



SUPER HEALTHCARE INSURANCE
POLICY WORDING

PREAMBLE

WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED (hereinafter called the COMPANY and/or INSURER) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED MEMBER) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal, any insured person contracts any disease or suffers from any illness or sustains any bodily injury through accident (hereinafter called INJURY) and if such illness or injury requires any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital/Day Care Centre in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the *Company will* pay through Third Party Administrator (hereinafter called TPA) to the Hospital / Nursing Home or the Insured Person the amount of such expenses specified under Covered Expenses, as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person subject to Basis of Payment Clause but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

DEFINITIONS

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth: Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

1. **Accident:** An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Aggregate Deductible:** Aggregate deductible is a cost sharing requirement under this policy that provides the *company will* not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses (admissible under policy) incurred during the policy period by insured (individual policy) or insured family (in case of family floater).
3. **Any one illness:** continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
4. **AYUSH Hospital:** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable,



and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

- i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH *Medical Practitioner* in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
5. **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.
6. **AYUSH Treatment:** AYUSH Treatment refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems
7. **Base Annual Sum Insured:** means the amount specified in the Policy Schedule which is Company's maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of all Insured Persons. If the Policy Period is more than one year, then the Base Annual Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Base Annual Sum Insured which remains un-utilised in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period.
8. **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.
9. **Claim:** A claim shall mean a formal request to an insurer by the insured for coverage or compensation for a covered loss or policy event which the policy shall cover.
10. **Condition Precedent:** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
11. **Congenital Anomaly:** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) **Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body
 - b) **External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body
12. **Cumulative Bonus:** Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.



13. Day Care Centre: A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under–

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

14. Day Care Treatment: Day care treatment refers to medical treatment, and/or surgical procedure which is:

- i. Undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. 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.

15. Deductibles: 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.

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

17. Dependent Child: Dependent Child refers to refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income. For the purpose of this policy, child up to age 30 years is considered as dependent child.

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

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

- i) The condition of the patient is such that he/she is not in a condition to be removed to a hospital. or
- ii) The patient takes treatment at home on account of non-availability of room in a hospital.

20. Emergency Care: 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.

21. Grace Period: Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.



- 22. Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places
 - has qualified medical practitioner(s) in charge round the clock
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 23. Hospitalisation:** Hospitalization means admission in a Hospital for a minimum period of 24 consecutive '*In-patient Care*' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 24. Illness:** 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:
- it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - it needs on-going or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur.
- 25. Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 26. Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 27. Intensive Care Unit:** 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.
- 28. ICU Charges:** 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.
- 29. IRDAI:** IRDAI means Insurance Regulatory and Development Authority of India



- 30. Law:** Law shall mean and include the applicable laws of India including IRDAI ACT, 1999, Insurance Act, 1938, Health Insurance Regulations, 2016 and other prevailing laws of India modified amended, changed from time to time.
- 31. Limit of Indemnity:** Limit of Indemnity represents our maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the Schedule during the policy period and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the Schedule as sum insured.
- 32. Maternity expenses:** Maternity expenses means;
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization.
 - Expenses towards lawful medical termination of pregnancy during the policy period.
- 33. Medical Advice:** Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow-up prescription.
- 34. Medical expenses:** 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.
- 35. Medical Practitioner:** 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 its scope and jurisdiction of license.
- 36. Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner;
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 37. Migration:** "Migration" means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- 38. Network Hospitals / Network Hospitals:** Network Hospitals / Network Hospitals means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to you on request.
- 39. Network Provider:** Network Provider means hospitals 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.
- 40. New Born Baby:** New born baby means baby born during the Policy Period and is aged up to 91 days.



- 41. Non-Network Provider:** Non-Network means any hospital, day care centre or other provider that is not part of the network.
- 42. Notification of Claim:** Notification of claim is the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 43. OPD treatment:** 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.
- 44. Policy:** Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy.
- 45. Policy Period:** Policy Period means the period between the commencement date and the expiry date specified in the Schedule and includes both the commencement date as well as the expiry date.
- 46. Portability:** “Portability” means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- 47. Pre-Existing Disease:** Pre-existing Disease means any condition, ailment, injury or disease:
- (a) That is/are diagnosed by a physician within 36/24/12 months prior to the effective date of the policy issued by the insurer or
 - (b) For which medical advice or treatment was recommended by, or received from, a physician within 36/24/12 months prior to the effective date of the policy or its reinstatement.
- 48. Pre-hospitalization Medical Expenses:** Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 49. Premium:** The term premium shall mean a sum or consideration payable to insurer by the insured to cover the risks mentioned under the terms of this policy.
- 50. Post-hospitalization Medical Expenses:** Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are for the same condition for which the insured person’s hospitalization was required, and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
- 51. Qualified Nurse:** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 52. Reasonable and Customary Charges:** 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.



- 53. Renewal:** 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.
- 54. Room rent:** Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 55. Senior citizen:** “Senior citizen” means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.
- 56. Surgery or Surgical Procedure:** 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 and prolongation of life, performed in a hospital or day care centre by a *medical practitioner*.
- 57. Schedule:** means Schedule attached to and forming part of this Policy mentioning the details of the Insured/ Insured Persons, the Sum Insured in respect of each Insured Person (s), the period, Coverage and the limits to which benefits under the Policy are subject to.
- 58. 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.
- 59. Insured Member(s), You, Your, yourself/ Your Family** named in the schedule means the person or persons that We insure as set out in the Schedule.
- 60. The Company, We, Our, Ours means the Universal Sompo General Insurance Company Ltd.**

SECTION A- SCOPE OF COVER

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay and/or reimburse actual expenses incurred in excess of the Deductible as specified in the Policy Schedule.

The company will pay for the Medical Expenses, in excess of deductible stated in the Policy Schedule either **on per admissible claim basis (for Top Up - Plan 1, Plan 2 and Plan 3)** or when the aggregate of covered medical expenses exceeds the deductible applicable **on policy per year basis (for Super Top Up – Gold, Diamond and Platinum)** depending upon the plan opted.

However, the total liability of the Company under this Policy for payment of any and all admissible Claims in aggregate/per admissible claim during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.



Benefit Summary

1 Eligibility Criteria								
1.1	Who can be covered	Family Floater: Self, Spouse, 4 dependent Children under this policy.						
		Individual: Self, spouse, dependent children, brother, sister, dependent parent, grandparents, grandchildren, mother-in-law, father-in-law, son-in-law, daughter-in-law, dependent brother-in-law, dependent sister-in-law, Niece and Nephew.						
1.2	Entry Age	Minimum : Proposer/Adult 18 yrs						
		Maximum : Proposer/Adult 80 yrs						
		Dependent Children Maximum Entry Age : 30 years under Family Floater Plan						
		Entry age for children-3 months						
1.3	Renewal Age	Lifetime						
1.4	Pre- Medical Test	Under certain circumstances such as declaration(s) in the proposal form or if insured member/s are/is above 65 years and SI is greater than 20 lakhs, we may ask you to undergo mentioned medical check-ups to help us understand your health condition in a better way.						
1.5	Policy Tenure	The Policy can be taken for 1 year/ 2 Years/ 3 Years.						
2 Coverage's and SI options								
Plan		Top Up			Super Top Up			
Options		Plan 1	Plan 2	Plan 3	Gold	Diamond	Platinum	
Sum Insured		1, 1.5, 2, 3, 5 Lakhs	2, 3, 5, 7, 10 Lakhs	5, 7, 10, 15, 20 Lakhs	2, 3, 5, 7, 10 Lakhs	3, 5, 7, 10, 15, 20 Lakhs	10, 15, 20, 30, 50, 100 Lakhs	
Deductible		50K, 1 Lakh	2, 3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	1, 2, 3, 4, 5 Lakhs	6,7,8,9,10 Lakhs	10, 15, 20, 30, 40 Lakhs	
Deductible Applicable		Per admissible claim basis	Per admissible claim basis	Per admissible claim basis	Per policy year basis	Per policy year basis	Per policy year basis	
Sr.No.	Benefits	Coverage						
1	Inpatient Hospitalization	Minimum 24 Hrs. hospitalisation as an In-patient	Covered	Covered	Covered	Covered	Covered	Covered



2	Day Care Treatment	Medical Expenses for day care treatment/ surgical procedures, taken as an inpatient for less than 24 hours in a Hospital or day care centre but not in the outpatient department(399+)	Covered	Covered	Covered	Covered	Covered	Covered
3	Pre-Hospitalisation	Medical expenses incurred prior to the covered Hospitalization	30	30	60	60	90	120
4	Post-Hospitalisation	Medical expenses incurred after the covered Hospitalization	60	60	90	90	120	150
5	Room Rent	Amount charged by a Hospital towards Room and Boarding expenses and includes the associated medical expenses.	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured	Actual expenses or up to the Sum Insured
6	Domiciliary Hospitalization	The <i>Company will</i> pay for the medical expenses incurred by Insured member(s) for medical treatment taken at home which would otherwise have required Hospitalization	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured	up to Sum Insured
7	Organ Donor	Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and harvesting the organ, up to SI.	NA	Covered	Covered	NA	Covered	Covered
8	Ambulance Expenses	—	Actuals or maximum up to RS 2000	Actuals or maximum up to RS 2000	Actuals or maximum up to RS 3000	Actuals or maximum up to RS 3000	Actuals or maximum up to RS 3500	Actuals or maximum up to RS 4000



9	AYUSH Benefit	—	NA	Covered :Up to SI	Covered : Up to SI	NA	Covered: Up to SI	Covered: Up to SI	
10	Maternity Expenses Including Born Baby New	Maternity Expenses incurred after 9 months from the policy inception. From 1st Day till expiry of Policy or the child is 91 days old whichever is earlier within Maternity limit.	NA	Covered Limit Rs.50000	Covered - Limit Rs. 75,000	NA	Covered - Limit Rs.50,000	Covered - Limit Rs. 75,000	
11	Automatic Restoration	100% of Base Annual Sum Insured	NA	Available	Available	NA	Available	Available	
12	Bariatric Surgery Cover	coverage for reasonable and customary expenses for Bariatric Surgery	NA	NA	NA	NA	Covered - Limit 3 Lakhs	Covered - Limit 5 Lakhs	
13	Emergency Assistance Services	—	NA	Available	Available	NA	Available	Available	
Value Added Benefits									
	Wellness Program (to be utilized through mobile application)	1) Everyday Care	Available	Available	Available	Available	Available	Available	
		2) Complete Wellness & HealthCare	Available	Available	Available	Available	Available	Available	
		3) Health Coach (up to 5 calls per year)	NA	Available	Available	NA	Available	Available	
		On Payment of additional premium							
		4) Disease Management Program (up to 5 calls per year)	Rs 415	Rs 415	Rs 415	Rs 415	Rs 415	Rs 415	Rs 415



Renewal Benefits								
1	Cumulative Bonus	20% increase in SI for every claims free year subject to maximum of 100%.The increased SI shall be decreased by 20% in event of claim.	Covered	Covered	Covered	Covered	Covered	Covered
2	Health Check-up	For every renewal, we will provide free health check-up for insured member in our empanelled hospitals/diagnostic centre, irrespective of the claims.	Covered	Covered	Covered	Covered	Covered	Covered
Optional Extension								
	Global Care	The <i>Company will</i> reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days upto the sum insured, provided that the diagnosis was made in India and referred by Medical Practioner and the insured member(s) travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization.	NA	NA	Available	NA	Available	Available
Waiting Period								
1	Pre-existing	Benefits will not be available for Any Pre-existing condition, ailment or injury.	36 months	24 months	24 months	36 months	24 months	12 months
2	30 days waiting period	Any Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable



3	Specific Waiting period	claims arising out of or howsoever connected to the specific disease for the first 2 years.	Applicable	Applicable	Applicable	Applicable	Applicable	Applicable
Discounts under the Policy								
1	Family Discount :	Discount for covering more than one Family Member under the Policy on individual sum insured Applicable to all type of plan	Number of Members		Discounts			
			More than 2 member		10%			
2	Long Term Discount	Applicable to all type of plan	Duration of Policy		Discount			
			2 years		2 year annual premium in advance less 7.5% discount			
			3 years		3 year annual premium in advance less 10% discount			
3	Loyalty Discount	5%						
4	Employee Discount	15%						



COVERAGES

1) Medical Expenses

The company will pay Insured the Reasonable charges of Medical Expenses incurred in excess of the deductible stated in the schedule provided that the Insured members are hospitalised on the advice of a Doctor due to the Illness or accidental Bodily Injury sustained or contracted during the Policy Period.

1.1 In Patient Hospitalisation Expenses

In-patient Hospitalisation Medical Expenses as stated below:

- Room Rent boarding expenses
- Nursing Charges
- Intensive Care Unit
- Medical Practitioner(s)
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, Medicines, drugs and consumables
- Intravenous fluids, blood transfusion, injection administration charges
- Diagnostic procedures
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure

1.2 Day Care Treatment

The *Company will* pay for the Medical Expenses for day care treatment/ surgical procedures, taken by the Insured as an inpatient for less than 24 hours in a Hospital or day care centre but not in the outpatient department of a Hospital or day care centre as enlisted in the list of Day care Treatment/Procedures annexed to this Policy and also available on company's website.

1.3 Pre-Hospitalization Expenses:

The *Company will* pay for the Medical Expenses incurred during the policy period ,for the period as stated in Policy Schedule immediately before Insured were hospitalized , provided that:

- Such Medical Expenses were incurred for the same illness/injury for which subsequent Hospitalisation was required, and
- We have accepted an inpatient Hospitalisation claim under Medical expenses.

1.4 Post-Hospitalization Expenses:

The *Company will* pay for the Medical Expenses incurred during the policy period for the period as stated in Policy Schedule immediately after Insured were discharged post Hospitalisation provided that:

- Such costs are incurred in respect of the same illness/injury for which the earlier Hospitalisation was required, and
- We have accepted an inpatient Hospitalisation claim under Medical expenses

1.5 Organ Donor Expenses:

The *Company will* pay the in-patient Hospitalization Medical Expenses for a successful organ transplant including pre-transplant medical tests for legitimate donor and for harvesting the organ up to the sum insured mentioned in policy schedule, provided that:

- i. The organ donor is any person whose organ has been made available in compliance with The Transplantation of Human Organ Act 1994, The Transplantation of Human Organs Act (Amendment) 2011(or any amendments thereafter); and other applicable Central / State Rules / Regulations, as applicable, in respect of transplantation of human organs.
- ii. The organ donated is for the use of the Insured Person who has been medically advised to undergo organ transplant , and



- iii. The Company has accepted an In-patient Hospitalization claim for the Insured member under medical expenses.
- iv. The policy will not cover expenses towards the donor in respect of:
 - (a) Any Pre Hospitalisation Medical Expenses or Post Hospitalisation Medical Expenses other than pre-transplant medical test for legitimate organ donor and cost of organ harvesting;
 - (b) Costs directly or indirectly associated to the acquisition of the organ/ or cost of organ.
 - (c) Any other medical treatment or complication in respect of the donor, consequent to harvesting.
 - (d) Claims which have NOT been admitted under in-patient Hospitalization Medical Expenses for the insured.

1.6. In Patient AYUSH Hospitalization: The *Company will* pay for the medical expenses incurred as per guidelines for reimbursement/settlement of AYUSH treatment expenditure claims under insurance coverage attached as **Annexure III** as an **in-patient treatment** taken under AYUSH in any of the following:

- i. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India / National Accreditation Board for Hospitals and Healthcare Providers excluding centre for spas, massage and health rejuvenation procedures.
- ii. Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH).
- iii. AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
 - a) has at least fifteen in-patient beds;
 - b) has minimum five qualified and registered AYUSH doctors;
 - c) has qualified paramedical staff under its employment round the clock;
 - d) has dedicated AYUSH therapy sections;
 - e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

1.7. Domiciliary Hospitalization

The Company will pay for the medical expenses incurred by Insured member(s) for medical treatment taken at home which would otherwise have required In-Patient Hospitalization, provided that:

- The condition for which the medical treatment is required continues for at least 3 days, in such a case the *Company will* pay the reasonable charge of any necessary medical treatment for the entire period, and
- If the Company accept a claim under this Cover then the *Company will* not make any payment for Post- Hospitalization Expenses but the *company will* pay Pre-Hospitalization expenses for up to the maximum days as mentioned in benefit structure for number of days under Pre-hospitalization benefit, and
- No payment will be made if the condition for which You require medical treatment is:
 1. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza
 2. Arthritis, Gout and Rheumatism
 3. Chronic Nephritis and Nephritic Syndrome
 4. Diarrhoea and all type of Dysenteries including Gastroenteritis,
 5. Epilepsy,
 6. Pyrexia of unknown Origin.

2) Ambulance Expenses

The *company will* pay the ambulance expenses incurred for Road Ambulance Expenses, Special Cardiac Ambulance expenses, Air Ambulance up to the maximum amount as specified in Policy



Schedule, per valid hospitalization claim for transferring the Insured member(s) to the nearest Hospital with adequate facilities, If a claim is accepted under In-patient hospitalization,.

3) Maternity & New Born Care Cover:

The Company will pay for

i. Maternity Cover:

The Company shall pay the Medical Expenses incurred as an inpatient for a delivery (including caesarean section) or lawful medical termination of pregnancy during the policy period limited to two deliveries or terminations or either, during the lifetime of the Insured Person.

ii. Pre and Post natal expenses:

The cost of pre-natal and post-natal expenses per delivery limited up to the amount stated in the Schedule under maternity coverage.

iii. New Born Care

Medical Expenses incurred by Insured member(s)'s New Born Baby as an In-Patient from the first day till expiry of the Policy or the child is 91 days old whichever is earlier. The maximum liability for new born care will be subject to the amount specified in the schedule to cover Maternity & new Born Care, Provided that,

When the New Born Baby is older than 91 days, then Insured member(s) will have to take an individual policy for the New Born or wait till your next renewal to cover the baby under a regular family floater plan.

Provided that,

- Maximum liability per delivery will be subject to the amount specified in the Schedule.
- This benefit is available only to the Insured or his spouse provided that this policy has been in force for a continuous period of minimum 9 months in respect of both the Insured and his/her spouse.
- Pre-natal and post-natal expenses are not covered unless admitted in Hospital and treatment is taken there. Prenatal is the medical care given to a pregnant woman and for the purpose of this policy it starts from the date of conception up-to the childbirth. Post natal is the medical care given to a woman after her baby is born and coverage is for a period of six weeks from the date of childbirth.
- Subject to the terms & conditions, the policy covers New Born Baby beyond 90 days only on payment of requisite premium.

4) Automatic Restoration (this benefit is available for the plans with deductible limit 2 Lakh and above)

The Company will provide a 100% restoration of Base Annual Sum Insured opted by the Insured once in a policy year, if the opted Base Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous claims in that policy year, provided that:

- a) Restoration of Sum Insured will be in addition to opted Base Annual Sum Insured.
- b) The restored Base Annual Sum Insured can only be used for all future claims within the same policy year, not related to the illness/disease/injury for which a claim has been paid in that policy year for the same Insured member(s)
- c) The claim will be admissible under the restored Base Annual Sum Insured only if the claim is admissible under "Medical Expenses section"
- d) Restore will not trigger for the first claim
- e) No Cumulative Bonus will apply on the restored Base Annual Sum Insured;
- f) For individual policies, restore Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis



- g) Any unutilized restored Base Annual Sum Insured will not be carried forward to subsequent policy year
- h) Automatic restoration of Base Annual Sum Insured will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum Insured was exhausted.
- i) For any single claim during a policy year, the maximum claim amount payable shall not exceed the sum of Base Sum Insured as mentioned in schedule, and Cumulative Bonus
- j) During a Policy Year, the aggregate claim amount payable, shall not exceed the sum of: The Base Sum Insured, Cumulative bonus and Restored Sum Insured (100% of Base Sum Insured)

5) Bariatric Surgery Cover

The *Company* will pay for reasonable and customary expenses for Bariatric Surgery if the insured fulfils the following conditions:

- i. Surgery to be conducted is upon the advice of the Doctor
- ii. The member has to be 18 years of age or older and
- iii. Body Mass Index (BMI) greater than or equal to 40
- iv. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
 - a) Obesity-related cardiomyopathy
 - b) Coronary heart disease
 - c) Severe sleep apnea
 - d) Uncontrolled Type 2 Diabetes

6) Emergency Assistance Services:

The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company /through our appointed Service provider, with prior intimation and acceptance by the Company.

- i. **Medical Consultation, Evaluation and Referral-** In case of any emergency situation, The Company/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals.
- ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- iii. **Emergency Medical Evacuation -** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care. This shall also include Air Ambulance services if required.
- iv. **Medical Repatriation (Transportation):** When medically necessary, as determined by Company and the consulting Medical Practitioner, transportation under medical supervision shall be provided in respect of the Insured Person to the residential address as mentioned in the Schedule, provided that the Insured Person is medically cleared for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.
- v. **Compassionate Visit:** When an Insured Person/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a



personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

SECTION B - VALUE ADDED BENEFIT

The policyholder can avail the benefits through Mobile application or web portal without any additional cost, subject to terms and conditions of the policy.

The Wellness Services and Activities Are Categorized As Below:

The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards.

1. Everyday Care

The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empaneled Network providers. The list of such network providers will be updated from time to time and can be obtained from Our website, mobile application or by calling our call centre. *The Company* will assist in scheduling appointments for consultation and diagnostic test as per time convenience of the insured person. Alternatively, the insured person may also schedule his/her own appointment themselves by contacting the Network Provider or through the mobile application. The insured person(s) can avail these facilities as many number of time as the client wishes to avail.

- i. **OPD Consultation:** The Company offers family/general physician as well as special consultations at discounted rates from the Network Providers. The insured person(s) can also store the prescription letters and bills in the electronic health portal system provided by the Company.
- ii. **Diagnostic Services:** The Company offers diagnostic facilities at discounted rates from the Network Providers. The insured person(s) can also store these medical test reports and bills in the electronic health portal system provided by the Company.
- iii. **Pharmacies:** If the insured person(s) want to obtain medicines and consumables prescribed by a medical practitioner, he/she can avail the same at discounted rates subject to a valid prescription from the Network providers. The medicines can be also ordered through the Mobile App or our Web portal.

2. Complete Wellness & HealthCare

The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. The insured person is provided with an individual access to web based Health portal at Company's website and/or a Wellness mobile application by the Company where he/she can perform various healthcare activities as listed below.

- i. **Health Risk Assessment (HRA):** HRA is process of health risk assessment with the help of a questionnaire, by collecting the information from the insured in a systematic manner and evaluate their health risks. The Health Risk Assessment generates a statistical estimate of insured person's overall health risk status and quality of lifestyle. The HRA shall be self-performed by the insured person. We will aid the insured person to complete the HRA whenever required.
- ii. **Electronic Health Records:** the Insured person can store the medical test reports, prescriptions and other consultation papers in the personalized portal which gets digitized to help create a complete health profile of the insured person. The medical test reports along with HRA as specified above will provide a health score to depict the health status of the insured person.
- iii. **Health Screening:** Basis the health score of the insured person, the insured person shall be categorized as Healthy, in which case there will be no trigger for medical screening. If the score depicts unhealthy status, medical screening is advised to the insured person along with a



“Health Goal” which is identified post identification of risk factors for improving insured person’s overall well-being.

“Health Goal”, which basically takes a deep dive in the identified risk areas to establish the focus points in that particular risk area.

3. Health Coach

The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s). The service will offer immediate and complete assistance to the Insured Person looking after his/her day-to-day health care. Post the complete health profile building of the Insured Person, Health Coach will interact with the Insured Person as per Health requirement.

4. Disease Management Program (On payment of additional Premium)

Those insured person(s) who get detected or assessed as high risk in the HRA or are already suffering from chronic diseases, the Company offers a variety of Disease Management Programs (DMP). This service aims to help the insured person cope with their disease and show them ways of dealing with them in everyday life. The DMP aims to improve the Insured Person/s quality of life. The DMP is provided for diseases or conditions like Asthma, Diabetes, Hypertension, Thyroid, Heart related, Maternity, Obesity, Tropical diseases etc.

Based on the identified DMP, the Company will assign a Health Coach for online diet Consultation & tracking mechanism, indulging the insured person into physical activities, encouraging for meditation and breathing techniques at home or online counselling through Company’s Health Portal and/or Mobile Application. The insured person(s) will also be provided with services like exercise reminders, medicine and diagnostic test reminders, training videos, health blogs, digitization of health records etc.

Wellness Reward Program:

The Wellness Reward Program (WRP) aims to encourage the insured person to perform certain activities to stay active and medically fit. WRP is an award program wherein the Insured Person can earn the reward points termed as “USGI Coins” by performing the activities as mentioned in the below Table. The points can be redeemed against array of options provided as mentioned hereunder which would help the Insured to improve his/her overall Health Status.

- (i) For an individual as well as Family Floater policy, the earning of USGI coins shall be considered on individual member basis up to the maximum limit as specified under every category per policy year.
- (ii) The Company shall specify the Wellness Rewards – Earning and Redemption categories as well as Earned but not utilized USGI coins in the policy schedule. The details of USGI coins would also be available at the Company’s Health Portal and/or Mobile Application.
- (iii) USGI coins earned in this section of the policy are valid up to 4 years from the date of renewal of this policy (including any grace period applicable) and would not be carried forward thereafter.
- (iv) Each USGI coin shall have the value equivalent to Rs.0.25.
- (v) The USGI coins can be earned in the following ways as mentioned in the given Table:


Table: Earn Rewards (in form of USGI coins)

Activities for Earning Wellness Rewards		Rewards/ USGI Coins earned by Individual	Max USGI Coins earned by Individual Per Policy Year
On completion of HRA on Health Portal/Mobile application	HRA Completion within 90 days from Policy Inception Date	500	500
HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
	Cover above 2 lakh steps in a month	150/month	1000
Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to -	150/month	500
	SBP:120-140 mm/Hg		
	DBP: 80-90 mm/Hg		
	SBP - Systolic Blood Pressure; DBP – Diastolic Blood Pressure		
Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarter	500
Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarter	500
Body Mass Index (BMI) for a known case of High BMI Insured Person /s >=30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarter	200
	BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarter	300
	BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarter	500
Health Tests for Heart Related, Blood Sugar, Thyroid/Lipid etc. Monitoring	on Submission of Reports	150/quarter	300
Annual membership for Dance/Zumba/Aerobic/Gymnastic/ Yoga/Gym/Swimming	Provide attendance Register/letter/medal/trophies/BI B number (as applicable) from the respective facility provider.	150/quarter	400
Participate in professional sport events like Marathon/Cyclothon/Swimathon	Provide attendance Register/letter/medal/trophies/BI B number (as applicable) from the respective facility provider.	100 /event	500
Competitive Sports: School Level	Participation Certificate from School	20/sport	50
Competitive Sports: National/State Level	Participation Certificate from relevant sports authority	75/sport	150
Download the Wellness Application		150	150
Refer a Friend to buy USGI policy		100/referral	300



Sum Insured Enhancement		100	100
Pledge to Quit Smoking		150	150
Water Intake	3-4 litres per day, to be updated on App	50/month	200

Redemption of USGI coins:

Sr. No	Categories to Redeem the USGI Coins	Limit on Redemption
1	Facilities as mentioned under ‘ Health & Wellness Program: Everyday Healthcare’	20% of USGI coins upto Rs.200
2	Dental Care except cosmetic treatment	30% of USGI coins upto Rs.300
3	Cost of Vaccinations	30% of USGI coins upto Rs.300
4	Cost of Spectacle Lenses	30% of USGI coins upto Rs.300
5	Laser surgery for correction of refractory errors	30% of USGI coins upto Rs.300
6	Any Hospitalizations which is Non-admissible as per the Policy terms and conditions as specified under ‘ In-patient Hospitalization’	50% of USGI coins upto Rs.500
7	You can also redeem your Rewards against Claim of yours/your family member/s who are insured with Us under retail Health Indemnity product	20% of USGI coins upto Rs.200
8	Discount on premium while renewing your Policy	30% of USGI coins upto Rs.300

SECTION C- OPTIONAL COVER

Global Care

In consideration of payment of additional premium by the Insured Member(s). The *Company will* reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days up to the sum insured, provided that the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Insured member(s) can contact us for any claim assistance. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only basic sum insured along with Cumulative Bonus can be used for this and not the restored sum insured.

Subject to terms and conditions of the policy.

Condition:

- Prior written approval of the Company will be required before leaving the country for treatment purpose.
- The Company shall require the following additional documents supporting the claim under this benefit:
 - a) Proof of diagnosis in India
 - b) Insured’s Passport and Visa
 - c) Medical Practitioner’s Advice/Prescription

**SECTION D- RENEWAL BENEFIT****1. Cumulative Bonus**

The company will increase the Base Annual Sum Insured by 20% at the end of the Policy Year if the Policy is renewed with Us provided that:

- No claim has been made under the Policy, including for the optional benefits, and the Policy is renewed with the Company without any break. The maximum Cumulative Bonus shall not exceed 100% of the Base Annual Sum Insured under the Policy.
- In case of a Family floater the Cumulative Bonus so applied will only be available in respect of claims made by those Insured Members(s) who were Insured Member(s) in the immediate preceding claim free Policy Year and continue to be Insured Member(s) in the subsequent Policy Year.
- If a Cumulative Bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the Cumulative Bonus by 20% of the Base Annual Sum Insured in that following Policy Year. There will be no impact on the Base Annual Sum Insured.
- If the Policy Period is more than one year, then any Cumulative Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.

2. Free Health Check-Ups

The company will provide free medical check-ups to the insured on every renewal, through the empanelled Service Provider. This free health check-up is offered irrespective of the claim history of policyholder.

Provided that, the Insured Member(s) have to renew the Policy with the company without any break.

SECTION E- WAITING PERIOD**1. Pre-Existing Diseases (Code- Excl01)**

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36/24/12 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36/24/12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specific Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum



insured increase.

- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures:

S.No.	Organ/Organ System	Illness	Treatment/Procedure
1.	ENT	<ul style="list-style-type: none"> • Sinusitis • Deviated Nasal Septum 	Treatment for conditions related to Tonsils, adenoids, sinuses
2	Gynaecological	<ul style="list-style-type: none"> • Fibroids(fibromyoma) • Endometriosis • Prolapsed uterus • Polycystic ovarian disorder (PCOD) 	<ul style="list-style-type: none"> • Dilatation and (D&C) • Myomectomy • Hysterectomy
3	Orthopaedic	<ul style="list-style-type: none"> • Arthritis • Gout and Rheumatism • Osteoarthritis • Osteoporosis • Spinal or Vertebral Disorders 	<ul style="list-style-type: none"> • Surgery for inter vertebral disc • Joint replacement surgeries
4	Gastrointestinal	<ul style="list-style-type: none"> • Calculus Diseases Of Gall • Bladder Including Cholecystitis • Esophageal varices • Pancreatitis • Fissure/fistula In Anus, Hemorrhoids, pilonidal sinus, Piles • Ulcer and erosion • Gastro Esophageal Reflux Disorder (GERD) • Perianal abscesses 	<ul style="list-style-type: none"> • Cholecystectomy • Procedures for Biliary stones
5	Uro-genital	<ul style="list-style-type: none"> • Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone etc. • Benign enlargement of Prostate • Chronic Kidney Disease 	<ul style="list-style-type: none"> • Surgery on prostate • Surgery for Hydrocele/ Rectocele • Dialysis
6	Eye	<ul style="list-style-type: none"> • Cataract 	<ul style="list-style-type: none"> • PHACO emulcification • Any other cataract surgery
7	Other General conditions (Applicable to all organ systems/organs/disciplines)	<ul style="list-style-type: none"> • Internal tumours, cysts, Nodules, polyps, skin tumours, Lumps, All types of Internal Congenital Anomalies/illnesses/defects 	<ul style="list-style-type: none"> • Surgery and varicose ulcers • Varicocele • Surgery for any Hernia

In case the above illnesses are Pre-existing disease at the commencement of this Policy, then the Illnesses shall be covered after the specified period mentioned in summary of benefit of continuous coverage, since Period of Insurance Start Date.



This waiting period will be reduced by number of continuous preceding years of coverage of the Insured person under previous health insurance policy in case of portability.

3. First Thirty Days Waiting Period (Code- Excl03)

1. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
2. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
3. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. Maternity (and Childcare Benefit) Waiting Period (Code Excl18):

(Applicable for Top up: Plan 2, Plan 3, Super Top-up: Diamond, Platinum Plan)

(Excluded until the expiry of 9 months after the date of inception of the first policy with us)

- i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

SECTION F- EXCLUSIONS

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

A. Investigation & Evaluation(Code- Excl04)

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

B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

C. Obesity/ Weight Control (Code- Excl06) (Not Applicable for Super Top-up: Diamond & Platinum)

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

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



- iii. Severe Sleep Apnea
- iv. Uncontrolled Type2 Diabetes

D. 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.

E. 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.

F. 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.

G. 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.

H. Excluded Providers: (Code-Excl11)

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

- I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl12)
- J. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
- K. 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)

L. Refractive Error:(Code- Excl15)

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

M. 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.

N. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization



O. Maternity Expenses (Code – Excl 18): (Applicable only for Top- up : Plan 1 Super Top-up : Gold Plan)

- iii Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- iv Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

P. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

Q. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

R. Treatment taken outside the geographical limits of India (Not applicable if ‘Global Cover’ is opted.)

S. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured’s consent), policyholder is not entitled to get the coverage for specified ICD codes.

T. Deductible:

The Company shall not be liable for the deductible amount as specifically defined in the Schedule. The Company is not liable for any payment unless the medical expenses exceed the deductible.

SECTION G - DISCOUNTS & LOADINGS

Discount:

1. Family Discount:

A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available for each member under the policy

2. Long Term Policy Discount:

A discount will be applicable on purchase of long term policy as per below table

Duration of Policy	Discount
2 years	2 year annual premium in advance less 7.5% discount
3 years	3 year annual premium in advance less 10% discount

3. Loyalty Discount:

5% discount if the client already has our on-going retail health insurance policy.

**4. Employee Discount:**

15% discount if the client is an employee of the Company. The discount will be given to each member insured under the Policy.

Loading:

We may apply a risk loading up to a maximum 100% of normal slab premium per diagnosis/medical condition and not over 200% of normal slab premium per person, on the premium payable based on declarations on proposal form, on the basis of your health status.

Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s).

There will be no loadings based on individual claims experience.

SECTION H - Claims**1. Method of Assessment and Payment of claim**

Any claim under this policy shall be payable by the Company only if:

- i. It is in respect of Covered Expenses specified in this Policy
- ii. The Company's liability to make payment shall commence once the claim amount exceed the Deductible under the policy. This means that all the claims, including those falling within the Deductible, will be assessed based on the terms and conditions of this policy for working out the admissible expenses. Expenses related to pre-hospitalisation and post-hospitalisation in respect of all previous claims would also be taken into consideration.
- iii. **For Top Up - Plan 1, Plan 2 and Plan 3**, the Deductible (as mentioned in the Policy Schedule) shall be applicable per claim basis, incepting during each policy year under the policy. In case of more than one claim during the Policy period, each claim shall be separately assessed except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy as well as for Family Floater Policy.
- iv. **For Super Top Up – Gold, Diamond and Platinum**, the Deductible (as mentioned in the Policy Schedule) shall be applied to aggregate of amount of all eligible claims as per policy terms and conditions that are related to hospitalisation/s of insured person in case of Individual Policy or all insured persons in case of Floater Policy, within the same policy year. For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year.

In the event that a claim becomes payable under the terms of the Policy, Company shall make such payment as incurred by You and accepted by Us by way of electronic fund transfer.

2. The steps for lodging the claim shall be as under:

Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause.

Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation

3. Documents to be submitted for Claims

- First Consultation letter from the Doctor
- Duly completed claim form and NEFT Form signed by the Claimant
- Original Hospital Discharge Card
- Original Hospital Bill giving detailed break up of all expense heads mentioned in the bill. Clear break ups have to be mentioned for OT Charges, Doctor's Consultation and Visit Charges, OT Consumables, Transfusions, Room Rent, etc.
- Original Money Receipt, duly signed with a Revenue Stamp
- All original Laboratory and Diagnostic Test Reports. E.g. X-Ray, E.C.G, USG, MRI Scan, Haemogram etc.



- In case of a Cataract Operation, IOL Sticker will have to be enclosed
- Claim settlement letter from the co insurer if any
- Other documents as may be required by us to process the claim.

4. Paying a Claim

- a. You agree that Company liable to make payment when You or someone claiming on Your behalf has provided Us with all necessary documentation and information and such claim is admitted by us for payment as per the Policy terms. We will make payment to You or Your Nominee. If there is no Nominee and You are incapacitated or deceased, We will pay Your heir, executor or validly appointed legal representative and any payment We make in this way will be a complete and final discharge of Our liability to make payment.
- b. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall settle the claim within a period of 30 days. Upon acceptance of an offer of settlement by you, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by you. In the case of delay in the payment, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed.
- c. If for any reason the claim is rejected under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents. You may take recourse to the Grievance Redressal procedure stated herewith.

5. Basis of payment:

- a) Any claim under this Policy shall be payable by Us only if It is in respect of Expense specified, cover this Policy and
- b) In no case Company shall be liable to pay any sum in excess of the Sum Insured in aggregate of all claims during the period of this Policy.
- c) We shall make payment in Indian Rupees only.

6. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a claim is made and rejected for aforesaid reasons and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

7. Claim Administration:

For assisting you during claims related services, we have in-house Claim Administration Team and we have also tied-up with 4500+ hospitals all over India for securing you a cashless claims processing. The detailed list of network hospitals empanelled by us (the Network Providers) can be found at our website: **www.universalsompo.com**

8. Notices and Claims

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

- **Address: Universal Sompo General Insurance Co. Ltd.**
Express IT Park, Plot No. EL-94, T.T.C. Industrial Area, M.I.D.C., Mahape,
Navi Mumbai-400710
- **Toll Free Numbers:** 1-800-5142
- **Landline Numbers:** (022)- 39635200
- **E-mail Address:** contactus@universalsompo.com
- **Fax Numbers:** 1800-200-9134

Note: Please include Your Policy number for any communication with us.



9. Claims Intimation

In the unfortunate event of any loss resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-00-5132 or on chargeable numbers at +91-22-39635200. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

SECTION I - GENERAL TERMS AND CONDITIONS

i. Disclosure of 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.

ii. 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.

iii. Claim Settlement (provision for Penal Interest)

- i The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

iv. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

v. Multiple Policies

- i. 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 insured person shall 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.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.



- iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

vi. 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 party 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.

vii. Cancellation

- i. The policyholder may cancel this policy by giving 15days’ written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Cancellation Period						
Cover Period	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 months to 1 year	During 2 nd Year	During 3 rd Year
1 year	75%	50%	25%	0%	NA	NA
2 year	75%	65%	50%	25%	0%	NA
3 year	75%	70%	60%	45%	11%	0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- ii. 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.

viii. Migration



The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link www.universalsompo.com

ix. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link www.universalsompo.com

x. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

xi. 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 migrate to 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.

xii. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no



health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

xiii. 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.

xiv. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

xv. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Universal Sompo General Insurance Co. Ltd.

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape,
Navi Mumbai-400710

Website: www.universalsompo.com

Toll free: 1800-200-5142

E-mail: contactus@universalsompo.com

Fax : (022) 39171419

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 grievance@universalsompo.com

For updated details of grievance officer, kindly refer the link www.universalsompo.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.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>



xvi. 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.

Annexure I

LIST OF DAY CARE TREATMENTS

ENT

- 1 Stapedotomy
- 2 Myringoplasty(Type I Tympanoplasty)
- 3 Revision stapedectomy
- 4 Labyrinthectomy for severe Vertigo
- 5 Stapedectomy under GA
- 6 Ossiculoplasty
- 7 Myringotomy with Grommet Insertion
- 8 Tympanoplasty (Type III)
- 9 Stapedectomy under LA
- 10 Revision of the fenestration of the inner ear.
- 11 Tympanoplasty (Type IV)
- 12 Endolymphatic Sac Surgery for Meniere's Disease
- 13 Turbinectomy
- 14 Removal of Tympanic Drain under LA
- 15 Endoscopic Stapedectomy
- 16 Fenestration of the inner ear
- 17 Incision and drainage of perichondritis
- 18 Septoplasty
- 19 Vestibular Nerve section
- 20 Thyroplasty Type I
- 21 Pseudocyst of the Pinna - Excision
- 22 Incision and drainage - Haematoma Auricle
- 23 Tympanoplasty (Type II)
- 24 Keratosis removal under GA
- 25 Reduction of fracture of Nasal Bone

- 26 Excision and destruction of lingual tonsils
- 27 Conchoplasty
- 28 Thyroplasty Type II
- 29 Tracheostomy
- 30 Excision of Angioma Septum
- 31 Turbinoplasty
- 32 Incision & Drainage of Retro Pharyngeal Abscess
- 33 Uvulo Palato Pharyngo Plasty
- 34 Palatoplasty
- 35 Tonsillectomy without adenoidectomy
- 36 Adenoidectomy with Grommet insertion
- 37 Adenoidectomy without Grommet insertion
- 38 Vocal Cord lateralisation Procedure
- 39 Incision & Drainage of Para Pharyngeal Abscess
- 40 Transoral incision and drainage of a pharyngeal abscess
- 41 Tonsillectomy with adenoidectomy
- 42 Tracheoplasty
- Ophthalmology**
- 43 Incision of tear glands
- 44 Other operation on the tear ducts
- 45 Incision of diseased eyelids
- 46 Excision and destruction of the diseased tissue of the eyelid

- 47 Removal of foreign body from the lens of the eye.
- 48 Corrective surgery of the entropion and ectropion
- 49 Operations for pterygium
- 50 Corrective surgery of blepharoptosis
- 51 Removal of foreign body from conjunctiva
- 52 Biopsy of tear gland
- 53 Removal of Foreign body from cornea
- 54 Incision of the cornea
- 55 Other operations on the cornea
- 56 Operation on the canthus and epicanthus
- 57 Removal of foreign body from the orbit and the eye ball.
- 58 Surgery for cataract
- 59 Treatment of retinal lesion
- 60 Removal of foreign body from the posterior chamber of the eye
- Oncology**
- 61 IV Push Chemotherapy
- 62 HBI-Hemibody Radiotherapy
- 63 Infusional Targeted therapy
- 64 SRT-Stereotactic Arc Therapy
- 65 SC administration of Growth Factors
- 66 Continuous Infusional Chemotherapy
- 67 Infusional Chemotherapy



68 CCRT-Concurrent Chemo + RT	104 Palliative Radiotherapy	142 Removal of urethral Stone
69 2D Radiotherapy	105 Radical Radiotherapy	143 Excision of urethral prolapse
70 3D Conformal Radiotherapy	106 Palliative chemotherapy	144 Mega-ureter reconstruction
71 IGRT- Image Guided Radiotherapy	107 Template Brachytherapy	145 Kidney renoscopy and biopsy
72 IMRT- Step & Shoot	108 Neoadjuvant chemotherapy	146 Ureter endoscopy and treatment
73 Infusional Bisphosphonates	109 Adjuvant chemotherapy	147 Vesico ureteric reflux correction
74 IMRT- DMLC	110 Induction chemotherapy	148 Surgery for pelvi ureteric junction obstruction
75 Rotational Arc Therapy	111 Consolidation chemotherapy	149 Anderson hynes operation
76 Tele gamma therapy	112 Maintenance chemotherapy	150 Kidney endoscopy and biopsy
77 FSRT-Fractionated SRT	113 HDR Brachytherapy	151 Paraphimosis surgery
78 VMAT-Volumetric Modulated Arc Therapy	Plastic Surgery	152 injury prepuce-circumcision
79 SBRT-Stereotactic Body Radiotherapy	114 Construction skin pedicle flap	153 Frenular tear repair
80 Helical Tomotherapy	115 Gluteal pressure ulcer-Excision	154 Meatotomy for meatal stenosis
81 SRS-Stereotactic Radiosurgery	116 Muscle-skin graft, leg	155 surgery for fournier's gangrene scrotum
82 X-Knife SRS	117 Removal of bone for graft	156 surgery filarial scrotum
83 Gammaknife SRS	118 Muscle-skin graft duct fistula	157 surgery for watering can perineum
84 TBI- Total Body Radiotherapy	119 Removal cartilage graft	158 Repair of penile torsion
85 intraluminal Brachytherapy	120 Myocutaneous flap	159 Drainage of prostate abscess
86 Electron Therapy	121 Fibro myocutaneous flap	160 Orchiectomy
87 TSET-Total Electron Skin Therapy	122 Breast reconstruction surgery after mastectomy	161 Cystoscopy and removal of FB
88 Extracorporeal Irradiation of Blood Products	123 Sling operation for facial palsy	Neurology
89 Telecobalt Therapy	124 Split Skin Grafting under RA	162 Facial nerve physiotherapy
90 Telecesium Therapy	125 Wolfe skin graft	163 Nerve biopsy
91 External mould Brachytherapy	126 Plastic surgery to the floor of the mouth under GA	164 Muscle biopsy
92 Interstitial Brachytherapy	Urology	165 Epidural steroid injection
93 Intracavity Brachytherapy	127 AV fistula - wrist	166 Glycerol rhizotomy
94 3D Brachytherapy	128 URSL with stenting	167 Spinal cord stimulation
95 Implant Brachytherapy	129 URSL with lithotripsy	168 Motor cortex stimulation
96 Intravesical Brachytherapy	130 Cystoscopic Litholapaxy	169 Stereotactic Radiosurgery
97 Adjuvant Radiotherapy	131 ESWL	170 Percutaneous Cordotomy
98 Afterloading Catheter Brachytherapy	132 Haemodialysis	171 Intrathecal Baclofen therapy
99 Conditioning Radiotherapy for BMT	133 Bladder Neck Incision	172 Entrapment neuropathy Release
100 Extracorporeal Irradiation to the Homologous Bone grafts	134 Cystoscopy & Biopsy	173 Diagnostic cerebral angiography
101 Radical chemotherapy	135 Cystoscopy and removal of polyp	174 VP shunt
102 Neoadjuvant radiotherapy	136 Suprapubic cystostomy	
103 LDR Brachytherapy	137 percutaneous nephrostomy	
	139 Cystoscopy and "SLING" procedure.	
	140 TUNA- prostate	
	141 Excision of urethral diverticulum	



175 Ventriculoatrial shunt Thoracic surgery	203 EUS + coeliac node biopsy	235 Splenic abscesses Laparoscopic Drainage
176 Thoracoscopy and Lung Biopsy	General Surgery	236 UGI SCOPY and Polypectomy stomach
177 Excision of cervical sympathetic Chain Thoracoscopic	204 infected keloid excision	237 Rigid Oesophagoscopy for FB removal
178 Laser Ablation of Barrett's oesophagus	205 Incision of a pilonidal sinus / abscess	238 Feeding Jejunostomy
179 Pleurodesis	206 Axillary lymphadenectomy	239 Colostomy
180 Thoracoscopy and pleural biopsy	207 Wound debridement and Cover	240 Ileostomy
181 EBUS + Biopsy	208 Abscess-Decompression	241 colostomy closure
182 Thoracoscopy ligation thoracic duct	209 Cervical lymphadenectomy	242 Submandibular salivary duct stone removal
183 Thoracoscopy assisted empyema drainage	210 infected sebaceous cyst	243 Pneumatic reduction of intussusception
Gastroenterology	211 Inguinal lymphadenectomy	244 Varicose veins legs - Injection sclerotherapy
184 Pancreatic pseudocyst EUS & drainage	212 Incision and drainage of Abscess	245 Rigid Oesophagoscopy for Plummer vinson syndrome
185 RF ablation for barrett's Oesophagus	213 Suturing of lacerations	246 Pancreatic Pseudocysts Endoscopic Drainage
186 ERCP and papillotomy	214 Scalp Suturing	247 ZADEK's Nail bed excision
187 Esophagoscope and sclerosant injection	215 infected lipoma excision	248 Subcutaneous mastectomy
188 EUS + submucosal resection	216 Maximal anal dilatation	249 Excision of Ranula under GA
189 Construction of gastrostomy tube	217 Piles A)Injection Sclerotherapy B)Piles banding	250 Rigid Oesophagoscopy for dilation of benign Strictures
190 EUS + aspiration pancreatic cyst	218 liver Abscess- catheter drainage	251 Eversion of Sac a) Unilateral b)Bilateral
191 Small bowel endoscopy (therapeutic)	219 Fissure in Ano- fissurectomy	252 Lord's plication
192 Colonoscopy ,lesion removal	220 Fibroadenoma breast excision	253 Jaboulay's Procedure
193 ERCP	221 Oesophageal varices Sclerotherapy	254 Scrotoplasty
194 Colonscopy stenting of stricture	222 ERCP - pancreatic duct stone removal	255 Surgical treatment of varicocele
195 Percutaneous Endoscopic Gastrostomy	223 Perianal abscess I&D	256 Epididymectomy
196 EUS and pancreatic pseudo cyst drainage	224 Perianal hematoma Evacuation	257 Circumcision for Trauma
197 ERCP and choledochoscopy	225 Fissure in ano sphincterotomy	258 Meatoplasty
198 Proctosigmoidoscopy volvulus detorsion	226 UGI scopy and Polypectomy oesophagus	259 Intersphincteric abscess incision and drainage
199 ERCP and sphincterotomy	227 Breast abscess I& D	260 Psoas Abscess Incision and Drainage
200 Esophageal stent placement	228 Feeding Gastrostomy	261 Thyroid abscess Incision and Drainage
201 ERCP + placement of biliary stents	229 Oesophagoscopy and biopsy of growth oesophagus	262 TIPS procedure for portal hypertension
202 Sigmoidoscopy w / stent	230 UGI scopy and injection of adrenaline, sclerosants- bleeding ulcers	263 Esophageal Growth stent
	231 ERCP - Bile duct stone removal	264 PAIR Procedure of Hydatid Cyst liver
	232 Ileostomy closure	265 Tru cut liver biopsy
	233 Colonoscopy	
	234 Polypectomy colon	



- 266 Photodynamic therapy or esophageal tumour and Lung tumour
 267 Excision of Cervical RIB
 268 laparoscopic reduction of intussusception
 269 Microdochectomy breast
 270 Surgery for fracture Penis
 271 Sentinel node biopsy
 272 Parastomal hernia
 273 Revision colostomy
 274 Prolapsed colostomy-Correction
 275 Testicular biopsy
 276 laparoscopic cardiomyotomy(Hellers)
 277 Sentinel node biopsy malignant melanoma
 278 laparoscopic pyloromyotomy(Ramstedt)
Orthopedics
 279 Arthroscopic Repair of ACL tear knee
 280 Closed reduction of minor Fractures
 281 Arthroscopic repair of PCL tear knee
 282 Tendon shortening
 283 Arthroscopic Meniscectomy - Knee
 284 Treatment of clavicle dislocation
 285 Arthroscopic meniscus repair
 286 Haemarthrosis knee-lavage
 287 Abscess knee joint drainage
 288 Carpal tunnel release
 289 Closed reduction of minor dislocation
 290 Repair of knee cap tendon
 291 ORIF with K wire fixation- small bones
 292 Release of midfoot joint
 293 ORIF with plating-Small long bones
 294 Implant removal minor
 295 K wire removal
 296 POP application
 297 Closed reduction and external fixation
 298 Arthrotomy Hip joint
 299 Syme's amputation
 300 Arthroplasty
 301 Partial removal of rib
 302 Treatment of sesamoid bone fracture
 303 Shoulder arthroscopy / surgery
 304 Elbow arthroscopy
 305 Amputation of metacarpal bone
 306 Release of thumb contracture
 307 Incision of foot fascia
 308 calcaneum spur hydrocort injection
 309 Ganglion wrist hyalase injection
 310 Partial removal of metatarsal
 311 Repair / graft of foot tendon
 312 Revision/Removal of Knee cap
 313 Amputation follow-up surgery
 314 Exploration of ankle joint
 315 Remove/graft leg bone lesion
 316 Repair/graft achilles tendon
 317 Remove of tissue expander
 318 Biopsy elbow joint lining
 319 Removal of wrist prosthesis
 320 Biopsy finger joint lining
 321 Tendon lengthening
 322 Treatment of shoulder dislocation
 323 Lengthening of hand tendon
 324 Removal of elbow bursa
 325 Fixation of knee joint
 326 Treatment of foot dislocation
 327 Surgery of bunion
 328 intra articular steroid injection
 329 Tendon transfer procedure
 330 Removal of knee cap bursa
 331 Treatment of fracture of ulna
 332 Treatment of scapula fracture
 333 Removal of tumor of arm/ elbow under RA/GA
 334 Repair of ruptured tendon
 335 Decompress forearm space
 336 Revision of neck muscle (Torticollis release)
 337 Lengthening of thigh tendons
 338 Treatment fracture of radius & ulna
 339 Repair of knee joint
Paediatric surgery
 340 Excision Juvenile polyps rectum
 341 Vaginoplasty
 342 Dilatation of accidental caustic stricture oesophageal
 343 Presacral Teratomas Excision
 344 Removal of vesical stone
 345 Excision Sigmoid Polyp
 346 Sternomastoid Tenotomy
 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
 348 Excision of soft tissue rhabdomyosarcoma
 349 Mediastinal lymph node biopsy
 350 High Orchidectomy for testis tumours
 351 Excision of cervical teratoma
 352 Rectal-Myomectomy
 353 Rectal prolapse (Delorme's procedure)
 354 Orchidopexy for undescended testis
 355 Detorsion of torsion Testis
 356 lap.Abdominal exploration in cryptorchidism
 357 EUA + biopsy multiple fistula in ano
 358 Cystic hygroma - Injection treatment
 359 Excision of fistula-in-ano



Gynaecology	376 uterine artery embolization	392 Pelvic floor repair(excluding Fistula repair)
360 Hysteroscopic removal of myoma	377 Bartholin Cyst excision	393 URS + LL
361 D&C	378 Laparoscopic cystectomy	394 Laparoscopic oophorectomy
362 Hysteroscopic resection of septum	379 Hymenectomy(imperforate Hymen)	Critical care
363 thermal Cauterisation of Cervix	380 Endometrial ablation	395 Insert non- tunnel CV cath
364 MIRENA insertion	381 vaginal wall cyst excision	396 Insert PICC cath (peripherally inserted central catheter)
365 Hysteroscopic adhesiolysis	382 Vulval cyst Excision	397 Replace PICC cath (peripherally inserted central catheter)
366 LEEP	383 Laparoscopic paratubal cyst excision	398 Insertion catheter, intra anterior
367 Cryocauterisation of Cervix	384 Repair of vagina (vaginal atresia)	399 Insertion of Portacath Dental
368 Polypectomy Endometrium	385 Hysteroscopy, removal of myoma	400 Splinting of avulsed teeth
369 Hysteroscopic resection of fibroid	386 TURBT	401 Suturing lacerated lip
370 LLETZ	387 Ureterocoele repair - congenital internal	402 Suturing oral mucosa
371 Conization	388 Vaginal mesh For POP	403 Oral biopsy in case of abnormal tissue presentation
372 polypectomy cervix	389 Laparoscopic Myomectomy	404 FNAC
373 Hysteroscopic resection of endometrial polyp	390 Surgery for SUI	405 Smear from oral cavity
374 Vulval wart excision	391 Repair recto- vagina fistula	
375 Laparoscopic paraovarian cyst excision		

Admissibility will be determined as per the policy terms, conditions and exclusions

Annexure -II

List I- List of Expenses Generally excluded in Hospitalisation Policy

I Toiletries/Cosmetics/Personal Comfort or Convenience Items/Similar Expenses

- | | |
|--|---|
| 1. Hair Removal Cream | 23. Disposables Razors Charges (For Site Preparations) |
| 2. Baby Charges (Unless Specified/Indicated) | 24. Eau-De-Cologne / Room Freshners |
| 3. Baby Food | 25. Eye Pad |
| 4. Baby Utilites Charges | 26. Eye Sheild |
| 5. Baby Set | 27. Email / Internet Charges |
| 6. Baby Bottles | 28. Food Charges (Other Than Patient's Diet Provided By Hospital) |
| 7. Brush | 29. Foot Cover |
| 8. Cosy Towel | 30. Gown |
| 9. Hand Wash | 31. Leggings |
| 10. Moisturiser Paste Brush | 32. Laundry Charges |
| 11. Powder | 33. Mineral Water |
| 12. Razor | 34. Oil Charges |
| 13. Shoe Cover | 35. Sanitary Pad |
| 14. Beauty Services | 36. Slippers |
| 15. Belts/ Braces | 37. Telephone Charges |
| 16. Buds | 38. Tissue Paper |
| 17. Barber Charges | 39. Tooth Paste |
| 18. Caps | 40. Tooth Brush |
| 19. Cold Pack/Hot Pack | 41. Guest Services |
| 20. Carry Bags | 42. Bed Pan |
| 21. Cradle Charges | 43. Bed Under Pad Charges |
| 22. Comb | |



- | | |
|---|--|
| <p>44. Camera Cover
 45. Cliniplast
 46. Crepe Bandage
 47. Curapore
 48. Diaper of Any Type
 49. DVD, CD Charges
 50. Eyelet Collar
 51. Face Mask
 52. Flexi Mask
 53. Gause Soft
 54. Gauze
 55. Hand Holder
 56. Hansaplast/ Adhesive Bandages
 57. Infant Food
 58. Slings
 59. Weight Control Programs/ Supplies/ Services
 60. Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,
 61. Dental Treatment Expenses That Do Not Require Hospitalisation
 62. Hormone Replacement Therapy
 63. Home Visit Charges
 64. Infertility/ Subfertility/ Assisted Conception Procedure
 65. Obesity (Including Morbid Obesity) Treatment If Excluded In Policy
 66. Psychiatric And Psychosomatic Disorders
 67. Corrective Surgery For Refractive Error
 68. Treatment of Sexually Transmitted Diseases
 69. Donor Screening Charges
 70. Admission/Registration Charges
 71. Hospitalisation For Evaluation/ Diagnostic Purpose</p> | <p>72. Expenses For Investigation/ Treatment Irrelevant To The Disease For Which Admitted or Diagnosed
 73. Any Expenses When The Patient Is Diagnosed With Retro Virus + or Suffering From /Hiv/ Aids etc. is Detected/ Directly or Indirectly
 74. Stem Cell Implantation/ Surgery And Storage
 75. Ward And Theatre Booking Charges
 76. Arthroscopy And Endoscopy Instruments
 77. Microscope Cover
 78. Surgical Blades, Harmonic Scalpel, Shaver
 79. Surgical Drill
 80. Eye Kit
 81. Eye Drape
 82. X-Ray Film
 83. Sputum Cup
 84. Boyles Apparatus Charges
 85. Blood Grouping And Cross Matching of Donors Samples
 86. Antiseptic or Disinfectant Lotions
 87. Band Aids, Bandages, Sterile Injections, Needles, Syringes
 88. Cotton
 89. Cotton Bandage
 90. Micropore / Surgical Tape
 91. Blade
 92. Apron
 93. Torniquet
 94. Orthobundle, Gynaec Bundle
 95. Urine Container</p> |
|---|--|

II Elements of Room Charge

- | | |
|---|---|
| <p>96. Luxury Tax
 97. HVAC
 98. House Keeping Charges
 99. Service Charges Where Nursing Charge Also Charged
 100. Television And Air Conditioner Charges
 101. Surcharges</p> | <p>102. Attendant Charges
 103. IM IV Injection Charges
 104. Clean Sheet
 105. Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)
 106. Blanket/Warmer Blanket</p> |
|---|---|

III Administrative or Non-Medical Charges

- | | |
|---|--|
| <p>107. Admission Kit
 108. Birth Certificate
 109. Blood Reservation Charges and Ante Natal Booking Charges
 110. Certificate Charges
 111. Courier Charges
 112. Convenyance Charges
 113. Diabetic Chart Charges
 114. Documentation Charges / Administrative Expenses
 115. Discharge Procedure Charges</p> | <p>116. Daily Chart Charges
 117. Entrance Pass / Visitors Pass Charges
 118. Expenses Related To Prescription On Discharge
 119. File Opening Charges
 120. Incidental Expenses / Misc. Charges (Not Explained)
 121. Medical Certificate
 122. Maintenance Charges
 123. Medical Records
 124. Preparation Charges</p> |
|---|--|



- 125. Photocopies Charges
- 126. Patient Identification Band / Name Tag
- 127. Washing Charges

- 128. Medicine Box
- 129. Mortuary Charges
- 130. Medico Legal Case Charges (MLC Charges)

IV External Durable Devices

- 131. Walking Aids Charges
- 132. Bipap Machine
- 133. Commode
- 134. CPAP/ CAPD Equipments
- 135. Infusion Pump – Cost
- 136. Oxygen Cylinder (For Usage Outside The Hospital)
- 137. Pulseoxymeter Charges
- 138. Spacer
- 139. Spirometre
- 140. Spo2 Probe
- 141. Nebulizer Kit
- 142. Steam Inhaler

- 143. Armsling
- 144. Thermometer
- 145. Cervical Collar
- 146. Splint
- 147. Diabetic Foot Wear
- 148. Knee Braces (Long/ Short/ Hinged)
- 149. Knee Immobilizer/Shoulder Immobilizer
- 150. Lumbo Sacral Belt
- 151. Nimbus Bed or Water or Air Bed Charges
- 152. Ambulance Collar
- 153. Ambulance Equipment
- 154. Microsheild
- 155. Abdominal Binder

V Items Payable If Supported By a Prescription

- 156. Betadine\Hydrogen Peroxide\Spirit\Disinfectants etc.
- 157. Private Nurses Charges- Special Nursing Charges
- 158. Nutrition Planning Charges - Dietician Charges- Diet Charges
- 159. Sugar Free Tablets
- 160. Creams Powders Lotions (Toiletries are not payable, Only Prescribed Medical Pharmaceuticals Payable)
- 161. Digestion Gels

- 162. ECG Electrodes
- 163. Gloves
- 164. HIV Kit
- 165. Listerine/ Antiseptic Mouthwash
- 166. Lozenges
- 167. Mouth Paint
- 168. Nebulisation Kit
- 169. Novarapid
- 170. Volini Gel/ Analgesic Gel
- 171. Zytee Gel
- 172. Vaccination Charges

VI Part of Hospital's Own Costs and Not Payable

- 173. AHD
- 174. Alcohol Swabes

- 175. Scrub Solution/Sterillium

VII Others

- 176. Vaccine Charges For Baby
- 177. Aesthetic Treatment / Surgery
- 178. TPA Charges
- 179. Visco Belt Charges
- 180. Any Kit with No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, etc]
- 181. Examination Gloves
- 182. Kidney Tray
- 183. Mask
- 184. Ounce Glass
- 185. Outstation Consultant's/ Surgeon's Fees
- 186. Oxygen Mask
- 187. Paper Gloves

- 188. Pelvic Traction Belt
- 189. Referral Doctor's Fees
- 190. Accu Check (Glucometry/ Strips)
- 191. Pan Can
- 192. Sofnet
- 193. Trolley Cover
- 194. Urometer, Urine Jug
- 195. Ambulance
- 196. Tegaderm / Vasofix Safety
- 197. Urine Bag
- 198. Softovac
- 199. Stockings

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

SI 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

SI 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

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

Annexure -III

Reimbursement/settlement of Ayurvedic treatment expenditure claims under insurance coverage.

Sr no.	Tentative list of diseases
1	SwasaRoga, KasaRoga (Restrictive /Obstructive Pulmonary Diseases, Bronchial Asthma, Emphysema, COPD..Etc.)
2	Greevastambha, Greevashundana (Cervical spondylosis, Cervical spondylitis, Ankylosing spondylitis of cervical spine, Cervical disc prolapse.etc)
3	Kateegraha, gridhrasi, kateesoolatrikapri stakateegraha, (Sciatica, Low Back Pain/Ache, I.V.D.P, Spondylolysthesis ...etc)
4	Apabahuka, Viswachi (Frozen shoulder, Periarthritis, Tendinitis, Brachial neuralgia.....etc)
5	Pakshaghata (Paralysis, Hemiplegia, Hemiparesis...etc)
6	Kampavata(Neuro –spastic conditions, Parkinson’s disease..etc)
7	Ardita (Facial Paralysis..etc)
8	Vatarakta (gouti arthritis ischaemic limb, sle, rheumatoid arthritis..etc),kroshtukasheersha
9	Amavata (Connective tissue disorder, Rheumatic fever..etc)
10	Sarvanga Vata(Cerebral atrophy, Cerebral Diplegia, Motor- Neuron diseases,M.N.D,M.S, C.P..etc), SUPTHI (Neurological disorders, Fibromyalgia..etc)



11	Sandhigatavata (DEGENERATIVE JOINT DISORDERS, TENNIS ELBOW), VATHAKANDAKAM (CALCANEAL SPUR)
12	Twak Vikara (Skin Diseases), Kitibha, Ekakushta, Vicharchika, Gajacharma (Lichen Planus, Psoriasis, Eczema..etc)
13	Visarpa (Cellulitis, Erisepelus, Necrotising Cellulitis, Impetigo, Pemphigus vulgaris...etc), Grandhi, Arbuda(Benign & Malignant growths, Hodgkins disease..etc)),q
14	Arsha, Bhagandara, Parikarthika (Haemorrhoid, Fistula in ano, Fissure in ano..etc),NADEE VRANA (Pilonoidal sinus..etc)
15	Moothraghata, Moothrakruchra, Asmari (Renal disfunction, Renal/Urinary Calculi Urinary Disfunction/ Obstruction...etc)
16	Kashtarthava, Kruchrarthava, Artava Dushti, Yonee Roga , Rakthapradara (Amenorrhoea, Dysmenorrhoea, PCOD/ PCOS, D.U.B..etc)17Mamsagata Vikara, Mamsakshaya (Muscular Dystrophy...etc)
17	Mamsagata Vikara, Mamsakshaya (Muscular Dystrophy...etc)
18	Dristidosha- Asama Drishti, Nethraja Rakthapitham, Jeerna Nethrabhishyandam Sushkakshipakam, Adhimandam, Nak ulandhyam, Puyalasa, Chathurtha Patalagatha Vikara (Refractive errors, Chronic Allergic & Inflammatory diseases, Chronic Conjunctivitis, Dry Eye Syndrom, Retinitis Pigmentosa, Night Blindness, Dacrocystitis, A.R.M.D, Retinopathy, Blepharospasm..etc)
19	Sirasoola, Sooryavartham, Ardhavabhedakam(Migraine, Headache...etc)
20	Khanja ,Pangu- Abhigathaja, AbhigatajaVikara (Restricted movements due to fracture/ dislocation..etc)

Benchmark costing of Ayurvedic therapies/interventions

Sr. no	Therapy/Intervention	No Treatment Name Unit Cost in Rupees
1	Abhyanga	1145
2	Abhyanga- Sthanika	570
3	Abhyanga + Sweda	1280
4	Avagaha	765
5	Anjana	340
6	Aanchana (Traction)	480
7	Annalepa/Njavaratheppu-Full Body	1290
8	Annalepa/Njavaratheppu - Sthanikam	755
9	Aschothana	335
10	Agnikarma-Infra Red Coagulation (Package rate for full Course of treatment)	10,000
11	Agnikarma- High frequency Coagulation (Package rate for full course of treatment)	10,000
12	Agnikarma- Radio frequency Coagulation (Package rate for full course of treatment)	10,000
13	Achasnehapana/day	440
14	Bhedana (of eye)	565
15	BhagnaBandhana (Fracture Bandage with Reduction & Immobilisation)	885
16	ChoornaPindaSweda/Podikkizhi-Full Body	1210
17	ChoornaPindaSweda/Podikkizhi- Sthanika/Ekangam	715



18	DhanyaPindaswedam/Dhanyakkizhi/ Navadhanyakkizhi-Full body	1245
19	Dhara/Sirodhara-Thaila	1420
20	Dhanyamladhara-Sthanika/Local -KateeDharaetc	705
21	Dhoopana	480
22	Dhoomapana	460
23	DhanyamlaPindaSweda/ Dhanyamlakkizhi/Kaatikkizhi-Full Body	1240
24	Eshana	565
25	Greevavasthi	845
26	Gandoosha	390
27	Goshbanabandha	300
28	Jaloukavacharana	745
29	Jambeerapindasweda/ Narangakkizhi-Full Body	1190
30	Januvasthi	845
31	Kabala	390
32	Kateevasthi	390
33	Kashayavasthi (Niroohavasthi)-Different varieties	1030
34	KashayaDhara- Full Body	1045
35	KashayaDhara -Ekangam/ Local	635
36	KsheeraDhara(Medicated-different varieties) -full body	1155
37	KsheeraDhooma	735
38	Kshara karma (Package rate for full course of treatment)	10,000
39	Ksharasoothra-Low level fistula (Package rate for full course of treatment)	10,000
40	Ksharasoothra-Middle level fistula (Package rate for full course of treatment)	10,000
41	Ksharasoothra-Highlevel fistula (Package rate for full course of treatment)	10,000
42	Kshalana	355
43	KsharaPathana(Package rate for full course of treatment)	10,000
44	Karnapoorana	350
45	Kuttanam	540
46	Lekhana	540
47	Lepa/Lepana-Local	390
48	Mathravasthi	350
49	MamsaPindaSweda/Mamsakkizhi-Full Body	1420
50	MamsaPindaSweda/Mamsakkizhi-Sthanikam/Ekangam	820
51	Mukhalepa	490
52	Moordhataila	315
53	Nadeesweda/Snigdhasweda - Full	580
54	Nadeesweda/Snigdhasweda - Ekangam/Local	450
55	Nethradhara/Akshiseka	595
56	Nasya	600
57	PathraPindaSweda/Ilakkizhi-Full	1220
58	PathraPindaSweda/Ilakkizhi-sthanika/Ekangam	720
59	Pizhichil/Kayaseka - Full Body	1995
60	Pizhichil - Sthanikam/Ekangam/Local	1105
61	Pichu	410



62	Prushtavasthi	845
63	Putapaka	850
64	Prachanna	590
65	Pindi	450
66	ShashtikapindaSweda/Navarakkizhi-full body	1320
67	ShashtikapindaSweda/ Navarakkizhi-Ekangam/Sthanikam	770
68	Sirovasthi	970
69	Snehapana/day	440
70	Sirolepa/Thalapothishil	1120
71	Siravyadha/Siravedha/Rakthamoksha	640
72	TailaVasthi	710
73	Thakradhara	1145
74	Thakradhara	410
75	Tharpana	735
76	Tailadaha (Package rate for full course of treatment)	10,000
77	Thakrapana	250
78	Utharavasthi	1100
79	Udwarthana	1095
80	Urovasthi	845
81	Upanaha/Upanahasweda	590
82	Vamana	745
83	Virechana	355
84	Valukasweda/Manalkkizhi- Full Body	1080
85	Vitalaka/Bitalaka	450
86	Yoniprakshalana	500
87	Yonidhavana	500
88	Yoni Pichu	460
89	Yoni Poorana	460
90	Yoni Dhoopana	335
91	Valukasweda/Manalkkizhi- Sthanikam	655
92	Ksheeradhara-Head	1095
93	Jambeerapindasweda/ Narangakkizhi-sthanika/Local	735
94	Dhanyapindasweda-Sthanika/Local	730
95	Dhanyamlapindasweda/ Katikkizhi-Sthanika	705
96	Veshtanam	330
97	Agnikarma (Classical with PanchalohaSalaka)	995
