

Policy Wordings - Protect Plus

1. Preamble

This Policy covers treatments taken in India ONLY, unless specified in the benefit. Expense(s) incurred outside the policy period will NOT be covered. Unutilized Sum Insured will expire at the end of policy year unless specified in the Policy Schedule / Certificate of Insurance.

All applicable benefits and details are mentioned in your Policy Schedule.

2. Definitions

2.1. Standard Definitions:

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

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

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

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

2.1.4. **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.

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

2.1.6. **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 Centre 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 out patient basis is not included in the scope of this definition.

2.1.7. **Day Care Centre** 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.
- 2.1.8. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 2.1.9. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 2.1.10. **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.
- 2.1.11. **Emergency care** means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- 2.1.12. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
- 2.1.13. **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 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.
- 2.1.14. **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.

- 2.1.15. **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.
- 2.1.16. **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
- 2.1.17. **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.
- 2.1.18. **Inpatient** means admission for treatment in a Hospital for more than 24 hours for an Insured Event.
- 2.1.19. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 2.1.20. **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.
- 2.1.21. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 2.1.22. **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.
- 2.1.23. **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.
- 2.1.24. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
 - i. is required for the medical management of the Illness or Injury suffered by the insured;
 - ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. must have been prescribed by a Medical Practitioner;

- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 2.1.25. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credit gained for pre-existing conditions and specific waiting periods from one health insurance policy to another with the same insurer.
- 2.1.26. **Network Provider** means Hospital or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a Cashless Facility.
- 2.1.27. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 2.1.28. **Non-Network Provider** means any Hospital, Day Care Center or other provider that is not part of the network.
- 2.1.29. **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.
- 2.1.30. **Pre-existing Disease** means any condition, ailment, injury or disease
- That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer, or
 - For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
- 2.1.31. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.1.32. **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:
- Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
 - The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.1.33. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing disease and specific waiting periods from one insurer to another.
- 2.1.34. **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.
- 2.1.35. **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.
- 2.1.36. **Specific Waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break

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

2.2. Specific Definitions:

2.2.1. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

2.2.2. **Age** means age of the Insured person on last birthday as on date of commencement of the Policy.

2.2.3. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered *AYUSH Medical Practitioner* (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered *AYUSH Medical Practitioner(s)* in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

2.2.4. **Associated Medical Expenses** shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges.

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

2.2.6. **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

2.2.7. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.

2.2.8. **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.

2.2.9. **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's amount. A Co-payment does not reduce the Sum Insured.

- 2.2.10. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.
- 2.2.11. **Diagnostic Services** means those diagnostic tests and exploratory or therapeutic procedures required for the detection, identification and treatment of a medical condition.
- 2.2.12. **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.
- 2.2.13. **Evidence Based Clinical Practice** means process of making clinical decisions for Inpatient Care using current best evidence in conjugation with clinical expertise.
- 2.2.14. **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.
- 2.2.15. **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).
- 2.2.16. **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.
- 2.2.17. **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.
- 2.2.18. **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.
- 2.2.19. **Insured Event** means any event specifically mentioned as covered under this Policy.
- 2.2.20. **Insured Person** means person(s) named as insured persons in the Policy Schedule.
- 2.2.21. **IRDAI** means the Insurance Regulatory and Development Authority of India.
- 2.2.22. **Maternity expenses:** Maternity expenses means;
- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - b. expenses towards lawful medical termination of pregnancy during the policy period
- 2.2.23. **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.
- 2.2.24. **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.

- 2.2.25. **New Born Baby:** Newborn baby means baby born during the Policy Period and is aged upto 90 days
- 2.2.26. **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.
- 2.2.27. **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.
- 2.2.28. **Policy Year** means the period of one year commencing on the date of commencement specified in the Policy Schedule or any anniversary thereof.
- 2.2.29. **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.
- 2.2.30. **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.
- 2.2.31. **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.
- 2.2.32. **Reimbursement** means settlement of claims paid directly by Us to the Policyholder/Insured Person.
- 2.2.33. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the Associated Medical Expenses.
- 2.2.34. **Service Provider** means any person, organization, institution that has been empanelled with Us to provide services specified under the benefits to the Insured Person.
- 2.2.35. **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 room in that Hospital.
- 2.2.36. **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.
- 2.2.37. **Sum Insured** means the total of the Base Sum Insured 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.
- 2.2.38. **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.
- 2.2.39. **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.
- 2.2.40. **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.
- 2.2.41. **We/Our/Us** means Niva Bupa Health Insurance Company Limited.

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

3. Scope of Cover: Benefits

- a. The terms, conditions and exclusions governing the Benefits under this Policy are described below and the Benefits listed in this section will be payable accordingly.
- b. The Certificate of Insurance will specify the Benefits, Sum Insured, pay outs, limits, sub limits, Deductible and/or co-payment and/or Franchise applicable to the respective benefits available for the Insured Person.
- c. Policy will be active only during the date and/or time as specified in Policy Schedule / Certificate of Insurance.
- d. All claims for any Benefits under the Policy must be made in accordance with the claim process defined in the policy wording document.
- e. All benefits can be claimed on Cashless and/or Reimbursement basis, unless specified in the Policy Schedule / Certificate of Insurance.

3.1. Hospitalization Cover

3.1.1. Inpatient Coverage

3.1.1.1. What is covered:

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization following an Illness or Injury that occurs during the Policy Period up to the limits as specified in the Policy Schedule / Certificate of Insurance.

3.1.1.2. Conditions:

- a. The Medical Expenses incurred are Reasonable and Customary Charges for one or more of the following:
 - i. Room Rent;
 - ii. Nursing charges for Hospitalization as an Inpatient excluding private nursing charges;
 - iii. Medical Practitioners' fees, excluding any charges or fees for Standby Services;
 - iv. Physiotherapy, investigation and diagnostics procedures directly related to the current admission;
 - v. Medicines and drugs as prescribed by the treating Medical Practitioner;
 - vi. Intravenous fluids, blood transfusion, injection administration charges, allowable consumables and / or enteral feedings.
 - vii. Operation theatre charges;
 - viii. The cost of prosthetics and other devices or equipment, if implanted internally during Surgery;
 - ix. ICU Charges.
 - x. 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, Medical Practitioners' fees and operation theatre charges.

Proportionate deductions will not be applied if the claim is of a hospital which does not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

3.1.2. Day Care Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment following an Illness or Injury that occurs during the Policy Period, as per the treatments and up to the limits specified in your Policy Schedule / Certificate of Insurance.

Conditions:

- a. We shall not cover any OPD Treatment and Diagnostic Services under this Benefit.

3.1.3. Modern Treatment

We will indemnify the expenses incurred by you on treatment in a hospital as part of Section 3.1.1 (Inpatient Care) or Section 3.1.2 (Day Care Treatment). The list and limits of modern treatments will be as per your Policy Schedule/Certificate of Insurance.

We will also indemnify the insured person's Section 3.1.4 (Pre-Hospitalization Medical Expenses) and Section 3.1.5 (Post Hospitalization Medical Expenses).

Modern Treatments covered as per Annexure 20.

3.1.4. Pre-hospitalization Medical Expenses

We will indemnify the Insured Person's Pre-hospitalization Medical Expenses incurred following an Illness or Injury for a period of days or up to the limit as specified in your Policy Schedule / Certificate of Insurance.

We will pay any claim under Pre-hospitalization medical expenses benefit, only if we have paid a claim under Section 3.1.1 (Inpatient Care) or 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance.

3.1.5. Post-hospitalization Medical Expenses

We will indemnify the Insured Person's Post-hospitalization Medical Expenses incurred, following an Illness or Injury, for a period of days or up to the limit as specified in your Policy Schedule / Certificate of Insurance.

We will pay any claim under Post-hospitalization medical expenses benefit, only if we have paid a claim under Section 3.1.1 (Inpatient Care) or 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.6 (AYUSH

Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance.

Physiotherapy, if prescribed, will also be covered under post-hospitalization medical expenses.

3.1.6. **AYUSH Benefit**

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization during the Policy Period for treatment under Ayurveda, Unani, Siddha or Homeopathy systems, in a government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/ National Accreditation Board on Health, up to the limit as specified in the Policy Schedule / Certificate of Insurance.

3.1.7. **Domiciliary Hospitalization**

We will indemnify the Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization following an Illness or Injury that occurs during the Policy Period, up to the limit specified in the Policy Schedule / Certificate of Insurance, on reimbursement basis.

3.1.7.1. Conditions:

- a. The medical practitioner advises the insured person to undergo treatment at home
- b. There is continuous active line of treatment with monitoring of health status by a medical practitioner for each day through the duration of the home care treatment
- c. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained
- d. We will also indemnify the insured person's Pre-Hospitalization Medical Expenses (section 3.1.4.) and Post Hospitalization Medical Expenses (section 3.1.5.)

3.1.8. **Organ Transplant**

We will indemnify the hospitalization expenses of a living organ donor for the harvesting of the organ donated during the Policy Period up to the amount specified in the Policy Schedule / Certificate of Insurance, only if the recipient insured person has been medically advised in writing to undergo an organ transplant and we accepted the recipient insured person's claim under Inpatient Care (section 3.1.1).

What is not covered:

We shall not be liable to make any payment in respect of:

- a. The living organ donor's stay in a Hospital that is needed for them to donate their organ.
- b. Stem cell donation except for Bone Marrow Transplant.
- c. Pre-hospitalization Medical Expenses or Post-hospitalization Medical Expenses of the organ donor.
- d. Screening or any other Medical Expenses of the organ donor.
- e. Costs directly or indirectly associated with the acquisition of the donor's organ.
- f. Transplant of any organ/tissue where the transplant is experimental or investigational.
- g. Expenses related to organ transportation or preservation.
- h. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

3.1.9. Critical Illness Multiplier Indemnity Cover:

If the insured member is diagnosed and hospitalized for any of the selected combination of critical illness (as mentioned in the Policy Schedule/Certificate of Insurance) and claim is admissible under the policy then the Sum Insured for such critical Illness would be increased by a multiplier as mentioned in the Policy Schedule/Certificate of Insurance.

Example :

Mr. Raj has a policy of INR 10 Lacs and a critical Illness Multiplier of 2X. Mr. Raj is diagnosed with Kidney Failure (which is a listed critical illness). Now Mr. Raj will have

Coverage Type	Base Sum Insured	Multiplier	Multiplier Sum Insured	Total Sum Insured for Critical Illness Hospitalization
Critical Illness	INR 10,00,000	2X	INR 20,00,000	INR 30,00,000

Mr. Raj now will have INR 30 Lacs for his treatment for Kidney Failure (INR 10 Lacs base sum insured and INR 20 Lacs Multiplier sum insured)

3.1.9.1. Conditions:

- a. Such increase in Sum Insured would be triggered only for treatment of the listed conditions; no other claim for any other condition would be covered under the enhanced limit
- b. The enhanced limit of Indemnity cannot be utilized for other members
- c. In case of claim under listed Critical Illness, The sum insured will be utilized in the below order
 - i. Enhanced Sum Insured (after the multiplier is triggered) on Indemnity basis
 - ii. Base Sum Insured, either in same claim or for a new claim
- d. The enhancement of limit will happen only once in policy year even if multiple listed Critical Illness are diagnosed
- e. The enhanced Limit cannot be carried forward to next renewal
- f. The list of Critical Illnesses will be as mentioned in Policy Schedule/Certificate of Insurance. Definitions for critical illness is defined under Annexure 19

3.1.10. Maternity

We will indemnify the Medical Expenses incurred towards Medically Necessary Treatment of the Insured Person in case of normal delivery, routine or elective Caesarean or Complicated Pregnancy during the Policy Period.

Conditions:

- a. This Benefit is available only if
 - i. the female Insured Person is Age 18 years or above
 - ii. Both the Insured Person and his / her legally married spouse are covered under a Family Floater Policy.
- b. This Benefit cannot be availed under an Individual Cover.
- c. The female Insured Person in respect of whom a claim for Maternity Expenses is made must have been covered as an Insured Person for at least the period specified in the Policy Schedule/ Certificate of Insurance of continuous coverage since the inception of the First Policy with Us, with maternity as a Benefit.
- d. The Maternity Expenses incurred are Reasonable and Customary Charges.

- e. The Maternity Benefit may be claimed under the Policy in respect of eligible Insured Person(s) only twice during the lifetime of the Policy including any Renewal thereafter for the delivery of a child or Medically Necessary Treatment and lawful termination of pregnancy up to maximum of 2 pregnancies or terminations.
- f. Any treatment related to the complication of pregnancy or termination will be treated within the maternity limits.
- g. On Renewal, if an enhanced Maternity Sum Insured is proposed, the specified period of continuous coverage (as per Section 3.1.10.c) would apply afresh to the extent of the increased Benefit amount.
- h. Re-Fill Sum Insured Benefit will not be available for any claims made under this Section.
- i. 5.2.15 of the Permanent Exclusions shall not apply only to the extent that this Benefit is applicable.

For the purpose of this Section, “Complicated Pregnancy” means a medical condition arising during the antenatal stages of pregnancy or a medical condition arising during childbirth that requires a recognized obstetric procedure and post-natal check-ups as a result of the complication of pregnancy for a period up to six weeks.

What is not covered:

We shall not be liable to make any payment in respect of the following:

- a. Expenses incurred in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future illnesses;
- b. Medical Expenses for ectopic pregnancy will be covered under Section 3.1.1 (Inpatient Care) and shall not fall under this Benefit.

3.1.11. **New Born Baby Cover**

We will indemnify the Medical Expenses incurred during the Policy Period, towards the Medically Necessary Treatment of the New Born Baby up to the limit or period, as specified in the Policy Schedule/Certificate of Insurance, from the date of delivery.

Conditions:

- a. We have accepted a claim under Section 3.1.10 (Maternity) above

Please Note: A New Born Baby older than 90 days can be covered under the Policy as an Insured Person only by way of an endorsement or at the next Renewal, whichever is earlier, on payment of the additional premium.

3.1.12. **New Born Vaccination Cover**

We will indemnify the expenses incurred on vaccinations of the New Born Baby, up to the limits or age specified in the Policy Schedule / Certificate of Insurance, on reimbursement basis only.

The details of vaccinations are mentioned in Annexure 15.

Conditions: We have accepted a claim under Section 3.1.10 (Maternity)

3.1.13. **Well Mother Cover**

We will indemnify the Medical Expenses incurred in respect of the Room Rent coverage for mother who is required to feed the baby post birth, up to the limit specified in the Policy Schedule / Certificate of Insurance, if the new born baby (up to age of 2 years) is hospitalized.

Conditions:

- a) We have accepted a claim under Section 3.1.10 (Maternity) above in respect of the same delivery

3.1.14. Cord Blood Banking Cost Cover

We will indemnify the Medical Expenses incurred in respect of the collection and storage of the umbilical cord blood as a one-time benefit for one episode of pregnancy only post-delivery in a lifetime, up to the limits specified in Policy Schedule / Certificate of Insurance

Conditions:

- a. We have accepted a claim under Section 3.1.10 (Maternity Expenses) above in respect of the same delivery

For the purpose of this Benefit, prophylactic collection and storage of umbilical cord blood is considered investigational and not medically necessary when proposed for an unspecified future use for an autologous stem cell transplant in the original donor or for an unspecified future use as an allogeneic stem cell transplant in a related or unrelated donor and this Benefit does not provide assurance further about use of umbilical cord blood/stem cell apart from one-time storage.

3.1.15. Emergency Road Ambulance

We will indemnify the expenses incurred on an ambulance to transfer the Insured Person by surface transport (provided by a registered Ambulance Service Provider) following an Emergency, as per the regions and limits specified in your Policy Schedule / Certificate of Insurance.

We will pay any claim under **Emergency Road Ambulance** benefit, only if we have paid a claim under Section 3.1.1 (Inpatient Care) or 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.8 (Organ Transplant) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance.

Note: We will not make any payment under this Benefit if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

3.1.16. Air Ambulance Cover

We will indemnify the expenses incurred on an air ambulance (provided by a registered Air Ambulance Service Provider) to transport the Insured Person to the nearest Hospital following an Emergency, as per the regions and limits specified in your Policy Schedule / Certificate of Insurance.

We will pay any claim under **Air Ambulance Cover**, only if we have paid a claim under Section 3.1.1 (Inpatient Care) or 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.8 (Organ Transplant) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance.

Note: We will not make any payment under this Benefit if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

3.1.17. Prosthetics Cover

We will indemnify the cost of buying the prosthetics required by the insured post an Injury or an Illness that solely and directly results in physical loss of limb(s) within three hundred and sixty-five (365) days from the date of the occurrence of such Accident or Illness, up to the limits specified in the Policy Schedule / Certificate of Insurance, on reimbursement basis only.

We will pay any claim under **Prosthetics Cover**, only if we have paid a claim under Section 3.1.1 (Inpatient Care) or 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.8 (Organ Transplant) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance.

The details of prosthetics covered is mentioned in Annexure 18.

Conditions:

- a. This Benefit shall be payable for only one limb once in the Insured Person's lifetime irrespective of single or multiple limb loss.
- b. The permanence of total and irreversible loss of limb shall be proved with a disability certificate issued by a Medical Board duly constituted by the Central or the State Government being presented to Us.

For the purpose of this Benefit, Prosthetics means the articles or equipment that replaces all or a part of a limb where limb is defined as the arm / the leg of a person.

3.1.17.1. What is not covered:

- a. Any repairs or replacement of the Prosthetic.
- b. Durable Medical Equipment which means equipment that can withstand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of an Illness or Injury, and is appropriate for use in the home.
- c. Orthotics which means devices that are designed to support a weakened body part and where these appliances are manufactured or custom-fitted to an individual member.

3.1.18. Nursing Allowance

We will reimburse the expenses for the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital, up to the limits specified in the Policy Schedule / Certificate of Insurance, provided that:

- a) the Medical Practitioner treating the Insured Person recommends the provision of such care for medical reasons as a part of medical prescription, and
- b) We have accepted an inpatient care claim under Section 3.1.1 (Inpatient Care)

3.1.19. Animal/serpent attack

We will cover Medical Expenses for Inpatient Care and/or OPD treatments (as per the option chosen) including inoculation and immunization in case of any animal/serpent attack up to the limit specified in Policy Schedule/Certificate of Insurance.

Animal means any four (4) limbed animal that is not an insect or reptile. Serpent or Snake means a legless reptile of the sub-order serpents with a long, thin body.

3.1.20. Compassionate Visit

If an Insured Person suffers an Injury or an Illness, that solely and directly results in the Insured Person's Hospitalization for more than seven (7) consecutive days, We will indemnify the expenses incurred in respect of travel of one Immediate Family member of the Insured Person to the place of Hospitalization of the Insured Person, up to the limits specified in the Policy Schedule / Certificate of Insurance, on reimbursement basis only

We will pay any claim under **Compassionate Visit**, only if we have paid a claim under Section 3.1.1 (Inpatient Care) or 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.8 (Organ Transplant) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance.

Conditions:

- a. No adult member of the Insured Person's Immediate Family is present within a distance of at least 150 kilometers from the place of Hospitalization of the Insured Person.
- b. The treating Medical Practitioner certifies in writing and Our panel Medical Practitioner confirms that the medical condition of the Insured Person is such that repatriation of the Insured Person is not possible and there is a need for a companion to be present while the Insured Person remains Hospitalized.
- c. We will reimburse two-way airfare in a licensed common carrier or two-way railway tickets for the travel of the companion to the place of Hospitalization of the Insured Person.

For the purpose of this Benefit Immediate Family means any one of the relationships with the Insured Person: spouse, father, mother, father-in-law, mother-in-law, brother, sister-in-law, sister, brother-in-law, son or daughter.

3.1.21. Accompanying Person Accommodation Cover

If an Insured Person suffers an Injury or an Illness that solely and directly results in the Insured Person's Hospitalization, We will pay the amount up to the limits specified in the Policy Schedule/Certificate of Insurance for each continuous and completed 24 hours of Hospitalization in respect of one Immediate Family member of the Insured Person to accompany the Insured Person in Hospital.

We will pay any claim under **Accompanying Person Accommodation Cover**, only if we have paid a claim under Section 3.1.1 (Inpatient Care) or 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.8 (Organ Transplant) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance.

Conditions:

- a. No adult member of the Insured Person's Immediate Family is present within a distance of at least 150 kilometers from the place of Hospitalization of the Insured Person.
- b. Our panel Medical Practitioner confirms that the medical condition of the Insured Person is such there is a need for a companion to be present while the Insured Person remains Hospitalized.
- c. Our liability under this Benefit shall be in excess of the Deductible for each period of Hospitalization.
- d. Our maximum liability under this Benefit shall be the lower of 10 days or duration of Hospitalization.

For the purpose of this Benefit Immediate Family means any one of the relationships with the Insured Person: spouse, father, mother, father-in-law, mother-in-law, brother, sister-in-law, sister, brother-in-law, son or daughter.

3.1.22. Annual Health Check-up – Hospitalization Cover

The Insured Person may avail a health check-up during the Policy Period as per the list specified in Annexure 8 or up to the limit specified in the Policy Schedule/Certificate of Insurance only for Diagnostic Tests taken at Our Network Provider or on reimbursement basis:

- a. The eligibility of the Insured Person under this Benefit and the frequency of health check-ups will be as specified in the Policy Schedule/Certificate of Insurance.

Any unutilized test or amount in one Policy Year cannot be carry forwarded to the next Policy Year.

3.1.23. Emergency Assistance Services (Within India)

This Policy provides a host of value added Emergency Medical Assistance and Emergency personal services as described below, on Cashless Facility basis.

- 3.1.23.1. **Medical referral:** Insured Person will have tele-access to an operations center of Our Service Provider, who with their multilingual staff on duty 24 hours a day, 365 days a year will provide reference of doctors in the vicinity where the Insured Person is located for medical consultations. This medical consultation is only facilitated by Us / Our Service Provider and is independent judgment of medical consultant. We do not assume any liability and shall not be deemed 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 professional giving medical consultant.

- 3.1.23.2. **Emergency medical evacuation:** When an adequate medical facility is not available proximate to the Insured Person, as determined by the Insured Person's attending physician and agreed by Us / Our Service Provider, We/Our Service Provider will arrange and pay for ambulance services under appropriate medical supervision, by an appropriate mode of transport as decided by Us / Our Service Provider's consulting physician and patient's attending physician to the nearest medical facility capable of providing the required care.
- 3.1.23.3. **Medical repatriation:** We / Our Service Provider will arrange and pay for transportation under medical supervision to the Insured Person's residence or to a medical or rehabilitation facility near the Insured Person's residence (as mentioned in the Policy Schedule/ Certificate of Insurance) when the Insured Person's attending physician determines that transportation is medically necessary and is agreed by Us / Our Service Provider, at such time as the Insured Person is medically cleared for travel by Us / Our Service Provider's consulting physician and Insured Person's attending physician.
- 3.1.23.4. **Compassionate visit:** When an Insured Person will be hospitalized for more than 7 consecutive days and has travelled without a companion or doesn't have a companion by his / her side, We / Our Service Provider will arrange and pay for travel of a family member or personal friend to visit such Insured Person by providing an appropriate means of transportation via economy carrier transportation as determined by Us / Our Service Provider. The family member or the personal friend is responsible to meet all travel document requirements, as may be applicable.
- 3.1.23.5. **Care and/or transportation of minor children:** One-way economy common carrier transportation, with attendants if required, will be provided to the place of residence of minor child(ren) when they are left unattended as a result of medical emergency or death of an Insured person.
- 3.1.23.6. **Return of mortal remains:** In the event of death of Insured Person, We/Our Service Provider will arrange and pay for the return of mortal remains to an authorized funeral home proximate to the Insured Person's legal residence.
- 3.1.23.7. Conditions
Any coverage under this section is subject to fulfilment of following conditions:
- a) The services are provided when Insured Person(s) is/are traveling within India to a place which is at a minimum distance of 150 (one hundred and fifty) kilometers or more away from the residential address as mentioned in the Policy Schedule/Certificate of Insurance, and the travel is for less than 90(ninety) days period.
- 3.1.23.8. What is not covered:
No claims for Reimbursement of expenses incurred for services arranged by Insured/Insured Person(s) will be entertained as the coverage under this section are on Cashless Facility basis only.
- a) Emergency assistance service will not be provided in the following instances:
 - i. Travel undertaken specifically for securing medical treatment

- ii. Services sought outside India.
- iii. If Emergency is a result of injuries resulting from participation in acts of war or insurrection
- iv. Commission of unlawful act(s).
- v. Attempt at suicide /self-inflicted injuries.
- vi. Incidents involving the use of drugs, unless prescribed by a physician
- vii. Transfer of the insured person from one medical facility to another medical facility of similar capabilities and providing a similar level of care

b) We / Our Service Provider will not evacuate or repatriate an insured person in the following instances:

- i. Without medical authorization from attending physician
- ii. With mild lesions, simple injuries such as sprains, simple fractures, or mild sickness or similar such conditions which can be treated by local doctors and do not prevent Insured Person(s) from continuing your trip or returning home as determined by Us / Our Service Provider's consulting physician and the Insured Person's attending physician
- iii. If the Insured Person is pregnant and beyond the end of the 28th week and with respect to the child born from the pregnancy, We / Our Service Provider shall not evacuate or repatriate the Insured Person and the child who was born while the Insured Person was traveling beyond the 28th week
- iv. With mental or nervous disorders unless hospitalized

3.1.24. **Sub-limit on Specified Illness/Conditions**

If an Insured Person is Hospitalized for any of the Specified Illnesses or Conditions specified in Policy Schedule/Certificate of Insurance then it is agreed that Our liability in respect of any claim made under the Policy will be limited to the limit specified in Policy Schedule/Certificate of Insurance.

3.1.25. **Loyalty Credits: Sum Insured Enhancement**

If the Insured Person's cover under the Policy is renewed with Us without a break We will increase the Base Sum Insured applicable under the Policy by the percentage as specified in the Policy Schedule/Certificate of Insurance, for each successive renewal. The Sum Insured increase will be calculated as a percentage of the Base Sum Insured as specified in the Policy Schedule/Certificate of Insurance. The sub-limits applicable to various Benefits will remain the same and shall not increase proportionately with the addition of the Loyalty Credits.

3.1.25.1. Conditions:

- a. The Sum Insured shall be increased by a flat percentage for each successive Renewal without a break.
- b. At Renewal You/ Insured Person shall have an option to reinstate/ revise the Sum Insured by sending in writing the request for such Sum Insured revision. Any revision to Sum Insured shall always be subject to due underwriting by Us and acceptance of risk by Us in writing.
- c. If the Insured Person in the expiring cover under the Policy is covered under an Individual Cover and has an enhanced Sum Insured in the expiring cover under the Policy under this Benefit, and such expiring cover under the Policy is Renewed with Us as a Family Floater Cover, then We shall provide

credit for Sum Insured enhancement to the Insured Person only and not to the other members of Family Floater Cover.

- d. If the Insured Persons in the expiring cover under the Policy are covered under a Family Floater Cover and have an accumulated Loyalty Credit for each Insured Person in the expiring cover under the Policy under this Benefit, and such expiring cover under the Policy is Renewed with Us as an Individual Cover with same or higher Base Sum Insured, then the accumulated Loyalty Credit to be carried forward for credit in the Renewing cover under the Policy would be the accumulated Loyalty Credit for that Insured Person.
- e. In case the Sum Insured is reduced at the time of Renewal, the applicable accumulated Loyalty Credit shall also be reduced in proportion to the Sum Insured
- f. In case the Sum Insured of Section under the Policy is increased at the time of Renewal, the applicable accumulated Loyalty Credit shall be carried forward.

3.1.26. **Booster+**

Unutilized Base Sum Insured will get carried forward to the next policy on renewal of the policy. The Maximum accumulation will be up to the factor as specified in the Policy Schedule / Certificate of Insurance. The factor will be applicable for Base Sum Insured only.

Example: If you buy a policy with INR 10 Lakh base sum insured and the maximum accumulation limit in is 10 times of your base sum insured, then at the end of 10 years (if no claim is paid in these years) you will have INR **1.10 Crore Sum Insured (that is INR 10 Lakh base + INR 1 Crore Booster+)**.

3.1.27. **ReAssure**

We will provide additional sum insured during the policy year. The first paid claim in the policy year will trigger ReAssure benefit, unlimited times and will be available for all subsequent claims in a Policy Year up to the percentage of Base Sum Insured as specified in your Policy Schedule / Certificate of Insurance.

3.1.27.1. *Conditions -*

- a. The maximum liability under a single claim under this benefit shall not be more than Base Sum Insured.
- b. The benefit will be applicable for Same Illness or Different Illness or Both, as specified in your Policy Schedule / Certificate of Insurance.
- c. Claims under this benefit will be payable only under Section 3.1.1 (Inpatient Care), 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.4 (Pre Hospitalisation Medical Expenses) or 3.1.5 (Post Hospitalisation Medical Expenses) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.8 (Organ Transplant) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance
- d. For Family Floater Policies, the amount under this benefit will be available on a floater basis to all Insured Persons in that Policy Year.

Illustration:

Year 1: Once the Policy is bought.

Base Sum Insured	1 st paid Claim	ReAssure is triggered (Equal to Base Sum Insured)	Balance Base Sum Insured	2 nd payable claim	Claim amount paid	Balance Base Sum Insured	3 rd Payable claim	Claim amount paid
10 Lakh	7 Lakh		3 Lakh	12 Lakh	12 Lakh (3 Lakh from Base Sum Insured and 9 Lakh from ReAssure)	Nil	11 Lakh	10 Lakh from ReAssure

3.1.28. Refill – Hospitalization Cover

We will provide an additional sum insured, after the first claim is paid in the policy year (even at partial utilization of base sum insured). Maximum reinstatement (up to percentage of sum insured or number of times in year) will be as per the limits specified in your Policy Schedule / Certificate of Insurance.

NOTE:

- a. The benefit will be applicable for Same Illness or Different Illness or Both, as specified in your Policy Schedule / Certificate of Insurance.

Illustration

Base Sum Insured	1 st paid Claim	Refill benefit is triggered	Balance Base Sum Insured	Refill Benefit	2 nd payable claim	Claim amount paid	Balance Base Sum Insured	Balance Refill Benefit	3 rd Payable claim	Claim amount paid
10 Lac	7 Lac		3 Lac	10 Lac	12 Lac	12 Lac (3 Lac from base SI and 9 Lac from Refill)	Nil	1 Lac	3 Lac	1 Lac from Refill

- e. We will consider a claim, if it is paid under the following: Section 3.1.1 (Inpatient Care), 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.4 (Pre Hospitalisation Medical Expenses) or 3.1.5 (Post Hospitalisation Medical Expenses) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or

3.1.8 (Organ Transplant) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance

3.1.29. Corporate Floater

We will provide a Corporate Floater for "items/ diseases/ conditions/ procedures/ treatments/ syndromes/Critical Illness (as per list) OR a combination of any conditions above" as specified in the Policy Schedule/Certificate of Insurance during the Policy Year, provided that:

- i. This Benefit will be restricted to Individual/ family to the amount specified in the Policy Schedule/Certificate of Insurance in respect of each and every Insured Person/ family, as opted.
- ii. If the cover under the Policy is issued on a Family Floater Cover basis, the enhanced Sum Insured on account of the Corporate Floater applicable will also be available on a Family Floater Cover basis.
- iii. Any Benefit accrued under this cover cannot be carried forward to the subsequent Policy Year.
- iv. The Benefit payable will be over and above the Base Sum Insured.
- v. All other terms, exclusions and conditions contained in the Policy or endorsed thereon remain unchanged.

3.1.30. Tiered Network

By choosing this option, the customer will have to take the treatment in a defined list of hospitals as specified in the Policy Schedule / certificate of insurance.

If the treatment is taken outside this network, a co-payment will have to be borne by the insured for each claim. The co-payment percentage will be as specified in the Policy Schedule / Certificate of Insurance.

3.1.31. Home Health Care Services – Hospitalization Cover

We will indemnify the Medical Expenses incurred on health care services taken by the Insured Person at home during the Policy Period through Our Empaneled Service Provider, on cashless basis only, up to the limit specified in the Policy Schedule / Certificate of Insurance.

We will pay any claim under **Home Health Care Services – Hospitalization Cover**, only if we have paid a claim under Section 3.1.1 (Inpatient Care) or 3.1.2 (Day Care Treatment) or 3.1.3 (Modern Treatments) or 3.1.6 (AYUSH Benefit) or 3.1.7 (Domiciliary Hospitalization) or 3.1.8 (Organ Transplant) or 3.1.33 (Emergency Hospitalisation – International) Or as per the benefits specified in your Policy Schedule / Certificate of Insurance.

Conditions:

- a) services under this Benefit are availed immediately following the Hospitalization for which the claim has been paid.
- b) The medical condition of the Insured Person must be such that the treating Medical Practitioner expects the condition to improve in a reasonable and generally predictable period of time.
- c) Treatment under this Benefit will be provided under the supervision of a Medical Practitioner to safely and effectively administer the treatment plan for the condition of the Insured Person.
- d) The amount, frequency and time period of the services under this Benefit shall be reasonable, and in agreement between treating Medical Practitioner and the Insured Person availing the service.

Note: Services under this Benefit are available only through Our Empaneled Service Providers in selected cities. Please contact Us for the updated list of cities where Home Health Care Services are available.

3.1.32. Emergency Medical Evacuations (International)

We will indemnify the Reasonable and Customary Charges incurred for the Insured Person's Medical Evacuation in an Emergency and for which medical facilities are not available locally, but only within the regions and up to the limit specified in the Policy Schedule/Certificate of Insurance, on Cashless basis only.

Conditions:

- a) We will provide this Benefit from the place of Insured Person's Hospitalization to a Hospital where adequate treatment is available, if necessary treatment is not available locally or Medical Evacuation is required for Medically Necessary Treatment for saving the life of the Insured Person.
- b) Medical Evacuation is required for stabilizing the Insured Person and is advised in writing by the treating Medical Practitioner.
- c) We or Our Service Provider has approved the request for Medical Evacuation.
- d) We or Our Service Provider, will arrange for the evacuation utilizing the means (including air ambulance or commercial flight) best suited to do so, based on the medical severity of Insured Person's condition.
- e) We will also cover the costs of transportation of an attending Medical Practitioner if Medically Necessary Treatment is required to be provided during the course of Medical Evacuation and advised in writing by the treating Medical Practitioner.
- f) Under this Benefit, We will cover expenses for services provided and/or arranged by Us for the transportation of the Insured Person and shall include medical services and cost for medical supplies necessarily incurred as a result of the Emergency Medical Evacuation.
- g) We shall not be liable to make any payment under this Benefit if necessary medical treatment can be provided at the Hospital where the Insured Person is situated at the time of the Emergency.
- h) In addition, We will cover the reasonable costs of travel incurred for the return journey (economy class) of the Insured Person and such person accompanying the Insured Person after receipt of appropriate Medically Necessary Treatment.
- i) Exclusion 5.2.25 will not apply for this benefit

3.1.33. Emergency Hospitalization (International)

If the Insured Person is required to be admitted in a Hospital immediately after the Emergency Medical Evacuation for the same diagnosis during the Policy Period, We will indemnify the Medical Expenses incurred on Hospitalization of that Insured Person until the Insured Person reaches a medically stable condition during the Policy Period, within the regions and up to the limit specified in the Policy Schedule/Certificate of Insurance, on Cashless basis only .

Conditions:

- a) We have accepted a claim under Section 3.1.32 (Emergency Medical Evacuation).

- b) The Medical Expenses incurred are Reasonable and Customary Charges for one or more of the following:
 - i. Room Rent;
 - ii. Nursing charges for Hospitalization as an Inpatient;
 - iii. Medical Practitioners' fees, excluding any charges or fees for Standby Services;
 - iv. Physiotherapy, investigation and diagnostics procedures directly related to the current admission;
 - v. Medicines, drugs as prescribed by the treating Medical Practitioner;
 - vi. Intravenous fluids, blood transfusion, injection administration charges and /or consumables;
 - vii. Operation theatre charges;
 - viii. The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure;
 - ix. ICU Charges.
- c) We shall not be liable to indemnify any Medical Expenses incurred in respect of Hospitalization of the Insured Person that commences or continues after the completion of the Policy Period.
- d) Exclusion 5.2.25 will not apply for this benefit

3.1.34. Specified Illness Cover (9 listed conditions) (International)

If the Insured Person suffers a Specified Illness (as defined below) during the Policy Period, We will indemnify Charges in respect of Medical Expenses of the Insured Person incurred towards treatment of that Specified Illness that would otherwise have been payable under Section 3.1.1 (Inpatient Care), within the regions and up to the limit specified in the Policy Schedule/Certificate of Insurance, on Cashless basis only

Conditions:

- a) The symptoms of the Specified Illness first occur or manifest itself during the Policy Period and after completion of 90 days from the inception of the First Policy with Us.
 - b) The Specified Illness is diagnosed by a Medical Practitioner within India during the Policy Period and after completion of the 90 day from the inception of the First Policy with Us.
 - c) Medical treatment for the Specified Illness is taken outside India within the Policy/Coverage Period
- i. What is not covered:
- a) Any claims for Reimbursement of the costs incurred in relation to the treatment of the Specified Illness or any claims which are not pre-authorized by Us.
 - b) Any costs or expenses incurred in relation to any persons accompanying the Insured Person during any period of treatment, even if such person(s) are also Insured Person(s).
 - c) Any costs or expenses incurred in relation to the travel to or from the overseas location where treatment is being taken.
 - d) Any costs or expenses incurred in relation to personal stay or transportation in the overseas location where treatment is being taken.
 - e) Any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses incurred by or on behalf of the Insured Person.
 - f) Any costs or expenses incurred in relation to transportation of repatriation of the mortal remains of the Insured Person.

- g) Any costs or expenses incurred by any organ donor in relation to harvesting of organs.
 - h) Any OPD Treatment taken outside India
 - i) Exclusion 5.2.25 will not apply for this benefit
- ii. For the purposes of this Benefit, Specified Illness means the following Illnesses or procedures:
- a) 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 –
 - i. 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 CIN3.
 - 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;
- b) 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
- c) 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

d) d. 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

e) 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.

f) f. Surgery of Aorta

Surgery of aorta including graft, insertion of stents or endovascular repair.

Specific Exclusion: Surgery for correction of an underlying Congenital Anomaly

g) g. Angioplasty

I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

h) Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- iii. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

i) Brain Surgery

Any brain (intracranial) Surgery required to treat traumatic or non-traumatic conditions.

Specific Exclusion: Surgery for treating Neurocysticercosis

3.1.35. Medical Repatriation (International)

Following any Emergency Medical Evacuation in respect of which we have accepted a claim under Section 3.1.32 above during the Policy Period, We reserve the right to request the repatriation of the Insured Person to a Hospital in the Insured Person's country of domicile or to the original work location or the location from which the Insured Person was evacuated when a Medical Practitioner named by Our Service Provider, after speaking with a local attending Medical Practitioner, decides that the Insured Person is fit to undertake the journey, within the regions and up to the limit specified in the Policy Schedule/Certificate of Insurance, on Cashless basis only.

We will pay the Reasonable and Customary Charges for the most economical cost of travel (transport only) for the Insured Person and any individual who, because of medical necessity, has to accompany the Insured Person. If such transportation needs to be medically supervised, a qualified medical attendant will escort the Insured Person. If any mode of transportation other than the above is required and it is determined by the attending Medical Practitioner and agreed by Our Service Provider, We will arrange accordingly and such will be covered by Us.

Medical repatriation must be determined by Our medical team to be medically necessary to prevent the immediate and significant effects of Illness, Injury or conditions which if left untreated could result in a significant deterioration of health and it has been determined that the treatment is not available locally, and that it is necessary for medical reasons for the Insured Person to be returned to his/her country of domicile, Our Service Provider will arrange for the transport under proper medical supervision as soon as reasonably practicable.

3.1.36. Repatriation of Mortal Remains (International)

We will cover the costs associated with the transportation of mortal remains of the Insured Person during the Policy Period from the place of death to the home country, within the regions and up to the limit specified in the Policy Schedule/Certificate of Insurance. In addition, assistance will be provided by Us or Our Service Provider for organizing or obtaining the necessary clearances for the repatriation of mortal remains.

Exclusion 5.2.25 will not apply for this benefit

3.2. Personal Accident Cover

3.2.1. Accidental Death Benefit

If the Insured Person dies within 365 days from the date of the Accident, then We will pay the Sum Insured under Accidental Death (AD) benefit as specified in the Policy Schedule / Certificate of Insurance. The benefit also covers for Disappearance of the Insured Member.

For the purpose of this benefit, **Disappearance** means that Insured body is missing for at least 365 days following an Accident or natural disaster during the Policy Period. If at any time, after the payment of the Death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.

NOTE: If we have paid any claim under Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability (if applicable) then for any subsequent Accidental Death claim in the same policy year, we will pay claim amount after adjusting the amount already paid.

The policy will terminate for the member for whom we have paid the claim under this benefit.

3.2.2. Permanent Total Disability Benefit

- a. If the Insured Person suffers a Permanent Total Disability (PTD), within 365 days from the date of the Accident, then We will pay the benefit as per the Table 1, up to the limit specified in Policy Schedule / Certificate of Insurance.

Table 1:

Condition for Permanent Total Disability	% of Sum Insured
Complete & Irrecoverable loss of: Any 2 Limbs Sight of both eyes Speech & hearing of both Ears Combination of One Limb & Sight of One Eye	100%
Complete & Irrecoverable loss of: 1 Limb Sight of 1 Eye	50%

- b. **Complete & Irrecoverable loss of limb** means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

The policy will terminate for the member for whom we have paid a total of 100% PTD Sum Insured claim in a lifetime of the Insured.

3.2.3. Permanent Partial Disability Benefit

- a. If the Insured Person suffers a Permanent Partial Disability (PPD), within 365 days from the date of the Accident, then We will pay the benefit as per the Table 2, up to the limits as specified in Policy Schedule / Certificate of Insurance.

Table 2:

Condition for Permanent Partial Disability	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each Thumb	20%
Each Index Finger	10%
Each other Finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

- b. If a loss is not mentioned in the table above, then We will internally assess the degree of disablement and determine the amount of payment to be made.
- c. If there is more than one Permanent Partial Disability loss, then the total claim amount put together for all losses will not exceed the total Sum Insured available under this benefit.

3.2.4. Temporary Total Disablement Benefit

If an Insured Person suffers a Temporary Total Disability (TTD) due to an Accident and it temporarily incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever, then We will pay the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

Conditions:

- a. Earning and Non-Earning members (if applicable) would be covered as per separate limits mentioned in the Certificate of Insurance.
- b. If the Insured is disabled for part of a week, then proportionate amount will be paid.
- c. TTD caused due to Broken bones or Fractures, Coma or Burns will also be covered.
- d. TTD is **NOT** applicable for Dependent Children.
- e. Claim is payable **ONLY** if bed rest is prescribed by treating Medical Practitioner.
- f. We will not pay for Hairline fractures of any kind.
- g. TTD benefit can be taken only once for any single event.
- h. We reserve the right to stop making any further payments, if we are satisfied that you can engage in your occupation again, or when we have made payments for a maximum period of 100 weeks from the date you met with the Accidental Bodily Injury, whichever is earlier.

3.2.5. Accidental Hospitalization

If an Insured Person is hospitalized (24 Hours or more) due to injuries sustained in an Accident during the Policy Period, then We will pay the expenses incurred by the Insured on Medically Necessary Treatment up to the limits mentioned in the Policy Schedule / Certificate of Insurance.

Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics. Refer Annexure 2 for expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment.

Conditions:

- a. **Expenses before and after hospitalization (Pre & Post hospitalization):** We will pay expenses incurred on consultations, medicines, diagnostic tests up to **30 days** before date of admission and up to **60 days** after date of discharge, if these are related to the Accident for which hospital admission claim is paid.
- b. We will **NOT** pay, even if you were admitted, if there was no treatment and only investigations were done. Example: Admission only for investigations like MRI, CT Scan, Endoscopy, Colonoscopy etc.
- c. **We will pay for hospitalization within India ONLY.**

Either Accidental Hospitalization or Animal Attack cover can be offered. Both the benefits cannot be offered together.

3.2.6. Refill – Personal Accident Cover

The first claim paid under Accidental Hospitalization, will trigger the Refill benefit.

Conditions:

- a. Accidental Hospitalization Sum Insured will be triggered on partial/complete utilization of Accidental Hospitalization Sum Insured up to an amount mentioned in your Policy Schedule / Certificate of Insurance.
- b. The Refill Benefit will be triggered as mentioned in your Policy Schedule / Certificate of Insurance.
- c. The Refill Benefit can be used by either the same person for same illness or/and for different illness as mentioned in the Policy Schedule / Certificate of Insurance
- d. The unutilized Refill Benefit Sum Insured cannot be carried forward to the next Policy year.
- e. Any single claim cannot be more than the base Accidental Hospitalization Sum Insured.
- f. The accumulated Sum Insured under this benefit can be utilized **ONLY** for Accidental Hospitalization benefit of this policy.

The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.

3.2.7. Serious Illness Benefit – Personal Accident Cover

We will pay an amount as mentioned in the Policy Schedule / Certificate of Insurance basis number of days of hospitalization (24 Hours or more) of Insured due to injuries following an Accident in the Policy Period.

Note: Coverage in a policy year can be given for any number of days, maximum up to 365 days.

Conditions:

- a. The payout under this benefit will be made as per the minimum and maximum number of days of hospitalization as mention in the Policy Schedule / Certificate of Insurance.
- b. The Hospitalization is Medically Necessary and is carried out on the written advice of a Medical Practitioner. The payout of this benefit can be a lump sum amount or can be linked to specific payouts as mentioned in your Policy Schedule / Certificate of Insurance.

3.2.8. Out-patient Expenses Cover

If the Insured Person sustains an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on Outpatient (OPD) treatment of the Insured.

Outpatient Expenses includes ONLY:

- a. Procedures that require less than 24 hours of hospitalization. This excludes day care treatment.
- b. Diagnostic Tests for Accident related injury or procedure
- c. Vaccinations/Vaccinations for Animal Bites
- d. Plaster cast and/or crutches

Either Out-patient Expense Cover or Animal Attack cover can be offered. Both the benefits cannot be offered together.

3.2.9. Physiotherapy Cover

If the Insured Person sustains an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on Physiotherapy of Insured Person.

Conditions:

- a. The physiotherapy is Medically Necessary for Treatment of the Injury and prescribed by a Medical Practitioner.
- b. Only that Physiotherapy treatment will be considered that is directly related to any Accident that had happened within 90 days from the start of the Physiotherapy sessions.
- c. For the purpose of this benefit, **Physiotherapy** means any form of physical or mechanical therapy; diathermy; ultrasonic therapy; heat treatment in any form; manipulation or massage administered by a Medical Practitioner for treatment of Injury.

Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.

3.2.10. Transportation of Imported Medicine Cover

If the Insured Person sustains an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on the freight charges for importing medicines to India.

Conditions:

- a. Then Insured is hospitalized (for 24 hours or more) for the Injury sustained due to the Accident.
- b. Such medicines, formulations or their alternatives are not available in India.
- c. Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital and are prescribed by a Medical Practitioner.

- d. Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

3.2.11. Purchase of Blood Cover

If the Insured Person sustains an Accidental Injury during the Policy Period which results in Accidental Hospitalization (for 24 hours or more), then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on purchase of blood from blood bank.

3.2.12. Prosthetics Device Cover

If the Insured Person sustains an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on purchasing medically necessary Prosthetics Device(s) to resume normal living post Injury due to Accident.

Conditions:

- a. The Prosthetic device must be Medically Necessary for Treatment and prescribed by a Medical Practitioner.
- b. **The Insured suffers Accidental Hospitalization, Permanent Total Disability, Permanent Partial Disability, Burns, Coma or Broken Bones due to the Accident.**
- c. For the purpose of this benefit, **Prosthetic device** means artificial devices replacing body parts including but not limiting to artificial limbs or eyes, orthopedic braces, intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth and durable medical equipment such as wheelchair, crutches, hospital beds, traction equipment, Walkers, tri-cycles.

3.2.13. Hospital Daily Cash Benefit

If the Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury during the Policy Period, then We will pay either a fixed amount on per hospitalization day basis or a lump sum amount as mentioned in Policy Schedule / Certificate of Insurance.

3.2.14. Road Ambulance Cover

If the Insured Person sustains an Accidental Injury during the Policy Period which results in Accidental Hospitalization (for 24 hours or more), then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on availing Road Ambulance to reach hospital post-Accident

NOTE: Must use a registered ambulance provider Only.

3.2.15. Air Ambulance Cover

If the Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on availing Air Ambulance to reach a hospital.

NOTE: Must use a registered ambulance provider Only. Air ambulance is available ONLY for Emergency care, in case a Road Ambulance is not available.

3.2.16. Second Medical Opinion Benefit

If the Insured Person is undergoing a treatment for an Accidental Injury, the Insured Person can, at the Insured Person’s choice, obtain a Second Medical Opinion during the Policy Period.

Conditions:

- a) The Second Medical Opinion if arranged by Our Service Provider, will be based only on the information and documentation provided by the Insured Person with the Medical Practitioner.
- b) This benefit can be availed as per the times mentioned in your Policy Schedule / Certificate of Insurance.

3.2.17. Burns Benefit

If the Insured Person suffers from Burns due to an Accident, then We will pay the claim as per Table 3. Total Sum Insured for this benefit will be mentioned in the Policy Schedule / Certificate of Insurance. The Degree of the burns and total body surface area burnt has to be certified by a Medical Practitioner.

Table 3:

Condition for Burns	Percentage of Burns Sum Insured
3rd degree burns of 30% or more of the total body surface	100%
2nd degree burns of 30% or more of the total body surface	50%
3rd degree burns of 20% or more, but less than 30% of the total body surface	80%
2nd degree burns of 20% or more, but less than 30% of the total body surface	40%
3rd degree burns of 10% or more, but less than 20% of the total body surface	40%
2nd degree burns of 10% or more, but less than 20% of the total body surface	20%
3rd degree burns of 5% or more, but less than 10% of the total body surface	20%
2nd degree burns of 5% or more, but less than 10% of the total body surface	10%

The coverage under this Benefit would terminate for the Insured Member (for lifetime) for whom we have paid a total of 100% Burns Sum Insured claim in the lifetime of the Insured.

3.2.18. Broken Bones Benefit

If the Insured Person suffers from Broken Bone or Fracture due to an Accident, then We will pay claim as per Table 4. Total Sum Insured for this benefit is as mentioned in Policy Schedule / Certificate of Insurance.

Table 4:

Condition for Broken Bone	Percentage of Broken Bone Sum Insured
Pelvis, Vertebral body resulting in spinal cord Injury	100%
Shoulder (collar bone & shoulder blade), Chest (all ribs & breast bone), Arm, Leg, Vertebra (excluding Coccyx)	30%
Fracture to any other bone in the body	10%

NOTE: For the purpose of this benefit, **Broken Bone or Fracture** will mean a break in the continuity of the bone. This does not include hairline Fractures. This has to be confirmed by a Medical Practitioner and imaging investigations like an X-ray.

3.2.19. Coma Benefit

If the Insured Person is in Comatose (coma) State within one month from date of Accident, then We will pay the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

An Insured Person is said to be in Comatose State (Coma) if:

- a. Has been in a State of Comatose for continuous 96 hours
- b. Is on Life support systems
- c. Condition is confirmed by the treating Doctor

NOTE: We will NOT pay for coma which results from alcohol or drug abuse.

The coverage under this Benefit would terminate for the Insured Member (for lifetime) for whom we have paid a total of 100% Coma Sum Insured claim in the lifetime of the Insured.

3.2.20. Animal Attack Cover

We will cover cost of treatment as per per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for treatment of Accidental Injury caused by an animal. We will also cover cost of vaccinations if prescribed by Medical Practitioner.

NOTE: The benefit does **NOT** cover diseases spread through an insect bite by transfer of organisms for which the insect is a known carrier or host.

If Out-patient Expense Cover or Accidental Hospitalization offered, then this benefit cannot be offered.

3.2.21. Rehabilitation Cover

We will cover cost of treatment as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the Rehabilitation of the Insured Person following an Accident.

Conditions:

- a. Rehabilitation to start within 3 weeks of date of Accident.
- b. Treatment by a licensed, registered, or certified therapist; or
- c. Treatment in an institution which is licensed to provide such treatment, when the treatment is intended to prepare the Insured Person for work in any gainful occupation, including the Insured Person's regular occupation.
- d. The Rehabilitation is Medically Necessary for Treatment and prescribed by a Medical Practitioner.

Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.

3.2.22. Reconstructive Surgery Cover

We will cover cost of treatment as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the Reconstructive Surgery following an Accident. Provided that the Accidental Injury results in Accidental Hospitalization, Permanent Total Disability, Permanent Partial Disability or Burns.

Conditions:

- a. The Surgery must be conducted within six months of date of Accident.
- b. The Reconstructive Surgery is Medically Necessary for Treatment of the Injury and prescribed by a Medical Practitioner.
- c. We shall **NOT** be liable to make any payment in respect of any Insured Person for:
 - Any Reconstructive Surgery not performed by a registered and licensed Medical Practitioner.
 - Any Reconstructive Surgery an Insured Person elects to have even if it is not medically necessary.

NOTE: For the purpose of this benefit, **Reconstructive surgery** means surgery to treat body parts affected aesthetically or functionally by Accident or Burns.

3.2.23. Accidental Miscarriage Benefit

If an Accidental Injury leads to miscarriage within 3 months of date of Accident, then We will provide a lump sum coverage as mentioned in the Policy Schedule / Certificate of Insurance.

Conditions:

- a. This benefit is applicable **ONLY** to the female Insured Member covered under this Policy.
- b. Coverage under this Benefit is available **ONLY** once in a policy year.
- c. This benefit is applicable **ONLY** if Insured is minimum five weeks pregnant at the time of the Accident event.

3.2.24. Domestic Travel for Medical Treatment Cover

If the Insured Person sustains an Accidental Injury during the Policy Period which requires the Insured to move to another city for treatment, then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on the following –

- a. Reasonable travel expenses incurred to move to another city.
- b. Travel expenses incurred on return from outside the city of residence, including the modification of carrier for convenient transportation post discharge.

Conditions:

- a. The distance between the place of residence and the place of treatment facility must be at least 50 KMs.
- b. Travel to another city is Medically Necessary for Treatment of the Injury due to unavailability of such treatment in the city of residence and the same is carried out on the written advice of a Medical Practitioner.
- c. The Insured is hospitalized (for 24 hours or more) for the treatment of the Injury.

3.2.25. Repatriation Cover

In case of Accidental Death of Insured Person during the Policy Period, we will reimburse as per the sum insured mentioned in Policy Schedule / Certificate of Insurance towards transportation of mortal remains from the place of death to the residence of the deceased Insured Person.

3.2.26. Funeral Benefit

In case of Accidental Death of Insured Person, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards funeral expenses of the deceased Insured Person.

3.2.27. Home and Vehicle Modification Benefit

We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards modification of residential accommodation and/or vehicle of the Insured Person following an Accident which resulted into Permanent Total Disability or Permanent Partial Disability of Insured Person. Provided that the modifications have been carried out in India and certified by a Doctor as necessary for treatment and resume normal living.

3.2.28. Personal liability

We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance for expenses incurred by the Insured Person for:

- a. Any actual legal liability of the Insured for causing an unintentional Injury or death of a third party due to any involvement of the Insured in an Accident.
- b. All costs, fees and expenses in the investigation, defense or settlement of any claim.

3.2.28.1. Special conditions:

1. You shall:
 - a. Give Us written notice within 10 days of any claim or demand made against you
 - b. Not admit liability/ settle/ compromise/ make any payment without Our prior written consent.
 - c. Allow Us, in Our sole and absolute discretion, to take over and conduct investigation, defence and/or settlement of any claim. You shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, we may in Our sole and absolute discretion relinquish the same.
2. We will not settle any claim without your consent. But if you refuse settlement recommend by Us and choose to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
3. For us to cover the costs, claim shall be made on you by the third parties during the Period of Insurance or within 60 days from the date of expiry of the insurance.

3.2.28.2. Conditions:

What is **NOT** covered?

1. Any fines or exemplary damages aimed at punishing you rather than awarding compensation to third party
2. Liability arising from:
 - a. Violation of operating/safety guidelines published by the service provider contracted by you.
 - b. Action of any type by any other person accompanying you.
 - c. Loss of or damage to property which belongs to you or is under your control or the control of a member of your household or the control of people who work for you.
 - d. Your job/profession/professional activities/trade/business/employment or occupation.
 - e. Any willful, malicious, criminal or unlawful act, error, or omission.
 - f. Liability assumed by you by an agreement / contract which would not have attached in the absence of such agreement / contract.
 - g. Personal injuries including but not limited to libel, slander, false arrest, sexual molestation, corporal punishment, wrongful eviction, wrongful detention, defamation, any mental Injury, anguish, or shock resulting therefrom.
 - h. Ownership and / or Occupation of any land and / or building, unless you are occupying any temporary holiday accommodation, which is not owned by you.
 - i. Ownership and / or Usage of any of the following:
 - livestock (except domestic animals);
 - firearms (except sporting guns used for clay-pigeon shooting);
 - motorized vehicles, aircraft of any description, including unpowered flight
 - vessels (except manually-propelled watercraft); or
 - j. Your participation in any leisure activity or activity-based holiday or adventure sports where Personal Liability is specifically excluded.
 - k. Transmission of illness or disease by the Insured
 - l. Any family member, relative, friend, travel companion or close business associate
3. Any Claim paid or compromised or commitment made without our prior written consent

3.2.29. Emergency Hotel Requirement Cover

If the Insured Person sustains Accidental Injury which results in Accidental Hospitalization (for 24 hours or more) during the Policy Period, then We will reimburse as per the sum insured and limits mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on hotel stay for the Insured Person and any one Immediate Family Member travelling with the Insured Person for treatment.

Conditions:

- a. We shall **NOT** accept more than one claim under this Benefit during the Policy Period.
- b. For the purpose of this benefit, **Immediate Family Member** relationship with respect to the Insured Person applicable are - Spouse, Parents, Sibling, Mother In-Law, Father In-Law, and Child.

3.2.30. Home Convalescence Cover

If the Insured Person sustains Accidental Injury which results in Accidental Hospitalization (for 24 hours or more) during the Policy Period, then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance for the expenses incurred on engaging one qualified nurse at residence immediately after discharge from the hospital. Provided that the qualified nurse is prescribed by a Medical Practitioner and is appointed for a period that is medically necessary for treatment of the Insured.

3.2.31. Loss of Activities of Daily Living Benefit

If the Insured Person is unable to perform three or more Activities of Daily Living for a period of at least six consecutive months following an Accidental Injury within the Policy Period, then We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance. Provided that the Accidental Injury results in Permanent Total Disability, Permanent Partial Disability, Burns, Coma or Broken Bones.

Conditions:

- a. This loss of ability to perform Activities of Daily Living and its duration should be certified by a Medical Practitioner.
- b. This cover is **NOT** applicable for Insured aged seventy-five or above.
- c. For the purpose of this benefit, the **Activities of Daily Living** are –
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.

3.2.32. Monthly Needs Benefit

In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards monthly needs of the insured for up to twelve months. Provided that the condition is certified by a Medical Practitioner.

3.2.33. Education for Dependent Children Benefit

In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards the Education of the dependent children

Conditions:

- a. Dependent child is a full-time student in any recognized Educational Institute at the time of occurrence of the Accident event.
- b. For the purpose of this benefit, **Educational Institute** means any accredited institution that provides education or training, including but not limited to, any technical / vocational school.
- c. The age of the child at the time of occurrence of the Accident event would be considered to validate of the child is dependent.
- d. We will make a single payment, irrespective of the number of Children.
- e. **The claim under this benefit would payable only once in the lifetime for the Insured Member.**

3.2.34. Marriage Fund for Children Benefit

In case of Accidental Death or Permanent Total Disability of Insured Person due to Accident, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards the marriage expenses of the adult and unmarried children of the Insured.

Conditions:

- a. We will make a single payment, irrespective of the number of Children.
- b. **The claim under this benefit would payable only once in the lifetime for the Insured Member.**

3.2.35. Orphan Benefit

Following the Accidental Death of both parents in same or different Accident event(s) in a policy year, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards the care of orphan children.

Conditions:

- a. Both the parents have to be covered as Insured Members under this policy.
- b. We will make a single payment, irrespective of the number of children.

3.2.36. Spouse Care Benefit

Following Accidental Death of Insured Person, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards the care of living spouse of the Insured.

The spouse of the Insured need **NOT** be covered in the policy.

NOTE: For the purpose of this benefit, **Spouse** means an individual legally married to the Insured Person.

3.2.37. Compassionate Visit Benefit

In case of Accidental Hospitalization (for 24 hours or more) of Insured Person, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance, towards the travel expense of one Immediate Family member of the Insured Person to the place of Hospitalization.

Conditions:

- a. The place of Hospitalisation must be at least 50 KMs from the place of residence of the Insured.
- b. For the purpose of this benefit, **Immediate Family Member** relationship with Insured Person applicable are - Spouse, Parents, Sibling, Mother In-Law, Father In-Law, and Child.
- c. The Immediate Family Member must be an Adult (18 years or more).

3.2.38. Medical Insurance Premium Cover

In case of Accidental Death or Permanent Total Disability of Insured Person, we will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance towards one time immediate and annual medical insurance premium for the Insured Person's surviving Spouse and Dependent Children combined.

NOTE: The claim under this benefit would payable only once in the lifetime for the Insured Member.

3.2.39. Parental Care Benefit

In case of Accidental Death or Permanent Total Disability of Insured Person, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards the care of parents of the Insured Person.

Conditions:

- a. Elderly parent has to be above the age of 60 years and alive.

- b. We will make a single payment, irrespective of the number of parents above 60 years of age and alive.
- c. **The claim under this benefit would payable only once in the lifetime for the Insured Member.**

3.2.40. Family Counselling Benefit

In case of Accidental Death, Permanent Total Disability or Coma of Insured Person, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance towards Professional Counselling for Insured Person's Spouse and Dependent Child. Provided that the counselling is prescribed by a Medical Practitioner.

3.2.41. Loss of Personal Material Cover

If the Insured Person suffers an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Policy Schedule / Certificate of Insurance towards the Loss or Theft of Personal Material of the Insured caused due to the Accident event.

Coverage as per the following options would be applicable as mentioned in the Policy Schedule / Certificate of Insurance –

- Coverage for Electronic Equipment, like Cellphone, laptop, headphones
- Coverage for Books, Bag, Course Material, Study Material
- Coverage for Uniform (outfit provided by an employer to a professional)
- Any one or Combination of the above option can be offered

Conditions:

- a. We would **NOT** cover the damage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process initiated by the Insured Person to repair, clean or alter the property.
- b. The Insured Person provides Us with a written proof of to validate the ownership of the item under consideration.

3.2.42. On Duty Cover

This benefit provides inclusion in the Policy to the members with risky professions as classified under Risk Class 4 of the Annexure 21 – Risk Class Grid. The Coverage will be provided to the Insured as per the benefits offered in the Policy Schedule / Certificate of Insurance while the Insured is on Professional Duty during the official work hours (and not for all the 24 hours of the day & night).

3.2.43. Common Carrier Benefit

If the Insured Person sustains Accidental Injury while travelling in a common carrier as a fare-paying passenger (including boarding and alighting from that Common Carrier) during the Policy Period which results in Accidental Death or Permanent Total Disability of Insured, then We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

3.2.44. Terrorism Cover

This benefit provides extension of scope of coverage under this policy by providing a waiver of the exclusion 5.2.33.3. Such extension will not result into any increase in Sum Insured of the respective Coverages.

3.2.45. Common Accident Benefit

In case of Accidental Death of Insured Person and his/her spouse in same Accidental event during the Policy Period, we will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance. Provided that both the Insured and his/her Spouse must be covered under the Policy.

3.2.46. Adventure Sport Cover

This benefit provides extension of scope of coverage under this policy by providing a waiver of the exclusion 5.2.33.6. Provided that the Adventure Sports are performed in non-professional capacity, under the supervision of a trained professional and for leisure purpose ONLY.

For the purpose of this benefit, **Adventure Sports** includes:

- I. **Sky Sports:** Sky Diving, Hang Gliding, Ballooning, Parasailing, Paragliding, Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking
- II. **Mountain Sports:** Skiing, Snowboarding, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Cannoning, Mountaineering
- III. **Water Sports:** Fishing, Deep Sea Fishing, Kite Surfing, Body Boarding, Paddle Boarding, Kayaking, Canoeing, Scuba Diving, Shark Diving, Swimming with Dolphins, diving with Whales, Wakeboarding, Surfing, white water rafting, Snorkeling, Waterskiing, Whale Watching
- IV. **Racing Sports:** Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn, mower racing, Snowmobile racing, Truck racing, Off Road 4x4
- V. **Earth Sport:** Land Windsurfing, Zorbing, Sand Boarding

3.2.47. Head & Spinal Injury Benefit

If the Insured Person sustains head or spinal injury due to an Accident during the Policy Period which results in Permanent Total Disability, Permanent Partial Disability or Coma of Insured, then We will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

NOTE: Head or Spinal Injury has to be confirmed by a confirmed by a Doctor and imaging investigations like an X-ray, CT-Scan, MRI, Ultrasound.

For the Purpose of this benefit, Coma means When an Insured fall into Comatose State within one month of Accident. Insured is said to be in Coma is in the same state for a continuous 96 hours.

3.2.48. Loan Protect Benefit

We will pay up to sum Insured as mentioned in the Policy Schedule / Certificate of Insurance.

Conditions:

1. We will not pay for any arrears or penalties levied by the bank or financial institution.
2. The loan has to be in the name of the Insured Person and from a Financial Institution.
3. It is the responsibility of the Insured Person to inform us in case the loan is transferred from one financier to another.
4. No refunds will be made, In case of early closure of the Loan during the Policy period.

3.2.49. Chauffeur Benefit

If the Insured Person suffers an Injury solely and directly due to an Accident during the Policy Period, We will indemnify the expenses incurred up to the limit and period specified in the Policy Schedule/Certificate of

Insurance as a monthly allowance for the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the Insured Person's mobility to meet his/her business commitments.

Conditions:

- a. This Benefit shall be payable only if We have accepted a claim under Section 3.2.2 (Permanent Total Disability (PTD)), 3.2.3 (Permanent Partial Disablement (PPD)) or 3.2.4 (Total Temporary Disablement (TTD)) in respect of the same Injury.

We shall not be liable to make any payment under this Benefit in excess of the period specified in the Policy Schedule/Certificate of Insurance.

3.3. OPD & Wellness Cover

3.3.1. Video Consultations with General Practitioner

We will cover Video Consultations with certified General Practitioners for the Insured. A video consultation is an out-patient consultation, which is conducted over a video call between the Insured and the General Practitioner. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, as specified in the Policy Schedule/Certificate of Insurance.

These consultations can be booked digitally via our/empaneled service provider's website, Mobile application, and/or through our call centers.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.2. Tele Consultations with General Practitioner

We will cover Tele Consultations with certified General Practitioners for the Insured. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the General Practitioner. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, as specified in the Policy Schedule/Certificate of Insurance.

These consultations can be booked digitally via our/empaneled service provider's website, Mobile application, and/or through our call centers.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.3. Physical Consultations with General Practitioner

We will cover Physical Consultations with certified General Practitioners for the Insured. A Physical Consultation is an out-patient consultation, which is conducted over a face-to face meeting between the Insured and the General Practitioner. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, as specified in the Policy Schedule/Certificate of

Insurance. These consultations can be booked via our/empaneled service provider's website, Mobile application, and/or through our call centers or/and at the doctor's clinic/hospital.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.4. Video Consultations with specialists

We will cover Video Consultations with Specialists for the Insured. A video consultation is an out-patient consultation, which is conducted over a video call between the Insured and the Specialist. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, with the specified specialists as mentioned in the Policy Schedule/Certificate of Insurance.

These consultations can be booked digitally via our/empaneled service provider's website, Mobile application, and/or through our call centers.

The type of specialists covered will be as per Annexure 3.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.5. Tele Consultations with specialists

We will cover Tele Consultations with Specialists for the Insured. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the Specialist. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, with the specified specialists as mentioned in the Policy Schedule/Certificate of Insurance. These consultations can be booked digitally via our/empaneled service provider's website, Mobile application, and/or through our call centers.

The type of specialists covered will be as per Annexure 3.

Any unutilized amount or no. of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.6. Physical Consultations with specialists

We will cover Physical Consultations with Specialists for the Insured. A Physical Consultation is an out-patient consultation, which is conducted over a face-to face meeting between the Insured and the Doctor. The insured can take the number of consultations or as per a pre-defined limit within network or outside of the network, with the specified specialists as mentioned in the Policy Schedule/Certificate of Insurance.

These consultations can be booked via our/empaneled service provider's website, Mobile application, and/or through our call centers or/and at the doctor's clinic/hospital.

The type of specialists covered will be as per Annexure 3.

Any unutilized amount or number of consultations in one Policy Year cannot be carry forwarded to the next Policy Year.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.7. Diagnostic Services

The Insured Person may avail specified diagnostic tests as per Annexure 6 or Up to a pre-set limit or/and set of specified diagnostic tests, as specified in the Policy Schedule/Certificate of Insurance, from us / Our empanelled Service Provider through our/its mobile application or website. However, We shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further the diagnostic tests taken from us/ Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

Conditions:

- a. Diagnostic Tests are performed on an outpatient basis with or without local anesthetics for topical, infiltration, nerve block anesthesia – with or without Hospitalization for less than 24 hours.

3.3.8. Pharmacy Services

The Insured Person may purchase prescription or/and over the counter pharmacies(medicines) or Up to a pre-set limit can be utilized for prescription or/and over the counter pharmacies(medicines) as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of medicines from us/our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.9. Home Health Care Services - OPD & Wellness Cover

The Insured person may avail home health care services, which are services that can be availed at your home for treatment of al illness or injury, as per Annexure 4 or up to the limit as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of Home Health Care Services from us/Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Conditions:

- a. The medical condition of the Insured Person must be such that the treating Medical Practitioner expects the condition to improve in a reasonable and generally predictable period of time.
- b. Treatment under this Benefit will be provided under the supervision of a Medical Practitioner to safely and effectively administer the treatment plan for the condition of the Insured Person.

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- c. The amount, frequency and time period of the services under this Benefit shall be reasonable, and in agreement between treating Medical Practitioner and the Insured Person availing the service.
- d. Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.10. Vaccination Cover

The Insured person may avail specified Vaccinations as per Annexure 5 or up to a pre-set limit as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of Vaccination Services from us/Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Conditions:

- a. The expenses incurred are Reasonable and Customary (as per Section 2.1.34)
- b. Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.11. Annual Health Check-up - OPD & Wellness Cover

The Insured Person may avail a health check-up during the Policy Period as per the list specified in Annexure 8 or for a pre-defined list of tests or up to the limit specified in the Policy Schedule/Certificate of Insurance. These tests can be booked via our/empaneled service provider's website, Mobile application, through our call centers, or/and at the doctor's clinic/hospital.

- a. The eligibility of the Insured Person under this Benefit and the frequency of health check-ups will be as specified in the Policy Schedule/Certificate of Insurance.
- b. Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.
- c. Any unutilized test or amount in one Policy Year cannot be carry forwarded to the next Policy Year.

3.3.12. Second Medical Opinion - OPD & Wellness Cover

If the Insured Person is planning to undergo a planned Surgery or a Surgical Procedure for any Illness or Injury, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period and within the region(s) as mentioned in the Policy Schedule/Certificate of Insurance, from us / our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever.

Further availing the second medical opinion from us/Our empanelled Service Provider is at the Insured Person's absolute discretion and choice. The second medical opinion under this benefit shall not be valid for any medico legal purposes

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

3.3.13. Monitoring / Medical Devices

The Insured person may avail monitoring / medical devices which are medically necessary and recommended by a registered medical practitioner as per Annexure 7 or up to the limit or percentage of sum insured as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through

our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of Monitoring/Medical Devices from us/Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Expenses can be claimed under this Section on a Reimbursement basis or on Cashless basis as mentioned in the policy schedule/ certificate of Insurance.

Conditions:

- a. The monitoring / medical device(s) being recommended by treating Medical Practitioner, would help in improving the condition in a reasonable and generally predictable period of time.
- b. The Medical Device / Monitoring device can only be purchased if recommended by a registered medical practitioner only

3.3.14. Condition Management Packages

The Insured person may choose to opt for one or more condition management package/(s) for a medical condition, on the recommendation of a registered medical practitioner up to the limits as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website. However, we shall not be responsible for any dispute between the Insured Person and the Service Provider for any reason whatsoever. Further purchase of Condition Management Package(s) from us/Our empanelled Service Provider is the Insured Person's absolute discretion and choice.

Expenses can be claimed under this Section on Cashless basis only.

3.3.15. Wellness benefits

The policy offers benefits to encourage Good Health and a healthier lifestyle. The Insured person may choose to avail any of the benefits outlined below up to the limits as mentioned in the Policy Schedule/Certificate of Insurance, from us/our empanelled Service Provider through our/its mobile application or website.

3.3.15.1. Access to Fitness Centre / Digital Fitness Coaching / AI Fitness Coaching

Access to Physical Fitness Centres or Gyms / Digital Fitness Coaching sessions / AI led fitness coaching sessions to stay healthy. These benefits will be provided by our empanelled service providers on cashless basis only. Utilisation of the benefits will be at the sole discretion and choice of the insured.

3.3.15.2. Access to Nutritionist/Wellness Coaching

Access to Dietician / nutritionist / health coach / emotional wellness coach / psychologist / Assessments for maintaining a healthier and balanced lifestyle. The consultations can be availed through our /empanelled service provider's application /website via audio, video or chat channels on cashless basis only. Utilisation of the benefits will be at the sole discretion and choice of the insured.

3.3.16. Wallet

The insured can utilise the wallet limits for benefits as defined in the the Policy Schedule/Certificate of Insurance. The wallet can consist of benefits as defined in section 3.3.1 to 3.3.14. The conditions for the respective benefits given under the wallet will be applicable.

The wallet will be available in below options, as mentioned in your Policy Schedule/Certificate of Insurance:

3.3.16.1. Master Wallet

Master Wallet, as specified in your Certificate of Insurance/Policy schedule, can either be a list of benefits with a single limit/sub-limit. or a single benefit with a defined limit. The limit in the wallet can be utilized for one benefit alone or for combination of benefits (if applicable).

3.3.16.2. **Individual Benefit Wallet**

Individual Wallet, as specified in your Certificate of Insurance/Policy schedule, will be a wallet with specific benefits with individual limit/sub-limit for each benefit. The limit in the wallet can be utilized for each benefit or for combination of benefits (if applicable).

3.3.17. **Vouchers**

Vouchers are one time use benefits given to the Insured.

The Insured will get Single time use vouchers of fixed values as specified in the Policy Schedule/Certificate of Insurance.

The value of the voucher will be as per the limit/sub-limit mentioned in your policy schedule/certificate of insurance.

The vouchers can be offered for any or all of the benefits mentioned from Section 3.3.1 to 3.3.14. The conditions for the respective benefits given for the vouchers will be applicable. The vouchers will have to be utilized on us/our empanelled Service Provider through our/its mobile application or website

Conditions:

- a. These will be one time use vouchers and would lapse when utilized
- b. In case of Partial utilization of the voucher, the balance amount would be forfeited and would not be carried forward
- c. The voucher would only be allowed to be utilized for the benefits as defined in the policy schedule/certificate of insurance
- d. The Vouchers are non-transferable.
- e. Expenses can be claimed under this Section on Cashless basis only.

3.4. Named Illness Benefit

3.4.1. Named Illness

If an Insured Person suffers a Named Illness specified in Policy Schedule/Certificate of Insurance during the Policy Period, We will pay the Named Illness Sum Insured on indemnity / fixed benefit as mentioned in the Policy Schedule/Certificate of Insurance.

Conditions:

- a. The Named Illness occurs or first manifests itself during the Policy Period; and
- c. The signs or symptoms of the Named Illness commence after the completion of the specified Pre existing Disease and initial waiting period from the date of commencement of coverage of the Insured Person under the Policy as specified in the Policy Schedule/Certificate of Insurance.
- d. Our maximum, total and cumulative liability in respect of the Insured Person under this Benefit shall be limited to the Named Illness Sum Insured.
- e. We will pay the Benefit under this Section only once per Insured Person for each Named Illness during Policy Year.

- f. Claim for a Surgical Procedure would be paid only once per Insured Person in his lifetime.

3.5. Hospital Daily Cash Benefit

3.5.1. Daily Cash Benefit

If an Insured Person due to illness or injury is hospitalized, then we will pay the amount for each continuous and completed period of 24 hours of Hospitalization, subject to deductible or franchise, up to the limit and/or number of days as mentioned in the Policy Schedule / Certificate of Insurance.

Conditions:

- a. We shall not be liable to make any payment under this Benefit in excess of the maximum number of days specified in the Policy Schedule/Certificate of Insurance, including all days of admission of the Insured Person in the Intensive Care Unit.
- b. The Insured Person is Hospitalized for at least the minimum period specified in the Policy Schedule/Certificate of Insurance following which the Benefit amount will be payable for completed days of Hospitalization following the completion of the Deductible.

3.5.2. ICU Cash Benefit

We will pay twice the Daily Cash Benefit for each continuous and completed period of 24 hours of admission in the Intensive Care Unit, subject to deductible or franchise, up to the limit and/or number of days as specified in the Policy Schedule / Certificate of Insurance. This benefit can only be if Daily Cash Benefit is opted.

Conditions:

- a. We shall not be liable to make any payment under this Benefit in excess of the maximum number of days specified in the Policy Schedule/Certificate of Insurance, including all days of admission of the Insured Person in the Intensive Care Unit.
- b. The Insured Person is Hospitalized for at least the minimum period specified in the Policy Schedule/Certificate of Insurance following which the Benefit amount will be payable for completed days of Hospitalization following the completion of the Deductible.

3.6. Critical Illness Cover

3.6.1. Critical illness Cover:

We will pay the amount specified in the Policy Schedule/Certificate of Insurance if the Insured Person is diagnosed with any Critical Illness as mentioned in the Policy Schedule/Certificate of Insurance, subject to the completion of Survival Waiting periods mentioned in the Policy Schedule / Certificate of Insurance.

Conditions:

- a. Payment under this policy will be made as mentioned in the Policy Schedule/ Certificate of Insurance.
- b. The diagnosis of a Critical illness must be verified by a Medical Practitioner.
- c. The list of applicable Critical Illnesses for the Insured Person will be as per Annexure 10.
- d. If the benefit amount in your policy is linked to any of the below options (as mentioned in the Policy Schedule/Certificate of Insurance) then the insured will be asked for documents as proof at the time of issuance of the policy or/and claims for the specified category.

- I. Based on Weekly, Monthly, Quarterly Salary: The take home Salary of the Insured will be considered as the declared Salary at the time of buying the policy. We will not consider bonus and other payouts as part of the Salary. Salary has to be in the name of the Insured Proposer.
 - II. Based on Fixed Deposit (FD) Amount: The amount deposited as FD by the Insured at the time of buying the policy will be considered. The FD has to be in the name of the Insured Proposer. The Interest earned on the fixed deposit will not be considered at the time of payment of benefit.
 - III. Based on Balance of the Savings Account: The Average quarterly balance maintained as confirmed by the bank or the balance on the day of issuance of policy (for new accounts), in the said Savings Account in the name of the Insured will be considered. The Savings Account has to be in the name of the Insured Proposer.
 - IV. Based on Credit Card Limit: The set Credit Card limit on the said card (as declared by the insured) in the name of the Insured, on the day of buying the policy will be considered. Change in the limits of the Card post policy issuance will not be considered.
 - V. Based on Loan Amount: The principal outstanding amount on the said loan (the loan basis which the policy was issued) on the day of the event giving rise to the claim. We will not consider any top ups and/or upgrades post policy issuance as part of the said loan. The loan has to be in the name of the Insured Proposer.
 - VI. Based on EMIs on Loan Amount: The EMI amount for up to 24 months will be considered as pay out. The Actual EMI amount on the said Loan (the loan basis which the policy was issued) will be considered at the time of payment of the benefit. . We will not consider any top ups and/or upgrades post policy issuance as part of the said loan. The EMI has to be in the name of the Insured Proposer.
 - VII. Based on payment of Utility Bills: The amount paid towards utility bills- up to past 180 days, or/and up to last 24 bills paid- will be considered as the base amount for payout. Utility bills will include all or any of the following bills: telephone bills, mobile recharge and top ups, electricity bill, gas bill, water bill, broadband/internet bill or any other category of bill as defined by us at the time of Policy issuance. The utility bills paid should be in the name of the Insured Proposer.
- e. The maximum payout will be as per the Maximum Sum Insured mentioned specified in the Policy Schedule / Certificate if Insurance. This maximum cap will be applicable even when the amount is linked to any category as mentioned in point (d) above.

3.6.2. Sum Insured Enhancement

In consideration of additional premium received from You/Insured Person, it is hereby understood and agreed that, the Critical Illness Sum Insured mentioned in the Policy Schedule/ Certificate of Insurance shall be increased automatically per annum by the percentage chosen, by the Insured Person and accepted by Us and mentioned in the Policy Schedule/Certificate of Insurance. It is hereby clarified that the increase every time would be computed on the Critical Illness Sum Insured at which the cover under the Policy had been issued the first time and not the increased Sum Insured in years succeeding the first year of cover under the Policy.

Conditions:

- a. The Sum Insured shall be increased by a flat percentage for every completed Policy Year

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b. At Renewal the Insured Person shall have an option to revise the Sum Insured by sending in writing the request for such Sum Insured revision. Any revision to Sum Insured shall always be subject to underwriting and acceptance of risk by Us in writing

a.

3.6.3. Income Protector

If the insured person loses the job due to any of the Critical Illness mentioned in the Policy Schedule / Certificate of Insurance, we shall in addition to the Critical Illness Sum Insured, we shall also pay the amount up to the limit and/or number of months as specified in the policy schedule/certificate of insurance as income to the insured person. This benefit is subject to a claim being accepted under Section 3.6.1 (Critical Illness Cover) for the insured person.

3.6.3.1. Conditions:

- For eligibility under this cover the job of the Insured Person must be permanent and not temporary or casual or seasonal or contractual or off roll and the Insured Person must be employed in that permanent job at the time of inception of the cover under the Policy and 90 days immediately following thereafter within the Policy/Coverage Period including the day of inception of the Policy.
- You/Insured Person has to provide all the documentary evidence of such loss of job

3.6.3.2. What is not covered:

- We shall not be liable to make any payment under this Section in event the Insured Person unemployment is a consequence of his termination, dismissal, suspension because of his involvement in any act of dishonesty and/or fraud and/or poor performance on the part of the Insured Person and/or his willful violation of any rules of the employer and/or laws for the time being in force and/or any disciplinary action against him by the employer.
- We shall not be liable to make any payment under this Section:
 - If the Insured Person is a self employed person during the entire Policy Period;
 - In case of unemployment at the time of inception of the Policy/Coverage Period or unemployment arising within the first 90 days of inception of the Policy Period/ Coverage Period for any reason whatsoever including without limitation even if the Insured Person suffers Critical Illness.
 - In case of suspension from employment on account of any pending enquiry being conducted by the employer/ public authority.
 - In case of unemployment during the entire Policy Period/ Coverage Period due to retirement whether voluntary or otherwise.

In case of any unemployment during the entire Policy Period/ Coverage Period due to non-confirmation of employment after or during such period under which the Insured Person was under probation.

3.7.Serious Illness Cover

3.7.1. Serious Illness

For any Illness, accident or/and surgery that requires the Insured to be admitted in the Hospital for the number of days as mentioned in the Policy Schedule/ Certificate in Insurance, We will pay the benefit amount, upto the limit as mentioned in the policy schedule/ certificate of insurance.

A Minimum of 1 day of hospitalization will be required.

NOTE: One day will be considered as completion of 24 hours in admission

Conditions:

- a. If the benefit amount in your policy is linked to any of the below options (as mentioned in the Policy Schedule/Certificate of Insurance) then the insured will be asked for documents as proof at the time of issuance of the policy or/and claims for the specified category.
 - I. Basis a fixed payout amount as per limits mentioned in the policy schedule.
 - II. Based on Weekly, Monthly, Quarterly Salary: The take home Salary of the Insured will be considered as the declared Salary at the time of buying the policy. We will not consider bonus and other payouts as part of the Salary. Salary has to be in the name of the Insured Proposer.
 - III. Based on Fixed Deposit (FD) Amount: The amount deposited as FD by the Insured at the time of buying the policy will be considered. The FD has to be in the name of the Insured Proposer. The Interest earned on the fixed deposit will not be considered at the time of payment of benefit.
 - IV. Based on Balance of the Savings Account: The Average quarterly balance maintained as confirmed by the bank or the balance on the day of issuance of policy (for new accounts), in the said Savings Account in the name of the Insured will be considered. The Savings Account has to be in the name of the Insured Proposer.
 - V. Based on Credit Card Limit: The set Credit Card limit on the said card (as declared by the insured) in the name of the Insured, on the day of buying the policy will be considered. Change in the limits of the Card post policy issuance will not be considered.
 - VI. Based on Loan Amount: The principal outstanding amount on the said loan (the loan basis which the policy was issued) or a percentage of the principal outstanding loan amount or a percentage of the loan amount on the day of the event giving rise to the claim. We will not consider any top ups and/or upgrades post policy issuance as part of the said loan. The loan has to be in the name of the Insured Proposer.
 - VII. Based on EMIs on Loan Amount: The EMI amount will be considered as pay out. The Actual EMI amount on the said Loan (the loan basis which the policy was issued) will be considered at the time of payment of the benefit. . We will not consider any top ups and/or upgrades post policy issuance as part of the said loan. The EMI has to be in the name of the Insured Proposer.
 - VIII. Based on payment of Utility Bills: The amount paid towards utility bills- up to past 180 days, or/and up to last 24 bills paid- will be considered as the base amount for payout. Utility bills will include all or any of the following bills: telephone bills, mobile recharge and top ups, electricity bill, gas bill, water bill, broadband/internet bill or any other category of bill as defined by us at the time of Policy issuance. The utility bills paid should be in the name of the Insured Proposer.

- b. The maximum payout will be as per the Maximum Sum Insured mentioned in the Policy Schedule / Certificate of Insurance. This maximum cap will be applicable even when the amount is linked to any category as mentioned in point (a) above.

3.8. Additional Benefits

The below mentioned can be offered in any combination for all or any combination in the policy documents. The benefit(s), if offered, will be specified in the Policy Schedule / Certificate of Insurance.

3.8.1. Premium Waiver

In case of any of the below scenarios, as mentioned in your Policy Schedule / Certificate of Insurance, we will offer a complete waiver of renewal premium.

1. No Claim and/or
2. Any specific diagnosis of illness/ treatment or any medical event

The waiver will be applicable for a cohort of years as mentioned in the policy schedule/certificate of insurance. Post which you will have to pay the premium as per your plan and waiver will again be applicable as per the mentioned cohorts.

Example: If at the time of buying a 1 year policy, you paid a premium of INR 1000. In your certificate of insurance, it was mentioned that in case of no claim in any year, the premium for the next year will be waived off for a period of 4 years. Then for the next 4 years, in case of no claim, you will pay “NO PREMIUM”. In year 6th, you will again pay the premium and receive a premium waiver for the next 4 years.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Rate Chart (in INR)	1000	1000	1000	1000	1000	1000	1000	1000	1000	1000	
Claim (in INR)	No Claim	No Claim	No Claim	No Claim	No Claim	No Claim	No Claim	No Claim	Claim	No Claim	
Renewal Premium (in INR)		0	0	0	0	1000	0	0	0	1000	
	Premium Waiver for cohort of 4 year in case of no claim						Premium Waiver for cohort of 4 year in case of claim				

3.8.2. Safeguard

If a consumer is offered the Premium waiver benefit with Safeguard, then any claims up to the number of days of hospitalization and / or up to the claim amount and /or number of claims in a year and / or if claims made under certain benefits and / or medical conditions as specified in the Policy Schedule / Certificate of Insurance, then the premium waiver benefit will not get impacted.

Safeguard cannot be offered as standalone and will only be offered if Premium Waiver benefit is opted in the policy.

4. Cost Sharing Options

4.1. Annual Aggregate Deductible

The Insured Person shall bear on his/her own account an amount equal to the Annual Aggregate Deductible specified in the Policy Schedule/ Certificate of Insurance for any and all admissible claim amounts we assess to be admissible in respect of all claims made by that Insured Person on the admissible claim amount during a Policy Year.

4.1.1. Conditions:

- a. Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Annual Aggregate Deductible has been exhausted.
- b. The provisions in Section 4.2 Co-payment (if applicable) will apply to any amounts payable by Us in respect of a claim made by the Insured Person after the Annual Aggregate Deductible has been exhausted.

4.2. Co-payment

The Insured Person will pay the pre-determined percentage as specified in the Policy Schedule/ Certificate of Insurance as Co-Payment and we will pay the remaining part of the amount that we assess as the admissible amount in respect of any claim under selected sections as mentioned in the Policy Schedule/ Certificate of Insurance made by an Insured Person.

4.3. Franchise

The insured would be eligible to avail the benefits post the number of visits / consultations has been done by the insured following which the benefit would be payable from the first completed visit / consultation.

5. Specific Conditions

5.1. Waiting Periods

All the Waiting Periods as specified in Policy Schedule/ Certificate of Insurance shall be applicable individually for each Insured Person and claims shall be assessed accordingly. On Renewal, if an enhanced Sum Insured is applied for, the Waiting Periods would apply afresh to the extent of the increase in Sum Insured only.

We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based on, arising out of or howsoever attributable to any of the following, except if any Insured Person suffers an Accident;

5.1.1. Pre-existing Diseases (Code–Excl01):

- Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of the number of months (as mentioned in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first Policy.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Insurance Products) Regulations 2024, then waiting period for the same would be reduced to the extent of prior coverage.
- Coverage under the Policy after the expiry of number of months (as mentioned in Policy Schedule/Certificate of Insurance) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Us.

5.1.2. Specified disease/procedure waiting period (Code- Excl02)

- a. Expenses related to the treatment of the listed conditions, surgeries/treatments shall be excluded until the expiry of number of months (as mentioned in Policy Schedule/Certificate of Insurance) of continuous coverage after the date of inception of the first Policy. This exclusion shall not be applicable for claims arising due to an Accident (covered from day 1).
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures:
 - I. Pancreatitis and stones in biliary and urinary system
 - II. Cataract, glaucoma and other disorders of lens, disorders of retina
 - III. Hyperplasia of prostate, hydrocele and spermatocele
 - IV. Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
 - V. Hemorrhoids, fissure or fistula or abscess of anal and rectal region
 - VI. Hernia of all sites,
 - VII. Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
 - VIII. Chronic kidney disease and failure
 - IX. Varicose veins of lower extremities
 - X. All internal or external benign or in situ neoplasms/tumours, cyst, sinus, polyp, nodules, swelling, mass or lump
 - XI. Ulcer, erosion and varices of gastro intestinal tract

- XII. 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
- XIII. Internal Congenital Anomaly
- XIV. Surgery of Genito-urinary system unless necessitated by malignancy
- XV. Spinal disorders

5.1.3. 30-day waiting period (Code- Excl03):

- Expenses related to the treatment of any illness upto 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months
- The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

5.1.4. Survival Period:

- The payment of the Benefit shall be subject to survival of the Insured Person for the duration specified in Policy Schedule/ Certificate of Insurance post the first diagnosis of the Critical Illness
- The Critical Illness cover is not applicable in the event of Death of Insured Person during the Survival Period as specified in Policy Schedule/ Certificate of Insurance following diagnosis of Critical Illness
- If diagnosis takes place on or before the Policy/ Coverage expiry date, but the Survival Period expires after the Policy/ Coverage end date, We will pay a claim provided that the Insured Person survives duration as specified in Policy Schedule/ Certificate of Insurance from the date of diagnosis.

5.2. Permanent Exclusions

A permanent exclusion will be applied on any medical or physical condition or treatment of an Insured Person, if specifically mentioned in the Policy Schedule and has been accepted by You. This option as per company's underwriting policy, will be used for such condition(s) or treatment(s) that otherwise would have resulted in rejection of insurance coverage under this Policy to such Insured Person.

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.

Standard Exclusions

5.2.1. Investigation & Evaluation (Code-Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

5.2.2. Rest Cure, rehabilitation and respite care (Code-Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. 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.
- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

5.2.3. **Obesity/ Weight Control (Code-Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a. Surgery to be conducted is upon the advice of the Doctor.
- b. The surgery/Procedure conducted should be supported by clinical protocols.
- c. The member has to be 18 years of age or older and;
- d. Body Mass Index (BMI);
 - I. greater than or equal to 40 or
 - II. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type 2 Diabetes

5.2.4. **Change-of-Gender treatments (Code-Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5.2.5. **Cosmetic or plastic Surgery (Code-Excl08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

5.2.6. **Hazardous or Adventure sports (Code-Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

5.2.7. **Breach of law (Code-Excl10)**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

5.2.8. **Excluded Providers (Code-Excl11)**

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the Policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim. The complete list of excluded providers can be referred to on our website.

5.2.9. **Treatment** for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code-Excl12)**

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

5.2.11. Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure **(Code-Excl14)**

5.2.12. **Refractive Error (Code-Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

5.2.13. **Unproven Treatments (Code-Excl16)**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

5.2.14. **Sterility and Infertility (Code-Excl17)**

Expenses related to, sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

5.2.15. **Maternity (Code-Excl18)**

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- b. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

Specific Exclusions

5.2.16. **Charges** related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges, surcharges and service charges levied by the Hospital.

5.2.17. **Circumcision**

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

5.2.18. **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.

5.2.19. External Congenital Anomaly:

Screening, counseling or treatment related to external Congenital Anomaly.

5.2.20. 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.

5.2.21. Hormone Replacement Therapy:

Treatment for any condition / illness which requires hormone replacement therapy.

5.2.22. Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.

5.2.23. Sexually transmitted Infections & diseases (other than HIV / AIDS):

Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).

5.2.24. Sleep disorders:

Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.

5.2.25. Any treatment or medical services received outside the geographical limits of India.

5.2.26. Any expenses incurred on OPD treatment

5.2.27. Alternative Treatments (Excluding AYUSH):

Any covered Critical Illnesses diagnosed and/or treated by Medical Practitioner who practices Alternative Medicine.

5.2.28. **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

5.2.29. 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 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.

5.2.30. Off- label Drug or Treatment:

Use of pharmaceutical drugs for an unapproved indication or in an unapproved age group, dosage, or route of administration as regulated and approved by Central Drugs Standard Control Organization (CDSCO)

5.2.31. Drugs and Dressings for OPD Treatment or Take-home Use: Any drugs or surgical dressings that are provided or prescribed in the case of OPD Treatment, or for an Insured Person to take home on leaving Hospital, for any condition, except as included in Post-Hospitalization Medical Expenses under Section 3.1.1.3.

5.2.32. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.34 for Reasonable and Customary Charges and Definition 2.1.24 for Medically Necessary Treatments.

5.2.33. Specific Exclusions for Personal Accident Cover

We will not cover the following conditions in the policy with respect to Personal Accident Cover and no claims will be made for them.

- 5.2.33.1. Self-inflicted Injury, Suicide or attempted suicide.
- 5.2.33.2. 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)
- 5.2.33.3. Acts of Terrorism
- 5.2.33.4. Committing an assault, a criminal offence or any breach of law with criminal intent.
- 5.2.33.5. 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.
- 5.2.33.6. Adventure Sports
- 5.2.33.7. Maternity, Pregnancy or Child birth or in consequence thereof.
- 5.2.33.8. Any non-allopathic treatment.
- 5.2.33.9. Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.
- 5.2.33.10. Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns.
- 5.2.33.11. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.
- 5.2.33.12. Costs which are not Reasonable and Customary and treatments which are not Medically Necessary.

6. General Terms and Conditions

6.1. Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

6.2. Portability

A Policyholder has the choice to port his/ her policies from one Insurer to another irrespective of individual or group policy subject to the Board approved underwriting policy of the insurers.

The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease , Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.

6.3. Free Look Period

The Free Look Period shall be applicable on individual health insurance policies and not on renewals.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy.

In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

6.4. Cancellation

The policy holder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The insurer shall:

- a. Refund proportionate premium for unexpired policy period, if the term of the policy upto one year and there is no claim(s) made during the policy period.
- b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years are not commenced.

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

6.5. Automatic Cancellation:

i. Individual Cover:

The Certificate of Insurance coverage shall automatically terminate in the event of death of the Insured Person.

ii. For Family Floater Cover

The cover under the Policy coverage shall automatically terminate in the event of the death of all the Insured Persons under the Family Floater Cover.

6.6. Cancellation in case of Credit Linked Cases:

In cases the Policy is linked to the credit/ loan tenure, the coverage will continue till the end of loan tenure subject to maximum tenure of 5 years, closure of the loan or Policy Period/ Coverage Period Term whichever is earlier. The Insured Person shall inform Us of such closure of the loan immediately in order to cancel the cover under the Policy.

6.7. Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured.

An insurer shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.

- a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy.
- c. Coverage is available during the grace period.
- d. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience.
- e. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

6.8. Other Renewal Conditions

a. Continuity of Benefits on Timely Renewal:

- i. The Renewal premium is payable on or before the due date and in any circumstances before the expiry of Grace Period, at such rate as may be reviewed and notified by Us before completion of the Policy Period provided that all such changes are approved by IRDAI and in accordance with the IRDAI's rules and regulations as applicable from time to time.
- ii. Renewal premium rates for this Policy may be further altered by Us including in the following circumstances:
 - A. You/Insured Person proposed to add an Insured Person to the Policy
 - B. You/Insured Person change any coverage provision

iii. 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.

b. 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/Insured Person's 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.

c. Disclosures on Renewal:

You/Insured Person 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.

d. 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 and Waiting Periods will be applicable considering such Policy Year as the first year of the Policy for that newly added individual with Us.

e. Changes to Sum Insured on Renewal:

You/Insured Person may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. Any enhanced Sum Insured applied on Renewal will not be available for an Illness or Injury already contracted under the preceding Policy Periods. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

6.9. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy. The insurer shall obtain nomination at the time of new business and at the time of renewal for existing policies.

6.10. Obligations in case of a minor

If an Insured Person is less than 18 years of Age, You/ Insured Person or another adult Insured Person or legal guardian (in case of the Insured Person's 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.

6.11. Assignment

The Benefits under this Policy are assignable subject to applicable Law.

6.12. Records to be maintained:

As a Condition Precedent, You/Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. You/Insured Person shall furnish such information as We may require under this Policy at any time during the Policy Period/ Coverage Period.

6.13. 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.

6.14. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

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

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

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

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

6.15. Notification of Claim and Delay in Intimation:

The notification of all claims should be sent to Us via one of the following:

Product Name: Protect Plus | Product UIN: NBHHLGP25038V012425

Customer Care no: 1860-500-8888

By registered post sent to:

Courier:

Customer Services Department

Niva Bupa Health Insurance Company Limited

D-5, 2nd Floor, Logix Infotech Park

opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301

Fax No.: +91 11 41743397

Email ID: Email us through our service platform <https://rules.nivabupa.com/customer-service/>
Senior citizens may write to us at: seniorcitizensupport@nivabupa.com

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.

If You/Insured Person holds multiple sections (Indemnity & Benefit) under this Policy with Us, a single notification for claim will apply to all the sections of the Policy.

6.16. Claims Settlement (Provision for Penal Interest)

- I. The Company shall settle or reject a claim, as the case may be, within 15 days from the claim submission date.
- II. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of claim intimation until the date of payment of claim at a rate of 2% above the bank rate.

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

6.17. 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.

6.18. Territorial Jurisdiction

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

6.19. Role of Group Administrator

The role of Group Policyholder as an administrator will only be to facilitate the insurance cover to its members. Any subsequent Policy servicing or claims related assistance shall directly be done by Us.

6.20. Notices

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

- a. The Insured Person at the address specified in the Policy Schedule/Certificate of Insurance or at the changed address of which We must receive written notice.
- b. Us at the following address:
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301
Fax No.: +91 11 41743397
- 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/Insured Person other information through electronic and telecommunications means with respect to the Policy from time to time.

6.21. **Alteration to the Policy**

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by a written Endorsement signed and stamped by Us.

6.22. **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

6.23. **Withdrawal of Policy**

- I. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- II. Insured Person will have the option to either renew (up to 90 days from renewal date) same product or to migrate to a similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

6.24. **Redressal of Grievance:**

- a. In case of any grievance the insured person may contact the company through:
Website: www.nivabupa.com
Courier:
Customer Services Department
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301
Fax No.: +91 11 41743397
Customer Care no: 1860-500-8888
Email ID: Email us through our service platform <https://rules.nivabupa.com/customer-service/>
Senior citizens may write to us at: seniorcitizensupport@nivabupa.com

- b. Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at
- Head – Customer Services
Niva Bupa Health Insurance Company Limited
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301
Fax No.: +91 11 41743397
Customer Care no: 1860-500-8888
Email ID: Email our Grievance officer through our Grievance Redressal platform [https://
transactions.nivabupa.com/pages/grievance-redressal.aspx](https://transactions.nivabupa.com/pages/grievance-redressal.aspx)

For updated details of grievance officer, kindly refer the link <https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx>

If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 (at the addresses given in Annexure 1).

Grievance may also be lodged at IRDAI integrated Grievance Management System – www.bimabharosa.irdai.gov.in

6.25. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The moratorium will be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.

6.26. Multiple Policies

6.26.1. Indemnity Based Policies:

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

b. If the amount to be claimed exceeds the available coverage of the said policy, then the primary insurer shall seek the details of other available policies of the policyholder and shall coordinate with other insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policy holder.

6.26.2. Benefit Based Policies:

a. On occurrence of the insured event, the policy holder can claim from all Insurers under all policies.

6.27. Disclosure to Information

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

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

6.28. Condition Precedent to Admission of Liability

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

6.29. Claims

a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website www.nivabupa.com.

b. Documents required with claim form:

Hospital / Medical records:

- Original Discharge summary with first and subsequent consultation papers.
- Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills).
- Laboratory investigation reports with supporting prescriptions.
- MLC/First Information Report (FIR) (in accident cases).

Policyholder documents (Nominee in case of death of Policyholder):

- KYC documents
- Cancelled cheque

IMPORTANT:

- All documents **MUST** be submitted at the earliest possible time.
 - For any delay in submission, You **MUST** provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
 - You **MUST** submit all claim related documents for expenses within the Deductible amount (if applicable).
 - We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.
- c. The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment are placed as Annexure 2.
- d. If you opt for a Hospital room which is higher than the eligible room category as specified in your Policy Schedule, then We will pay only a pro-rated portion of the total Associated Medical Expenses (including surcharge or taxes thereon) as per the following formula:

Product Name: Protect Plus | Product UIN: NBHHLGP25038V012425

(Eligible Room Rent limit / Room Rent actually incurred) * total Associated Medical Expenses
 Associated Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges.

- e. For any hospitalization, we will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.
- f. For any claim that is presented to us in any currency other than INR, we will use the Exchange rate as on the date of Admission/Event of that claim.
- g. All claims will be paid in INR only.

Please Note:

- Once the final authorization request is received for discharge, the same will be processed within three hours from the final documents received. In case of delay from our end, any additional amount charged by the hospital will be borne by us. This amount will be paid over and above the policy limits.
- We offer Cashless Everywhere, even in hospitals which are not part of our network. For More details and process please visit our website:
<https://transactions.nivabupa.com/cashlessclaims/pages/intimation-claim.aspx>

Additional Conditions for Critical Illness Cover

- a. If the Insured Person is diagnosed / underwent a Surgical Procedure or any medical condition falling under purview of the definition of Critical Illness as mentioned in the Policy that may result in a claim, then the Insured Person must provide intimation to Us immediately and in any event within 7 days of the aforesaid Illness/ condition/ surgical event or completion of Survival Period and which can be received from You/Insured Person through various modes like email / telephone/ fax/ in person or may be via letter or any other suitable mode.

Additional Conditions for Personal Accident Cover

Documents Required	<ul style="list-style-type: none"> • Our duly filled and signed Claim Form or Online claim submission • Scanned copy of COI • Treating Doctor's prescription advising the need, as mentioned under the benefit terms and conditions of the policy (wherever applicable) • Copy of settlement letter from other insurance company • Medical Records, Case histories, investigation reports and Laboratory investigation reports with supporting prescriptions • Death Certificate and/or Post-mortem report (wherever applicable) • Disability Certificate, issued by a Medical Board duly constituted by the Central and/or the State Government (wherever applicable) • FIR (First Information Report), MLC (Medico-Legal Case) report Copy (if MLC is done), Spot Panchnama, Inquest Panchnama attested by issuing / appropriate authorities • Original Discharge summary with first and subsequent consultation/treatment papers • Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills) • Legal heir certificate (wherever applicable)
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		<ul style="list-style-type: none"> • Marriage Certificate (wherever applicable) • Legal documents as Age proofs (wherever applicable) • Original legal heir certificate (if nomination has not been filed by deceased) • Loan Account statement and last EMI proof (if loan linked policy) <p>Policyholder documents (Nominee in case of death of Policyholder):</p> <ul style="list-style-type: none"> • KYC documents • Cancelled cheque <p>Note - The list of Documents is indicative more documents may be asked for as per claim servicing requirement</p>
S. No.	Benefits	Claim Documents
1	Accidental Death Benefit	<ul style="list-style-type: none"> • Death Certificate attested by issuing / appropriate authority • Post Mortem Report attested by issuing authorities wherever applicable • Original legal heir certificate (in case nomination has not been filed by deceased)
2	Permanent Total Disability Benefit	<ul style="list-style-type: none"> • Photograph of the injured as a proof of disablement • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer (as per requirement)
3	Permanent Partial Disability Benefit	<ul style="list-style-type: none"> • Photograph of the injured as a proof of disablement • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer (as per requirement)
4	Temporary Total Disability Benefit	<ul style="list-style-type: none"> • Photograph of the injured as a proof of disablement • Treating doctor certificate mentioning the nature of injury and duration of rest advised • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer • Original X ray films (where applicable)
5	Accidental Hospitalization	<ul style="list-style-type: none"> • Medical reports, case histories, investigation reports, treatment papers as applicable • Discharge summary • Original invoice and payment receipt for hospitalization expenses • Details of any other related document such as medical bills with prescription
8	Serious Illness Benefit	<ul style="list-style-type: none"> • Final Hospital bill and/or Discharge Summary mentioning the date and time of admission and discharge. • Documents related to Accidental Hospitalization as mentioned in the policy wording
10	Out-patient Expense Cover	<ul style="list-style-type: none"> • Medical reports, case histories, investigation reports, treatment papers as applicable • Original invoice and payment receipt for OPD expenses • Original X ray films (where applicable)
11	Physiotherapy Cover	<ul style="list-style-type: none"> • Medical reports, case histories, investigation reports, treatment papers as applicable • Physiotherapy schedule / Chart • Original invoice and payment receipt for Physiotherapy expenses
12	Transportation of Imported Medicine Cover	<ul style="list-style-type: none"> • Prescription of the treating doctor with confirmation that the medicine is not available in India • Original invoice and payment receipt for the freight incurred for import of the

		<p>medicine</p> <ul style="list-style-type: none"> • Original invoice and payment receipt for the imported medicine • Documents related to Accidental Hospitalization as mentioned in the policy wording
13	Purchase of Blood Cover	<ul style="list-style-type: none"> • Original invoice and payment receipt for blood expenses • Documents related to Accidental Hospitalization as mentioned in the policy wording
14	Prosthesis Device Cover	<ul style="list-style-type: none"> • Original invoice and payment receipt for expenses incurred on the Prosthetics • Documents related to Accidental Hospitalization, PTD, PPD, TTD, Burns, Broken Bones or Coma as mentioned in the policy wording
15	Hospital Daily Cash Benefit	<ul style="list-style-type: none"> • Final Hospital bill and/or Discharge Summary mentioning the date and time of admission and discharge • Documents related to Accidental Hospitalization as mentioned in the policy wording
16	Road Ambulance Cover	<ul style="list-style-type: none"> • Original invoice and payment receipt for ambulance charges • Documents related to Accidental Hospitalization as mentioned in the policy wording
17	Air Ambulance Cover	<ul style="list-style-type: none"> • Original invoice and payment receipt for air ambulance charges (In case of non-network) • Documents related to Accidental Hospitalization as mentioned in the policy wording
19	Burns Benefit	<ul style="list-style-type: none"> • FIR / Medico Legal Report or related police records • Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc.
20	Broken Bones Benefit	<ul style="list-style-type: none"> • FIR / Medico Legal Report or related police records • Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc. • Original X ray films
21	Coma Benefit	<ul style="list-style-type: none"> • Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc. • Medical certificate from treating doctor giving the details of neurological status & prognosis, proving the conditions as per defined in the policy wordings • Documents related to Accidental Hospitalization as mentioned in the policy wording
22	Animal Attack Cover	<ul style="list-style-type: none"> • Original invoice and payment receipt for the expenses incurred on the treatment • Final Hospital bill and/or Discharge Summary • Customer declaration regarding narration of incidence
23	Rehabilitation Cover	<ul style="list-style-type: none"> • Copy of consultation / reference letter from treating doctor • Original invoice and payment receipt with consultation notes
24	Reconstructive surgery Cover	<ul style="list-style-type: none"> • Documents related to Accidental Hospitalization, PTD, PPD or Burns as mentioned in the policy wording • Copy of medical records showing the details of medical condition (facial scarring / dental reconstruction) • Original invoice and payment receipt towards the medical treatment • Final Hospital bill and/or Discharge Summary
25	Accidental Miscarriage Benefit	<ul style="list-style-type: none"> • Treating Doctor's letter / certificate / medical report indicating the cause of miscarriage and the status of pregnancy at the time of accident event • Final Hospital bill and/or Discharge Summary • Copy of Investigation reports, diagnostic test reports, etc.
26	Domestic Travel for Medical Treatment Cover	<ul style="list-style-type: none"> • Documents related to Accidental Hospitalization as mentioned in the policy wording • Original invoice and payment receipt towards the travel expenses incurred

27	Repatriation Cover	<ul style="list-style-type: none"> • Documents related to Accidental Death as mentioned in the policy wording
28	Funeral Benefit	<ul style="list-style-type: none"> • Documents related to Accidental Death as mentioned in the policy wording
29	Home and Vehicle Modification Benefit	<ul style="list-style-type: none"> • Recommendation letter from treating doctor for wheelchair or any other support required for treatment that require the modification of home and/or vehicle • Documents related to PTD or PPD as mentioned in the policy wording
30	Personal liability	<ul style="list-style-type: none"> • All related legal documents of the accident and insured involvement and liability • Proof of payment made or to be made as a liability of the insured
31	Emergency Hotel Requirement Cover	<ul style="list-style-type: none"> • Recommendation letter to validate the condition of the insured indicating the travel related disability of the insured • Original invoice and payment receipt towards accommodation booking and confirmation • Final Hospital bill and / or Discharge Summary
32	Home Convalescence Cover	<ul style="list-style-type: none"> • Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment • Original invoice and payment receipt towards expenses on the attendant • Documents related to Accidental Hospitalization as mentioned in the policy wording
33	Loss of Activities of Daily Living Benefit	<ul style="list-style-type: none"> • Treating doctor recommendation indicating the criteria for loss of daily living • Documents related to PTD, PPD, Burns, Broken Bones or Coma as mentioned in the policy wording
34	Monthly Needs Benefit	<ul style="list-style-type: none"> • Documents related to Accidental Death or PTD as mentioned in the policy wording
35	Education for Dependent Children Benefit	<ul style="list-style-type: none"> • Documents related to Accidental Death or PTD as mentioned in the policy wording • Copy identity card of dependent child of an educational institute at the time of date of loss and last fee payment receipt • Copy of Birth Certificate or any other valid document establishing age
36	Marriage Fund for Children Benefit	<ul style="list-style-type: none"> • Documents related to Accidental Death or PTD as mentioned in the policy wording • Copy of Birth Certificate or any other valid document establishing age • Original declaration from the benefactor indicating that the child is unmarried and eligible as per conditions of the policy wordings
37	Orphan Benefit	<ul style="list-style-type: none"> • Documents related to Accidental Death as mentioned in the policy wording for both the parents
38	Spouse Care Benefit	<ul style="list-style-type: none"> • Documents related to Accidental Death as mentioned in the policy wording
39	Compassionate Visit Benefit	<ul style="list-style-type: none"> • Proof of the immediate family member such as Ration Card to establish the age and relation with the insured • Documents related to Accidental Hospitalization as mentioned in the policy wording
40	Medical Insurance Premium Cover	<ul style="list-style-type: none"> • Copy of medical insurance policy showing the premium details for spouse and dependent children of the insured • Documents related to Accidental Death or PTD as mentioned in the policy wording
41	Parental Care Benefit	<ul style="list-style-type: none"> • Legal Document such as Aadhar card, Pan card, Marriage certificate to specify the relation of the insured with the parents • Documents related to Accidental Death or PTD as mentioned in the policy wording
42	Family Counselling Benefit	<ul style="list-style-type: none"> • Consultation / reference letter from treating doctor validating the conditions as mentioned in the policy wordings • Proof of relation with the insured such as Aadhar card

		<ul style="list-style-type: none"> • Documents related to Accidental Death, PTD or Coma as mentioned in the policy wording
43	Loss of Personal Material Cover	<ul style="list-style-type: none"> • FIR (First Information Report) copy mentioning about the loss details & lost items • Original invoice and payment receipt (bills) towards the actual cost of the material lost under consideration
44	On Duty Cover	<ul style="list-style-type: none"> • Official declaration from the employer that the insured was on duty while the accidental event occurred
45	Common Carrier Benefit	<ul style="list-style-type: none"> • Copy of valid ticket showing that insured was riding as a bonafide passenger in the public carrier under consideration • Documents related to Accidental Death or PTD as mentioned in the policy wording
46	Terrorism Cover	<ul style="list-style-type: none"> • Valid document from the necessary authority to validate the "Terrorism, War & War like situations" in the region under consideration • Proof of injury/death caused due to accident due to act of terrorism • Declaration from the insured on the narration of incident
47	Common Accident Benefit	<ul style="list-style-type: none"> • Copy of valid tickets of the insured and his / her spouse validating that the couple was travelling together during the accident event as a bonafide passenger • Documents related to Accidental Death as mentioned in the policy wording
48	Adventure Sport Cover	<ul style="list-style-type: none"> • Original declaration from Insured Person that he was not involved in Professional Sport
49	Head & Spinal Injury Benefit	<ul style="list-style-type: none"> • Head or Spinal Injury has to be confirmed by a confirmed by a Doctor and imaging investigations like an X-ray, CT-Scan, MRI, Ultrasound. • Documents related to PTD, PPD or Coma as mentioned in the policy wording
50	Loan Protect Benefit	<ul style="list-style-type: none"> • Copy of Loan sanction letter and regular EMI paid details with Principal loan outstanding details as on date of loss • Documents related to Accidental Death or PTD as mentioned in the policy wording

ANNEXURE 1

LIST OF INSURANCE OMBUDSMEN

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Shri Kuldip Singh 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</p>	<p>Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu.</p>
<p>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</p>	<p>Karnataka.</p>
<p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p>	<p>Madhya Pradesh Chhattisgarh.</p>
<p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>Orissa.</p>
<p>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</p>	<p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh.</p>

<p>Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	
<p>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</p>	<p>Tamil Nadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry).</p>
<p>DELHI - Shri Sudhir Krishna 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</p>	<p>Delhi.</p>
<p>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 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>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</p>	<p>Andhra Pradesh, Telangana, UT of Yanam and part of UT of Pondicherry.</p>
<p>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</p>	<p>Rajasthan.</p>

<p>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</p>	<p>Kerala, UT of (a)Lakshadweep,(b) Mahe-a part of UT of Pondicherry.</p>
<p>KOLKATA - Shri P. K. Rath 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</p>	<p>West Bengal, Sikkim, UT of Andaman & Nicobar Islands.</p>
<p>LUCKNOW -Shri Justice Anil Kumar Srivastava 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</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>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</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301.</p>	<p>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,</p>

<p>Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE - Shri Vinay Sah 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</p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

EXECUTIVE COUNCIL OF INSURERS,
 3rd Floor, Jeevan SevaAnnexe,
 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

Ombudsmen details are subject to change. Please refer this link for the updated details: [CIO \(cioins.co.in\)](http://cioins.co.in)”

ANNEXURE 2

EXPENSES NOT COVERED OR SUBSUMED INTO ROOM CHARGES / PROCEDURE CHARGES / COSTS OF TREATMENT

List I – Expenses not covered

Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE

38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

List II – Items that are to be subsumed into Room Charges

Sl. No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN

10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

Sl. No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL

14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

Sl. No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP– COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

**Annexure 3
List of Specialists**

This is an indicative list. Any or all can be opted for from this list

S.No	List
1	Dietician
2	Gynaecologist
3	Psychologist
4	Psychiatrist
5	Health Coach
6	Paediatrician
7	General Practitioner
8	ENT
9	Ophthalmologist
10	Dentist
11	Cardiologist

**Annexure 4
List of Home Care Services**

This is an indicative list of services. Any or all can be opted for from this list

S.No	Service
1	Doctor at home
2	Nurse at home
3	Physiotherapist at home
4	Attendant at home

**Annexure 5
List of Vaccinations**

This is an indicative list of services. Any or all can be opted for from this list

S.No	List
1	Influenza
2	Pneumonia
3	Cervical Cancer
4	Hepatitis B
5	Typhoid
6	BCG
7	OPV + IPV 1
8	DPT
9	Haemophilus influenzae type B
10	Tetanus
11	Rota
12	MMR
13	Hepatitis A

Annexure 6
List of tests under Diagnostic Tests
This is an indicative list. Any or all can be opted for from this list

S.No	Tests
1	CBC- (Haemoglobin, PCV, TLC, RBC Count, MCV, MCH, MCHC, Platelet Count, Automated DLC, Absolute Differential Counts, RDW)
2	Urine- Routine & Microscopic
3	Random Blood Sugar
4	Blood Sugar- Fasting and Post Prandial
5	Serum Cholestrol
6	Lipid Profile
7	Serum Cretinine and Urea
8	Serum LDL
9	Serum LDL & HDL
10	HBA1C
11	Renal Function Test
12	Liver Function Test
13	Thyroid Function Test
14	X-ray, Ultra sound
15	PAP Smear (For Female), PSA-Male
16	ECG
17	Serum Electrolytes
18	Uric Acid
19	Calcium
20	Vitamin B-12
21	Vitamin D3
22	Bone Densitometry Test
23	2D ECHO
24	Treadmill Test (TMT)
25	Mammography & Female hormones (for Female)
26	Erythrocyte Sedimentation Rate (ESR)
27	Dental Consultation
28	Physician Consultation
29	Blood Group
30	Hemogram & ESR
31	Urine- Routine
32	Blood Sugar - Fasting
33	Blood Urea
34	Serum Cretinine
35	Bone Health
36	Complete Hemogram
37	Complete Urine Analysis
38	Diabetes
39	Cardiac Risk Markers
40	Iron Deficiency

41	Kidney Function Test
42	Sugar Profile

Annexure 7 List of Medical Devices This is an indicative list of services. Any or all can be opted for from this list	
S.No	List
1	Single use devices (i.e. syringes, catheters)
2	Implantable (i.e. hip prosthesis, pacemakers)
3	Imaging (i.e. ultrasound and CT scanners)
4	Medical Equipment (i.e. anesthesia machines, patient monitors, hemodialysis machines)
5	Software (i.e. computer aided diagnostics)
6	In-vitro diagnostics (i.e. glucometer, HIV tests)
7	Personal Protective Equipment (i.e. mask, gowns, gloves)
8	Surgical and Laboratory Instruments

Annexure 8

List of tests under Annual Health Check-up

This is an indicative list. Any or all can be opted for from this list

S.No	Tests
1	CBC- (Haemoglobin, PCV, TLC, RBC Count, MCV, MCH, MCHC, Platelet Count, Automated DLC, Absolute Differential Counts, RDW)
2	Urine- Routine & Microscopic
3	Random Blood Sugar
4	Blood Sugar- Fasting and Post Prandial
5	Serum Cholestrol
6	Lipid Profile
7	Serum Cretinine and Urea
8	Serum LDL
9	Serum LDL & HDL
10	HBA1C
11	Renal Function Test
12	Liver Function Test
13	Thyroid Function Test
14	X-ray, Ultra sound
15	PAP Smear (For Female), PSA-Male
16	ECG
17	Serum Electrolytes
18	Uric Acid
19	Calcium
20	Vitamin B-12
21	Vitamin D3
22	Bone Densitometry Test
23	2D ECHO
24	Treadmill Test (TMT)
25	Mammography & Female hormones (for Female)
26	Erythrocyte Sedimentation Rate (ESR)
27	Dental Consultation
28	Physician Consultation
29	Blood Group

Annexure 9

List of Day Care Procedures

This is an indicative list. Any or all can be opted for from this list

S.No.	Header	Procedure Name
I	Cardiology Related:	
1		CORONARY ANGIOGRAPHY
II	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
III	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
IV	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
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
	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
V	Gastroenterology Related:	
	71	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPL ORATION COMMON BILE DUCT

	72	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS
	73	PANCREATIC PSEUDOCYST EUS & DRAINAGE
	74	RF ABLATION FOR BARRETT'S OESOPHAGUS
	75	ERCP AND PAPILOTOMY
	76	ESOPHAGOSCOPE AND SCLEROSANT INJECTION
	77	EUS + SUBMUCOSAL RESECTION
	78	CONSTRUCTION OF GASTROSTOMY TUBE
	79	EUS + ASPIRATION PANCREATIC CYST
	80	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)
	81	COLONOSCOPY , LESION REMOVAL
	82	ERCP
	83	COLONOSCOPY STENTING OF STRICTURE
	84	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY
	85	EUS AND PANCREATIC PSEUDO CYST DRAINAGE
	86	ERCP AND CHOLEDOCHOSCOPY
	87	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION
	88	ERCP AND SPHINCTEROTOMY
	89	ESOPHAGEAL STENT PLACEMENT
	90	ERCP + PLACEMENT OF BILIARY STENTS
	91	SIGMOIDOSCOPY W / STENT
	92	EUS + COELIAC NODE BIOPSY
	93	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS
VI	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	ABSCCESS-DECOMPRESSION
115	CERVICAL LYMPHADENECTOMY
116	INFECTED SEBACEOUS CYST
117	INGUINAL LYMPHADENECTOMY
118	INCISION AND DRAINAGE OF ABSCESS
119	SUTURING OF LACERATIONS
120	SCALP SUTURING
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 ABSCESSSES 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
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	MICRODOCHETOMY BREAST
174	SURGERY FOR FRACTURE PENIS
175	SENTINEL NODE BIOPSY
176	PARASTOMAL HERNIA
177	REVISION COLOSTOMY
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
VII	Gynecology Related:	
	201	OPERATIONS ON BARTHOLIN'S GLANDS (CYST)
	202	INCISION OF THE OVARY
	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/CRYOSURGERY/
	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
	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
VIII	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
	260	INTRATHECAL BACLOFEN THERAPY
	261	ENTRAPMENT NEUROPATHY RELEASE
	262	DIAGNOSTIC CEREBRAL ANGIOGRAPHY
	263	VP SHUNT
	264	VENTRICULOATRIAL SHUNT
IX	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
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 RADIOTHERAPY 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
X	Operations on the salivary glands & salivary ducts:	
	320	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
	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
XI	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 TISSUE 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
XII	Operations on the Tongue:	
	339	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
	340	PARTIAL GLOSSECTOMY
	341	GLOSSECTOMY
	342	RECONSTRUCTION OF THE TONGUE
	343	SMALL RECONSTRUCTION OF THE TONGUE
XIII	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
	363	ANTERIOR CHAMBER PARACENTESIS/ CYCLODIATHERMY/CYCLOCRYOTHERAPY/ 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
XIV	Orthopedics Related:	
	369	SURGERY FOR MENISCUS TEAR
	370	INCISION ON BONE, SEPTIC AND ASEPTIC
	371	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
	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
	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
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)
	440	LENGTHENING OF THIGH TENDONS
	441	TREATMENT FRACTURE OF RADIUS & ULNA
	442	REPAIR OF KNEE JOINT
XV	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
XVI	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
XVII	Thoracic surgery Related:	
	461	THORACOSCOPY AND LUNG BIOPSY
	462	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
	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
XVIII	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
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 OF TEMPORAL ARTERY FOR VARIOUS LESIONS
503	EXTERNAL ARTERIO-VEIN 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

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 10

LIST OF CRITICAL ILLNESSES

This is an indicative list, all or any can be opted from this list:

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 –
 - i. 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.
 - 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 be low and with mitotic count of less than or equal to 5/50 HPFs;

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

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).

- I. 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.
- II. This excludes: 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 is excluded.

12. Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or

- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of Illness or Accident.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or ;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure

14. 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.

15. 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.

16. 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.

17. 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.

18. Loss of Limbs

- I. The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

19. Major Head Trauma

- I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
 - i. Spinal cord injury;

20. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

21. 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.

22. 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 as confirmed by abdominal ultrasound ; and
 - ii. necrosis involving entire lobules, leaving only a collapsed reticular framework (histological evidence is required) ; and
 - iii. rapid deterioration of liver function tests; and
 - iv. deepening jaundice; and
 - v. hepatic encephalopathy.
- II. This excludes:
 - i. Hepatitis infection or carrier status alone does not meet the diagnostic criteria.
 - ii. Fulminant Viral Hepatitis caused by alcohol, toxic substance or drug.

23. Aplastic Anaemia

- I. Aplastic Anaemia is chronic persistent bone marrow failure. A certified hematologist must make the diagnosis of severe irreversible aplastic anaemia. 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/mm³
 - ii. Platelets count less than 20,000/mm³
 - iii. Reticulocyte count of less than 20,000/mm³

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 Anaemia is excluded and not covered under this Policy

24. Muscular Dystrophy

- I. A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle based on three (3) out of four (4) of the following conditions:
 - i. Family history of other affected individuals;
 - ii. Clinical presentation including absence of sensory disturbance, normal cerebro-spinal fluid and mild tendon reflex reduction;

- iii. Characteristic electromyogram; or
 - iv. Clinical suspicion confirmed by muscle biopsy.
- ii. The diagnosis of muscular dystrophy must be unequivocal and made by a consultant neurologist.
 - iii. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months.

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

25. Bacterial Meningitis

Bacterial infection resulting in inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit.

- I. The neurological deficit must persist for at least 3 months.
- II. This diagnosis must be confirmed by:
- III. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- IV. A consultant neurologist.
- V. This excludes:
Bacterial Meningitis in the presence of HIV infection is excluded.

26. Abdominal Aortic Aneurysm

The actual undergoing of surgery for abdominal aortic aneurysm, needing excision and surgical replacement of the diseased part of the aorta with a graft.

- i. The term “aorta” means the thoracic and abdominal aorta but not its branches.
- ii. A cardiologist must confirm the diagnosis and realization of surgery
- iii. Surgery performed using only minimally invasive or intra-arterial techniques are excluded.

27. Pneumonectomy

The undergoing of surgery on the advice of a consultant medical specialist to remove an entire lung due to any physical injury or disease.

- I. The following conditions are excluded:
 - i. Removal of a lobe of the lungs (lobectomy)
 - ii. Lung resection or incision

28. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact.

- I. The Diagnosis must be definitely confirmed by a Registered Medical Practitioner, who is also a Neurologist holding such an appointment at an approved hospital.
- II. This condition must be documented for at least 30 days with no hope of recovery.

29. Aortic Dissection

The actual undergoing of surgery for aortic dissection, needing excision and surgical replacement of the diseased part of the aorta with a graft.

- I. The term “aorta” means the thoracic and abdominal aorta but not its branches.
- II. A cardiologist must confirm the diagnosis and realization of surgery.
- III. This excludes:
 - i. Surgery performed using only minimally invasive or intra-arterial techniques are excluded

30. Severe Rheumatoid Arthritis

The unequivocal diagnosis of Severe Rheumatoid Arthritis with all of the following factors:

- I. Is in accordance with the criteria on Rheumatoid Arthritis of the American College of Rheumatology and has been diagnosed by the Rheumatologist.
- II. At least 3 joints are damaged or deformed such as finger joint, wrist, elbow, knee joint, hip joint, ankles, cervical spine or feet toe joint as confirmed by clinical and radiological evidence and cannot perform at least 3 types of daily routines permanently for at least 180 days.

31. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs.

- I. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following conditions are excluded: Localized scleroderma (linear scleroderma or morphea); Eosinophilic fasciitis; and CREST syndrome.

32. Loss of Independent Existence

Loss of Independent Existence Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living activities either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent”, shall mean beyond the scope of recovery with current medical knowledge and technology.

Activities of Daily Living :

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

33. Systematic Lupus Erythematosus with Renal Involvement

- I. Multi-system, auto-immune disorder characterized by the development of auto-antibodies, directed against various self-antigens. For purposes of the definition of “Critical Illness”, SLE is restricted to only those forms of systemic lupus erythematosus, which involve the kidneys and are characterized as Class III, Class IV, Class V or Class VI lupus nephritis under the Abbreviated International Society of Nephrology/Renal Pathology Society (ISN/RPS) classification of lupus nephritis (2003) below based on **renal biopsy**. There must be positive antinuclear antibody test.
- II. Other forms such as discoid lupus, and those forms with only hematological and joint involvement are specifically excluded.

Abbreviated ISN/RPS classification of lupus nephritis (2003):

Class I - Minimal mesangial lupus nephritis

Class II - Mesangial proliferative lupus nephritis

Class III - Focal lupus nephritis

Class IV - Diffuse segmental (IV-S) or global (IV-G) lupus nephritis

Class V - Membranous lupus nephritis

Class VI - Advanced sclerosis lupus nephritis the final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology

34. Parkinson’s Disease

- I. The unequivocal diagnosis of progressive degenerative primary idiopathic Parkinson’s disease (all other forms of Parkinsonism are excluded) made by a consultant neurologist.
- II. This diagnosis must be supported by all of the following conditions:
 - The disease cannot be controlled with medication; **and**
 - Objective signs of progressive impairment; **and**
 - There is an inability of the Life assured to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Living” for a continuous period of at least 6 months.

The Activities of Daily Living are:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

6. Feeding: the ability to feed oneself once food has been prepared and made available

III. The following is excluded :

a. Drug-induced or toxic causes of Parkinsonism are excluded.

35. Alzheimer's Disease

- I. Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging.
- II. The diagnosis of Alzheimer's disease must be confirmed by an appropriate consultant and supported by the Company's appointed doctor.
- III. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured.
- IV. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 3 months:

Activities of Daily Living are defined as:

1. Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 2. Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 3. Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
 4. Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 5. Feeding – the ability to feed oneself once food has been prepared and made available.
 6. Mobility - the ability to move from room to room without requiring any physical assistance.
- V. The following are excluded:
- a. Any other type of irreversible organic disorder/dementia
 - b. Non-organic disease such as neurosis and psychiatric illnesses; and
 - c. Alcohol-related brain damage.

36. Uterine Rupture

A (spontaneous) full-thickness disruption of the uterine wall that also involves the overlying visceral peritoneum which results in clinically significant uterine bleeding and expulsion of uterine content into abdominal cavity, (also in pregnant women associated fetal distress) and requires a prompt cesarean delivery or uterine repair or hysterectomy.

- I. A waiting period of 10 months is applicable for this illness.
- II. This excludes uterine scar rupture caused due to a preexisting scarred Uterus due to previous LSCS or any other uterine surgery that is before the inception of the Policy.

37. Uterine inversion

The actual surgery for the treatment of uterine inversion in which the corpus (body of uterus) turns inside out and protrudes into the vagina or beyond the introitus, as a result of cause of excessive pressure on the fundus during delivery of the placenta, a flaccid uterus, or placenta accreta (abnormally adherent placenta).

- i. The diagnosis and requirement of surgery must be confirmed medically necessary clinically by a registered obstetrician
- ii. This benefit shall be available only as onetime benefit
- iii. A waiting period of 10 months is applicable for this illness.

38. Medullary Cystic Kidney Disease

Medullary Cystic Kidney Disease where the following criteria are met:

- I. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- II. clinical manifestations of anaemia, polyuria, renal loss of sodium progressing to deterioration in kidney function; and
- III. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- IV. This excludes:
 - i. Isolated or benign kidney cysts.

39. Pituitary apoplexy in pregnancy

Pituitary apoplexy in pregnancy is abrupt destruction of pituitary tissue resulting from infarction or hemorrhage into the pituitary in women without any pre-existing pituitary lesion but where the pituitary is physiologically enlarged as a result of pregnancy.

The realization of the diagnosis must be established by a registered neurosurgeon or neurologist with investigations including but not limited to MRI scan of the brain.

- I. This include treatment surgical and/or medical treatment under registered medical practitioner and neurosurgeon
- II. A waiting period of 10 months is applicable for this illness

40. Cardiomyopathy including Peripartum and postpartum Cardiomyopathy

- I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV or its equivalent, for at least six (6) months based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

- II. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.
- III. A waiting period of 10 months is applicable for this Illness if it is related to Maternity
- IV. The following is excluded:
 - I. Cardiomyopathy directly related to alcohol or drug abuse is excluded.

41. Nephrotic Syndrome

- I. Nephrotic syndrome is the onset of heavy proteinuria (>3.0 g/24 h), hypertension, hypercholesterolemia, hypoalbuminemia, edema/anasarca, and microscopic hematuria.
- II. A confirmed diagnosis of glomerulonephritis with nephrotic syndrome must be made by an appropriate Medical Practitioner along with relevant reports and should confirm a treatment regimen appropriate to the clinical presentation has been followed throughout the period to which syndrome relates.
- III. The syndrome must have continued for a period of at least 6 months from the date of confirmed diagnosis with or without intervening periods of remission.

42. Cirrhosis of the Liver

- I. Cirrhosis is a late stage of scarring (fibrosis) of the liver caused by many forms of liver diseases and conditions, such as hepatitis.
- II. Characterized by at least three of the following conditions:
 - i. Jaundice
 - ii. Ascites
 - iii. Bleeding from esophageal varices
- III. Should be certified by a hepatologist and supported by a MRI and Ultrasound and elevated Bilirubin levels.
- IV. Drug or alcohol abuse leading to liver cirrhosis is excluded.

43. Nephrectomy/removal of one kidney

- I. The actual undergoing of a complete nephrectomy due to illness, disease or Accident. Nephrectomy for the purpose of organ donation is specifically excluded. The requirement of surgery has to be confirmed by a specialist medical practitioner.

44. Chronic Glomerulonephritis

- I. The condition is characterized by irreversible and progressive glomerular and tubulointerstitial fibrosis, ultimately leading to a reduction in the glomerular filtration rate (GFR) and retention of uremic toxins. Should be evidenced by below:
 - i. Evidence of kidney damage based on abnormal urinalysis results (eg, proteinuria or hematuria) or structural abnormalities observed on ultrasound images and
 - ii. A GFR of less than 60 mL/min for 3 or more months.

- II. The diagnosis has to be confirmed by a qualified nephrologist.

45. Severe COPD

- I. Chronic obstructive pulmonary disease (COPD) is characterised by airflow obstruction that is not fully reversible. COPD is now the preferred term for patients with airflow obstruction who were previously diagnosed as having chronic bronchitis or emphysema and should be characterised by at least two of the following:
 - i. A consistent forced expiratory volume (FEV1) test value of less than one (1) liter (during the first second of a forced exhalation);
 - ii. Baseline arterial blood gas analysis showing arterial partial oxygen pressure at a level of fifty-five (55) mmHg or less; and
 - iii. Dyspnea at rest.
- II. The diagnosis must be confirmed by a Chest physician.

46. Surgery to Place Ventricular Assist Device or Total Artificial Hearts

- I. The actual undergoing of open heart surgery to place a Ventricular Assist Device or Total Artificial Heart medically necessitated by severe ventricular dysfunction or severe heart failure, with cardiac echocardiographic evidence of reduced left ventricular ejection fraction of less than 30%.
- II. The following are excluded:
 - i. Ventricular dysfunction or Heart failure directly related to alcohol or drug abuse is excluded.

47. Minimally Invasive Surgery to Aorta

- I. The actual undergoing of minimally invasive surgical repair (i.e. via percutaneous intra-arterial route) of a diseased portion of an aorta to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

48. Percutaneous Heart Valve Surgery

- I. The actual undergoing of surgery to replace existing heart valve by the deployment of a new replacement valve by percutaneous intravascular techniques not involving a thoracotomy. Percutaneous or transcatheter based repair procedures not involving replacement with a new valve are excluded.

49. Major Surgery to Aorta

- I. The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches (including aortofemoral or aortoiliac bypass grafts).
- II. The surgery must be determined to be medically necessary by a Consultant Cardiologist / Surgeon and supported by imaging findings.
- III. The following is excluded:
 - i. Surgery performed using only minimally invasive or intra-arterial techniques.

50. Heart Transplant

- I. The actual undergoing of a transplant of human heart that resulted from irreversible end stage heart failure. The undergoing of a heart transplant has to be confirmed by a specialist medical practitioner.

51. Aorta Graft Surgery

- I. The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.
- II. The Insured Person understands and agrees that we shall not cover:
 - i. Surgery performed using only minimally invasive or intra-arterial techniques.
 - ii. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.
- III. The aorta is the main artery carrying blood from the heart. Aortic graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

52. Hemiplegia

- I. The total and permanent loss of the use of one side of the body through paralysis caused by Illness or Injury, except when such Injury is self inflicted.

53. Tuberculosis Meningitis

- I. Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by 1) and 2) and 3):
 - i. Findings in the cerebrospinal fluid (csf) report
 - ii. Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR
- II. Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

54. Ovarian tumor of borderline malignancy/low malignant potential – with surgical removal of an ovary

- I. An ovarian tumor of borderline malignancy / low malignant potential that has been positively diagnosed with histological confirmation and has resulted in surgical removal of an ovary.
- II. For this definition the following are not covered:
 - i. Removal of an ovary due to a cyst.

55. Carcinoma in-situ of the cervix uteri – requiring treatment with hysterectomy

- I. Carcinoma in-situ of the cervix uteri (cervix) that requires treatment with hysterectomy.
- II. The hysterectomy must have been performed on the advice of a specialist to treat carcinoma in-situ of the cervix.
- III. The following are excluded:
 - i. All grades of dysplasia

- ii. Cervical squamous epithelial lesion (SIL) and Cervical intra-epithelial neoplasia (CIN), unless carcinoma in-situ is present
- iii. Carcinoma in-situ of any other gynaecological organ (for example the ovary, or the fallopian tube)
- iv. Any other disease or disorder of the cervix or other gynaecological organs that is treated with hysterectomy.

56. Carcinoma in-situ of the urinary bladder

- I. Carcinoma in-situ of the urinary bladder that has been histologically confirmed on a pathology report.
- II. The following conditions are not covered:
 - i. Non-invasive papillary carcinoma
 - ii. Stage Ta bladder carcinoma
 - iii. All other forms of non-invasive carcinoma

57. Ductal or Lobular carcinoma in-situ of the breast – with specified treatment

- I. Diagnosis of ductal or lobular carcinoma in-situ of the breast, that is histologically confirmed, and results in undergoing surgical removal on the advice of the Medical Practitioner.

58. Testicular carcinoma in situ – requiring surgery to remove at least one testicle

- I. Diagnosis of, and having specified treatment of carcinoma in-situ of the testicle (also known as intratubular germ cell neoplasia unclassified or ITGCNU), histologically confirmed by biopsy, and as a result treated with orchidectomy (complete surgical removal of the testicle).

Annexure 11
Permanent Total Disability

Condition for Permanent Total Disability	% of Sum Insured
Complete & Irrecoverable loss of : Any 2 Limbs Sight of both eyes Speech & hearing of both Ears Combination of One Limb & Sight of One Eye	100%
Complete & Irrecoverable loss of : 1 Limb Sight of 1 Eye	50%

Annexure 12
Permanent Partial Disability

Condition for Permanent Partial Disability	% of Sum Insured
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	50%
Each hand at the wrist	50%
Each Thumb	20%
Each Index Finger	10%
Each other Finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each foot at the ankle	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%

Annexure 13
Burns

Condition for Burns	Percentage of Burns Sum Insured
3rd degree burns of 30% or more of the total body surface	100%
2nd degree burns of 30% or more of the total body surface	50%
3rd degree burns of 20% or more, but less than 30% of the total body surface	80%
2nd degree burns of 20% or more, but less than 30% of the total body surface	40%
3rd degree burns of 10% or more, but less than 20% of the total body surface	40%

2nd degree burns of 10% or more, but less than 20% of the total body surface	20%
3rd degree burns of 5% or more, but less than 10% of the total body surface	20%
2nd degree burns of 5% or more, but less than 10% of the total body surface	10%

Annexure 14
Broken Bones

Condition for Broken Bone	Percentage of Broken Bone Sum Insured
Pelvis, Vertebral body resulting in spinal cord injury	100%
Shoulder (collar bone & shoulder blade), Chest (all ribs & breast bone), Arm, Leg, Vertebra (excluding Coccyx)	30%
Fracture to any other bone in the body	10%

Annexure 15
New Born Vaccination Cover

Indicative list of New born Vaccinations		
Time interval	Vaccination to be done (Age)	Frequency
0-3 months	BCG (From birth to 1 weeks)	1
	OPV (1 week) + IPV1 (6 week,10 weeks)	3
	DPT (6& 10 week)	2
	Hepatitis-B (0 & 6 week,)	2
	Haemophilus influenzae type B (Hib) (6 & 10 Week)	2
	Rota (6 & 10 Week)	2
3-6 months	OPV (6 month) + IPV (14 week)	2
	DPT (14 week)	1
	Hepatitis-B (6 month)	1
	Haemophilus influenzae type B (Hib) (14 week)	1
	Rota (14 week)	1
9 months	MMR (9 Months)	1
	OPV (9 Months)	1
12 months	Typhoid(12 Months)	1
	Hepatitis A (12 Months)	1

Annexure 16

Indicative List of Named Illness

Air Borne Communicable Disease			
S. No.	Disease	Definition	Diagnosis
1	Pulmonary Tuberculosis	Treatment of Infectious disease of lungs primarily with /without affection of other organs, tissue in body caused due to bacteria (Mycobacterium Tuberculosis) requiring hospitalisation for treatment.	Sputum smear positive for AFB, histopathological examination and culture for AFB positive, supported by imaging radiology.
2	Avian Flu (H5 N1)	Treatment of flu caused due to influenza virus A (H5N1) requiring hospitalisation for treatment under care of registered medical practitioner and supported by diagnostic test (rapid immunoassay , rapid influenza diagnostic test, RT-PCR etc.)	Swab(nasal, throat), bronchial wash ,nasal or endotracheal aspirate, sputum-Positive for Influenza strain A(H5N1)
3	Swine Flu	Treatment of flu caused due to influenza virus A (H1N1) requiring hospitalisation for treatment under care of registered medical practitioner and supported by diagnostic test (rapid immunoassay , rapid influenza diagnostic test, RT-PCR etc.)	Swab(nasal, throat), bronchial wash ,nasal or endotracheal aspirate, sputum-Positive for Influenza strain A(H1N1)
4	Meningitis	Treatment of febrile neurological disease of membranes of brain and spinal cord caused due to virus(Influenza viral type B), bacteria(Meningococcus) with associated signs and symptoms , requiring hospitalisation for treatment under registered medical practitioner.	Presence of signs and symptoms supported with CSF Analysis defining viral/ bacterial cause

Water Borne Communicable Disease			
S. No.	Disease	Definition	Diagnosis
1	Cholera	Treatment of illness caused due to bacteria (Vibrio cholerae) causing dehydration and diarrhoea requiring hospitalisation for treatment under registered medical	Stool test positive for bacteria, heamatological changes

		practitioner and the diagnosis is supported by the respective diagnostic tests.	
2	Infectious Hepatitis- A&E	Treatment of infectious disease of liver caused due to hepatitis A virus, hepatitis E virus requiring hospitalisation for treatment under the registered medical practitioner.	Serological test positive for Hep-A, Hep E , hematological changes in the lab test
3	Gastroenteritis	Treatment of infectious diarrhea causing irritation and inflammation of gastrointestinal tract , requiring hospitalisation for treatment under registered medical practitioner.	Stool Test positive for pathogen, hematological changes consistent to the illness
4	Typhoid	Treatment of infectious disease caused due to Salmonella Typhi/ Paratyphi strain , requiring hospitalisation for treatment under registered medical practitioner.	Widal test , Typhi Dot IgG IgM positive for typhoid , blood culture test positive for typhoid pathogen

Vector Borne Communicable Disease			
S.No.	Disease	Definition	Diagnosis
1	Malaria	Treatment of mosquito borne blood disease caused due to plasmodium parasite requiring hospitalisation for treatment and diagnosis is supported by the blood smear positive for malarial parasite.	Peripheral Smear positive for malarial parasite(Plasmodium).
2	Dengue	Treatment of mosquito borne blood disease caused due to Dengue Virus (serotype 1-4) requiring hospitalisation (at least 48 hour) for treatment under registered medical practitioner.	one or more of positive tourniquet test, petechiae, ecchymosis or purpura, bleeding from mucosa, gastrointestinal tract, injection sites, haematemesis or melaena and thrombocytopenia (platelets <100,000/cmm), and evidence of plasma leakage (>20% rise in haematocrit, pleural effusion/ascites)
3	Chikungunya	Treatment of febrile mosquito borne blood disease caused due to Chikungunya virus (CHIKV) requiring hospitalisation for treatment under registered medical practitioner.	Serological test (ELISA) positive for Ig M, Ig G anti -chikungunya antibodies.
4	Japanese Encephalitis	Treatment of mosquito borne febrile illness caused due to falvivirus ,requiring hospitalisation	Serological test (ELISA) of CSF/Serum positive for Ig M

		under registered medical practitioner.	
5	Lymphatic Filariasis	Treatment of parasitic infection of lymphatics caused due to filarial worm , requiring hospitalisation under registered medical practitioner.	Identification of microfilariae in blood smear, establishing diagnosis by PCR test /rapid diagnostic test (FTS)

Common Surgical Procedure		
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S.No.	System	Procedure
1	Cardiology	Angiography (Day Care)
2	Cardiology	Pacemaker Implantation (temporary /permanent) including cost of implant
4	Cardiology	EPS and RFA

5	Dental Surgery	Impacted Wisdom Tooth extraction (one tooth per year)
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6	E.N.T	Tonsillectomy
7	E.N.T	Adenotonsillectomy
8	E.N.T	Tympanoplasty (unilateral/bilateral)
11	E.N.T	Nasal Polyps/ Sinusitis (FESS)-(Unilateral/Bilateral)
12	E.N.T	Cortical Mastoidectomy With/without Myringoplasty (unilateral/bilateral)
14	E.N.T	Septoplasty with or without Turbinoplasty (unilateral/bilateral)
15	E.N.T	Myringotomy with Grommet insertion (unilateral/bilateral)

16	General Surgery	Haemorrhoidectomy with/without fissurectomy including cost of stapler
20	General Surgery	Appendectomy (Lap)
21	General Surgery	Cholecystectomy (Lap)
22	General Surgery	Excision Of Pilonidal Sinus With Flap Cover
23	General Surgery	Mastectomy
25	General Surgery	Thyroidectomy (Total/Subtotal)
26	General Surgery	Herniorrhaphy/Hernioplasty- Unilateral /Bilateral (including cost of tacker and mesh)
29	General Surgery	Circumcision (medically necessary)
31	General Surgery	Lumpectomy
32	General Surgery	AV Fistula
33	General Surgery	Hydrocele
34	General Surgery	Right or left Hemi Colectomy
35	General Surgery	Exploratory Laparotomy
37	General Surgery	Varicose Veins(surgical or laser)

38	Neurology	VP Shunting
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39	Obstetrics & Gynecology	Laparoscopic Hysterectomy (Abdominal/Vaginal)
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40	Obstetrics & Gynecology	Ovarian Cystectomy or Ovarian Drilling (laproscopic or conventional)
41	Obstetrics & Gynecology	Dilatation & Curettage (D&C)
42	Obstetrics & Gynecology	Vaginal-Vault Prolapse Repair
44	Obstetrics & Gynecology	Myomectomy
45	Obstetrics & Gynecology	Surgery for Ectopic pregnancy

46	Ophthalmology	Cataract including cost of lens (unilateral/bilateral)
47	Ophthalmology	Retinal Detachment Correction (unilateral/bilateral)
48	Ophthalmology	Vitrectomy (unilateral/bilateral)

54	Orthopaedics	Fracture Neck Femur (Bipolar Arthroplasty/Multiple Screw Fixation including cost of implant)
56	Orthopaedics	Arthroscopic surgery of knee (Other Than ACL) / Meniscectomy) (unilateral/bilateral)
57	Orthopaedics	ACL Reconstruction (unilateral/bilateral)
58	Orthopaedics	Stabilization of spinal column including cost of implant
59	Orthopaedics	Carpal Tunnel Release (unilateral/bilateral)
60	Orthopaedics	Fracture of any kind requiring Closed Reduction and Internal Fixation / Open Reduction and Internal Fixation
63	Orthopaedics	MCL Reconstruction/Repair (unilateral/bilateral)
64	Orthopaedics	Reduction of dislocation under general anesthesia (including cost of implant is any)

65	Urology	Removal of renal stones
67	Urology	Meatotomy
69	Urology	TURP
71	Urology	Orchidectomy (unilateral/bilateral)

72	Urology & Nephrology	Nephrectomy/Nephrolithotomy/Pyelolithotomy (unilateral/bilateral)
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Annexure 17

Indicative list of Sub-limits					
Sr	Procedure	Options			
		A	B	C	D
1	Tonsillectomy	25,000	21,000	18,000	Any common Limit or specified limit/procedure
2	Mastoidectomy	40,000	34,000	29,000	
3	Septoplasty	35,000	30,000	26,000	
4	Haemorrhoidectomy including Cost of stapler	40,000	34,000	29,000	
5	Haemorrhoidectomy and Fissurectomy in a single sitting	35,000	30,000	26,000	
6	Fissure Dilatation	20,000	17,000	14,000	
7	Fissurectomy	30,000	26,000	22,000	
8	Fistulectomy	30,000	26,000	22,000	
9	Cholecystectomy	35,000	30,000	26,000	
10	Excision Of Pilonidal Sinus	30,000	26,000	22,000	
11	Thyroidectomy (Total/Subtotal)	50,000	43,000	37,000	
12	Hernioplasty/Herniorraphy- Unilateral including cost of mesh and tacker	45,000	38,000	32,000	
13	Hernioplasty/Herniorraphy- Bilateral including Cost of mesh and tacker	50,000	43,000	37,000	
14	URS (therapeutic) Including cost of laser treatment	35,000	30,000	26,000	
15	PCNL- Unilateral	50,000	43,000	37,000	
16	PCNL- Bilateral	60,000	51,000	43,000	
17	TURP/Laser Holmium	50,000	43,000	37,000	
18	Varicose Veins(surgical as well as laser) Unilateral	45,000	38,000	32,000	
19	Varicose Veins(surgical as well as laser) Bilateral	50,000	43,000	37,000	
20	Hydrocele	25,000	21,000	18,000	

21	Appendicectomy	45,000	38,000	32,000
22	Cataract per eye including Cost of Lens	25,000	21,000	18,000
23	Hysterectomy (Abdominal/Vaginal)	55,000	47,000	40,000
24	Total Knee Replacement (Unilateral) including cost of implants	1,00,000	85,000	72,000
25	Total Knee Replacement (Bilateral) including cost of implants	1,50,000	1,28,000	1,09,000
26	Hip Replacement (Unilateral) including cost of implants	1,00,000	85,000	72,000
27	Hip Replacement (Bilateral) including cost of implants	1,50,000	1,28,000	1,09,000
28	Arthroscopic Surgery (Other Than ACL / Menisectomy)	40,000	34,000	29,000
29	CABG	2,00,000	1,70,000	1,45,000
30	Angioplasty including cost of implants and angiography	1,50,000	1,28,000	1,09,000
31	Valve Replacement including cost of implants	2,00,000	1,70,000	1,45,000
32	Temporary Pacemaker Implantation including cost of temporary pacemaker	20,000	17,000	14,000
33	EPS and RFA	70,000	60,000	51,000

Annexure 18

Indicative Prosthetic Sub-limits

Prosthetic	Subtype	Option I	Option II	Option III
Upper limb	Below elbow (standard type) with cosmetic hand prosthesis	30,000	50,000	Any common Limit or specified limit/procedure
	Below elbow myoelectric prosthesis	3,25,000	50,00,000	
	Shoulder disarticulation prosthesis	70,000	50,00,000	
	Above elbow	60,000	50,00,000	
	Wrist with finger	40,000	35,00,000	
Lower Limb	Below knee	30,000	16,00,000	
	Above knee	70,000	22,00,000	
	Hip disarticulation	1,00,000	40,00,000	

Annexure 19

S. No.	List of Critical Illness Multiplier Cover
1	Cancer - All conditions covered in cancer variant
2	Kidney failure
3	Multiple sclerosis with persisting symptoms
4	Benign brain tumor
5	Parkinson's Disease
6	Alzheimer's Disease
7	End stage liver failure
8	Motor neuron disease
9	End stage lung failure
10	Bacterial Meningitis
11	Aplastic Anaemia
12	Pulmonary Thromboembolism
13	Primary (idiopathic) pulmonary hypertension
14	Infective Endocarditis
15	Major organ /bone marrow transplant
16	Replacement / Repair of heart valves
17	Aortic Dissection
18	Cardiomyopathy
19	Surgery for Cardiac Arrhythmia
20	Angioplasty
21	Balloon Valvotomy/Valvuloplasty
22	Carotid Artery surgery
23	Open Chest CABG
24	Pericardectomy
25	Surgery to Place Ventricular Assist devices or Total Artificial Hearts
26	Myocardial Infarction
27	Implantation of Pacemaker of Heart
28	Implantable Cardioverter Defibrillator
29	Stroke
30	Permanent paralysis of limbs
31	Burns
32	Blindness
33	Abdominal Aortic Aneurysm
34	Fulminant Viral Hepatitis
35	Severe Rheumatoid Arthritis
36	Systematic Lupus Erythematosus

Annexure 20

Indicative List of Modern Treatments	Sub-Limits
a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Up to the limit chosen
b. Balloon Sinuplasty	
c. Deep Brain stimulation	
d. Oral chemotherapy	
e. Immunotherapy- Monoclonal Antibody to be given as injection	
f. Intra vitreal injections	
g. Robotic surgeries	
h. Stereotactic radio surgeries	
i. BronchicalThermoplasty	
j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	
k. IONM - (Intra Operative Neuro Monitoring)	
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	
j. Bio-absorbable Stents	
k. Fameto Lasik	
l. Toric lens	
m. KT laser prostate	
n. Stem cell transplantation	
o. Hormonal therapy	

Annexure 21 – Risk Class Grid

The below list is indicative of the type of professions that fall under different risk classification.

Risk Class	Occupation/s
1	Persons engaged in white collar jobs and non-hazardous occupations in office such as Administrative, Clerical, Financial, Marketing professions (desk jobs), teacher, doctor, Laboratory technical staff / Supportive staff under health and healthcare services, Creative and performing artists of drama and cinema, Authors, Journalists, linguists, Arts & media related designers, Home maker, Student and Research scholars, Architects, Town planners and Interior designers, Employed in Hotel and Hospitality industry, Gardeners & those involved in horticulture, Personal service workers (Hair dressing & other jobs in saloons or beauty parlors), self-employed and businessmen involved in non-hazardous businesses, IT / Software Engineers, Non-earning members or members earning passive income (Rental /investment income).
2	Persons engaged in semi-hazardous occupations, engaged in superintending activities with duties in a supervisory capacity and not an operator of light / heavy machinery or doing manual work. Such professions include Supervisors involved in manufacturing or construction with no heavy machinery, Culinary and Food preparation occupation with machinery, Drivers

	of light commercial vehicles (Car, Motorbike, scooter), Onsite Engineers (mechanical, electrical, civil, aeronautical, textile), Veterinary Doctors.
3	Persons engaged in professions such as Technicians working in low electrical voltage and related occupation, Workers involved in agriculture, livestock, wildlife, forestry & fisheries, Drivers of commercial vehicles, heavy trucks, vehicles (e.g. JCB), Drivers of noncommercial vehicles (domestic drivers), workers related to strenuous transportation related work, professions such as Ground staff of airlines, railways or shipping, Private Security Personnel, Politician.
4	Persons engaged in hazardous occupations such as Supervisors involved in work in underground mining, tunneling, manufacturing, construction and/or dealing with heavy machines, workers involved in mining, construction, mineral processing and/or any manufacturing work, workers involved in plant operation work in chemical, rubber and textile plants, Technicians working in High electrical voltage and related occupation, Professions related to adventure sports (Instructors or related occupation), Acrobats, professional sportsmen, Jockey, Racing Drivers, circus professionals, workers in Aviation, Railways and Shipping crew, professions such as Armed forces, Police, State & Central reserve police and Home guards, Self-employed and/or businessmen involved in hazardous businesses.

Annexure 22 Product Benefit Table

Protect Plus	
Policy Tenure	Non Loan Linked: No Limit on number of years of coverage. Loan linked- Upto 5 years (the policy will be active, till the loan is active)
Waiver of Exclusion(s)/Clause(s)	Exclusion(s) and/or specific Clause(s) can be waived only if specifically mentioned in the Policy Schedule / CoI (This can be different for every section and/or subsection/optional benefits)
Entry Age	Adult- 18 yrs. to 100 yrs. Child: 0 Days onwards Dependent Child Classification (Accidental plans) - less than or equal to 25 years of age
Plans	Individual, Multi-Individual or Floater Or a Combination
Relationships	Self, Spouse , children (Son/Daughter), Daughter-in-law, Father, Mother, Father-in-law , Mother-in-law , Grandfather, Grandmother, Grandson, Granddaughter, Son-in-law, Brother, Sister, Sister-in-law, Brother-in-law, Nephew, Niece, Employer, Employee, and any relationship where there is insurable interest Borrower(s) & Co-Borrower(s)
Waiting Periods	Initial Waiting Period: Ranges between 0 to 30 days Pre Existing Disease Waiting Period: Ranges between 0 to 36months Specific Disease Waiting Period: Ranges between 0 to 36 months Survival Period (for Critical Illness): Ranges between 0 to 120 days Waiting periods within a specific policy can be as per Illness, Disease, Surgery, Procedure, Event or Condition
Premium Installment Option	Option A: Daily Option B: Monthly Option C: Quaterly Option D: Half Yearly Option E: Annual

S.No.	Main Benefit Name	Main benefit Options and Validations	Coverage Options
1	Base Sum Insured	Up to INR 5 Crores.	<p>Hospitalization Cover</p> <p>The list of Illness can be restricted also and in such scenario, the list of illness and/or condition for which the coverage is given will be mentioned in the Policy Schedule/ Certificate of Insurance.</p> <ol style="list-style-type: none"> 1. Disease Specific Can be covered. 2. Geographic 3. Specific Sub-limits can be put. 4. any Combination of the Above <p>Coverage Option 1- Within India Option 2- Outside India A- Worldwide excluding US & Canada B- Worldwide including US & Canada C- Asia Excluding Japan Option 3 - Combination of Option 1 and Option 2 (Among ABC only 1 option can be chosen)</p> <p>Hospitalization Duration Option 1- 2 Hours and Above Option 2- 24 Hours and Above (for AYUSH, only 24 Hours and above is applicable)</p>

2	<p>Hospital accommodation- Room Rent</p> <ul style="list-style-type: none"> • Nursing charges excluding private nursing charges • Medical Practitioners' fees, excluding any charges or fees for Standby Services • Medicines, drugs and consumables • Physiotherapy, investigation and diagnostics procedures directly related to admission • Intravenous fluids, blood transfusion, injection administration charges and /or consumables • Operation theatre charges • The cost of prosthetics and other devices or equipment if implanted internally during Surgery 	<p>Option 1: Up to 100% of Base Sum Insured Option 2: Up to 100% of Base Sum Insured, as per specific room categories i) General Ward ii) Shared Room iii) Single Private Room iv) Single Private Delux Room v) Private Suite (above deluxe room) Option 3: Sub-limit of INR 10L as per list of diseases Option 4: Any possible reasonable combination of above</p>
3	<p>Hospital accommodation- ICU</p>	<p>Up to 100% of Base Sum Insured</p>
4	<p>Day Care Treatment Option 1: Day Care treatments mentioned in Annexure 9 Option 2: All treatments that take more than 2 hours and less than 24 hrs of hospitalization.</p>	<p>Option 1: up to 100% Base Sum Insured Option 2: Sub-limit of up to Rs. 10L Option 3: Any Combination of the above</p>
5	<p>Modern Treatment</p>	<p>Option 1: up to 100% Base Sum Insured Option 2: Sub-limit on Certain Conditions Option 3: Any Combination of the above</p>
6	<p>Pre Hospitalization</p>	<p>Option 1: Up to 100% of Base Sum Insured Option 2: From 30 days to 180 days Option 3: Sub-limit of up to Rs. 10L Option 4: Any Combination of the above</p>
7	<p>Post Hospitalization</p>	<p>Option 1: Up to 100% of Base Sum Insured Option 2: From 30 days to 180 days Option 3: Sub-limit of up to Rs. 10L Option 4: Any Combination of the above</p>
8	<p>AYUSH</p>	<p>Option 1: Up to 100% of Base Sum Insured Option 2: Sub-limit of up to Rs. 10L Option 3: Any Combination of the above</p>
9	<p>Domiciliary Hospitalization</p>	<p>Option 1: up to 100% SI Option 2: Sub-limit of up to Rs. 10L Option 3: Any Combination of the above</p>
10	<p>Organ Transplant</p>	<p>Option 1: up to 100% SI Option 2: Sub-limit of up to Rs. 10L Option 3: Any Combination of the above</p>
11	<p>Critical Illness Multiplier Indemnity Cover In case of hospitalization/or on benefit basis on diagnosis of listed Critical Illness as mentioned on the CoI/Policy Schedule, the Base Sum Insured will multiply with the specified multiplier</p>	<p>Up to 5X of Base Sum Insured</p>

12	Maternity	<p>Option 1: Maternity Sum Insured Options</p> <p>Normal - INR 10,000 to INR 10 lacs Caesarean - INR 10,000 to INR 10 lacs</p> <p>Option 2: Maternity Waiting Period Options Option A - No waiting Period Option B - 9 months Option C - 12 months Option D - 24 months Option E - 36 months Option F - 48 months</p> <p>Option 3: Any Combination of the above.</p>
13	New Born Baby Cover	Up to 100% of Base Sum Insured
14	New Born Vaccination Cover	<p>Option 1: Up to 100% of Base Sum Insured</p> <p>Option 2: Up to 100% of Maternity Sum Insured.</p>
15	<p>Well Mother Cover</p> <p>Room Rent coverage for mother who is required to feed the baby post birth if the new born baby(upto age of 2 years) is hospitalized</p>	<p>Option 1: Up to 100% of Base Sum Insured</p> <p>Option 2: Up to 100% of Maternity Sum Insured.</p>
16	<p>Cord blood banking cost cover</p> <p>Umbilical cord stem cell preservation</p>	<p>Option 1: Up to 100% of Maternity Sum Insured.</p> <p>Option 2: Up to INR 5 Lakhs</p>
17	Road Ambulance	<p>Network Hospital: Covered upto 100% of Base Sum Insured (Common Base Sum Insured) Lump sum amount up to Rs. 1,00,000</p> <p>Non-Network Hospital: Covered upto 100% of Base Sum Insured (Common Base Sum Insured) Lump sum amount up to Rs. 1,00,000</p>
18	Air Ambulance	<p>Network Hospital: 1. Covered upto 100% of Base Sum Insured (Common Base Sum Insured) 2. Covered up to Rs. 5,00,000 3. Sub-limit can be applied to Common Base Sum Insured.</p> <p>Non-Network Hospital: 1. Covered upto 100% of Base Sum Insured (Common Base Sum Insured) 2. Covered up to Rs. 5,00,000 3. Sub-limit can be applied to Common Base Sum Insure</p>
19	Prosthetics Cover	As per the specified list and sub-limits mentioned.
20	<p>Nursing Allowance</p> <p>We will reimburse the expenses for the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following his discharge from Hospital, provided that: a) the Medical Practitioner treating the</p>	<p>Option 1: Up to INR 10,000 per day</p> <p>Option 2: Up to 100% of Base Sum Insured</p> <p>Option 3: Any Combination of the above</p>

	<p>Insured Person recommends the provision of such care for medical reasons, and</p> <p>b) Subject to the amount per day and for specified number of days with/without Deductible/Franchise as specified in Policy Schedule/Certificate of Insurance</p>	
21	Animal/serpent attack	<p>Coverage can be :</p> <p>Option 1 - OPD with a sub-limit +IPD</p> <p>Option 2 - IPD only</p> <p>Option 3: Up to INR 5 Lakhs</p> <p>Option 4: Any Combination of the above</p>
22	Compassionate Visit	<p>Option 1:Up to 100% of SI (Common Base Sum Insured)</p> <p>Option 2: Sub-limit of up to Rs. 10L</p> <p>Option 3: Any possible reasonable combination of above</p>
23	Accompanying person accommodation cover	<p>Option 1:Up to 100% of SI (Common Base Sum Insured)</p> <p>Option 2: Sub-limit of up to Rs. 10L</p> <p>Option 3: Any possible reasonable combination of above</p> <p>Options: Payable after up to 10 days of continuous hospitalization</p>
24	Annual Health Check Up – Hospitalization Cover	<p>Option 1: up to 10 tests per Insured basis indicative list</p> <p>Option 2: Basis select combination of tests</p> <p>Option 3: Limit of up to INR 1L</p> <p>Option 4: Discount on availing the benefit through our/empanelled service providers mobile app/website</p> <p>Option 5: Any possible reasonable combination of above</p> <p>It can be provided to</p> <p>Option 1: Per Insured Adult</p> <p>Option 2: Per Insured Adult+ One non Insured related Adult</p>
25	<p>Emergency assistance services [(only within India) - Medical consultation referral - Emergency medical evacuation (air ambulance) - Medical repatriation - Compassionate visit - Care and/or transportation of minor children - Return of mortal remains]</p>	<p>Through Empanelled Service Providers.</p> <p>Available</p>
26	Sub-limit on Specified Illness or Conditions	<p>Option 1: Per Claim Basis</p> <p>Option 2: Per Policy Year Basis</p>
27	Loyalty	<p>Sum insured will be enhanced per annum by selected % up to 200% Base Sum Insured</p> <p>Options for enhancement- up to 100% of Base Sum Insured</p>
28	Booster+	Carry Forward up to 10X of Base Sum Insured
29	ReAssure	<p>Unlimited Re-instatement of Sum Insured Up to 200% of Base Sum Insured.</p> <p>Option1 : Same Illness</p> <p>Option2 : Different Illness</p> <p>Option 3: Both</p>

30	Refill – Hospitalization Cover Option 1: Same Illness Option 2: Different Illness Option 3: Both	Option 1: Reinstates up to 200% of Base Sum Insured. Option 2: Reinstates Up to 5 times a year Option 3: Any Combination of the above
31	Corporate Floater To be utilized only upon exhaustion of Base Sum Insured Options: 1- Per Family 2- Per Insured	Option A: Up to Base Sum Insured with overall Corporate Floater limit of INR 5 Crs Option B: Up to INR 5 Crs Option C: Can be utilized for i. Critical Illness (as per List) ii. Items/diseases/conditions/procedures/ treatments/syndromes Option D: Any combination of the above
32	Tiered Network	Option 1: Discount up to 50% on Premium basis selected network Option 2: Co-Payment up to 50% basis selected network Option 3: Any combination of the above
33	Home Health Care Services – Hospitalization Cover	Through Empanelled Service Providers. Available
34	Emergency Medical Evacuations (International)	Option 1: Up to Defined Sum Insured of International Sum Insured Option 2: Defined Sub-limit of International Sum Insured
35	Emergency Hospitalization (International)	Option 1: Up to Defined Sum Insured of International Sum Insured Option 2: Defined Sub-limit of International Sum Insured
36	Specified Illness Cover (9 listed conditions) (International)	Option 1: Up to Defined Sum Insured of International Sum Insured Option 2: Defined Sub-limit of International Sum Insured
37	Medical Repatriation (International)	Option 1: Up to Defined Sum Insured of International Sum Insured Option 2: Defined Sub-limit of International Sum Insured
38	Repatriation of Mortal Remains (International)	Option 1: Up to Defined Sum Insured of International Sum Insured Option 2: Defined Sub-limit of International Sum Insured

Personal Accident Cover

1	Accidental Death Benefit	Termination Condition - The policy will terminate for the member for whom we have paid the claim under this benefit.	Option 1: Lump sum benefit up to Rs. 10 Cr. Option 2: Payout Options a: Staggered - weekly, monthly, quarterly, annually b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.
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			Option 5: Any possible reasonable combination of above options.
2	Permanent Total Disability Benefit	<p>Termination Condition - The policy will terminate for the member for whom we have paid a total of 100% PTD Sum Insured claim in a lifetime of the Insured.</p>	<p>Option 1: Lump sum benefit up to Rs. 10 Cr. Option 2: Payout Options a: Staggered - weekly, monthly, quarterly, annually b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Any possible reasonable combination of above options.</p>
3	Permanent Partial Disability Benefit		<p>Option 1: Lump sum benefit up to Rs. 10 Cr. Option 2: Payout Options a: Staggered - weekly, monthly, quarterly, annually b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Any possible reasonable combination of above options.</p>

4	<p>Temporary Total Disability Benefit</p>	<p>Options Available - TTD Sum Insured can be utilized as per the following options -</p> <ul style="list-style-type: none"> • TTD benefit to use Accidental Death Sum Insured • TTD benefit to have Independent Sum Insured 	<p>Option 1: <u>Earning Members</u> - Option a: Up to 5% of Base SI per week. Max up to 5 L per week. Max up to 100 Weeks Option b: Up to 5% of Weekly salary/income received , Max up to 5 L per week. Max up to 100 Weeks.</p> <p><u>Non-earning members</u> - Up to 5% of Base SI per week. Max up to 1 L per week. Max up to 50 Weeks</p> <p>Option 2: Payout Options Option a: Staggered - weekly, monthly, quarterly, annually Option b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet , Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Up to 3 Days Deductible Option 6: Up to 3 Days Franchise Option 7: Any possible reasonable combination of above options.</p>
5	<p>Accidental Hospitalization</p>	<p>Options Available - Accidental Hospitalization is available as per the following options -</p> <ul style="list-style-type: none"> • Coverage under this benefit NOT linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability. • Coverage under this benefit linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability. <p>Offering Conditions - Either Accidental Hospitalization or Animal Attack cover can be offered. Both the benefits cannot be offered together.</p>	<p>Up to INR 1Cr , if hospitalization due to Accident.</p> <p>(Only Cashless, Only Reimbursement or Combination can be offered)</p>

6	Refill – Personal Accident Cover	Offering Conditions - The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.	Option 1: Up to Unlimited times reinstatement of up to 150% Accidental Hospitalization Sum Insured in a policy year, Up to 150% of Accidental Hospitalization Sum Insured on each reinstatement Option 2: Can be either given to same person for same illness and/or different illness.
7	Serious Illness Benefit – Personal Accident Cover	Options Available - Coverage in a policy year can be given for any number of days, maximum up to 365 days.	Option 1: Overall Sum Insured up to INR 5 Crore Option 2: Payout Options a: Staggered - weekly, monthly, quarterly, annually Option b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), Fixed Deposit (FD) Amount, Savings account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Any possible reasonable combination of above options.
8	Out-patient Expense Cover	Options Available - Geographical coverage options available are - <ul style="list-style-type: none"> • Only in India • India and Outside India Options Available - OPD is available as per the following options - <ul style="list-style-type: none"> • Coverage under this benefit NOT linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability. • Coverage under this benefit linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability. Offering Conditions - Either Out-patient Expense Cover or Animal Attack cover can be offered. Both the benefits cannot be offered together.	Option 1: Up to 50% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options. (Only Cashless, Only Reimbursement or Combination can be offered)

9	Physiotherapy Cover	Offering Conditions - Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.	Option 1: Up to 10% of Base Sum Insured, Maximum limit of 10L per policy year Option 2: Up to INR 10L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 10L per policy year. (Only Cashless, Only Reimbursement or Combination can be offered)
10	Transportation of Imported Medicine Cover		Option 1: Up to 2% of Base Sum Insured Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options
11	Purchase of Blood Cover		Option 1: Up to 2% of Base Sum Insured Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options
12	Prosthetics Device Cover		Option 1: Up to 2% of Base Sum Insured Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options
13	Hospital Daily Cash Benefit (Accidental)		Option 1: Up to Rs. 10,000 per day Option 2: Lump sum of up to Rs. 2L Option 3: Up to 7 days of Franchise Option 4: Up to 7 days of Deductible Option 6: Any possible reasonable combination of above options, Maximum coverage of up to 90 days of Hospitalisation
14	Road Ambulance Cover		Option 1: Covered up to 100% of Base Sum Insured Option 2: Lump sum amount up to Rs. 50,000 Option 3: Any possible reasonable combination of above options (Only Cashless, Only Reimbursement or Combination can be offered)
15	Air Ambulance Cover		Option 1: Covered up to 100% of Base Sum Insured Option 2: Lump sum amount up to Rs. 2L Option 3: Any possible reasonable combination of above options (Only Cashless, Only Reimbursement or Combination can be offered)
16	Second Medical Opinion Benefit	-	Up to Unlimited times of Second medical opinion (Only Cashless, Only Reimbursement or Combination can be offered)
17	Burns Benefit	Termination Condition - The coverage under this Benefit would terminate for lifetime for the Insured Member for whom we have paid a total of 100% Burns Sum Insured claim in the lifetime of the Insured.	Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1 Cr per policy year Option 2: Up to INR 1 Cr as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 1 Cr per policy year

18	Broken Bones Benefit		Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1 Cr per policy year Option 2: Up to INR 1 Cr as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 1 Cr per policy year
19	Coma Benefit	Termination Condition - The coverage under this Benefit would terminate for lifetime for the Insured Member for whom we have paid a total of 100% Coma Sum Insured claim in the lifetime of the Insured.	Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1 Cr per policy year Option 2: Up to INR 1 Cr as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 1 Cr per policy year
20	Animal Attack Cover	Offering Conditions - If Out-patient Expense Cover or Accidental Hospitalization offered, then this benefit cannot be offered.	Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year
21	Rehabilitation Cover	Offering Conditions - Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.	Option 1: Up to 100% of Base Sum Insured, Maximum limit of 10L per policy year Option 2: Up to INR 10L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 10L per policy year
22	Reconstructive surgery Cover		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options
23	Accidental Miscarriage Benefit		Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1L per policy year Option 2: Up to INR 1L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 1L per policy year
24	Domestic Travel for Medical Treatment Cover		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options
25	Repatriation Cover		Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year
26	Funeral Benefit		Option 1: Up to 100% of Base Sum Insured, Maximum limit of 2L per policy year Option 2: Up to INR 2L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 2L per policy year
27	Home and Vehicle Modification Benefit		Option 1: Up to 100% of Base Sum Insured, Maximum limit of 5L per policy year Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 5L per policy year

28	Personal liability		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 10L as lump sum Option 3: Any possible reasonable combination of above options
29	Emergency Hotel Requirement Cover		Hotel stay days covered up to 10 days and per day hotel cost of Rs. 1000 to 20,000 In the multiples of 1000
30	Home Convalescence Cover		Option 1: Up to 100% of Base Sum Insured, Maximum limit of 5L per policy year Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 5L per policy year
31	Loss of Activities of Daily Living Benefit	Termination Condition - This coverage of this benefit will cease after Age of seventy-five.	Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options
32	Monthly Needs Benefit		Option 1: Up to 5% of Base Sum Insured Option 2 : Up to 12 months Option 3: Any possible reasonable combination of above options
33	Education for Dependent Children Benefit	Termination Condition - The claim under this benefit would payable only once in the lifetime for the Insured Member.	Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 1Cr as lump sum Option 3: Any possible reasonable combination of above options
34	Marriage Fund for Children Benefit	Termination Condition - The claim under this benefit would payable only once in the lifetime for the Insured Member.	Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options
35	Orphan Benefit		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options
36	Spouse Care Benefit		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options
37	Compassionate Visit Benefit		Up to 2% of the Base Sum Insured (Max INR 1,00,000)
38	Medical Insurance Premium Cover	Termination Condition - The claim under this benefit would payable only once in the lifetime for the Insured Member.	Option 1: As per Actuals Option 2: Up to INR 50K as lump sum Option 3: Any possible reasonable combination of above options
39	Parental Care Benefit	Termination Condition - The claim under this benefit would payable only once in the lifetime for the Insured Member.	Up to INR 10L as lump sum
40	Family Counselling Benefit		Up to INR 1 L as lump sum

41	Loss of Personal Material Cover	Options Available - <ul style="list-style-type: none"> • Coverage for Electronic Equipment, like Cellphone, laptop, headphones • Coverage for Books, Bag, Course Material, Study Material • Coverage for Uniform (outfit provided by an employer to a professional) • Any one or Combination of the above option can be offered 	Option 1: As per Actuals, Maximum limit of 5L per policy year Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 5L per policy year
42	On Duty Cover		Payouts as per the base benefit
43	Common Carrier Benefit		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 1Cr as lump sum Option 3: Any possible reasonable combination of above options
44	Terrorism Cover		Payouts as per the base benefit
45	Common Accident Benefit		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 1Cr as lump sum Option 3: Any possible reasonable combination of above options
46	Adventure Sport Cover		Payouts as per the base benefit
47	Head & Spinal Injury Benefit		Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year
48	Loan Protect Benefit		Option 1: Up to 100% of balance outstanding principal for any loan, Maximum up to Base Sum Insured Option 2: Up to 100% of balance outstanding for any loan, Maximum up to Base Sum Insured Option 3: Up to 100 times of EMI, Maximum up to Base Sum Insured Option 3: Any possible reasonable combination of above options, Maximum up to Base Sum Insured
49	Chauffeur Benefit	For the hire of a taxi or chauffeur driven car or other necessarily incurred extra costs to maintain the Insured Person's mobility to meet his / her business commitments	Upto 40,000 per month (Up to maximum of 6 months)
OPD & Wellness Covers		The plan can be offered for any specific, combinaton diseases, illnesses, surgeries or procedures. All Genders or specific Gender can be covered in any combination.	

1	Video Consultations with General Practitioner	We will cover Video Consultations with certified General Practitioners for the Insured. A video consultation is an out-patient consultation, which is conducted over a video call between the Insured and the General Practitioner.	<p>Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 per policy Option 3: Costs up to INR 1 Lac Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above</p> <p>Available on Only Network, Only Non-Network & Combination of both</p> <p>Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network</p>
2	Tele Consultations with General Practitioner	We will cover Tele Consultations with certified General Practitioners for the Insured. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the General Practitioner.	<p>Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1 Lac Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above</p> <p>Available on Only Network, Only Non-Network & Combination of both</p> <p>Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network</p>
3	Physical Consultations with General Practitioner	We will cover Physical Consultations with certified General Practitioners for the Insured. A Physical Consultation is an out-patient consultation, which is conducted over a face-to-face meeting between the Insured and the General Practitioner.	<p>Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1L Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above</p> <p>Available on Only Network, Only Non-Network & Combination of both</p> <p>Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network</p>

4	Video Consultations with specialists	We will cover Video Consultations with Specialists for the Insured. A video consultation is an out-patient consultation, which is conducted over a video call between the Insured and the Specialist.	<p>Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1L Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above</p> <p>Available on Only Network, Only Non-Network & Combination of both</p> <p>Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network</p>
5	Tele Consultations with specialists	We will cover Tele Consultations with Specialists for the Insured. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the Specialist.	<p>Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1L Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above</p> <p>Available on Only Network, Only Non-Network & Combination of both</p> <p>Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network</p>
6	Physical Consultations with specialists	We will cover Physical Consultations with Specialists for the Insured. A Physical Consultation is an out-patient consultation, which is conducted over a face-to face meeting between the Insured and the Doctor.	<p>Option 1: Unlimited Consultations Option 2: Fixed no. of consultations ranging between 1 to 50 Option 3: Costs up to INR 1L Option 4: Actuals up to INR 5000 per Visit Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above</p> <p>Available on Only Network, Only Non-Network & Combination of both</p> <p>Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network</p>

7	Diagnostic Services	The Insured Person may avail diagnostic tests as specified in the policy schedule/certificate of insurance.	<p>Option 1: Services through Company's empanelled Provider Option 2: up to 10 tests per Insured basis indicative list Option 3: Basis select combination of tests Option 4: Costs up to INR 1L Option 5: Unlimited Diagnostic tests and Investigations Option 6: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 7: Any possible reasonable combination of above</p> <p>Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network</p>
8	Pharmacy Services	The Insured Person may purchase prescription or/and over the counter pharmacies as mentioned in the Policy Schedule/Certificate of Insurance.	<p>Prescription Based, Over the counter based pharmacies or Both Option 1: Services through Company's empanelled Provider Option 2: Costs up to INR 1L Option 3: Discount on availing the benefit through our/empanelled service providers mobile app/website</p> <p>Co-payment of up to 50% only for non-network Deductible of up to INR 20,000 per policy for non-network Deductible of up to 10 visits per policy for non-network Franchise of up to 10 visits per policy for non-network</p>
9	Home Health Care Services - OPD & Wellness Cover	The Insured person may purchase home health care services as mentioned in the Policy Schedule/Certificate of Insurance.	<p>Option 1: Services through Company's empanelled Provider Option 2: Basis select combination of Services Option 3: Costs up to INR 1L Option 4: Services up to INR 10,000 per service. Option 5: Fixed number of services ranging between 1 to 1000 Option 6: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 7: Any Combination of Above</p>
10	Vaccination Cover	The Insured person may purchase specified Vaccinations as mentioned in the Policy Schedule/Certificate of Insurance,	<p>Option 1: Services through Company's empanelled Provider Option 2: up to 10 vaccinations per Insured basis indicative list Option 3: Basis select combination of Vaccines Option 4: Costs up to INR 1L Option 5: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 6: Any possible reasonable combination of above</p>
11	Annual Health Check-up - OPD & Wellness Cover	The Insured Person may avail a health check-up during the Policy Period as per the list specified or up to the limit specified in the Policy Schedule/Certificate of Insurance.	<p>Option 1: up to 10 tests per Insured basis indicative list Option 2: Basis select combination of tests Option 3: Costs up to INR 1L Option 4: Discount on availing the benefit through our/empanelled service providers mobile app/website Option 5: Any possible reasonable combination of above</p> <p>It can be provided to Option 1: Per Insured Adult Option 2: Per Insured Adult+ One non Insured related Adult</p>

12	Second Medical Opinion - OPD & Wellness Cover	If the Insured Person is diagnosed with a Specified Illness or is planning to undergo a planned Surgery or a Surgical Procedure for any Illness or Injury, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period.	<p>Option 1: Covered worldwide, One opinion per Insured Person per Specified Illness / planned Surgery (Network + Non-Network)</p> <p>Option 2: Covered worldwide, One opinion per Insured Person per Specified Illness / planned Surgery (Network only)</p> <p>Option 3: Discount on availing the benefit through our/empanelled service providers mobile app/website</p>
13	Monitoring / Medical Devices	The insured would get coverage for monitoring devices as specified in the policy schedule / certificate of insurance to monitor their health.	<p>Option 1: Up to INR 5L</p> <p>Option 2: Up to 10 Devices in a policy</p> <p>Option 3: Percentage of Base Sum Insured</p> <p>Option 4: Discount on availing the benefit through our/empanelled service providers mobile app/website</p>
14	Condition Management Packages	The insured would get coverage for pre defined condition managemnet packages as specified in the policy schedule / certificate of insurance	<p>Condition wise packages</p> <p>Diabetes, Kidney Health, Heart, Liver, Pregnancy/Maternity, Weight Loss, Woman Health</p>
15	Wellness Benefits	The insured will get access to gyms, online fitness classes, diet and nutrition consultation upto the limits/visits specified in the policy schedule / certificate of insurance	<p>Option 1. For a period of 1 month or multiple of 1 month, maximum up to 12 months in a policy year with no limits on the visit/consultation</p> <p>Option 2. For a period of 1 month or multiple of 1 month, maximum up to 12 months in a policy year with 10 visit/consultation per week</p> <p>Option 3. For a period of 1 month or multiple of 1 month, maximum up to 12 months in a policy year with up to 10 visit/consultation per month</p> <p>Option 4. Discount on availing the benefit through our/empanelled service providers mobile app/website</p> <p>Option 5. Any of the combination above</p>
16	Wallet	The insured would get a wallet with a pre defined limit for utilisation. The wallet can be given 1. As a master wallet for any/all benefits 2. Separate wallet for each individual benefit	<p>Option 1: Up to INR 1L for any combination of the above benefits (including Co-payment, Deductible, Franchise for non-network).</p> <p>Till INR 10,000 in multiples of INR 500.</p> <p>Post INR 10,000 in multiples of INR 1000</p>
17	Vouchers	The insured would get One time use vouchers for availing any of the benefits specified in the policy schedule / certificate of insurance	<p>Option 1: Up to 50 Vouchers</p> <p>Option 2: Up to INR 1L</p> <p>Option 3: Above benefits, can be offered in any capacity within the Voucher Limit</p> <p>Option 4: Any possible reasonable combination of above.</p>

Named Illness Benefit

1	Named Illness	Options available Option A: Air Borne Communicable Disease Option B: Water Borne Communicable Disease Option C: Vector Borne Communicable Disease Option D: Common Surgical Procedure (one surgery allowed per person per policy period) Option E: Any combinations of the above	1. Offered on Benefit Basis 2. Offered on Indemnity Basis Sum Insured Up to 50L
Hospital Daily Cash Benefit			
1	Daily Cash Benefit	Maximum Coverage up to 90 days	Option 1: up to Rs. 10,000 per day Option 2: Lumpsum of upto Rs. 2L Option 3: up to Rs. 10,000 per day with Franchise of 1/2/3/4/5/6/7 days Option 4: up to Rs. 10,000 per day with deductible of 1/2/3/4/5/6/7 days Option 5: Any Combination of the Above
2	ICU Cash Benefit (Can be opted only if Daily Cash Benefit is opted)	Maximum Coverage up to 90 days	Option 1: Up to 2X of Hospital Daily Cash Benefit Option 2: up to Rs. 10,000 per day Option 3: Lumpsum of upto Rs. 2L Option 4: up to Rs. 10,000 per day with Franchise of 1/2/3/4/5/6/7 days Option 5: up to Rs. 10,000 per day with deductible of 1/2/3/4/5/6/7 days Option 6: Any Combination of the Above
Critical Illness Cover			
1	Sum Insured	Up to INR 10 Cr	
2	Illnesses Covered	Up to 58 Illnesses - can be offered in any combination	
3	Critical Illness benefit	Option 1: Lumpsum up to 10 Cr Option 2: Payout Options a: Staggered - weekly, monthly, quarterly, annually b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Any possible reasonable combination of above options.	
4	Sum Insured Enhancement	Up to 100% of CI Sum Insured Cover. Maximum of 10 Cr	

5	<p>Income Protector</p>	<p>Payout Period : Up to 12 Months.</p> <p>Coverage options -</p> <ol style="list-style-type: none"> 1. Up to 5L per month 2. Equal to Salary . Max 5L per month 3. Any Combination of the above.
Serious Illness Cover		
1	<p>Serious Illness</p> <p>Options Available - Coverage in a policy year can be given for any number of days, maximum up to 365 days.</p>	<p>Option 1: Overall Sum Insured up to INR 5 Crore</p> <p>Option 2: Payout Options</p> <p>a: Staggered - weekly, monthly, quarterly, annually</p> <p>Option b: Lump sum</p> <p>Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), Fixed Deposit (FD) Amount, Savings account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.</p> <p>Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.</p> <p>Option 6: up to 50% Co-payment</p> <p>Option 7: Deductible of Up to Rs. 1L</p> <p>Option 5: Any possible reasonable combination of above options.</p>
Additional Benefits		
1	<p>Premium Waiver</p>	<p>Complete waiver of Premium(s) for a defined block of years. Block of Years: Up to 20 years.</p> <p>Option 1: Specific Disease, Procedure, Surgery , event, illness</p> <p>Option 2: No Claim in the Policy</p> <p>Option 3: Combination of Both</p>
2	<p>Safeguard</p>	<p>Option 1: No impact on Premium Waiver up to 20 days of hospitalization.</p> <p>Option 2: No Impact on Premium Waiver up to 1 Cr of claim</p> <p>Option 3: No impact on Premium Waiver if claims made under benefits and / or medical conditions defined in the policy schedule / certificate of insurance</p> <p>Option 4: No Impact on premium waiver if up to 50 claims in a year</p> <p>Option 5: Any combination of the above</p> <p>Safeguard can only be offered in a policy if Premium Waiver benefit is opted.</p>
Cost Sharing Options		
1	<p>Annual Aggregate Deductible</p>	<p>Up to 10L</p>
2	<p>Co-Payment</p>	<p>Up to 50% Co-payment</p>
3	<p>Franchise</p>	<p>Up to 15 Days</p>