apply to Renew the Policy within the Grace Period of 30 days after the end of the Policy Period subject to receipt of application and payment of premium. Such Policy shall be treated as having been Renewed without a break in cover.
   ii. Any claim incurred during Grace Period will not be payable under this Policy.

c. **Reinstatement:**
   i. The Policy shall lapse after the expiration of the Grace Period. If the Policy is not Renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria, as per Our Board approved underwriting policy and no continuing benefits shall be available from the expired Policy.
   ii. We will not pay for any Medical Expenses which are incurred between the date the Policy expires and the date immediately before the reinstatement date of Your Policy.
   iii. If there is any change in the Insured Person's medical or physical condition, We may add exclusions or charge an extra premium from the reinstatement date.

d. **Disclosures on Renewal:**
   You shall make a full disclosure to Us in writing of any material change in the health condition or geographical location of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing Policy will not be altered.

e. **Renewal for Insured Persons who have achieved Age 26:**
   If any Insured Person who is a child and has completed Age 26 years at the time of Renewal, then such Insured Person will have to take a separate policy based on Our underwriting guidelines, as per Our Board approved underwriting policy as he/she will no longer be eligible to be covered under a Family Floater Policy. In such cases, the credit of the Waiting Periods served under the Policy will be passed on to the separate policy taken by such Insured Person.

f. **Addition of Insured Persons on Renewal:**
   Where an individual is added to this Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable considering such Policy Year as the first year of the Policy with Us.

g. **Changes to Sum Insured on Renewal:**
   You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy under Section 6 shall apply afresh for this enhanced limit from the effective date of such enhancement.

h. **Renewal Promise:**
   Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by You.

10.5 **Change of Policyholder**

a. The Policyholder may be changed only at the time of Renewal. The new Policyholder must be a member of the Insured Person's immediate family. Such change would be solely subject to Our discretion and payment of premium by You. The Renewed Policy shall be treated as having been Renewed without break. The Policyholder may be changed upon request in case of Your death, Your emigration from India or in case of Your divorce during the Policy Period.
b. Any alteration in the Policy due to unavoidable circumstances as in case of the Policyholder's death, emigration or divorce during the Policy Period should be reported to Us immediately.
c. Renewal of such Policies will be according to terms and conditions of existing Policy.

10.6 **Nomination**

a. You are mandatorily required at the inception of the Policy, to make a nomination for the purpose of payment of claims under the Policy in the event of Your death.
b. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.
c. In case of death of any Insured Person other than You under the Policy, for the purpose of payment of claims, the default nominee would be You.

10.7 **Obligations in case of a minor**

If an Insured Person is less than 18 years of Age, You or another adult Insured Person or legal guardian (in case of Your and all other adult Insured Person's demise) shall be completely responsible for ensuring compliance with all the terms and conditions of this Policy on behalf of that minor Insured Person.

10.8 **Authorization to obtain all pertinent records or information:**

As a Condition Precedent to the payment of benefits, We and/or Our Service Provider shall have the authority to obtain all pertinent records or information from any Medical Practitioner, Hospital, clinic, insurer, individual or institution to assess the validity of a claim submitted by or on behalf of any Insured Person.

10.9 **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 Insured Person or anyone acting on behalf of the Insured Person or any false or incorrect Disclosure to Information Norms to obtain any benefit under this Policy, then We reserve the right to re-underwrite or cancel the Policy and all claims being processed shall be forfeited for all Insured Persons, if established that they were also supported by fraudulent means.

10.10 **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

10.11 **Territorial Jurisdiction**

All benefits are available in India only and all claims shall be payable in India in Indian Rupees only.

10.12 **Notices**

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

a. You/the Insured Person at the address specified in the Policy Schedule or at the changed address of which We must receive written notice.
b. Us at the following address:
   Max Bupa Health Insurance Company Limited
   B-1/I-2, Mohan Cooperative Industrial Estate
   Mathura Road, New Delhi-110044
   Fax No.: +91 11 30902010
c. No insurance agents, brokers or other person/entity is authorized to receive any notice on Our behalf.

d. In addition, We may send You/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

10.13 **Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

10.14 **Revision or Modification**

This product/premium may be revised or modified subject to prior approval of the IRDAI. In such case, all Policyholders that are due for Renewal up to the expiry of ninety days from the date of revision or modification of the product shall be given an option of renewing the existing product or migrating to the modified version of the product.

Any revision or modification including a revision in the price of a policy which is approved by the Authority shall be notified to policyholders at least ninety days prior to the date when such revision or modification comes into effect. The notice shall set out the revisions or modifications affected, and the changes in premium, if any.

10.15 **Withdrawal of Product**

This product or any variant/Sum Insured under the product may be withdrawn at Our option subject to prior approval of IRDAI or due to a change in regulations. In such a case We shall provide an option to migrate to Our other suitable retail products as available with Us. All Policyholders of the withdrawn product that are due for Renewal up to the expiry of ninety days from the date of withdrawal shall be given an option of renewing the existing product or migrating to the modified version of the product or to the new product, as may be the case, subject to portability norms in vogue.

10.16 **Customer Service and Grievances Redressal**:

a. In case of any query or complaint/grievance, You/the Insured Person may approach Our office at the following address:
Customer Services Department
Max Bupa Health Insurance Company Limited
B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044
Customer Helpline No.: 1860-500-8888
Fax No.: +91 11 30902010
Email ID: customercare@maxbupa.com
Senior citizens may write to us at:
seniorcitizensupport@maxbupa.com

b. In case You/the Insured Person are not satisfied with the decision of the above office, or have not received any response within 10 days, You may contact the following official for resolution:
Head – Customer Services
Max Bupa Health Insurance Company Limited
B-1/I-2, Mohan Cooperative Industrial Estate
Mathura Road, New Delhi-110044
Customer Helpline No.: 1860-500-8888
Fax No.: +91 11 30902010
Email ID: customercare@maxbupa.com

c. In case Your complaint is not fully addressed by Us, We may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI. Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdaindia.org.

d. If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance at the addresses given in Annexure I.

e. The complaint should be made in writing duly signed by the complainant or by his/her legal heirs with full details of the complaint and the contact information of the complainant.

f. As per provision 14(3)of the Insurance ombudsman Rules, 2017, the complaint to the Ombudsman can be made only if;
(a) the complainant makes a written representation to the insurer named in the complaint and
i. either the insurer had rejected the complaint; or
ii. the complainant had not received any reply within a period of one month after the insurer received his representation; or
iii. the complainant is not satisfied with the reply given to him by the insurer;
(b) The complaint is made within one year
i. after the order of the insurer rejecting the representation is received; or
ii. after receipt of decision of the insurer which is not to the satisfaction of the complainant;
iii. after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

10.17 **Assignment**

The Policy can be assigned subject to applicable laws.

11. Defined Terms

The terms listed below in Section 11 and used elsewhere in the Policy in Initial Capitals shall have the meaning set out against them in Section 11.

11.1 **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

11.2 **Age** means age last birthday.

11.3 **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.

11.4 **Associated Medical Expenses** shall include Room Rent, nursing charges for Hospitalization as an Inpatient excluding private nursing charges, Medical Practitioners' fees excluding any charges or fees for Standby Services, investigation and diagnostics procedures directly related to the current admission, operation theatre charges, ICU Charges.

11.5 **Base Sum Insured** means the amount stated in the Policy Schedule.

11.6 **Bone Marrow Transplant** is the actual undergoing of a transplant of human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner. The following will be excluded:
i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

11.7 **Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

11.8 **Cancer** means a malignant tumor characterized by the

uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
The following are excluded:

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumors in the presence of HIV infection.

11.9 **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

11.10 **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

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

a. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.
b. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.

11.12 **Convalescence, Rehabilitation and Respite Care** means any care arrangement in a residential setting or in a Hospital or any other healthcare facility like health hydros, nature cure clinics, wellness centre, palliative centre for services related to help the physically or cognitively impaired to achieve or regain their maximum functional potential for mobility, self-care and independent living, although not necessarily complete independence.

11.13 **Co-payment** means a cost-sharing requirement under a health insurance policy that provides that the Policyholder/insured will bear a specified percentage of the admissible claim amount. A Co-payment does not reduce the Sum Insured.

11.14 **Critical Illness**, an Illness, medical event or Surgical Procedure specifically defined in Section 4.2.

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

11.16 **Day Care Center** means any institution established for Day Care Treatment of Illness and/or Injuries or a medical set-up with 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 criterion as under:

a. has Qualified Nursing staff under its employment;
b. has qualified Medical Practitioner(s) in charge;
c. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

11.17 **Day Care Treatment** refers to medical treatment, and/or Surgical Procedure which is:

a. undertaken under General or Local Anaesthesia in a Hospital/Day Care Center in less than 24 hrs because of technological advancement, and
b. which would have otherwise required a Hospitalization of more than 24 hours.

Treatment normally taken on an OPD basis is not included in the scope of this definition.

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

11.19 **Diagnostic Services** means those diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition.

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

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

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

11.22 **Emergency** means a medical condition or symptom resulting from Illness or Injury which arises suddenly and unexpectedly and requires immediate care and treatment by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

11.23 **Evidence Based Clinical Practice** means process of making clinical decisions for Inpatient Care using current best evidence in conjugation with clinical expertise.

11.24 **e-Consultation** means opinion from a Medical Practitioner who holds a valid registration from the medical council of any state or medical council of India or council for Indian medicine or for homeopathy set up by the Government of India or a state government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

11.25 **Family Floater Policy** means a Policy described as such in the Policy Schedule where the family members (two or more) named in the Policy Schedule are Insured Persons under this Policy. Only the following family members can be covered under a Family Floater Policy:

a. Primary Insured Person; and/or
b. Primary Insured Person's legally married spouse (for as long as she/he continues to be married to the Primary Insured Person); and/or

c. Primary Insured Person's children who are less than 25 years of Age on the commencement of the Policy Period (a maximum 4 children can be covered under the Policy as Insured Persons).

11.26 **First Policy** means for the purposes of this Policy the Policy Schedule issued to the Policyholder at the time of inception of the first Policy mentioned in the Policy Schedule with Us.

11.27 **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to Renew or continue a policy in force without loss of continuity benefits such as Waiting Periods and coverage of Pre-existing Diseases. Coverage is not available for the period for which no premium is received.

11.28 **Hazardous Activities** means engaging in speed contest or racing of any kind (other than on foot), professional or competitive sport, bungee jumping, parasailing, ballooning, parachuting, base jumping, 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, snow and ice sports or involving a naval military or air force operation.

11.29 **Hospital** means any institution established for Inpatient Care and Day Care Treatment of Illness and / or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

a. has Qualified Nursing staff under its employment round the clock;
b. has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
c. has qualified Medical Practitioner(s) in charge round the clock;
d. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
e. maintains daily records of patients and makes these accessible to the Insurance company's authorized personnel.

11.30 **Hospitalization** or **Hospitalized** means the admission in a Hospital for a minimum period of 24 consecutive Inpatient Care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

11.31 **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

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

a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   ii. it needs ongoing or long-term control or relief of symptoms
   iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   iv. it continues indefinitely
   v. it recurs or is likely to recur

11.33 **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.

11.34 **Information Summary Sheet** means the information and details provided to Us or Our representatives over the telephone for the purposes of applying for this Policy which has been recorded by Us and confirmed by You.

11.35 **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.

11.36 **Individual Policy** means a Policy described as such in the Policy Schedule where the individual named in the Policy Schedule is the Insured Person under this Policy.

11.37 **Inpatient** means admission for treatment in a Hospital for more than 24 hours for an Insured Event.

11.38 **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

11.39 **Insured Event** means any event specifically mentioned as covered under this Policy.

11.40 **Insured Person** means person(s) named as insured persons in the Policy Schedule.

11.41 **IRDAI** means the Insurance Regulatory and Development Authority of India.

11.42 **LASER & Light based Treatment** means a procedure that uses focused light emission or amplification for treatment of medical conditions.

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

11.44 **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

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

11.46 **Medical Record** means the collection of information as submitted in claim documentation concerning a Insured Person's Illness or Injury that is created and maintained in the

regular course of management, made by Medical Practitioners who have knowledge of the acts, events, opinions or diagnoses relating to the Insured Person's Illness or Injury, and made at or around the time indicated in the documentation.

11.47 **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

a. is required for the medical management of the Illness or Injury suffered by the insured;
b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
c. must have been prescribed by a Medical Practitioner;
d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

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

11.49 **Network Provider** means Hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a Cashless Facility.

11.50 **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

11.51 **Non-Network** means any Hospital, Day Care Center or other provider that is not part of the network.

11.52 **Off-label drug or treatment** means use of pharmaceutical drug for an unapproved indication or in an unapproved age group, dosage or route of administration.

11.53 **OPD Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or In-patient.

11.54 **Policy** means these terms and conditions, the Policy Schedule (as amended from time to time), Your statements in the Proposal and the Information Summary Sheet and any endorsements attached by Us to the Policy from time to time.

11.55 **Policy Period** is the period between the inception date and the expiry date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.

11.56 **Policy Year** means the period of one year commencing on the date of commencement specified in the Policy Schedule or any anniversary thereof.

11.57 **Pre-existing Disease** means any condition, ailment or Injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which Medical Advice/ treatment was received within 48 months prior to the first Policy issued by the insurer and renewed continuously thereafter.

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

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

11.59 **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:

a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

11.60 **Policy Schedule** means a certificate issued by Us, and, if more than one, then the latest in time. The Policy Schedule contains details of the Policyholder, Insured Persons, the Sum Insured and other relevant details related to the coverage.

11.61 **Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for Pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.

11.62 **Primary Insured Person** means the Policyholder if he/she is covered under the Policy as an Insured Person. In case Policyholder is not an Insured Person, then Primary Insured Person will be the eldest Insured Person covered under the Policy.

11.63 **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.

11.64 **Reasonable and 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.

11.65 **Reimbursement** means settlement of claims paid directly by Us to the Policyholder/Insured Person.

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

11.67 **Robotic Assisted Surgery** refers to a technology used to assist the surgeon in controlling operative field via a terminal and manipulates robotic surgical instruments via a control panel. The use of computers and robotics is intended to enhance dexterity to facilitate microscale operations.

11.68 **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the Associated Medical Expenses.

11.69 **Service Provider** means any person, organization, institution that has been empanelled with Us to provide services specified under the benefits to the Insured Person.

11.70 **Single Private Room** means an air conditioned room in a Hospital where a single patient is accommodated and which has an attached toilet (lavatory and bath). Such room type shall be the most basic and the most economical of all accommodations available as a single occupancy room in that Hospital.

11.71 **Standby Services** are services of another Medical Practitioner requested by treating Medical Practitioner and involving prolonged attendance without direct (face-to-face) patient contact or involvement.

11.72 **Sum Insured** means the total of the Base Sum Insured and No Claim Bonus as per Section 3.10 and Section 4.5 (if applicable), which is Our maximum, total and cumulative liability for any and all claims during the Policy Year in respect of all Insured Person(s) which is specified in the Policy Schedule.

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

11.74 **Survival Period** means the period, if any, specified under the Policy after the occurrence of an Insured Event that the Insured Person has to survive before a claim becomes admissible under the Policy.

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

11.76 **Waiting Period** means a time-bound exclusion period related to condition(s) specified in the Policy Schedule or the Policy which shall be served before a claim related to such condition(s) becomes admissible.

11.77 **We/Our/Us** means Max Bupa Health Insurance Company Limited.

11.78 **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

Max Bupa Health Insurance Company Limited

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Regd office: Max House, 1 Dr. Jha Marg, Okhla, New Delhi-110020; Corporate Office: B-1/I-2, Mohan Cooperative Industrial Estate, Mathura Road, New Delhi – 110044
Fax: +91 11 30902010; Customer Helpline No.: 1860-500-8888; www.maxbupa.com.

Annexure I

List of Insurance Ombudsmen

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD		Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat , Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Smt. Neerja Shah	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Shri Guru Saran Shrivastava	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal-462 003. Tel.:- 0755-2769201/2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR		Office of the Insurance Ombudsman, 62, Forest park Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Dr. Dinesh Kumar Verma	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , Chandigarh
CHENNAI	Shri M. Vasantha Krishna	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI		Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
GUWAHATI	Shri Kiriti .B. Saha	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Shri I. Suresh Babu	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of territory of Pondicherry
JAIPUR	Smt. Sandhya Baliga	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Ms. Poonam Bodra	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala , Lakshadweep , Mahe – a part of Pondicherry
KOLKATA		Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal , Andaman & Nicobar Islands , Sikkim
LUCKNOW		Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Shri Milind A. Kharat	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai metropolitan region excluding Navi Mumbai & Thane

Office of the Ombudsman	Name of the Ombudsman	Contact Details	Areas of Jurisdiction
NOIDA		Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15 Distt: Gautam Budh Nagar, UP – 201301 Tel: 0120-2514250/2514252/2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA		Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006 Tel: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE		Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

EXECUTIVE COUNCIL OF INSURERS,
3rd Floor, Jeevan Seva Annexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980
Fax: 022 - 26106949
Email: inscoun@ecoi.co.in
Shri. M.M.L. Verma, Secretary General
Smt. Moushumi Mukherji, Secretary

ANNEXURE II

LIST OF GENERALLY EXCLUDED ITEMS IN HOSPITALIZATION POLICY

S.No	Item	Payable / Non payable
I TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES		
1	HAIR REMOVAL CREAM	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	Not payable
13	SHOE COVER	Not payable
14	BEAUTY SERVICES	Not payable
15	BELTS/ BRACES	Not Payable (Payable only for Spinal Surgery)
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)	Not 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	FOOT COVER	Not payable
30	GOWN	Not payable
31	LEGGINGS	Not payable (Payable only for Ver-icose Vein)
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
47	CURAPORE	Not payable
48	DIAPER OF ANY TYPE	Not payable
49	DVD, CD CHARGES	Not payable
50	EYELET COLLAR	Not payable
51	FACE MASK	Not payable
52	FLEXI MASK	Not payable
53	GAUZE 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	Not payable
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not payable
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not payable
61	HOME VISIT CHARGES	Not payable
62	DONOR SCREENING CHARGES	Not payable
63	ADMISSION/REGISTRATION CHARGES	Not payable
64	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not payable

S.No	Item	Payable / Non payable
65	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DIS-EASE FOR WHICH ADMITTED OR DIAGNOSED	Not payable
66	WARD AND THEATRE BOOKING CHARGES	Not payable
67	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	Not payable
68	MICROSCOPE COVER	Not payable
69	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Not payable
70	SURGICAL DRILL	Not payable
71	EYE KIT	Not payable
72	EYE DRAPE	Not payable
73	X-RAY FILM	Not payable
74	SPUTUM CUP	Not payable
75	BOYLES APPARATUS CHARGES	Not payable
76	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Not payable
77	ANTISEPTIC OR DISINFECTANT LOTIONS	Not payable
78	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not payable
79	COTTON	Not payable
80	COTTON BANDAGE	Not payable
81	MICROPORE/ SURGICAL TAPE	Not payable
82	BLADE	Not payable
83	APRON	Not payable
84	TORNIQUET	Not payable
85	ORTHOBUNDLE, GYNAEC BUNDLE	Not payable
86	URINE CONTAINER	Not payable
II ELEMENTS OF ROOM CHARGE		
87	LUXURY TAX	Not payable
88	HVAC	Not payable
89	HOUSE KEEPING CHARGES	Not payable
90	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Not payable
91	TELEVISION AND AIR CONDITIONER CHARGES	Not payable
92	SURCHARGES	Not payable
93	ATTENDANT CHARGES	Not payable
94	IM IV INJECTION CHARGES	Not payable
95	CLEAN SHEET	Not payable

S.No	Item	Payable / Non payable
96	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Not payable
97	BLANKET/WARMER BLANKET	Not payable
III ADMINISTRATIVE OR NON-MEDICAL CHARGES		
98	ADMISSION KIT	Not payable
99	BIRTH CERTIFICATE	Not payable
100	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not payable
101	CERTIFICATE CHARGES	Not payable
102	COURIER CHARGES	Not payable
103	CONVENYANCE CHARGES	Not payable
104	DIABETIC CHART CHARGES	Not payable
105	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not payable
106	DISCHARGE PROCEDURE CHARGES	Not payable
107	DAILY CHART CHARGES	Not payable
108	ENTRANCE PASS / VISITORS PASS CHARGES	Not payable
109	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Not payable
110	FILE OPENING CHARGES	Not payable
111	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not payable
112	MEDICAL CERTIFICATE	Not payable
113	MAINTAINANCE CHARGES	Not payable
114	MEDICAL RECORDS	Not payable
115	PREPARATION CHARGES	Not payable
116	PHOTOCOPIES CHARGES	Not payable
117	PATIENT IDENTIFICATION BAND / NAME TAG	Not payable
118	WASHING CHARGES	Not payable
119	MEDICINE BOX	Not payable
120	MORTUARY CHARGES	Not payable
121	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not payable
IV EXTERNAL DURABLE DEVICES		
122	WALKING AIDS CHARGES	Not payable
123	BIPAP MACHINE	Not payable
124	COMMODE	Not payable
125	CPAP/ CAPD EQUIPMENTS	Not payable
126	INFUSION PUMP – COST	Not payable

S.No	Item	Payable / Non payable
127	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not payable
128	PULSEOXYMETER CHARGES	Not payable
129	SPACER	Not payable
130	SPIROMETRE	Not payable
131	SPO2 PROBE	Not payable
132	NEBULIZER KIT	Not payable
133	STEAM INHALER	Not payable
134	ARMSLING	Not payable
135	THERMOMETER	Not payable
136	CERVICAL COLLAR	Not payable
137	SPLINT	Not payable
138	DIABETIC FOOT WEAR	Not payable
139	KNEE BRACES (LONG/ SHORT/ HINGED)	Not payable
140	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not payable
141	LUMBO SACRAL BELT	Not payable
142	NIMBUS BED OR WATER OR AIR BED CHARGES	Not payable
143	AMBULANCE COLLAR	Not payable
144	AMBULANCE EQUIPMENT	Not payable
145	MICROSHEILD	Not payable
146	ABDOMINAL BINDER	Not payable
V ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
147	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC	Not payable
148	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Not payable
149	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Not payable
150	SUGAR FREE Tablets	Not payable
151	CREAMS POWDERS LOTIONS (Toiletries are not payable,only prescribed medical pharmaceuticals payable)	Not payable
152	DIGESTIVE GEL/ANTACID GEL	Not payable
153	ECG ELECTRODES	Not payable
154	GLOVES	Not payable
155	HIV KIT	Not payable
156	LISTERINE/ ANTISEPTIC MOUTHWASH	Not payable
157	LOZENGES	Not payable

S.No	Item	Payable / Non payable
158	MOUTH PAINT	Not payable
159	NEBULISATION KIT	Not payable
160	NOVARAPID	Not payable
161	VOLINI GEL/ ANALGESIC GEL	Not payable
162	ZYTEE GEL	Not payable
163	VACCINATION CHARGES	Not payable
VI PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
164	AHD	Not payable
165	ALCOHOL SWABES	Not payable
166	SCRUB SOLUTION/STERILLIUM	Not payable
VII OTHERS		
167	VACCINE CHARGES FOR BABY	Not payable
168	TPA CHARGES	Not payable
169	VISCO BELT CHARGES	Not payable
170	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, OR-THOKIT,RECOVERY KIT, ETC]	Not payable
171	EXAMINATION GLOVES	Not payable
172	KIDNEY TRAY	Not payable
173	MASK	Not payable
174	OUNCE GLASS	Not payable
175	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
176	OXYGEN MASK	Not payable
177	PAPER GLOVES	Not payable
178	PELVIC TRACTION BELT	Not payable
179	REFERAL DOCTOR'S FEES	Not payable
180	ACCU CHECK (Glucometry/ Strips)	Not payable
181	PAN CAN	Not payable
182	SOFNET	Not payable
183	TROLLY COVER	Not payable
184	UROMETER, URINE JUG	Not payable
185	AMBULANCE	Payable -emergency ambulance only
186	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
187	URINE BAG	Payable where medically necessary till a reasonable cost- maximum 1 per 24 hrs
188	SOFTOVAC	Not payable
189	STOCKINGS	Not payable

ANNEXURE III

Product Benefit Table (all limits in INR unless defined as percentage)

	Classic Plan		Enhanced Plan	
Base Sum Insured (SI) per Policy Year (in Lacs)	3L/4L	5L/7.5L/10L/ 15L/20L/25L	3L/4L	5L/7.5L/10L/ 15L/20L/25L
Base Cover Benefits				
In-Patient Treatment				
Nursing Charges for Hospitalization as an inpatient excluding Private Nursing charges	Covered up to Sum Insured		Covered up to Sum Insured	
Medical Practitioner's fees, excluding any charges or fees for Standby Services				
Physiotherapy, investigation and diagnostic procedures directly related to the current admission				
Medicines, drugs and consumables as prescribed by the treating medical practitioner				
Intravenous fluids, blood transfusion, injection administration charges and/or consumables				
Operation Theatre charges				
Cost of prosthetics and other devices or equipment if implanted internally during surgery				
Room Rent (per day)	Up to 1% of Base Sum Insured per day or Single Private Room, whichever is lower	Single Private Room	Up to 1% of Base Sum Insured per day or Single Private Room, whichever is lower	Single Private Room
Intensive Care Unit charges	Up to 2% of Sum Insured per day	Covered up to Sum Insured	Up to 2% of Sum Insured per day	Covered up to Sum Insured
Pre-Hospitalization Medical Expenses (30 days)	Covered up to Sum Insured		Covered up to Sum Insured	
Post-Hospitalization Medical Expenses (60 days)	Covered up to Sum Insured		Covered up to Sum Insured	
Day Care Treatment	Covered up to Sum Insured		Covered up to Sum Insured	
Domiciliary Treatment	Covered up to Sum Insured		Covered up to Sum Insured	
Alternative Treatment	Covered up to Sum Insured		Covered up to Sum Insured	

	Classic Plan		Enhanced Plan	
Living Organ Donor Transplant	Covered up to Sum Insured		Covered up to Sum Insured	
Emergency Ambulance	Up to Rs.1,500 per hospitalization	Up to Rs.2,000 per hospitalization	Up to Rs.1,500 per hospitalization	Up to Rs.2,000 per hospitalization
Pharmacy and diagnostic services	Available		Available	
No Claim Bonus	Increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured; no increase in sub-limits; no reduction in No Claim Bonus in case of claim		Increase of 10% of expiring Base Sum Insured in a Policy Year; maximum up to 100% of Base Sum Insured; no increase in sub-limits; no reduction in No Claim Bonus in case of claim	
Refill Benefit [1]	Up to 100% of Base Sum Insured		Up to 100% of Base Sum Insured	
Health Check up	Annual, from 2nd policy year onwards		Annual, from 2nd policy year onwards	
Mental Disorders Treatment	Covered up to Sum Insured (sub-limit applicable on few conditions)		Covered up to Sum Insured (sub-limit applicable on few conditions)	
HIV / AIDS	Covered up to 10% of Base Sum Insured, subject to maximum of Rs. 50,000		Covered up to 10% of Base Sum Insured, subject to maximum of Rs. 50,000	
Co-Payment	20% co-payment applicable for treatment in Delhi NCR, Mumbai (including Navi Mumbai and Thane), Kolkata and Gujarat.		No co-payment	
Optional Benefits (which may be added at customer level at an additional premium)				
Personal Accident cover • Accident Death • Accident Permanent Total Disability (125 % of PA cover SI) • Accident Permanent Partial Disability	Personal Accident cover will be equal to 5 times of Base Sum Insured; maximum up to Rs. 50 Lac			
Critical Illness Cover	Critical illness cover will be equal to Base Sum Insured; maximum up to Rs. 10 Lac			
e-Consultation	Unlimited tele / online consultations			
Hospital Cash [2]	For Base Sum Insured of 5 Lac and below: Rs. 1,000 per day; For Base Sum Insured greater than 5 Lac: Rs. 2,000 per day			
Enhanced No Claim Bonus	Increase of 20% of expiring Base Sum Insured in a Policy Year; maximum up to 200% of Base Sum Insured; no increase in sub-limits; no reduction in No Claim Bonus in case of claim			
Enhanced Refill Benefits[3]	Refill up to 150% of Base Sum Insured			

Notes:
(1) Re-Fill benefit - Reinstate up to 100% of Base Sum Insured. Applicable for different illness
(2) Hospital Cash - Minimum 48 hrs of continuous hospitalization required. Maximum coverage offered for 30 days/policy year/insured person. Payment made from day one subject to hospitalization claim being admissible
(3) Enhanced Re-Fill benefit - Reinstate up to 150% of Base Sum Insured. Applicable for different illness

Annexure IV

Day Care Treatments

Sr. No	Procedure Name
Cardiology Related:	
1	CORONARY ANGIOGRAPHY
Critical Care Related:	
2	INSERT NON- TUNNEL CV CATH
3	INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
4	REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER)
5	INSERTION CATHETER, INTRA ANTERIOR
6	INSERTION OF PORTACATH
Dental Related:	
7	SPLINTING OF AVULSED TEETH
8	SUTURING LACERATED LIP
9	SUTURING ORAL MUCOSA
10	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION
11	FNAC
12	SMEAR FROM ORAL CAVITY
ENT Related:	
13	MYRINGOTOMY WITH GROMMET INSERTION
14	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/ RECONSTRUCTION OF THE AUDITORY OSSICLES)
15	REMOVAL OF A TYMPANIC DRAIN
16	KERATOSIS REMOVAL UNDER GA
17	OPERATIONS ON THE TURBINATES (NASAL CONCHA)
18	TYMPANOPLASTY (CLOSURE OF AN EARDRUM PERFORATION/ RECONSTRUCTION OF THE AUDITORY OSSICLES)
19	REMOVAL OF KERATOSIS OBTURANS
20	STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR
21	REVISION OF A STAPEDECTOMY

Sr. No	Procedure Name
22	OTHER OPERATIONS ON THE AUDITORY OSSICLES
23	MYRINGOPLASTY (POSTAURA/ ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)
24	FENESTRATION OF THE INNER EAR
25	REVISION OF A FENESTRATION OF THE INNER EAR
26	PALATOPLASTY
27	TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS
28	TONSILLECTOMY WITHOUT ADENOIDECTOMY
29	TONSILLECTOMY WITH ADENOIDECTOMY
30	EXCISION AND DESTRUCTION OF A LINGUAL TONSIL
31	REVISION OF A TYMPANOPLASTY
32	OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR
33	INCISION OF THE MASTOID PROCESS AND MIDDLE EAR
34	MASTOIDECTOMY
35	RECONSTRUCTION OF THE MIDDLE EAR
36	OTHER EXCISIONS OF THE MIDDLE AND INNER EAR
37	INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR
38	OTHER OPERATIONS ON THE MIDDLE AND INNER EAR
39	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE
40	OTHER OPERATIONS ON THE NOSE
41	NASAL SINUS ASPIRATION
42	FOREIGN BODY REMOVAL FROM NOSE
43	OTHER OPERATIONS ON THE TONSILS AND ADENOIDS

Sr. No	Procedure Name
44	ADENOIDECTOMY
45	LABYRINTHECTOMY FOR SEVERE VERTIGO
46	STAPEDECTOMY UNDER GA
47	STAPEDECTOMY UNDER LA
48	TYMPANOPLASTY (TYPE IV)
49	ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE
50	TURBINECTOMY
51	ENDOSCOPIC STAPEDECTOMY
52	INCISION AND DRAINAGE OF PERICHONDRITIS
53	SEPTOPLASTY
54	VESTIBULAR NERVE SECTION
55	THYROPLASTY TYPE I
56	PSEUDOCYST OF THE PINNA - EXCISION
57	INCISION AND DRAINAGE - HAEMATOMA AURICLE
58	TYMPANOPLASTY (TYPE II)
59	REDUCTION OF FRACTURE OF NASAL BONE
60	THYROPLASTY TYPE II
61	TRACHEOSTOMY
62	EXCISION OF ANGIOMA SEPTUM
63	TURBINOPLASTY
64	INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS
65	UVULO PALATO PHARYNGO PLASTY
66	ADENOIDECTOMY WITH GROMMET INSERTION
67	ADENOIDECTOMY WITHOUT GROMMET INSERTION
68	VOCAL CORD LATERALISATION PROCEDURE
69	INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS
70	TRACHEOPLASTY

Sr. No	Procedure Name
Gastroenterology Related:	
71	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTO-MY/ GASTROSTOMY/EXPL ORATION COMMON BILE DUCT
72	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOV-AL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
73	PANCREATIC PSEUDOCYST EUS & DRAINAGE
74	RF ABLATION FOR BARRETT'S OESOPHAGUS
75	ERCP AND PAPILLOTOMY
76	ESOPHAGOSCOPE AND SCLEROSANT INJECTION
77	EUS + SUBMUCOSAL RESECTION
78	CONSTRUCTION OF GASTROSTOMY TUBE
79	EUS + ASPIRATION PANCREATIC CYST
80	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
81	COLONOSCOPY ,LESION REMOVAL
82	ERCP
83	COLONSCOPY STENTING OF STRICTURE
84	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
85	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
86	ERCP AND CHOLEDOCHOSCOPY
87	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
88	ERCP AND SPHINCTEROTOMY
89	ESOPHAGEAL STENT PLACEMENT
90	ERCP + PLACEMENT OF BILIARY STENTS
91	SIGMOIDOSCOPY W / STENT
92	EUS + COELIAC NODE BIOPSY
93	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS

Sr. No	Procedure Name
General Surgery Related:	
94	INCISION OF A PILONIDAL SINUS / ABSCESS
95	FISSURE IN ANO SPHINCTEROTOMY
96	SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD
97	ORCHIDOPEXY
98	ABDOMINAL EXPLORATION IN CRYPTORCHIDISM
99	SURGICAL TREATMENT OF ANAL FISTULAS
100	DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)
101	EPIDIDYMECTOMY
102	INCISION OF THE BREAST ABSCESS
103	OPERATIONS ON THE NIPPLE
104	EXCISION OF SINGLE BREAST LUMP
105	INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION
106	SURGICAL TREATMENT OF HEMORRHOIDS
107	OTHER OPERATIONS ON THE ANUS
108	ULTRASOUND GUIDED ASPIRATIONS
109	SCLEROTHERAPY,
110	THERAPEUTIC LAPAROSCOPY WITH LASER
111	INFECTED KELOID EXCISION
112	AXILLARY LYMPHADENECTOMY
113	WOUND DEBRIDEMENT AND COVER
114	ABSCESS-DECOMPRESSION
115	CERVICAL LYMPHADENECTOMY
116	INFECTED SEBACEOUS CYST
117	INGUINAL LYMPHADENECTOMY
118	INCISION AND DRAINAGE OF ABSCESS
119	SUTURING OF LACERATIONS
120	SCALP SUTURING

Sr. No	Procedure Name
121	INFECTED LIPOMA EXCISION
122	MAXIMAL ANAL DILATATION
123	PILES
124	A)INJECTION SCLEROTHERAPY
125	B)PILES BANDING
126	LIVER ABSCESS- CATHETER DRAINAGE
127	FISSURE IN ANO- FISSURECTOMY
128	FIBROADENOMA BREAST EXCISION
129	OESOPHAGEAL VARICES SCLEROTHERAPY
130	ERCP - PANCREATIC DUCT STONE REMOVAL
131	PERIANAL ABSCESS I&D
132	PERIANAL HEMATOMA EVACUATION
133	UGI SCOPY AND POLYPECTOMY OESOPHAGUS
134	BREAST ABSCESS I& D
135	FEEDING GASTROSTOMY
136	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS
137	ERCP - BILE DUCT STONE REMOVAL
138	ILEOSTOMY CLOSURE
139	COLONOSCOPY
140	POLYPECTOMY COLON
141	SPLENIC ABSCESSES LAPAROSCOPIC DRAINAGE
142	UGI SCOPY AND POLYPECTOMY STOMACH
143	RIGID OESOPHAGOSCOPY FOR FB REMOVAL
144	FEEDING JEJUNOSTOMY
145	COLOSTOMY
146	ILEOSTOMY
147	COLOSTOMY CLOSURE
148	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL
149	PNEUMATIC REDUCTION OF INTUSSUSCEPTION

Sr. No	Procedure Name
150	VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY
151	RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME
152	PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE
153	ZADEK'S NAIL BED EXCISION
154	SUBCUTANEOUS MASTECTOMY
155	EXCISION OF RANULA UNDER GA
156	RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES
157	EVERSION OF SAC UNILATERAL/ BILATERAL
158	LORD'S PLICATION
159	JABOULAY'S PROCEDURE
160	SCROTOPLASTY
161	CIRCUMCISION FOR TRAUMA
162	MEATOPLASTY
163	INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE
164	PSOAS ABSCESS INCISION AND DRAINAGE
165	THYROID ABSCESS INCISION AND DRAINAGE
166	TIPS PROCEDURE FOR PORTAL HYPERTENSION
167	ESOPHAGEAL GROWTH STENT
168	PAIR PROCEDURE OF HYDATID CYST LIVER
169	TRU CUT LIVER BIOPSY
170	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR
171	EXCISION OF CERVICAL RIB
172	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION
173	MICRODOCHECTOMY BREAST
174	SURGERY FOR FRACTURE PENIS
175	SENTINEL NODE BIOPSY
176	PARASTOMAL HERNIA
177	REVISION COLOSTOMY

Sr. No	Procedure Name
178	PROLAPSED COLOSTOMY-CORRECTION
179	TESTICULAR BIOPSY
180	LAPAROSCOPIC CARDIOMYOTOMY(HELLERS)
181	SENTINEL NODE BIOPSY MALIGNANT MELANOMA
182	LAPAROSCOPIC PYLOROMYOTOMY(RAMSTEDT)
183	EXCISION OF FISTULA-IN-ANO
184	EXCISION JUVENILE POLYPS RECTUM
185	VAGINOPLASTY
186	DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
187	PRESACRAL TERATOMAS EXCISION
188	REMOVAL OF VESICAL STONE
189	EXCISION SIGMOID POLYP
190	STERNOMASTOID TENOTOMY
191	INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
192	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
193	MEDIASTINAL LYMPH NODE BIOPSY
194	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
195	EXCISION OF CERVICAL TERATOMA
196	RECTAL-MYOMECTOMY
197	RECTAL PROLAPSE (DELORME'S PROCEDURE)
198	DETORSION OF TORSION TESTIS
199	EUA + BIOPSY MULTIPLE FISTULA IN ANO
200	CYSTIC HYGROMA - INJECTION TREATMENT
Gynecology Related:	
201	OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
202	INCISION OF THE OVARY

Sr. No	Procedure Name
203	INSUFFLATIONS OF THE FALLOPIAN TUBES
204	OTHER OPERATIONS ON THE FALLOPIAN TUBE
205	DILATATION OF THE CERVICAL CANAL
206	CONISATION OF THE UTERINE CERVIX
207	THERAPEUTIC CURETTAGE WITH COLPOSCOPY/BIOPSY/ DIATHERMY/CRY OSURGERY/
208	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS
209	OTHER OPERATIONS ON THE UTERINE CERVIX
210	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS
211	INCISION OF VAGINA
212	INCISION OF VULVA
213	CULDOTOMY
214	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY
215	ENDOSCOPIC POLYPECTOMY
216	HYSTEROSCOPIC REMOVAL OF MYOMA
217	D&C
218	HYSTEROSCOPIC RESECTION OF SEPTUM
219	THERMAL CAUTERISATION OF CERVIX
220	MIRENA INSERTION
221	HYSTEROSCOPIC ADHESIOLYSIS
222	LEEP (LOOP ELECTROSURGICAL EXCISION PROCEDURE)
223	CRYOCAUTERISATION OF CERVIX
224	POLYPECTOMY ENDOMETRIUM
225	HYSTEROSCOPIC RESECTION OF FIBROID
226	LLETZ (LARGE LOOP EXCISION OF TRANSFORMATION ZONE)
227	CONIZATION
228	POLYPECTOMY CERVIX

Sr. No	Procedure Name
229	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP
230	VULVAL WART EXCISION
231	LAPAROSCOPIC PARAOVARIAN CYST EXCISION
232	UTERINE ARTERY EMBOLIZATION
233	LAPAROSCOPIC CYSTECTOMY
234	HYMENECTOMY(IMPERFORATE HYMEN)
235	ENDOMETRIAL ABLATION
236	VAGINAL WALL CYST EXCISION
237	VULVAL CYST EXCISION
238	LAPAROSCOPIC PARATUBAL CYST EXCISION
239	REPAIR OF VAGINA (VAGINAL ATRESIA)
240	HYSTEROSCOPY, REMOVAL OF MYOMA
241	TURBT
242	URETEROCOELE REPAIR - CONGENITAL INTERNAL
243	VAGINAL MESH FOR POP
244	LAPAROSCOPIC MYOMECTOMY
245	SURGERY FOR SUI
246	REPAIR RECTO- VAGINA FISTULA
247	PELVIC FLOOR REPAIR(EXCLUDING FISTULA REPAIR)
248	URS + LL
249	LAPAROSCOPIC OOPHORECTOMY
250	NORMAL VAGINAL DELIVERY AND VARIANTS
Neurology Related:	
251	FACIAL NERVE PHYSIOTHERAPY
252	NERVE BIOPSY
253	MUSCLE BIOPSY
254	EPIDURAL STEROID INJECTION
255	GLYCEROL RHIZOTOMY
256	SPINAL CORD STIMULATION
257	MOTOR CORTEX STIMULATION
258	STEREOTACTIC RADIOSURGERY
259	PERCUTANEOUS CORDOTOMY

Sr. No	Procedure Name
260	INTRATHECAL BACLOFEN THERAPY
261	ENTRAPMENT NEUROPATHY RELEASE
262	DIAGNOSTIC CEREBRAL ANGIOGRAPHY
263	VP SHUNT
264	VENTRICULOATRIAL SHUNT
Oncology Related:	
265	RADIOTHERAPY FOR CANCER
266	CANCER CHEMOTHERAPY
267	IV PUSH CHEMOTHERAPY
268	HBI-HEMIBODY RADIOTHERAPY
269	INFUSIONAL TARGETED THERAPY
270	SRT-STEREOTACTIC ARC THERAPY
271	SC ADMINISTRATION OF GROWTH FACTORS
272	CONTINUOUS INFUSIONAL CHEMOTHERAPY
273	INFUSIONAL CHEMOTHERAPY
274	CCRT-CONCURRENT CHEMO + RT
275	2D RADIOTHERAPY
276	3D CONFORMAL RADIOTHERAPY
277	IGRT- IMAGE GUIDED RADIOTHERAPY
278	IMRT- STEP & SHOOT
279	INFUSIONAL BISPHOSPHONATES
280	IMRT- DMLC
281	ROTATIONAL ARC THERAPY
282	TELE GAMMA THERAPY
283	FSRT-FRACTIONATED SRT
284	VMAT-VOLUMETRIC MODULATED ARC THERAPY
285	SBRT-STEREOTACTIC BODY RADIOTHERAPY
286	HELICAL TOMOTHERAPY
287	SRS-STEREOTACTIC RADIOSURGERY
288	X-KNIFE SRS
289	GAMMAKNIFE SRS
290	TBI- TOTAL BODY RADIOTHERAPY

Sr. No	Procedure Name
291	INTRALUMINAL BRACHYTHERAPY
292	ELECTRON THERAPY
293	TSET-TOTAL ELECTRON SKIN THERAPY
294	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
295	TELECOBALT THERAPY
296	TELECESIUM THERAPY
297	EXTERNAL MOULD BRACHYTHERAPY
298	INTERSTITIAL BRACHYTHERAPY
299	INTRACAVITY BRACHYTHERAPY
300	3D BRACHYTHERAPY
301	IMPLANT BRACHYTHERAPY
302	INTRAVESICAL BRACHYTHERAPY
303	ADJUVANT RADIOTHERAPY
304	AFTERLOADING CATHETER BRACHYTHERAPY
305	CONDITIONING RADIOTHEARPY FOR BMT
306	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
307	RADICAL CHEMOTHERAPY
308	NEOADJUVANT RADIOTHERAPY
309	LDR BRACHYTHERAPY
310	PALLIATIVE RADIOTHERAPY
311	RADICAL RADIOTHERAPY
312	PALLIATIVE CHEMOTHERAPY
313	TEMPLATE BRACHYTHERAPY
314	NEOADJUVANT CHEMOTHERAPY
315	ADJUVANT CHEMOTHERAPY
316	INDUCTION CHEMOTHERAPY
317	CONSOLIDATION CHEMOTHERAPY
318	MAINTENANCE CHEMOTHERAPY
319	HDR BRACHYTHERAPY
Operations on the salivary glands & salivary ducts:	
320	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT

Sr. No	Procedure Name
321	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
322	RESECTION OF A SALIVARY GLAND
323	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
324	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
Operations on the skin & subcutaneous tissues:	
325	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
326	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TIS-SUE OF THE SKIN AND SUBCUTANEOUS TISSUES
327	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
328	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
329	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
330	FREE SKIN TRANSPLANTATION, DONOR SITE
331	FREE SKIN TRANSPLANTATION, RECIPIENT SITE
332	REVISION OF SKIN PLASTY
333	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISS
334	CHEMOSURGERY TO THE S
335	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
336	RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
337	EXCISION OF BURSIRTIS
338	TENNIS ELBOW RELEASE
Operations on the Tongue:	
339	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE

Sr. No	Procedure Name
340	PARTIAL GLOSSECTOMY
341	GLOSSECTOMY
342	RECONSTRUCTION OF THE TONGUE
343	SMALL RECONSTRUCTION OF THE TONGUE
Ophthalmology Related:	
344	SURGERY FOR CATARACT
345	INCISION OF TEAR GLANDS
346	OTHER OPERATIONS ON THE TEAR DUCTS
347	INCISION OF DISEASED EYELIDS
348	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
349	OPERATIONS ON THE CANTHUS AND EPICANTHUS
350	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
351	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
352	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
353	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
354	INCISION OF THE CORNEA
355	OPERATIONS FOR PTERYGIUM
356	OTHER OPERATIONS ON THE CORNEA
357	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
358	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
359	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
360	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
361	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
362	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR

Sr. No	Procedure Name
363	ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY/ CYCLOCRYOTHERAP Y/ GONIOTOMY/TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
364	ENUCLEATION OF EYE WITHOUT IMPLANT
365	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
366	LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
367	BIOPSY OF TEAR GLAND
368	TREATMENT OF RETINAL LESION
Orthopedics Related:	
369	SURGERY FOR MENISCUS TEAR
370	INCISION ON BONE, SEPTIC AND ASEPTIC
371	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEO-SYNTHESIS
372	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
373	REDUCTION OF DISLOCATION UNDER GA
374	ARTHROSCOPIC KNEE ASPIRATION
375	SURGERY FOR LIGAMENT TEAR
376	SURGERY FOR HEMOARTHROSIS/ PYOARTHROSIS
377	REMOVAL OF FRACTURE PINS/ NAILS
378	REMOVAL OF METAL WIRE
379	CLOSED REDUCTION ON FRACTURE, LUXATION
380	REDUCTION OF DISLOCATION UNDER GA
381	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
382	EXCISION OF VARIOUS LESIONS IN COCCYX

Sr. No	Procedure Name
383	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
384	CLOSED REDUCTION OF MINOR FRACTURES
385	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
386	TENDON SHORTENING
387	ARTHROSCOPIC MENISCECTOMY - KNEE
388	TREATMENT OF CLAVICLE DISLOCATION
389	HAEMARTHROSIS KNEE- LAVAGE
390	ABSCESS KNEE JOINT DRAINAGE
391	CARPAL TUNNEL RELEASE
392	CLOSED REDUCTION OF MINOR DISLOCATION
393	REPAIR OF KNEE CAP TENDON
394	ORIF WITH K WIRE FIXATION-SMALL BONES
395	RELEASE OF MIDFOOT JOINT
396	ORIF WITH PLATING- SMALL LONG BONES
397	IMPLANT REMOVAL MINOR
398	K WIRE REMOVAL
399	POP APPLICATION
400	CLOSED REDUCTION AND EXTERNAL FIXATION
401	ARTHROTOMY HIP JOINT
402	SYME'S AMPUTATION
403	ARTHROPLASTY
404	PARTIAL REMOVAL OF RIB
405	TREATMENT OF SESAMOID BONE FRACTURE
406	SHOULDER ARTHROSCOPY / SURGERY
407	ELBOW ARTHROSCOPY
408	AMPUTATION OF METACARPAL BONE
409	RELEASE OF THUMB CONTRACTURE
410	INCISION OF FOOT FASCIA

Sr. No	Procedure Name
411	CALCANEUM SPUR HYDROCORT INJECTION
412	GANGLION WRIST HYALASE INJECTION
413	PARTIAL REMOVAL OF METATARSAL
414	REPAIR / GRAFT OF FOOT TENDON
415	REVISION/REMOVAL OF KNEE CAP
416	AMPUTATION FOLLOW-UP SURGERY
417	EXPLORATION OF ANKLE JOINT
418	REMOVE/GRAFT LEG BONE LESION
419	REPAIR/GRAFT ACHILLES TENDON
420	REMOVE OF TISSUE EXPANDER
421	BIOPSY ELBOW JOINT LINING
422	REMOVAL OF WRIST PROSTHESIS
423	BIOPSY FINGER JOINT LINING
424	TENDON LENGTHENING
425	TREATMENT OF SHOULDER DISLOCATION
426	LENGTHENING OF HAND TENDON
427	REMOVAL OF ELBOW BURSA
428	FIXATION OF KNEE JOINT
429	TREATMENT OF FOOT DISLOCATION
430	SURGERY OF BUNION
431	INTRA ARTICULAR STEROID INJECTION
432	TENDON TRANSFER PROCEDURE
433	REMOVAL OF KNEE CAP BURSA
434	TREATMENT OF FRACTURE OF ULNA
435	TREATMENT OF SCAPULA FRACTURE
436	REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
437	REPAIR OF RUPTURED TENDON
438	DECOMPRESS FOREARM SPACE
439	REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE)

Sr. No	Procedure Name
440	LENGTHENING OF THIGH TENDONS
441	TREATMENT FRACTURE OF RADIUS & ULNA
442	REPAIR OF KNEE JOINT
Other operations on the mouth & face:	
443	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
444	INCISION OF THE HARD AND SOFT PALATE
445	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
446	INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
447	OTHER OPERATIONS IN THE MOUTH
Plastic Surgery Related:	
448	CONSTRUCTION SKIN PEDICLE FLAP
449	GLUTEAL PRESSURE ULCER-EXCISION
450	MUSCLE-SKIN GRAFT, LEG
451	REMOVAL OF BONE FOR GRAFT
452	MUSCLE-SKIN GRAFT DUCT FISTULA
453	REMOVAL CARTILAGE GRAFT
454	MYOCUTANEOUS FLAP
455	FIBRO MYOCUTANEOUS FLAP
456	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
457	SLING OPERATION FOR FACIAL PALSY
458	SPLIT SKIN GRAFTING UNDER RA
459	WOLFE SKIN GRAFT
460	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
Thoracic surgery Related:	
461	THORACOSCOPY AND LUNG BIOPSY
462	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC

Sr. No	Procedure Name
463	LASER ABLATION OF BARRETT'S OESOPHAGUS
464	PLEURODESIS
465	THORACOSCOPY AND PLEURAL BIOPSY
466	EBUS + BIOPSY
467	THORACOSCOPY LIGATION THORACIC DUCT
468	THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE
Urology Related:	
469	HAEMODIALYSIS
470	LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
471	EXCISION OF RENAL CYST
472	DRAINAGE OF PYONEPHROSIS/ PERINEPHRIC ABSCESS
473	INCISION OF THE PROSTATE
474	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
475	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
476	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
477	RADICAL PROSTATOVESICULECTOMY
478	OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
479	OPERATIONS ON THE SEMINAL VESICLES
480	INCISION AND EXCISION OF PERIPROSTATIC TISSUE
481	OTHER OPERATIONS ON THE PROSTATE
482	INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
483	OPERATION ON A TESTICULAR HYDROCELE
484	EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE

Sr. No	Procedure Name
485	OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
486	INCISION OF THE TESTES
487	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
488	UNILATERAL ORCHIDECTOMY
489	BILATERAL ORCHIDECTOMY
490	SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS
491	RECONSTRUCTION OF THE TESTIS
492	IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
493	OTHER OPERATIONS ON THE TESTIS
494	EXCISION IN THE AREA OF THE EPIDIDYMIS
495	OPERATIONS ON THE FORESKIN
496	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
497	AMPUTATION OF THE PENIS
498	OTHER OPERATIONS ON THE PENIS
499	CYSTOSCOPICAL REMOVAL OF STONES
500	CATHETERISATION OF BLADDER
501	LITHOTRIPSY
502	BIOPSY OFTEMPORAL ARTERY FOR VARIOUS LESIONS
503	EXTERNAL ARTERIO-VENOUS SHUNT
504	AV FISTULA - WRIST
505	URSL WITH STENTING
506	URSL WITH LITHOTRIPSY
507	CYSTOSCOPIC LITHOLAPAXY
508	ESWL
509	BLADDER NECK INCISION
510	CYSTOSCOPY & BIOPSY
511	CYSTOSCOPY AND REMOVAL OF POLYP
512	SUPRAPUBIC CYSTOSTOMY

Sr. No	Procedure Name
513	PERCUTANEOUS NEPHROSTOMY
514	CYSTOSCOPY AND "SLING" PROCED
515	TUNA- PROSTATE
516	EXCISION OF URETHRAL DIVERTICULUM
517	REMOVAL OF URETHRAL STONE
518	EXCISION OF URETHRAL PROLAPSE
519	MEGA-URETER RECONSTRUCTION
520	KIDNEY RENOSCOPY AND BIOPSY
521	URETER ENDOSCOPY AND TREATMENT
522	VESICO URETERIC REFLUX CORRECTION
523	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
524	ANDERSON HYNES OPERATION (OPEN PYELOPALSTY)
525	KIDNEY ENDOSCOPY AND BIOPSY
526	PARAPHIMOSIS SURGERY
527	INJURY PREPUCE- CIRCUMCISION
528	FRENULAR TEAR REPAIR
529	MEATOTOMY FOR MEATAL STENOSIS
530	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
531	SURGERY FILARIAL SCROTUM
532	SURGERY FOR WATERING CAN PERINEUM
533	REPAIR OF PENILE TORSION
534	DRAINAGE OF PROSTATE ABSCESS
535	ORCHIECTOMY
536	CYSTOSCOPY AND REMOVAL OF FB

ANNEXURE V

ICD CODES FOR THE SPECIFIED DISORDERS / CONDITIONS

Disorder / Condition	ICD Codes
Severe Depression	F33.0, F33.1, F33.2, F33.4, F33.5, F33.6, F33.7, F33.8, F33.9, O90.6, F34.1, F32.81, F32.0, F32.1, F32.2, F32.4, F32.5, F32.6, F32.7, 32.8, F32.9, F33.9, F30.0, F30.1, F30.2, F30.4, F30.5, F30.6, F30.7, F30.8, F30.9, F32.3, F33.3, F43.21, F32.8, F33.40, F32.9
Schizophrenia	F20.0, F20.1, F20.2, F20.3, F20.5, F21, F22, F23, F24, F20.8, F25.0, F25.1, F25.8, F25.9
Bipolar Disorder	F31.0, F31.1, F31.2, F31.4, F31.5, F31.6, F31.7, F31.8, F31.9
Post traumatic stress disorder	F43.0, F43.1, F43.2, F43.8, F43.9
Eating disorder	F50.0, F50.2, F50.8, F98.3, F98.21, F50.8
Generalized anxiety dis-order	F40.1, F41.0, F40.2, F40.8, F40.9, F41.1, F41.3, F41.8
Obsessive compulsive disorders	F42
Panic disorders	F41.1, F40.1, F60.7, F93.0, F94.0
Personality disorders	F60.0, F60.1, F60.2, F60.3, F60.4, F60.8, F60.6, F60.7, F60.5
Conversion disorders	F44.4, F44.5, F44.6, F44.7
Dissociative disorders	F44.5, F44.8, F48.1, F44.1, F44.2