

Policy Wordings

Health QuBE Super Top Up

1. PREAMBLE

This Policy has been is a contract of insurance issued by [Raheja QBE General Insurance Company Limited] (hereinafter called the 'Company') to the Proposer mentioned in the Schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The Policy is based on the statements and declaration provided in the Proposal Form by the Proposer and is subject to receipt of the requisite premium.

2. OPERATIVE CLAUSE

If during the Policy Period one or more Insured Person (s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Center, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically Necessary, Reasonable and Customary Medical Expenses towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the Policy shall be subject to the terms of coverage (including any co-pay, sub limits, deductibles), exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured (Individual or Floater) opted and Cumulative Bonus (if any) specified in the Schedule.

3. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

- 3.1. Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 3.2. Age** means age of the Insured person on last birthday as on date of commencement of the Policy.
- 3.3. Aggregate Deductible:** Aggregate deductible is a cost-sharing requirement under this Policy that provides that 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 hospitalization expenses covered and admissible as per terms and conditions of this policy and incurred during the policy period by insured (individual policy) or insured family (in case of floater policy)
- 3.4. Any One Illness** means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken.
- 3.5. AYUSH Treatment** refers to hospitalization treatments given Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems.
- 3.6. 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:
- Central or State Government AYUSH Hospital or
 - Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - 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:
- Having at least 5 in-patient beds;
 - Having qualified AYUSH Medical Practitioner in charge round the clock;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 3.7. 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:
- Having qualified registered AYUSH Medical Practitioner(s) in charge;
 - Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- 3.8. Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof
- 3.9. Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person 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.
- 3.10. Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- 3.11. Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly**
Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly**
Congenital anomaly which is in the visible and accessible parts of the body.
- 3.12. Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
- 3.13. Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 3.14. Day Care Centre** means any institution established for day care treatment of disease/ injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
- has qualified nursing staff under its employment;
 - has qualified medical practitioner (s) in charge;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

Policy Wordings

- 3.15. Day Care Treatment** means medical treatment, and/or surgical procedure (as listed in Annexure I) which is:
- undertaken under general or local anesthesia in a hospital/day care centre in less than twenty fourhrs because of technological advancement, and
 - which would have otherwise required a hospitalization of more than twenty-four hours.
 - Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 3.16. Dental Treatment** means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 3.17. Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 3.18. 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:
the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
the patient takes treatment at home on account of non-availability of room in a hospital.
- 3.19. 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.
- 3.20. Family** means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
- legally wedded spouse.
 - Parents and Parents-in-law.
 - Dependent Children (i.e. natural or legally adopted) between the age 3 months to 18 years. However male child can be covered up to the age of 25 years if he is a bonafide regular student and financially dependent on the proposer. Female child can be covered until she gets married. Divorced and widowed daughters are also eligible for coverage under the policy, irrespective of age. If the child above 18 years is financially independent or if the girl child is married, he or she shall be ineligible for coverage in the subsequent renewal.
- 3.21. Grace Period** means specified period of time immediately following the premium due date during which a payment can be made to renew or continue the Policy in force without loss of continuity benefits such as waiting period and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- 3.22. Hospital** means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least ten inpatient beds, in those towns having a population of less than ten lacs and fifteen inpatient 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 shall make these accessible to the Company's authorized personnel.
- 3.23. Hospitalization** means admission in a hospital for a minimum period of twenty four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty four (24) consecutive hours.
- 3.24. Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
- Acute Condition** means 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.
 - Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing 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
- 3.25. Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.
- 3.26. In-Patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 3.27. Insured Person** means person(s) named in the schedule of the Policy.
- 3.28. 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.
- 3.29. ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis 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.
- 3.30. Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- 3.31. 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.
- 3.32. Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.
- 3.33. 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 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.
- 3.34. Migration** means the right accorded to health insurance, policy holders (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.
- 3.35. Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
- 3.36. Non- Network Provider** means any hospital that is not part of the network.

Policy Wordings

- 3.37. Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- 3.38. Out-Patient (OPD) Treatment** means treatment 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.
- 3.39. Pre-Existing Disease (PED):** Pre-existing disease means any condition, ailment, injury or disease
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- 3.40. Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 3.41. Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.
- 3.42. Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured person.
- 3.43. Policy period** means period of one policy year/ two policy years/ three policy years as mentioned in the schedule for which the Policy is issued
- 3.44. Policy Schedule** means the Policy Schedule attached to and forming part of Policy.
- 3.45. Policy year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelvemonth period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule
- 3.46. Portability** means the right accorded to an individual health insurance policyholder (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.
- 3.47. Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 3.48. 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.
- 3.49. 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.
- 3.50. Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 3.51. Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit.
- 3.52. Sum Insured** means the pre-defined limit specified in the Policy Schedule. Sum Insured and Cumulative Bonus represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person (on Individual basis) or all Insured Persons (on Floater basis) during the Policy Year.
- 3.53. 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 of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 3.54. Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be mentioned in the agreement, for providing health services.
- 3.55. Waiting Period** means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
- 3.56. We/Our/Us / Insurer** means Raheja QBE General Insurance Company Limited.
- 3.57. You/Your** means the Policy holder / Primary Insured / Insured Person(s) named in the Policy Schedule / Certificate of Insurance.

4. COVERAGE

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

4.1. Hospitalization Expenses:

The Company shall indemnify Medical Expense incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule, for,

- Room Rent, Boarding Expenses, Nursing Expenses as provided by the Hospital/ nursing home upto Single Private AC Room and we shall pay additional allowance of Rs. 1000/- per day upto the chosen sum insured limits, if insured has opted for the shared accommodation.
- Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses covered without any sublimits.
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees provided they form part of and included in the Hospital Bill
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.
- Daycare treatments as mentioned in the annexure in policy wordings.
- Dental treatment necessitated due to disease or injury.

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

- Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.
- In case of admission to a room higher than the Single Private AC Room, i.e. Super Deluxe room, Suite or any other premium category room over and above Single Private AC room, all the rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent (including but not limited to boarding and nursing expenses) charges.
- Occurrence of same illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy.

Policy Wordings

4.2. AYUSH Treatment:

The Company shall indemnify Medical Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines subject to the limits mentioned in policy schedule during each Policy Year as specified in the policy schedule.

Provided that, the AYUSH treatment is undergone in

- i. A government hospital, or
- ii. An institute recognized by the government and/or accredited by Quality Council of India/ National Accreditation Board for Health, or
- iii. Teaching Hospitals of AYUSH Colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH), or
- iv. 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 Company's authorized personnel

4.3. Organ Donor:

The Company shall indemnify Medical expenses subject to mentioned limit in the policy schedule, during each Policy Year as specified in the policy schedule, incurred for an organ donor's treatment for the harvesting of the organ donated provided that:

- i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and
- ii. We will not pay the donor's screening expenses or pre and post hospitalization expenses or for any other medical treatment for the donor consequent on the harvesting
- iii. We have accepted claim under hospitalization for the Insured Person and the Insured Person has been Medically Advised to undergo an organ transplant;
- iv. Costs directly or indirectly associated with the acquisition of the donor's organ will not be covered.
- v. These expenses shall be covered under the recipient's policy

4.4. Domiciliary hospitalization expenses:

Domiciliary Hospitalization - Reasonable and Customary Charges towards Domiciliary Hospitalization exceeding 3 days as defined in Policy definition subject the Sum Insured maximum up to INR 50,000 whichever is less. However domiciliary hospitalization benefits shall not cover Expenses incurred for treatment for any of the following Diseases:-

- i. Asthma
- ii. Bronchitis
- iii. Chronic Nephritis and Nephritic Syndrome
- iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
- v. Diabetes Mellitus and Insipidus
- vi. Epilepsy
- vii. Hypertension
- viii. Influenza, Cough and Cold
- x. Pyrexia of unknown Origin for less than 10 days
- xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
- xii. Arthritis, Gout and Rheumatism

4.5. Pre-Hospitalization:

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a period of 60 days prior to the date of admissible Hospitalization covered under the Policy.

4.6. Post-Hospitalization:

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a period of 90 days from the date of discharge from the Hospital, towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever required and recommended by the Hospital/ Medical Practitioner, where the treatment was taken, following an admissible Hospitalization covered under the Policy.

5. Cumulative Bonus (CB)

Cumulative Bonus will be increased by 10% in respect of each claim free policy year (no claims are reported), provided the policy is continuously renewed/ maintained with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However sum insured will be maintained and will not be reduced in the policy year.

6. Optional Cover

6.1 Restoration of Sum Insured:

If Insured has opted for this cover, We will restore up to 100% of the Sum insured once in a policy year in case the Sum insured including accrued Additional Sum Insured (if any) is insufficient as a result of previous claims in that policy year, provided that:

- The total amount of restore will not exceed the Sum Insured for that policy year
- The restore amount 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 person
- Restore will not trigger for the first claim
- For individual policies, restore Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis
- Any unutilized restore Sum Insured will not be carried forward to subsequent policy year
- Such restore 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.
- For any single claim during a policy year, the maximum claim amount payable shall not exceed the sum of
 1. The Sum Insured, and
 2. Cumulative Bonus Sum Insured
- During a Policy Year, the aggregate claim amount payable, shall not exceed the sum of:
 1. The Sum Insured
 2. Cumulative Bonus Sum Insured
 3. Restore Sum Insured

Following extensions are being offered to You as an optional covers under this product. These benefits are available w.r.t. the members, for whom these optional covers have been opted by You by paying additional premium

7. Waiting Period

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

7.1 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 months of continuous coverage after the date of inception of the first policy with insurer.
- 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 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

Policy Wordings

7.2 Specific Illness Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12/36 months of continuous coverage after the date of inception of the first policy with the Insurer. 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 as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of applicable disease for 12 months waiting period are:

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal or external benign tumours, cyst, sinus, polyps of any kind including benign breast lump
8. Benign prostate hypertrophy
9. Cataract and Senile Cataract
10. Gastric and Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types Hydrocele
13. Non-Infective Arthritis
14. Piles, Fissures and Fistula in anus
15. Pilonidal sinus, Sinusitis
16. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
17. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
18. Varicose Veins and Varicose Ulcers
19. Internal Congenital Anomalies

List of applicable disease for 36 months waiting period are:

1. Waiting period of 36 months will be applicable under the Policy to all Pre-existing Diseases, and those specifically declared and accepted at the time of proposal
2. Treatment for joint replacement unless arising from an accident.
3. Osteoarthritis and Osteoporosis
4. Pre-Existing Disease
5. Schizophrenia (ICD code: F20 to F29)
6. Psychosis (ICD code: F29)
7. Dissociative and conversion disorder (ICD Code: F44.9)

7.3 First Thirty Days Waiting Period: (Code- Excl03)

- i. 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.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

8. 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:

8.1 Investigation & Evaluation: (Code- Excl04)

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

8.2 Exclusion Name: 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.

8.3 Obesity/ Weight Control: (Code- Excl06)

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

8.4 Change-of-Gender treatments: (Code- Excl07)

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

8.5 Cosmetic or plastic Surgery: (Code- Excl08)

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

8.6 Hazardous or Adventure sports: (Code- Excl09)

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

8.7 Breach of law: (Code- Excl10)

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

8.8 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.

Policy Wordings

(Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS about the updated list being uploaded in the website.)

- 8.9 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)**
- 8.10 Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)**
- 8.11 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code- Excl14)**
- 8.12 Refractive Error: (Code- Excl15)**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopres.
- 8.13 Unproven Treatments: (Code- Excl16)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- 8.14 Sterility and Infertility: (Code- Excl17)**
Expenses related to Birth Control, 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
- 8.15 Maternity Expenses: (Code- Excl 18)**
 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.
- 8.16 Any expenses incurred on Outpatient treatment (OPD treatment).**
- 8.17 Treatment taken outside the geographical limits of India.**
- 8.18 Injury or Disease caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).**
- 8.19 Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.**
- 8.20 In respect of existing diseases, disclosed by the insured and mention in the policy schedule (based on the insured consent), policy holder is not entitled to get the coverage for specified ICD codes.**
- 9. 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 eight 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 policy 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, as per the policy.

10. CLAIM PROCEDURE

- 10.1 Cashless Facility:** (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership number and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form.
- The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.
- The company may provide Cashless facility for Hospitalization expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorisation letter to the health care service provider.
 - For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s/Hospital shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner
 - If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation.
 - Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.
 - The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.
 - In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer (if covered under any other Health Insurance Policy).
- 10.2 Reimbursement:** Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/ injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization/ injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA as specified below.

Sr No	Type of Claim	Prescribed Time Limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within 30 days of date of discharge
2.	Reimbursement of post hospitalization expenses	Within 30 days from completion of post hospitalization treatment.

Policy Wordings

10.2.1 Documents to be submitted:

- I. Claim form duly completed in all respects
- II. Original Bills, Receipt and Discharge certificate / card from the Hospital.
- III. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
- IV. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
- V. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
- VI. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.
- VII. Medical Case History / Summary.
- VIII. Original bills & receipts for claiming Ambulance Charges The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim.
- IX. In case original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

The Company may call for additional documents / information and / or carry out verification on a case to case basis to ascertain the facts collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

- 10.3** The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

10.4 Payment of Claims:

- I. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realized and We have been provided with the documentation and information. We have requested to establish the circumstances of the claim, its quantum or Our liability for it.
- II. We will only make payment to You under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Policy Schedule)/ legal heir as the case may be.
- III. Payments under this Policy shall only be made in Indian Rupees.
- IV. Our liability to make payment under this policy will only begin when the Aggregate Deductible as mentioned in Schedule is exceeded.
- V. All admissible claims shall be assessed basis following order:
 - a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization (s) incepting during each policy year payable under this Policy and which exceeds the Aggregate Deductible applicable per policy year basis as mentioned in the Policy Schedule.
 - b) Any claim under this Policy shall be payable by Us only if the sum of the amount of covered Medical Expenses in respect to Hospitalization(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Aggregate Deductible applicable on per year.

Note

In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents listed under condition and claim settlement advice, duly certified by the other insurer.

10.5 Time limit for submission of claim documents to the Company/ TPA:

- i. Documents supporting the pre-hospitalization and hospitalization claim must be submitted within 30 days from the date of discharge from the Hospital.
- ii. Documents supporting the post hospitalization claim must be submitted within 30 days from completion of post hospitalization treatment.
- iii. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.
- iv. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer or reimbursement provider, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer or reimbursement provider.

10.6 Claim Settlement (provision for Penal Interest):

- i. The Company shall settle or reject a claim, as may be the case, 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 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 the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the Insurer shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

10.7 Services Offered by TPA:

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.

The services offered by a TPA shall not include:

- i. Claim settlement and claim rejection;
- ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

10.8 Disclaimer:

If the Company shall disclaim liability to the insured person for any claim hereunder and if the insured person shall not within twelve calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

10.9 Payment of Claim:

All claims under the policy shall be payable in Indian currency and through NEFT/ RTGS/ Cheque or DD only.

11. GENERAL TERMS & CONDITIONS

11.1 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.

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

11.2 Condition Precedent to Admission of Liability:

The due observance and fulfillment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

11.3 Material Change:

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and /or premium, if necessary, accordingly.

Policy Wordings

11.4 Records to be Maintained:

The Insured Person shall keep an accurate record containing medical records mentioned in 10.4.1 and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require under this Policy at any time during the Policy Period or until the final adjustment, if any and resolution of all Claims under this Policy.

11.5 No Constructive Notice:

Any knowledge or information of any circumstances or condition in relation to the Insured Person which is in the possession of the Company other than that expressly disclosed in the Proposal Form or otherwise in writing to, shall not be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

11.6 Complete Discharge:

Any payment to the insured person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or assignee, as the case may be, for any benefit under the policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

11.7 Notice & Communication:

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address mentioned in the schedule.

11.8 Territorial Limit:

All medical treatment for the purpose of this insurance will have to be taken in India only.

11.9 Application of Aggregate Deductible:

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 Aggregate Deductible as specified in the Policy Schedule.

The company will pay for the Medical Expenses, in excess of aggregatedeductible stated in the Policy Schedule on the aggregate of covered medical expenses exceeds the aggregate deductible applicable on policy per year basis depending upon the plan opted.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured and Restored Sum Insured if any available to the Insured and stated in the Policy Schedule.

11.10 Multiple Policies:

- I. In case of multiple policies taken by an insured during a period from the same or 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 if chosen by the policy holder 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(s) 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 insurers 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 shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

11.11 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 shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent, 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 policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

11.12 Grace Period:

- i. A Grace Period of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during Grace Period will not be covered and will be treated as Pre-existing diseases.
- ii. Policies for which Premium is received after the Grace Period shall be considered as a fresh policy.

11.13 Premium Payment Options:

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- I. Grace Period of as per the following Days would be given to Pay the instalment premium due for the Policy.

Options	Installment Premium Option	Grace Period Applicable
Option 1	Yearly	30 Days
Option 2	Half Yearly	30 Days
Option 3	Quarterly	15 Days

- ii. During such grace period, coverage will not be available from the instalment premium payment due date till the date of receipt of premium by Company.
- iii. The Benefits provided under - "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iv. No interest or any additional charges will be levied If the instalment premium is not paid on due date.

Policy Wordings

- ii. During such grace period, coverage will not be available from the instalment premium payment due date till the date of receipt of premium by Company.
- iii. The Benefits provided under - "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iv. No interest or any additional charges will be levied If the instalment premium is not paid on due date.
- v. In case of failure of transaction in ECS mode of payment and/or instalment premium due not received within the grace period, the policy will get cancelled and fresh policy would be issued with fresh waiting periods after obtaining consent from the scustomer.
- vi. In case of change in terms and conditions of the policy contract or in premium rate, the ECS authorization shall be obtained afresh ensuring an informed choice to the policy holder.
- vii. The insurer can withdraw ECS mode of payment by giving 15 days' notice prior to the due date of premium payable.
- viii. All terms and conditions for this product is as per the Regulation 2(i)(e) of HIR 2016 in respect of break in policy.

11.14 Cancellation:

- a) The Insured may cancel this Policy by giving 15days written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

Refund %			
Refund of Premium (basis Policy Period)			
Timing of Cancellation	1 Year	2 Year	3 Year
Up to 1 Month	85.00%	92.5%	95.0%
Up to 3 Month	70.00%	85.0%	90.0%
Up to 6 Month	45.00%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

Not with standing 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 mis-representation 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 mis-representation, non-disclosure of material facts or fraud.

11.15 Automatic change in Coverage under the policy:

The coverage for the Insured Person shall automatically terminate:In the case of his/ her (Insured Person) demise.
 However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with the Insured person) must be submitted to the Company along with the application. Provided no Claim has been made, and termination takes place on account of death of the Insured Person, pro-rata refund of premium of the deceased Insured Person for the balance period of the Policy will be effective.

11.16 Territorial Jurisdiction:

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

11.17 Arbitration:

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

11.18 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 premium due date of his/her existing policy as per extant 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 extant guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link: <http://www.rahejaqbe.com/health-insurance>

11.19 Renewal of Policy:

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

- I. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.
- II. Renewal shall not be denied on the ground that the insured 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 to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- V. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
- iv. No loading shall apply on renewals based on individual claims experience.

Policy Wordings

11.20 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.

11.21 Withdrawal of Policy:

- i. In the likelihood of this product being withdrawn in future with due approval of IRDAI, 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 etc. provided the Policy has been maintained without a break as per extant regulatory framework.

11.22 Free look period:

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of fifteen days from date of receipt of the Policy 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, 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;

11.23 Alterations in the Policy:

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved, evidenced by a written endorsement signed and stamped by the Company.

11.24 Change of Sum Insured:

Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh for the incremental portion of the sum insured.

11.25 Terms and condition of the Policy:

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

11.26 Electronic Transactions:

The Insured agrees to adhere to and comply with policy terms and conditions as the Company may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured.

11.27 PRE-ACCEPTANCE MEDICAL TEST REQUIREMENT:

All Individuals upto 55 years (age last birthday as at Policy inception date):

The Company will rely on the declarations made on the Proposal Form. In case the declaration reveals any medical adversity, the Company may require the individual to undergo appropriate medical tests.

For age above 55 years (age last birthday as at Policy inception date):

The Individuals would be required to undergo pre-acceptance medical tests as follows-Medical Examination Report, Treadmill Test/ECG, Lipid Profile, HbA1C, Serum Creatinine, Complete Blood Count, Urinalysis.

The Company reserves its right to require any individual to undergo such medical tests or where required any further additional tests, subject to underwriting guideline, to determine the acceptance of a Proposal.

The Health check-up and subsequent Medical reports are valid upto 90 days from date of Health Check-up.

11.28 Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company policy by applying for migration of the policy 30 days before the premium due date of his/her existing policy as per extant 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 proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on migration.

For detailed guidelines on migration kindly refer the below link.

Link: <http://www.rahejaqbe.com/health-insurance>

11.29 Nomination:

The policy holder 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 policy holder. 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. For claims settlement under reimbursement, the Company will pay the policy holder. In the event of death of policy holder, the company will pay the nominee (as named in the policy schedule/Policy Certificate/Endorsement 9 if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policy holder whose discharge shall be treated as full and final of its liability under the policy.

12. REDRESSAL OF GRIEVANCE

(In case of any grievance the Insured Person may contact the company through

Website : www.rahejaqbe.com

E-mail : customer@rahejaqbe.com

Telephone : 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday)

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

Policy Wordings

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance
 If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED

Address:
 Ground Floor, P&G Plaza, Cardinal Gracious Road, Chakala, Andheri (East), Mumbai - 400 099, India
 Tel: +91 22 4171 5050 Website: www.rahejaqbe.com Email: customercare@rahejaqbe.com
 Company Officials: Website: www.rahejaqbe.com

For details of grievance officer, kindly refer the link: <http://www.rahejaqbe.com/health-insurance>

(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.)

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

No loading shall apply on renewals based on individual claims experience. Insurance is the subject matter of solicitation.

Annexure I

List I - Non Payable Items

Sr. No.	ITEM
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGENCOURIER CHARGES
29	CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES

Policy Wordings

53	SUGAR FREE TABLETS
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

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

Sr. 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 FRESHENER
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	PULSE OXYMETER CHARGES

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

Sr. 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	GAUZE 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

Policy Wordings

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

Sr. No.	ITEM
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALIZATION 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 II: LIST OF DAY CARE PROCEDURES

Sr. No	Procedure Name	Sr. No	Procedure Name
1	Coronary Angiography	21	Revision Of A Fenestration Of The Inner Ear
2	Insert Non-Tunnel Cv Cath	22	Palatoplasty
3	Insert Picc Cath (Peripherally Inserted Central Catheter)	23	Transoral Incision And Drainage Of A Pharyngeal Abscess
4	Replace Picc Cath (Peripherally Inserted Central Catheter)	24	Tonsillectomy Without Adenoidectomy
5	Insertion Catheter, Intra Anterior	25	Tonsillectomy With Adenoidectomy
6	Insertion OfPortacath	26	Excision And Destruction Of A Lingual Tonsil
7	Suturing Lacerated Lip	27	Revision Of A Tympanoplasty
8	Suturing Oral Mucosa	28	Other Microsurgical Operations On The Middle Ear
9	Oral Biopsy In Case Of Abnormal Tissue Presentation	29	Incision Of The Mastoid Process And Middle Ear
10	Myringotomy With Grommet Insertion	30	Mastoidectomy
11	Tymanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)	31	Reconstruction Of The Middle Ear
12	Removal Of A Tympanic Drain	32	Other Excisions Of The Middle And Inner Ear
13	Keratoses Removal Under Ga	33	Incision (opening) And Destruction (elimination) Of The Inner Ear
14	Operations On The Turbinates (nasal Concha)	34	Other Operations On The Middle And Inner Ear
15	Removal Of Keratoses Obturans	35	Excision And Destruction Of Diseased Tissue Of The Nose
16	Stapedotomy To Treat Various Lesions In Middle Ear	36	Other Operations On The Nose
17	Revision Of A Stapedectomy	37	Nasal Sinus Aspiration
18	Other Operations On The Auditory Ossicles	38	Foreign Body Removal From Nose
19	Myringoplasty (post-aura/endastral Approach As Well As Simple Type-i Tympanoplasty)	39	Other Operations On The Tonsils And Adenoids
20	Fenestration Of The Inner Ear	40	Adenoidectomy

Policy Wordings

Sr. No	Procedure Name	Sr. No	Procedure Name
41	Labyrinthectomy For Severe Vertigo	81	Eus + Submucosal Resection
42	Stapedectomy Under Ga	82	Construction Of Gastrostomy Tube
43	Stapedectomy Under La	83	Eus + Aspiration Pancreatic Cyst
44	Tympanoplasty (Type IV)	84	Small Bowel Endoscopy (therapeutic)
45	Endolymphatic Sac Surgery For Meniere's Disease	85	Colonoscopy ,lesion Removal
46	Turbinectomy	86	ERCP
47	Endoscopic Stapedectomy	87	Colonoscopy Stenting Of Stricture
48	Incision And Drainage Of Perichondritis	88	Percutaneous Endoscopic Gastrostomy
49	Septoplasty	89	Eus And Pancreatic Pseudo Cyst Drainage
50	Vestibular Nerve Section	90	ERCP And Choledochoscopy
51	Thyroplasty Type I	91	Proctosigmoidoscopy Volvulus Detorsion
52	Pseudocyst Of The Pinna-Excision -	92	ERCP And Sphincterotomy
53	Incision And Drainage-Haematoma Auricle	93	Esophageal Stent Placement
54	Tympanoplasty (Type II)	94	ERCP + Placement Of Biliary Stents
55	Reduction Of Fracture Of Nasal Bone	95	Sigmoidoscopy W / Stent
56	Thyroplasty (Type II)	96	Eus + Coeliac Node Biopsy
57	Tracheostomy	97	UgiScopy And Injection Of Adrenaline, Sclerosants, Bleeding, Ulcers
58	Excision Of Angioma Septum	98	Incision Of A Pilonidal Sinus / Abscess
59	Turbinoplasty	99	Fissure InAno Sphincterotomy
60	Incision & Drainage Of Retro Pharyngeal Abscess	100	Surgical Treatment Of A Varicocele And A Hydrocele Of the Spermatic Cord
61	UvuloPalatoPharyngoPlasty	101	Orchidopexy
62	Adenoidectomy With Grommet Insertion	102	Abdominal Exploration In Cryptorchidism
63	Adenoidectomy Without Grommet Insertion	103	Surgical Treatment Of Anal Fistulas
64	Vocal Cord Lateralisation Procedure	104	Division Of The Anal Sphincter (sphincterotomy)
65	Incision & Drainage Of Para Pharyngeal Abscess	105	Epididymectomy
66	Tracheoplasty	106	Incision Of The Breast Abscess
67	Cholecystectomy	107	Operations On The Nipple
68	Choledocho-jejunostomy	108	Excision Of Single Breast Lump
69	Duodenostomy	109	Incision And Excision Of Tissue In The Perianal Region
70	Gastrostomy	110	Surgical Treatment Of Hemorrhoids
71	Exploration Common Bile Duct	111	Other Operations On The Anus
72	Esophagoscopy.	112	Ultrasound Guided Aspirations
73	Gastroscopy	113	Sclerotherapy, Etc
74	Duodenoscopy with Polypectomy	114	Laparotomy For Grading Lymphoma With Splenectomy.
75	Removal of Foreign Body	115	Laparotomy For Grading Lymphoma with Liver Biopsy
76	Diathery Of Bleeding Lesions	116	Laparotomy For Grading Lymphoma with Lymph Node Biopsy
77	Pancreatic Pseudocyst Eus& Drainage	117	Therapeutic Laparoscopy With Laser
78	Rf Ablation For Barrett's Oesophagus	118	Appendicectomy With Drainage
79	Ercp And Papillotomy	119	Appendicectomy without Drainage
80	Esophagoscope And Sclerosant Injection	120	Infected Keloid Excision

Policy Wordings

Sr. No	Procedure Name	Sr. No	Procedure Name
121	Axillary Lymphadenectomy	161	Pancreatic Pseudocysts Endoscopic Drainage
122	Wound Debridement And Cover	162	Zadek's Nail Bed Excision
123	Abscess-decompression	163	Subcutaneous Mastectomy
124	Cervical Lymphadenectomy	164	Excision Of Ranula Under Ga
125	Infected Sebaceous Cyst	165	Rigid Oesophagoscopy For Dilatation Of Benign Strictures
126	Inguinal Lymphadenectomy	166	Eversion Of Sac
127	Incision And Drainage Of Abscess	167	Unilateral
128	Suturing Of Lacerations	168	Bilateral
129	Scalp Suturing	169	Lord's Plication
130	Infected Lipoma Excision	170	Jaboulay's Procedure
131	Maximal Anal Dilatation	171	Scrotoplasty
132	Piles	172	Circumcision For Trauma
133	A) Injection Sclerotherapy	173	Meatoplasty
134	B) Piles Banding	174	Intersphincteric Abscess Incision And Drainage
135	Liver Abscess- Catheter Drainage	175	Psoas Abscess Incision And Drainage
136	Fissure InAno - Fissurectomy	176	Thyroid Abscess Incision And Drainage
137	Fibroadenoma Breast Excision	177	Tips Procedure For Portal Hypertension
138	Oesophageal Varices Sclerotherapy	178	Esophageal Growth Stent
139	ERCP-Pancreatic Duct Stone Removal	179	Pair Procedure Of Hydatid Cyst Liver
140	Perianal Abscess I&d	180	Tru Cut Liver Biopsy
141	Perianal Hematoma Evacuation	181	Photodynamic Therapy Or Esophageal Tumour And Lung Tumour
142	UgiScopy And Polypectomy Oesophagus	182	Excision Of Cervical Rib
143	Breast Abscess I& D	183	Laparoscopic Reduction Of Intussusception
144	Feeding Gastrostomy	184	Microdochectomy Breast
145	Oesophagoscopy And Biopsy Of Growth Oesophagus	185	Surgery For Fracture Penis
146	ERCP-Bile Duct Stone Removal	186	Sentinel Node Biopsy
147	Ileostomy Closure	187	Parastomal Hernia
148	Colonoscopy	188	Revision Colostomy
149	Polypectomy Colon	189	Prolapsed Colostomy Correction
150	Splenic Abscesses Laparoscopic Drainage	190	Testicular Biopsy
151	UgiScopy And Polypectomy Stomach	191	Laparoscopic Cardiomyotomy(Hellers)
152	Rigid Oesophagoscopy For Fb Removal	192	Sentinel Node Biopsy Malignant Melanoma
153	Feeding Jejunostomy	193	Laparoscopic Pyloromyotomy (Ramstedt)
154	Colostomy	194	Operations On Bartholin's Glands (cyst)
155	Ileostomy	195	Incision Of The Ovary
156	Colostomy Closure	196	Insufflations Of The Fallopian Tubes
157	Submandibular Salivary Duct Stone Removal	197	Other Operations On The Fallopian Tube
158	Pneumatic Reduction Of Intussusception	198	Dilatation Of The Cervical Canal
159	Varicose Veins Legs-Injection Sclerotherapy	199	Conisation Of The Uterine Cervix
160	Rigid Oesophagoscopy For Plummer Vinson Syndrome	200	Therapeutic Curettage With Colposcopy.

Policy Wordings

Sr. No	Procedure Name	Sr. No	Procedure Name
201	Therapeutic Curettage With Biopsy	241	Laparoscopic Myomectomy
202	Therapeutic Curettage With Diathermy	242	Surgery For Sui
203	Therapeutic Curettage With Cryosurgery	243	Repair Recto-Vagina Fistula
204	Laser Therapy Of Cervix For Various Lesions Of Uterus	244	Pelvic Floor Repair(Excluding Fistula Repair)
205	Other Operations On The Uterine Cervix	245	URS + LL
206	Incision Of The Uterus (hysterectomy)	246	Laparoscopic Oophorectomy
207	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas	247	Normal Vaginal Delivery And Variants
208	Incision Of Vagina	248	Facial Nerve Glycerol Rhizotomy
209	Incision Of Vulva	249	Spinal Cord Stimulation
210	Culdotomy	250	Motor Cortex Stimulation
211	Salpingo-oophorectomy Via Laparotomy	251	Stereotactic Radiosurgery
212	Endoscopic Polypectomy	252	Percutaneous Cordotomy
213	Hysteroscopic Removal Of Myoma	253	Intrathecal Baclofen Therapy
214	D&C	254	Entrapment Neuropathy Release
215	Hysteroscopic Resection Of Septum	255	Diagnostic Cerebral Angiography
216	Thermal Cauterisation Of Cervix	256	Vp Shunt
217	Mirena Insertion	257	Ventriculoatrial Shunt
218	Hysteroscopic Adhesiolysis	258	Radiotherapy For Cancer
219	Leep	259	Cancer Chemotherapy
220	Cryocauterisation Of Cervix	260	IV Push Chemotherapy
221	Polypectomy Endometrium	261	HBI - Hemibody Radiotherapy
222	Hysteroscopic Resection Of Fibroid	262	Infusional Targeted Therapy
223	Lletz	263	SRT - Stereotactic Arc Therapy
224	Conization	264	Sc Administration Of Growth Factors
225	Polypectomy Cervix	265	Continuous Infusional Chemotherapy
226	Hysteroscopic Resection Of Endometrial Polyp	266	Infusional Chemotherapy
227	Vulval Wart Excision	267	CCRT - Concurrent Chemo + Rt
228	Laparoscopic Paraovarian Cyst Excision	268	2D
229	Uterine Artery Embolization	269	3D Conformal Radiotherapy
230	Laparoscopic Cystectomy	270	IGRT - Image Guided Radiotherapy
231	Hymenectomy(Imperforate Hymen)	271	IMRT - Step & Shoot
232	Endometrial Ablation	272	Infusional Bisphosphonates
233	Vaginal Wall Cyst Excision	273	IMRT - DMLC
234	Vulval Cyst Excision	274	Rotational Arc Therapy
235	Laparoscopic Paratubal Cyst Excision	275	Tele Gamma Therapy
236	Repair Of Vagina (Vaginal Atresia)	276	FSRT - Fractionated Srt
237	Hysteroscopy, Removal Of Myoma	277	VMAT - Volumetric Modulated Arc Therapy
238	Turbt	278	SBRT - Stereotactic Body Radiotherapy
239	Ureterocoele Repair - Congenital Internal	279	Helical Tomotherapy
240	Vaginal Mesh For Pop	280	SRS - Stereotactic Radiosurgery

Policy Wordings

Sr. No	Procedure Name	Sr. No	Procedure Name
281	X - Knife Srs	318	Reconstruction Of A Salivary Gland And A Salivary Duct
282	GammaknifeSrs	319	Other Operations On The Salivary Glands And Salivary Ducts
283	TBI - Total Body Radiotherapy	320	Other Incisions Of The Skin And Subcutaneous Tissues
284	Intraluminal Brachytherapy	321	Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
285	TSET - Total Electron Skin Therapy	322	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
286	Extracorporeal Irradiation Of Blood Products	323	Other Excisions Of The Skin And Subcutaneous Tissues
287	Telecobalt Therapy	324	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
288	Telecesium Therapy	325	Free Skin Transplantation, Donor Site
289	External Mould Brachytherapy	326	Free Skin Transplantation, Recipient Site
290	Interstitial Brachytherapy	327	Revision Of Skin Plasty
291	Intracavity Brachytherapy	328	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues
292	3D Brachytherapy	329	Chemosurgery To The Skin
293	Implant Brachytherapy	330	Destruction Of Diseased Tissue In The Skin And Subcutaneous
294	Intravesical Brachytherapy	331	Reconstruction Of Deformity/defect In Nail Bed
295	Adjuvant Radiotherapy	332	Excision Of Bursitis
296	Afterloading Catheter Brachytherapy	333	Tennis Elbow Release
297	Conditioning Radiotherapy For Bmt	334	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
298	Nerve Biopsy	335	Partial Glossectomy
299	Muscle Biopsy	336	Glossectomy
300	Epidural Steroid Injection	337	Reconstruction Of The Tongue
301	Extracorporeal Irradiation To The Homologous Bone Grafts	338	Other Operations On The Tongue
302	Radical Chemotherapy	339	Surgery For Cataract
303	Neoadjuvant Radiotherapy	340	Incision Of Tear Glands
304	LDR Brachytherapy	341	Other Operations On The Tear Ducts
305	Palliative Radiotherapy	342	Incision Of Diseased Eyelids
306	Radical Radiotherapy	343	Excision And Destruction Of Diseased Tissue Of The Eyelid
307	Palliative Chemotherapy	344	Operations On The Canthus And Epicanthus
308	Template Brachytherapy	345	Corrective Surgery For Entropion And Ectropion
309	Neoadjuvant Chemotherapy	346	Corrective Surgery For Blepharoptosis
310	Adjuvant Chemotherapy	347	Removal Of A Foreign Body From The Conjunctiva
311	Induction Chemotherapy	348	Removal Of A Foreign Body From The Cornea
312	Consolidation Chemotherapy	349	Incision Of The Cornea
313	Maintenance Chemotherapy	350	Operations For Pterygium
314	HDR Brachytherapy	351	Other Operations On The Cornea
315	Incision And Lancing Of A Salivary Gland And A Salivary Duct	352	Removal Of A Foreign Body From The Lens Of The Eye
316	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct	353	Removal Of A Foreign Body From The Posterior Chamber Of The Eye
317	Resection Of A Salivary Gland	354	Removal Of A Foreign Body From The Orbit And Eyeball

Policy Wordings

Sr. No	Procedure Name	Sr. No	Procedure Name
355	Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)	393	Closed Reduction of Minor Dislocation
356	Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)	394	Repair of Knee Cap Tendon
357	Diathermy/cryotherapy To Treat Retinal Tear	395	Orif With K Wire Fixation - Small Bones
358	Anterior Chamber Paracentesis.	396	Release of Midfoot Joint
359	Anterior Chamber Cyclodiathermy	397	Orif With Plating - Small Long Bones
360	Anterior Chamber Cyclocryotherapy	398	Implant Removal Minor
361	Anterior Chamber Goniotomy	399	K Wire Removal
362	Anterior Chamber Trabeculotomy	400	Closed Reduction and External Fixation
363	Anterior Chamber Filtering	401	Arthrotomy Hip Joint
364	Allied Operations to Treat Glaucoma	402	Syme's Amputation
365	Enucleation Of Eye Without Implant	403	Arthroplasty
366	Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland	404	Partial Removal of Rib
367	Laser Photocoagulation To Treat Retinal Tear	405	Treatment of Sesamoid Bone Fracture
368	Biopsy Of Tear Gland	406	Shoulder Arthroscopy / Surgery
369	Treatment Of Retinal Lesion	407	Elbow Arthroscopy
370	Surgery For Meniscus Tear	408	Amputation of Metacarpal Bone
371	Incision On Bone, Septic And Aseptic	409	Release of Thumb Contracture
372	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis	410	Incision Of Foot Fascia
373	Suture and Other Operations On Tendons And Tendon Sheath	411	Partial Removal Of Metatarsal
374	Reduction of Dislocation Under Ga	412	Repair / Graft Of Foot Tendon
375	Arthroscopic Knee Aspiration	413	Revision/removal Of Knee Cap
376	Surgery For Ligament Tear	414	Amputation Follow - up Surgery
377	Surgery ForHemoarthrosis/pyoarthrosis	415	Exploration Of Ankle Joint
378	Removal Of Fracture Pins/nails	416	Remove/graft Leg Bone Lesion
379	Removal Of Metal Wire	417	Repair/graft Achilles Tendon
380	Closed Reduction On Fracture, Luxation	418	Remove Of Tissue Expander
381	Reduction Of Dislocation Under Ga	419	Biopsy Elbow Joint Lining
382	Epiphyseolysis With Osteosynthesis	420	Removal Of Wrist Prosthesis
383	Excision Of Various Lesions In Coccyx	421	Biopsy Finger Joint Lining
384	Arthroscopic Repair OfAcl Tear Knee	422	Tendon Lengthening
385	Closed Reduction Of Minor Fractures	423	Treatment of Shoulder Dislocation
386	Arthroscopic Repair OfPcl Tear Knee	424	Lengthening of Hand Tendon
387	Tendon Shortening	425	Removal of Elbow Bursa
388	Arthroscopic Meniscectomy - Knee	426	Fixation of Knee Joint
389	Treatment of Clavicle Dislocation	427	Treatment of Foot Dislocation
390	Haemarthrosis Knee - Lavage	428	Surgery of Bunion
391	Abscess Knee Joint Drainage	429	Tendon Transfer Procedure
392	Carpal Tunnel Release	430	Removal of Knee Cap Bursa

Policy Wordings

Sr. No	Procedure Name	Sr. No	Procedure Name
431	Treatment of Fracture of Ulna	471	Removal Of Bone For Graft
432	Treatment of Scapula Fracture	472	Muscle - skin Graft Duct Fistula
433	Removal of Tumor of Arm Under GA	473	Removal Cartilage Graft
434	Removal of Tumor of Arm under RA	474	Myocutaneous Flap
435	Removal of Tumor of Elbow Under GA	475	Fibro Myocutaneous Flap
436	Removal of Tumor of Elbow Under RA	476	Breast Reconstruction Surgery After Mastectomy
437	Repair of Ruptured Tendon	477	Sling Operation For Facial Palsy
438	Decompress Forearm Space	478	Split Skin Grafting Under Ra
439	Revision Of Neck Muscle (torticollis Release)	479	Wolfe Skin Graft
440	Lengthening of Thigh Tendons	480	Plastic Surgery To The Floor Of The Mouth Under Ga
441	Treatment Fracture of Radius & Ulna	481	Thoracoscopy And Lung Biopsy
442	Repair of Knee Joint	482	Excision Of Cervical Sympathetic Chain Thorascopic
443	External Incision and Drainage in The Region of The Mouth.	483	Laser Ablation Of Barrett's Oesophagus
444	External Incision and Drainage in the Region of the Jaw.	484	Pleurodesis
445	External Incision and Drainage in the Region of the Face.	485	Thoracoscopy And Pleural Biopsy
446	Incision of The Hard and Soft Palate	486	Ebus + Biopsy
447	Excision and Destruction of Diseased Hard Palate	487	Thoracoscopy Ligation Thoracic Duct
448	Excision and Destruction of Diseased Soft Palate	488	Thoracoscopy Assisted Empyaema Drainage
449	Incision, Excision and Destruction in The Mouth	489	Haemodialysis
450	Other Operations in The Mouth	490	Lithotripsy/nephrolithotomy For Renal Calculus
451	Excision of Fistula - in - ano	491	Excision Of Renal Cyst
452	Excision Juvenile Polyps Rectum	492	Drainage OfPyonephrosis Abscess
453	Vaginoplasty	493	Drainage Of Perinephric Abscess
454	Dilatation of Accidental Caustic Stricture Oesophageal	494	Incision Of The Prostate
455	Presacral Teratomas Excision	495	Transurethral Excision And Destruction Of Prostate Tissue
456	Removal of Vesical Stone	496	Transurethral And Percutaneous Destruction Of Prostate Tissue
457	Excision Sigmoid Polyp	497	Open Surgical Excision And Destruction Of Prostate Tissue
458	Sternomastoid Tenotomy	498	Radical Prostatovesicectomy
459	Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy	499	Other Excision And Destruction Of Prostate Tissue
460	Excision Of Soft Tissue Rhabdomyosarcoma	500	Operations On The Seminal Vesicles
461	Mediastinal Lymph Node Biopsy	501	Incision And Excision Of Periprostatic Tissue
462	High Orchiectomy For Testis Tumours	502	Other Operations On The Prostate
463	Excision Of Cervical Teratoma	503	Incision Of The Scrotum And Tunica Vaginalis Testis
464	Rectal - myomectomy	504	Operation On A Testicular Hydrocele
465	Rectal Prolapse (delorme's Procedure)	505	Excision And Destruction Of Diseased Scrotal Tissue
466	Detorsion Of Torsion Testis	506	Other Operations On The Scrotum And Tunica Vaginalis
467	Eua + Biopsy Multiple Fistula InAno	507	Incision Of The Testes
468	Construction Skin Pedicle Flap	508	Excision And Destruction Of Diseased Tissue Of The Testes
469	Gluteal Pressure Ulcer - excision	509	Unilateral Orchiectomy
470	Muscle - skin Graft, Leg	510	Bilateral Orchiectomy

Policy Wordings

Sr. No	Procedure Name	Sr. No	Procedure Name
511	Surgical Repositioning Of An Abdominal Testis	549	Meatotomy For Meatal Stenosis
512	Reconstruction Of The Testis	550	Surgery For Fournier's Gangrene Scrotum
513	Implantation, Exchange And Removal Of A Testicular Prosthesis	551	Surgery Filarial Scrotum
514	Other Operations On The Testis	552	Surgery For Watering Can Perineum
515	Excision In The Area Of The Epididymis	553	Repair Of Penile Torsion
516	Operations On The Foreskin	554	Drainage Of Prostate Abscess
517	Local Excision And Destruction Of Diseased Tissue Of The Penis	555	Orchiectomy
518	Amputation Of The Penis	556	Cystoscopy And Removal Of Fb
519	Other Operations On The Penis	557	RF Ablation Heart
520	Cystoscopic Removal Of Stones	558	RF Ablation Uterus
521	Lithotripsy	559	RF Ablation Varicose Veins
522	Biopsy Oftemporal Artery For Various Lesions	560	Renal Angiography
523	External Arterio - venous Shunt	561	Peripheral Angiography
524	Av Fistula - Wrist	562	Percutaneous nephrolithotomy (PCNL)
525	Ursl With Stenting	563	Laryngoscopy Direct Operative with Biopsy
526	Ursl With Lithotripsy	564	Treatment of Fracture of Long Bones
527	CystoscopicLitholapaxy	565	Treatment of Fracture of Short Bones
528	Eswl	566	Treatment of Fracture of Foot
529	Bladder Neck Incision	567	Treatment of Fracture of Hand
530	Cystoscopy & Biopsy	568	Treatment of Fracture of Wrist
531	Cystoscopy And Removal Of Polyp	569	Treatment of Fracture of Ankle
532	Suprapubic Cystostomy	570	Treatment of Fracture of Clavicle
533	Percutaneous Nephrostomy	571	Amputation of Ear
534	Cystoscopy And "sling" Procedure	572	Amputation of Nose
535	Tuna - Prostate	573	Amputation of Breast
536	Excision Of Urethral Diverticulum	574	Amputation of Genital Organs
537	Removal Of Urethral Stone	575	Amputation at Shoulder Joint
538	Excision Of Urethral Prolapse	576	Amputation at Shoulder and Upper Arm Level
539	Mega - ureter Reconstruction	577	Amputation at Elbow Joint
540	Kidney Renoscopy And Biopsy	578	Amputation at forearm Level
541	Ureter Endoscopy And Treatment	579	Amputation at Wrist Level
542	Vesico Ureteric Reflux Correction	580	Amputation at Hip Joint Level
543	Surgery ForPelvi Ureteric Junction Obstruction	581	Amputation at Hip & Thigh Level
544	Anderson Hynes Operation	582	Amputation at Knee Joint
545	Kidney Endoscopy And Biopsy	583	Amputation at Toe
546	Paraphimosis Surgery	584	Amputation at Midfoot Level
547	Injury Prepuce - Circumcision	585	Chalazion Surgery
548	Frenular Tear Repair	586	Circumcision Surgery

Policy Wordings

Annexure-III

The contact details of the Insurance Ombudsman offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu	AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in
Karnataka	BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Odisha	BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab , Haryana, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Tamil Nadu, UT - Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in
Delhi	DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in
Andhra Pradesh, Telangana and UT of Yanam - a part of the UT of Pondicherry	HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
Rajasthan	JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
Kerala , UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in

Policy Wordings

Areas of Jurisdiction	Office of the Insurance Ombudsman
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in
Districts of Uttar Pradesh Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase - II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552/ 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120 - 2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in
Bihar, Jharkhand.	PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612 - 2680952 Email: bimalokpal.patna@ecoi.co.in
Maharashtra, Area of Navi Mumbai and Thane	PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020 - 41312555 Email: bimalokpal.pune@ecoi.co.in