

HEALTH PRIME CONNECT PROSPECTUS

INTRODUCTION

Policy offers a host of covers to take care of your hospitalization medical expenses during healthcare needs.

Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

ELIGIBILITY

- Minimum Entry Age : 18 Years for Adults and 91 days for children
- Maximum Entry Age : 65 Years for Adults and 25 Years for children
- Renewability: Lifelong
- Policy Tenure: 1/2 Years
- Relationships covered: **Individual** - Self, Spouse, Children, Parents, Parents-in-laws, Siblings, Son-in-law, Daughter-in-law, Grand- children Grand-parents.
Family Floater - Self, Spouse, Dependent Children, Parents, Parents-in-laws (maximum 2 Adults & 3 children can be covered under one Policy)
- Child/children below 25 years of age can be covered provided either of the parents is insured under the policy.
The child/ children above 25 years of age can continue to be covered under the same policy if insured under Individual Sum Insured and continue under a separate Policy with all continuity benefits as per the Portability guidelines if insured under Family Floater.

KEY FEATURES

Key features enlisted below are available as per your selected plan and optional covers

1. **Flexi Policy term** - Option to choose policy term of 1 / 2 years

2. **Restoration of Sum Insured** –In case of exhaustion of Sum Insured, be worry-free, as our Policy offers restoration of Sum Insured to take care of all your future claims (coverage as per the plan chosen).
3. **Assured renewal for life** – There is no age restriction on renewal.
4. **Attractive renewal benefits** – Depending on the plan selected, We reward you with health check- up on cashless basis after 1 year / 2 years of continuous policy year renewal with Us irrespective of the claims made under the Policy.
5. **Higher Sum Insured** option up to 1 crore
6. **No Sub-limits** – Get the best treatment without worrying on room caps and sub-limits.
7. **No Co-Pay** – Relieves you from all financial stress as our Policy provides you the freedom from being made to share the Hospitalisation medical expenses by way of a ‘Co-Pay’.
8. **Second Opinion**–Get a second opinion absolutely free from our expert panel of doctors.
9. **Free Look Period** –After purchasing the Policy, in case you find it unsuitable to your needs, you can, within a free look period of 30 days, request for cancellation of the Policy.
10. **Cumulative Bonus benefits / Discount in Renewal Premium** - Avail auto increase in Sum Insured by 10% for every year on the Basic Sum Insured up to a maximum of 100% of the Basic Sum Insured or Avail 2.25% discount on Renewal Premium for claim free renewal.
11. **Stay Fit Perk** - Your two claim free Policy year renewals would provide you Rewards under ‘Stay Fit Perk’ which can be utilized against claim deduction made towards non-medical expenses which are the standard exclusions as otherwise
12. **Extension of Policy Tenure** – In case you are travelling out of the country, we will extend your HealthPrime Connect Policy tenure to the extent of number of days you were out of the country at no additional cost.
13. **Health 360°**- Earn Rewards and Burn it against array of our facilities which would help you to improve your overall Health.
14. **Tax Benefit** – Avail tax benefits under section 80D of Income Tax Act 1961 on the premium you pay towards your HealthPrime Policy.
15. **Cashless Facility** – Avail Cashless facility from our network hospitals and leave the rest to us.
16. **Cumulative Bonus Enhancer** – Get enhanced Cumulative Bonus by selecting this option. Total Cumulative Bonus of 25% of the Basic SI can be availed at every claim free year with us maximum upto 150%
17. **OPD cover** – Cover your Outpatient treatment expenses up to the limits mentioned
18. **Vaccination for animal bite** – Cover expenses incurred for Vaccination against animal bite up to the limits mentioned.
19. **Maternity and Child Care** – Cover expenses incurred for the delivery as well as expenses incurred for the new born baby with separate available limits,
20. **Baby’s Vaccinations** – Covered up to 3 years of age.
21. **Obesity Treatments** – Cover expenses incurred for procedures related obesity.
22. **Critical Illness & Personal Accident Cover** – Covers critical illness and Personal accident benefit as a single package with separate limits payable on lumpsum basis.
23. **Worldwide coverage option:** Covers emergency medical expense whilst you are in abroad

SCOPE OF COVER

The features and benefits available are as per the relevant plan opted by you.
For plan details, please refer the Benefit Schedule in the later part of the Prospectus.

1. Hospitalisation Expenses

A. In-Patient Hospitalization Expenses

Covers hospitalization expenses due to any Illness or Injury towards Room, Boarding expenses, Intensive Care Unit, bed charges, Doctor's fees, Nursing Expenses, Surgical Fees, Operation Theatre Charges, Anesthetist, Anesthesia, Blood, Oxygen and their administration, Physical Therapy, Prescribed Drugs and medicines consumed on the premises, Investigation Services such as Laboratory, X-Ray, Diagnostic tests, Dressing, Ordinary splints and plaster casts, Cost of Prosthetic & other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner

B. Day Care Procedure/Treatment - Covers medical expenses for 405 day care procedures as available in this document which do not require 24 hours Hospitalisation due to technological advancement in medical science.

2. **Pre-Hospitalisation** – Covers medical expenses incurred for the number of days immediately before the hospitalization as specified under the Policy Schedule.
3. **Post-Hospitalisation** – Covers medical expenses incurred for the number of days immediately after the discharge from the Hospital as specified under the Policy Schedule.
4. **Domiciliary Hospitalisation Treatment** - Covers medical expenses incurred for treatment taken at home in India limited to 10% of the Basic Sum Insured for a policy year as the patient cannot be moved to a hospital, or the patient takes treatment at home on account of non-availability of room in a hospital. No payment will be made if the condition for which the Insured Person requires medical treatment is:
 - a. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract
 - b. Infection including Laryngitis and Pharyngitis, Cough and
 - c. Cold, Influenza,
 - d. Arthritis, Gout and Rheumatism,
 - e. Chronic Nephritis and Nephritic Syndrome,
 - f. Diarrhoea and all type of Dysenteries including Gastroenteritis,
 - g. Diabetes Mellitus and Insipidus,
 - h. Epilepsy,
 - i. Hypertension,
 - j. Psychiatric or Psychosomatic Disorders of all kinds
 - k. Pyrexia of unknown Origin.
5. **Hospital Daily Cash Allowance** - Pays a Hospital Daily Cash allowance as stated in your Policy Schedule to take care of non-medical expenses incurred for each continuous and completed period of 24 hours of hospitalization for a maximum up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is however applicable.
6. **Emergency Local Road Ambulance charges** - Covers expenses incurred in transferring you to nearest Hospital having adequate emergency facilities for the provision of health services following Accidental Bodily Injury/ illness / disease up to the limits specified in your Policy Schedule.

7. **Organ Donor Expenses** - Covers expenses incurred towards organ donor's screening & treatment up to limits given in your Policy Schedule for harvesting of the organ donated wherein the Insured member is an organ recipient.
8. **Second Opinion** - A second medical opinion service from our expert panel is available for seeking information that will give you the confidence in medical diagnosis and treatment plan for any hospitalization and / or listed Critical illnesses. This benefit can be availed once during the Policy Period.
9. **Nursing Allowance** – We will pay a daily allowance maximum up to the number of days as specified in the Benefit Schedule towards engaging the services of a qualified nurse either at the Hospital or at your residence provided such services are confirmed as being necessary by the attending Medical Practitioner to your treatment for which you were hospitalized and claimed from Us. A Deductible of 48 hours of hospitalization is applicable, except in case of hospitalization due to relapse of same Illness/injury within 45 days from the date of last consultation with the Hospital/Nursing Home where the treatment may have taken.
10. **Laser Eye Surgery** – Covers expenses up to the limits as stated in your Policy Schedule incurred for correction of refractive errors by using laser surgery in case of compound myopic astigmatism in both eyes to the level of (-)5D and above.
11. **Vaccination for Animal Bite** – Covers expenses up to the limits as stated in your Policy Schedule incurred for Vaccination against Animal Bite which are medically necessary and forming part of treatment recommended by the treating Doctor.
12. **AYUSH Treatment#** – refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
The Company will indemnify Reasonable and Customary charges up to the Basic Sum Insured mentioned in the Policy Schedule, towards Medical Expenses incurred for the inpatient hospitalization treatment taken under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy provided that the hospitalization is for minimum 24 hours and is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:
 - i. Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;
 - ii. Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);
 - iii. AYUSH Hospitals as defined hereinabove.

Exclusions specific to AYUSH Treatment#

The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

1. OPD / Day care treatment
2. Wellness and non-therapeutic treatment
3. Any Pre-Hospitalization and Post-Hospitalization Expenses All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

4. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded.
5. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment.

The above exclusions are in additions to the General exclusions listed under the Policy.

#Added pursuant to “Guidelines on providing AYUSH Coverage in Health insurance policies” dated 31 January, 2024 issued by the IRDAI effective 1st April 2024.

13. Restoration of Sum Insured – In case Basic Sum Insured is exhausted due to claims made and paid during the Policy Period, then we will restore the entire Sum Insured once during the Policy Period. This restored amount can be used for future claims, not related to the Illness/Injury for which the claim has been made and paid during the same Policy year.

14. Extended Policy Tenure - In case you are going out of the country for a period of more than 15 days continuously and/or maximum up to 180 days, then you may extend your Policy for the number of days you are out of the country.

15. Obesity Treatment Cover – Covers medical expenses up to the limits as stated in your Policy Schedule incurred for treatment related to obesity, where the Body Mass Index is greater than 40 and with medical co-morbidities as mentioned below:

- i. Respiratory: Obstructive sleep apnea, Pickwickian syndrome (obesity hypoventilation syndrome)
- ii. Cardiovascular: Coronary artery disease, left ventricular hypertrophy, coronary pulmonale, obesity-associated cardiomyopathy, accelerated atherosclerosis, and pulmonary hypertension of obesity

16. Infertility Treatment Cover – Covers medical expenses up to the limits as stated in your Policy Schedule incurred for the treatment of Infertility as an In-patient hospitalizations or a Day care treatment. These expenses shall not be available for any subsequent Renewal once claimed in any Policy Year

17. Maternity and Child Care – The separate Sum Insured limit is available under this cover which is separate than the Basic Sum Insured mentioned in your Policy Schedule. This cover is available only to families covered under Family floater with a waiting period of (24) months from the date of issuance of the first policy with us, provided that the policy has been renewed continuously with us without break for you & your spouse insuring under this cover.

- A. Maternity Care: Covers medical expenses for the delivery of a baby (including caesarean section) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime.

- B. Child Care: Covers Medical expenses for the new born baby provided that there is a valid claim payable under Maternity Care.
- C. New Born Vaccinations: Covers medical expenses incurred for the new born baby's vaccinations up to 3 years of age, subject to a valid claim payable under Maternity Care.
- D. New Born Screening Expenses: Covers medical expenses incurred for the new born baby's screening expenses done within the hospitalization period same as maternal hospitalization period, subject to a valid claim payable under Maternity Care.

If a newborn screening test comes back positive (abnormal), further Reasonable and customary testing expenses to determine whether the baby has a particular condition shall be covered within the limits as specified in the Policy Schedule against this cover.

- E. Umbilical Cord Stem Cell Banking Allowance: Covers medical expenses incurred for the new born baby's umbilical cord stem cell banking limited for the first year banking allowance, subject to a valid claim payable under Maternity Care

18. Preventive Care - We will provide below additional benefits which would help in preventing and/or bettering current Health condition/s

The below services will be provided by Us/Our appointed service provider and can be availed anytime during the policy period and there are no restrictions on the number of times the facility can be utilized.

1. First Medical Opinion:

A First medical opinion service from our expert panel is available for seeking information that will give you the confidence in medical diagnosis and treatment plan. On request, we shall arrange for a First Opinion which is subject to the following:

- i. A First Medical Opinion service provides an unbiased opinion on simple medical queries that have not been taken to a medical expert as of yet.
- ii. This benefit can be availed only once during the policy year by each Insured Person covered on Individual or Family Floater policy.
- iii. You are free to choose whether or not to obtain the First Opinion, and if obtained, whether or not to act on the same.
- iv. We does not assume any liability for and shall not be responsible for any actual or alleged errors, omissions or representations made by any Medical Practitioner or in any First Opinion or for any consequences of actions taken or not taken in reliance thereon
- v. Any First Opinion provided under the Benefit shall not be valid for any medico-legal purposes.

2. Live Health Talk:

A unique offering where you can log in through your unique login ID on the Portal and schedule a live chat with a practicing doctor to discuss health problem.

3. Electronic Medical Record Management (EMRM):

Our Portal provides storage for all your medical documents and reports centrally in one location. With EMRM you may retrieve your medical documents at your convenience through the internet. This facility provides you easy accessibility of the documents anytime and anywhere in a secured way.

4. Fortnightly Newsletters:

Relevant and Crisp Fortnightly Publication on Health & Lifestyle Awareness would be available for you on the Portal.

19. Health 360°– We provide below listed benefits to ensure your Health & Wellness under this Policy by offering services & incentivizing rewards as mentioned below

A. Delight Healthcare: You can avail discounts on outpatient consultation, pharmaceuticals and Diagnostic tests through our empaneled Network Providers. The list of such Network Providers will be updated from time to time and can be obtained from Our website, mobile application or by calling Our call centre. We will assist in scheduling appointments for consultation and diagnostic tests at a time convenient to you. Alternatively you may also schedule the appointment by contacting the Network Provider or through the mobile application. You can avail these facilities as many number of times as wishes to avail.

In all cases the medical professional suggested by the Company shall act in a medical or legal capacity on behalf of You only. The Company assumes no responsibility for any medical advice given by the medical professional. You shall not have any recourse to the Company by reason of its suggestion of a medical professional or due to any legal or other determination resulting therefrom.

The services are on arrangement basis and utilizing these services from the Company's empaneled network provider would be at the discretion of the Insured member. You are responsible for the cost of services arranged by the Company on behalf of You or a covered Immediate Family member.

B. Concierge Healthcare: We offer integrated healthcare services inculcating the advancement in technology and with a member centric approach. You are provided individual access to our health portal which will be available at Our website and Mobile application where you can perform various healthcare activities

1. **Health Risk Assessment (HRA):** A pre-designed questionnaire will be available at Our website and Mobile application for doing your own Health Risk assessment. If the score depicts unhealthy status you will be guided with medical screening for improving your overall well-being.

The Health score will be driven basis the information provided in areas of Medical history, stress, diet and lifestyle which ranges from 1 to 100 enabling us to identify the need of Step 3 as mentioned hereunder.

2. Disease Management Program-

Those who get detected or get assessed as high risk in the HRA or are already suffering from chronic diseases, we offer variety of disease management programs. This service aims to help you to cope with disease and to show you ways of dealing with them in everyday life. The Disease management Program aim to improve your quality of life.

Following are the names of Disease Management programs.

- Asthma Management
- Pre-Diabetes / Diabetes Management
- Hypertension

- Heart Related Management
- Maternity Management
- Tropical Disease Management

Based on the Disease Management Program identified, we will assign a Health Coach for online Diet consultation & tracking mechanism, indulging you into physical activities, encouraging for meditation & breathing techniques at home or online counselling through our health portal/mobile application. Post your complete profile building done on online portal, health coach will interact with you as per health requirements

3. Dedicated Health Professional-

We will offers 24/7 live Health Chat via online Health portal and telephonic call service to discuss health and other various lifestyle related issues from expert panel of empaneled doctors and health professionals. The below services may be availed anytime during the policy period and there are no restrictions on the number of times the facility can be utilized.

- Ask Doctor – for basic health related conditions and medications
- Ask Nutritionist – for diet and nutrition considerations depending on lifestyle
- Ask Counselor – confidential counseling by professionals, crisis intervention etc.

4. Wellness Rewards-

We have kept a provision to Earn & Burn Rewards by way of ‘Wellness Reward Program’. The Rewards can be earned by performing various activities as listed below ‘Table 1. Wellness Reward’ upto the maximum limits as specified under every category and Burn it against array of our facilities provided as mentioned hereunder which would help you to improve your overall Health status whilst using the Rewards earned by you as follow.

Table 1 Wellness Reward: Earn

Sr. No.	Activities for Earning Wellness Rewards			Rewards/ unit earned by Individual	Max Rewards earned by Individual Per Policy Year
I	Solution to Sedentary Lifestyle	HRA outcome without any adverse report	Cover 2.5 to 3.5 lakhs steps in a month	100/month	500
		HRA Outcome of having Large waist size (> 40 inches)	Cover minimum 2 lakhs steps in a month	100/month	500
			Cover above 2 lakh steps in a month	150/month	1000
		Blood pressure for a known case of Hypertension	Blood Pressure is below or equal to - SBP:120-140 mm/Hg	150/month	500

			DBP: 80-90 mm/Hg SBP- Systolic Blood Pressure; DBP – Diastolic Blood Pressure		
		Blood sugar levels for a known case of Diabetes	HBA1C within normal limits ≤ 5.6	150/quarterly	500
		Lipid profile Level for a known case of Dyslipidemia	Lipid level are normal within range as applicable to the Laboratory	150/quarterly	500
		Body Mass Index (BMI) for a known case of High BMI Insured Person /s >=30 optimum BMI	BMI between 31 to 35 and reduce your BMI to the Optimum range	100/quarterly	200
			BMI between 35 to 39 and reduce your BMI to the optimum range	150/quarterly	300
			BMI between 40 to 42 and reduce your BMI to the optimum range	250/quarterly	500
II	Get active Rewards	Can be availed by providing attendance Register/letter/medal/trophies/BIB number (as applicable) from the respective facility provider.	Participate in professional sport events like Marathon/Cyclothon/Swimathon	100 /event	500
III	Online Screening	On completion of HRA on Health Portal/Mobile application	HRA Completion within a month from Policy Inception Date	200	200
	Prophylactic Screening	The Insured person (s) can earn wellness reward by undergoing the below listed medical tests at his own cost, irrespective of the results of screen tests performed.			
		Heart Related Monitoring	a. ECG	50/quarterly	100
			b. 2D echo/ TMT	100/quarterly	200
		Blood Sugar Monitoring	a. FBS & PPBS	50/quarterly	100
			b. HbA1C	75/quarterly	200
		Thyroid/Lipid Monitoring	a. TFT (Thyroid Function Test)	100/quarterly	200
b. Lipid Profile	100/quarterly		200		

		Tests for Female Insured Person	a. PAP Smear	200/quarterly	300
			b. USG Abdomen & Pelvis	150/quarterly	300
			c. Mammogram	250/quarterly	500
		Test For Male	a. Prostate Specific Antigen (PSA)	150/quarterly	300
			b. Any other test as suggested in Health Screening by Us.	150/quarterly	300
		IV	Family Rewards	Fit Kid (Age: 5-18 years) applicable only for a family floater plan insuring child. The Rewards are available for a child participating in the Sports at multiple levels. Can be availed by providing Sports Certificate provided by the School/State/National Sports authorities.	a. School level
b. State level	50/sport				100
c. National level	100/sport				200

You can Burn these accumulated Rewards whenever required against categories as mentioned in Table 2 Wellness Reward: Burn.

Table 2 Wellness Reward: Burn

Sr. No	Categories to Burn the Rewards
a.	The Insured Person (s) may redeem the reward points (as available) while paying the applicable discounted rates to the Network Provider for the facilities as mentioned under 'Health 360°: Delight Healthcare'.
b.	Dental Care except cosmetic treatment
c.	Cost of Vaccinations
d.	Cost of Spectacle Lenses
e.	Laser surgery for correction of refractory errors
f.	Any Hospitalizations which is Non-admissible as per the Policy terms and conditions as specified under 'In-patient Hospitalization'
g.	You can also redeem your Rewards against Claim of yours/your Family member/s who are insured with Us under any retail Health Indemnity product applicable in case their Sum Insured is exhausted and/or against any Non admissible expenses.
h.	Discount on premium while renewing your Policy

20. Stay Fit Perks - The Policy provides additional perk equivalent to the amount specified in the Policy Schedule after every two claim free Policy year renewals. The accumulated Stay fit perk can be utilized from third continuous Policy year renewal against any non-medical expenses for your admissible claim under In-patient Hospitalization cover

21. Renewal Health Check Up – All members covered under the Policy above 18 years of age is/are entitled to a annual health check-up on cashless basis, at our empaneled diagnostic centers irrespective of the claims history on every yearly renewal of this Policy. This is available for the individuals who were insured with Us for the above specified period and continue to be insured in the subsequent Policy Year.

Plan	Sum Insured (in Lakhs)	List of Investigations
Essential	10, 15, 20, 25, 30, 50	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, S. Cholesterol, SGPT, Creatinine, ECG
Optimum	10, 15, 20, 25, 30, 50	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, S. Cholesterol, SGPT, Creatinine, ECG
Optimum Plus	75, 100	Complete blood Count, Routine Urine Analysis, Blood group, ESR, Fasting Blood Sugar, Lipid profile, Kidney Function Test, Medical Examination, ECG

22. Cumulative Bonus / Discount in Renewal Premium - This Policy provides for auto increase in Basic Sum Insured by 10% of the Basic Sum Insured for every Policy year up to a maximum of 100% of the Basic Sum Insured or Avail 2.25% discount on Renewal Premium for claim free renewal.

23. Change in Plan/Enhancement of Basic Sum Insured – You may change your Plan or enhanced your Basic Sum Insured at the time of renewal of the Policy in case of no claim having been lodged/paid under the earlier policy and as per the board approved underwriting policy of the Company.. In all such case of increase in the Basic Sum Insured and/or Policy covers, waiting period will apply afresh in relation to the amount and/or covers by which the Basic Sum Insured has been enhanced and/or Policy Plan has been changed.

24. Emergency Assistance Services - The below services will be available when the you are more than 150 kilometers away for the continuous no. of days not beyond 90 days, within Indian territory, from your residential address as provided in the Proposal Form. The services would be provided by us /through our appointed Service provider, with prior intimation and acceptance by us and can be availed anytime during the policy period on Cashless basis and there are no restrictions on the number of times the facility can be utilized. We/ our Service provider completely arranges and pays reasonable and customary expenses towards assistance services without limits on the covered cost

- i. **Medical Consultation, Evaluation and Referral**- In case of any emergency situation, We/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals. The Company shall arrange the appointment with the medical consultant however, the consultation fees will be borne by the Insured Person.

- ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitor appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.
- iii. **Emergency Medical Evacuation-** If you fall ill or been injured in an area where appropriate care is not available, We /via Service Provider at our expense will intervene and use available transportation equipment and personnel necessary to evacuate you safely to the nearest facility for a higher medical care . Such emergency medical evacuation would be done either by ground or air solely at the discretion of the Company.
Emergency Air Ambulance Charges: The Company will arrange Air Ambulance services on Cashless basis provided that:
 - a) The treating Medical practitioner certifies in writing that the severity or nature of the Insured Persons illness or injury warrants the Insured Persons requirement for Air Ambulance
 - b) The transportation expenses under this benefit include transportation from one Hospital to another Hospital for the purpose of providing a high standard of medical care to the Insured Person following a Medical Emergency.
- iv. **Compassionate Visit:** When you are travelling alone & hospitalized for more than seven (7) consecutive days, we will provide for a family member or a friend to travel to visit you, by providing economy, round-trip, common carrier or an appropriate means of transportation to the place of hospitalization.

25. Coverage for Modern Treatments:

The following procedures will be covered (wherever medically indicated) either as in patient or as part of domiciliary hospitalization or as day care treatment in a hospital upto 50% of Sum Insured, specified in the policy schedule, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. BronchicalThermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

OPTIONAL COVER(S)

The Optional covers shall be available only if the same is specifically mentioned your Policy Schedule and available on payment of additional premium as applicable.

1. **Cumulative Bonus Enhancer** - The Cumulative Bonus can be enhanced by 25% of the Basic Sum Insured at every claim free Policy Year renewal maximum upto 150% of the Basic Sum Insured.
2. **Out Patient Treatment (OPD) Cover** – Covers Out Patient treatment expenses incurred by you on Individual limit basis during the Policy Year and will be payable if you consult a specialist consultant/specialist medical practitioner on Outpatient basis for the illness/injury contracted during the policy period and if prescribed from the treating specialist consultant/specialist medical practitioner
3. **Critical illness & Personal Accident cover** – It allows you to select a package of Critical illness & Personal Accident cover on Individual Sum Insured basis. The Sum insured opted here is separate for both the covers and does not include to your Basic Sum Insured stated in your Policy Schedule.

Section 1. Critical Illness Cover: We will pay the Sum Insured on a lump sum basis on occurrence of bellow mentioned Illnesses/ procedures or medical events:

- i. Cancer of Specified Severity;
- ii. Kidney Failure requiring regular Dialysis
- iii. Multiple sclerosis with persisting symptoms
- iv. Major Organ / Bone Marrow Transplant;
- v. Open Heart Replacement or Repair of Heart Valves;
- vi. Open Chest CABG
- vii. Stroke Resulting in Permanent Symptoms;
- viii. Permanent Paralysis of Limbs;
- ix. Myocardial Infarction (First Heart Attack of Specified Severity)

Section 2.1 Personal Accident Cover: We will pay the Capital Sum Insured opted for this cover on occurrence of below mentioned events:

- i) **Accidental Death:** 100% of the Capital Sum Insured is payable if you met with an Accident during the policy period and this is the sole and direct cause of your death within 12 months of such accidental Bodily Injury sustained.
- ii) **Permanent Total Disability:** 100% of the Capital Sum Insured is payable if you met with an Accident during the policy period and this is the sole and direct cause of your Permanent Total Disability in one of the ways detailed in the table below, within 12 months of such accidental Bodily Injury sustained

Permanent Total Disability – Table of Benefits
Loss of:
Limbs (both hands or both feet or one hand and one foot)
Loss of a limb and an eye
Complete and irrecoverable loss of sight of both eyes

Complete and irrecoverable loss of speech & hearing of both ears

In this benefit

- a) Limb means a hand at or above the wrist or a foot above the ankle.
- b) Loss of Limb means physical separation of a limb above the wrist or ankle respectively

In case of physical severance of Limbs, waiting period of 180 days shall not be applicable and the claim would be payable immediately subject to admission of claim as per the Policy terms and conditions and submission of all necessary documents / information and any other additional information required for the settlement of the claim.

- iii) Permanent Partial Disablement: We will pay the percentage of the Capital Sum Insured if you met with an Accident during the Policy period and this is the sole and direct cause of your Permanent Partial Disability in one of the ways detailed in the table below, within 12 months of such accidental Bodily Injury sustained

Permanent Partial Disability - Table of Benefits	
Loss of	% of CSI
Each arm at shoulder	70%
Each arm to a point above elbow joint	65%
Each arm to a point below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%
Any other Permanent Partial Disability	% as assessed by Registered medical practitioner

The compensation under more than one event as stated above, for same period of disability shall not exceed the Capital Sum Insured stated under this cover.

In case of multiple claims under Permanent Partial Disability arising due to multiple events during the Policy period, the total claim payable amount shall not exceed the Capital Sum Insured stated under this cover.

Section 2.2 Adventure Sports Cover: If you met with an Accident while engaging in an adventure sport carried out in accordance with the guidelines, codes of good practice and recommendations for safe practices as laid down by a governing body or authority during the Policy Period and this is the sole and direct cause of your Death or Permanent total disability or Permanent partial disability in one of the ways then we will pay up to the Sub Limit specified in the Policy Schedule forming part of the Capital Sum Insured and shall be payable in accordance with the Table as mentioned above under Section 2.1. Personal Accident cover, provided that:

The following exclusions listed under Part IV. 35 General Exclusion will stand deleted for this Option:

Treatment/loss required arising from Insured Person's participation in scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports.

Section 2.3. Risk Categorization

Risk Group I: Doctors, Lawyers, Accountants, Architects, Consulting engineers, Teachers, Bankers, Builders, Contractors, Engineers on site engaged in superintending functions only, Veterinary Doctors, business owners wherein the business is not dealing in hazardous goods or not involving manual labor, Persons engaged in clerical functions & administrative functions and such other persons engaged in occupations of similar hazard listed above.

Risk Group II: Professional Athletics & Sportsmen, Wood working Machinists, Workers, Mechanics, Drivers, Manual laborers (except those falling under Group III) & such other persons engaged in occupation of similar hazard listed above.

Risk Group III: Persons working in underground mines, explosives, magazines, workers involved in electrical installation with high tension supply, demolition workers, Jockeys, Circus personnel, Persons engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, skiing, ice hockey, ballooning, hand gliding, river rafting, polo, persons working as Air Crew and Ship Crew, and such other persons engaged in occupation of similar hazard listed above.

- 4. Worldwide coverage –** Covers emergency medical expenses incurred outside India, during the Policy Year, provided that.
- i.** You are outside India for the purpose other than undergoing medical treatment/procedure
 - ii.** Any illness, medical event or surgical procedure for which the Hospitalization has occurred, which was first diagnosed whilst you are outside India.
 - iii.** The treatment is Medically Necessary and has been certified by a Medical Practitioner as an Emergency care which cannot be deferred till the date of your return to India.
 - iv.** The Emergency Medical Expenses incurred during In-patient Hospitalization only shall be covered.
 - v.** Any payments under this benefit will only be made in India, in Indian Rupees and on reimbursement basis.

EXCLUSIONS

The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:

i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI)

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 or 24 months as per the Plan mentioned in the Policy schedule of continuous coverage after the date of inception of the first policy with Us.
- b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to be extent of prior coverage.
- d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by the Insurer.

2. Specified disease/procedure waiting period- Code- Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below mentioned months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures

Sr. No	First Year (12 months) Waiting Period	Two Year (24 months) Waiting Period	Three Year (36 months) Waiting Period
1.	Cataract	Calculus diseases of Gall bladder and Urogenital system	Surgical Treatment of Obesity
2.	Benign Prostatic Hypertrophy	Joint Replacement due to Degenerative condition,	Infertility Treatment
3.	Hernia	Surgery for prolapsed inter vertebral disc unless arising from accident	
4.	Hydrocele	Age related Osteoarthritis and Osteoporosis	
5.	Fistula in anus	Spondylosis / Spondylitis	

6.	Piles	Surgery of varicose veins and varicose ulcers.	
7.	Sinusitis and related disorders	Treatment for correction of eye sight (laser surgery) due to refractive error	
8.	Fissure		
9.	Gastric and Duodenal ulcers		
10.	Gout and Rheumatism		
11.	Internal tumors, cysts, nodules, polyps , breast lumps (unless malignant)		
12.	Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus		
13.	Polycystic ovarian diseases		
14.	Skin tumors (unless malignant)		
15.	Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty		
16.	Dilatation and Curettage (D&C);		
17.	Congenital Internal Diseases		
<p>*The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.</p>			

3. **30-day waiting period- Code- Excl03**

- a) 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.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

4. Investigation & Evaluation – Code-Excl04

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

5. 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.

6. 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 Type 2 Diabetes

7. 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. 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

9. Breach of law: Code- Excl 10

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

10. 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.

11. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl 12**

12. 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 - Excl 13**

13. 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-Excl 14**

14. 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.

ii. Specific Exclusions (Exclusions other than those mentioned under E(i) above)

1. 90 days Waiting Period Exclusion: A waiting period of 90 days from the commencement date of the first Policy will apply to Critical Illness (es) contracted requiring Hospitalization
2. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
3. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.
4. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
5. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.
6. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.

7. External Congenital Anomaly.
8. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident
9. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.
10. Treatment received outside India unless specifically mentioned in your policy schedule.
11. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.
12. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.
13. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
14. Personal comfort and convenience items or services, TV (wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
15. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or deathIn addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.
16. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products.

17. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.

1. Special Exclusions applicable to Optional Cover ‘ Personal Accident Cover’ Section 2. Of Part III. Of the Policy cover –

In addition the General Exclusions listed above the Policy shall not cover following unless expressly stated to the contrary elsewhere in this Policy:

- i. Any claim in respect of accidental death or accidental injury caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
- ii. In the event the Insured Person is a victim of culpable homicide, i.e. where he dies due to act committed against him, which act is committed with the intention of causing death or with the intention of causing accidental injury as is likely to cause death, or with the knowledge that such act is likely to cause death.
- iii. driving any vehicle without a valid driving licence
- iv. whilst engaging as a driver, co-driver or passenger of a vehicle engaging in speed contest or racing of any kind or participating in a trail run.

MORATORIUM PERIOD

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

PREMIUM ON INSTALLMENT BASIS

If the insured person has opted for payment of premium on an installment basis i.e. Half Yearly, Quarterly or Monthly as mentioned in the certificate of insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy). This facility needs to be opted before inception of the policy and opting ECS/SI payment mode.

- i. The grace period of fifteen days (where premium is paid in monthly installments) and thirty days (where premium is paid in quarterly/half-yearly/annual installments) is available on the premium due date, is available to the policyholder to pay the premium.
- ii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
- iii. If the policy is renewed during grace period, all the credits (Sum Insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.

- iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vi. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Given below are the payment terms applicable on standard premiums in case of installments.

Installment Frequency	% of Annual Premium
Half Yearly	51%
Quarterly	26%
Monthly	8.75%

DISCOUNTS AND LOADINGS

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured and coverage sought:

Discounts:

1. Family Discount: A Family discount of 10% will be given if 2 or more family members are covered on Individual Sum Insured basis and is available to each member under the policy.
2. Multi-year Policy Discount: A discount of 7.5% will be given on selection of 2 year tenure policies.
Employee discount: A discount of 10% will be given if the Insured/ Insured person is an Employee on roll of the Company at start date of the Policy. Such discount is applicable to his/hers family members insured in the same policy on Individual / Family floater basis.
3. Discount in Renewal Premium - Avail 2.25% discount on Renewal Premium for claim free renewal.in the lieu of CB

Above discounts are available at the time of first policy issuance as well as on renewal of this policy with Us.

Loadings:

We **may** apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed 100% per diagnosis / medical condition and an overall risk loading of over 200% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will not apply any additional loading on your policy premium at renewal based on claim experience.

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

RENEWAL BENEFITS

1. **Lifelong** Policy Renewal without any exit Age
2. **Grace Period** - Grace Period of 30 days for renewing the Policy is provided under this Policy
3. **Waiting Period** - The waiting periods mentioned in the Policy wording will get reduced by 1 year on every continuous renewal of your Policy.
4. **Sum Insured Enhancement** - Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy and approval by the Company
5. **Change in Plan/Optional Cover/ Installment Premium frequency:** Change in Plan or change in 'Optional Cover' can be done at Renewal subject to acceptance by the Company.
6. **Cumulative Bonus / Discount in Renewal Premium:** Auto increase in Sum Insured by 10% for every year up to maximum of 100% or Avail discount on Premium for claim free renewal, if the Policy is renewed without any break.
Increased Cumulative Bonus up to 150% under 'Optional Cover' as opted specifically under the Policy.
7. **Health check** up on cashless basis on every renewal: facility for the member above 18 years of age is available irrespective of the claims history, as per the pre-defined Investigations package.
8. **Stay Fit Perk:** Your two claim free Policy year renewals would provide you Rewards under 'Stay Fit Perk' which can be utilized against claim deduction made towards non-medical expenses which are the standard exclusions as otherwise

Any revision or modification in a Policy which is approved by the Authority shall be notified to each policy holder at least three months prior to the date when such revision or modification comes into effect.

CONTINUITY BENEFITS

a. Migration

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

b. 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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

- c. **Dependent child/children:** covered with Us under Family Floater shall have the option to continue renewal by migrating to a suitable policy at the end of the specified exit age. Due credit for continuity in respect of the previous policy period will be allowed provided the earlier policies have been maintained without a break.

CANCELLATION/ TERMINATION

- (i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall
- refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
 - refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
 - In case of Installment policy, Policy will be cancelled with Proportionate premium refund for unexpired policy period if there is no claim made during the policy period.
- (ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

Cancellation Grid	Time period	Claim Status	One Year -Single payment /Instalment policy	2 Years Policy tenure -Single payment /Instalment policy
Free Look Period (Risk not commenced)	Upto30 days	Nil	Full refund less medical examination of insured person and the stamp duty charges	
Free Look Period (Risk commenced)	Upto30 days	Nil	Proportionate refund for unexpired policy period	
Pro rate (Risk commenced)	Beyond 30 days	Nil	Proportionate refund for unexpired policy period	

In the event of the death of the Insured Person/s during the currency of the Policy, due to any reason and subject to there being no claim reported under the Policy, the Policy would cease to operate and the nominee/legal heir would be entitled to a refund in premium from the date of death to the expiry of policy and such refund would be governed by the provisions relating to the Cancellation by Insured / Insured Person/s as specified above. In case of a family floater, upon the death of the Policy holder, this Policy shall continue till the end of the Policy Period. If the other Insured Person/s wish to continue with the same Policy, the Company will renew the Policy subject to the appointment of an Insured.

WITHDRAWAL OF PRODUCT

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

PRE-POLICY HEALTH CHECK UP (PPC)

The PPC tests grid as mentioned below is based on the Sum Insured and age band of the member to be insured under the Policy. The grid may be subject to change based on the Company policy in future. The result of these tests will be valid for a period of 3 months from the date of tests.

The Pre-Policy Check Up will be carried out at our network list of diagnostic centres as available on our website.

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.

If the proposal is accepted we shall refund 50% of the health check-up cost (on our pre agreed rates with the network provider).

Age(Yrs)/Sum Insured	10 to 25 Lakhs	30 to 100 Lakhs	Cost borne
18 – 35	Nil	Pack 2 ME, CBC, HBA1C, ECG, Sr. Cholesterol, Triglycerides	50% borne by Us for accepted cases.
36-45	Pack 1-ME, CBC, FBS, ECG, RUA, Sr. Cholesterol, Triglycerides	Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT	50% borne by Us for accepted cases.
46-55	Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT	Pack 4-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females),	50% Borne by Us for accepted cases
56-60	Pack 3-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT	Pack 5-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females), Mammogram (female), PAP smear (female), RUA	50% Borne by Us for accepted cases
>61	Pack 4-ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd (females)		50% Borne by Us for accepted cases

ME= Medical Examination (report), CBC=Complete Blood Count, ECG=Electro Cardio Gram, FBS=Fasting Blood Sugar, RUA=Routine Urine Analysis, Sr. Cholesterol= Serum Cholesterol, Sr. Creat=Serum Creatinine, HbA1c= Glycosated Haemoglobin, TMT=Tread Mill Test, PSA=Prostate Specific Antigen, USG=Ultra Sono Gram

Wherever any pre-existing disease or any other adverse medical history is declared for any member, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of the member's age.

CLAIM PROCESS AND MANAGEMENT

a) Notification of Claim:

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured Person/s shall give immediate notice to the TPA named in the Policy/Health Card or the Company by calling toll-free number as specified in the Policy/Health Card or in writing to the address shown in the Schedule with Particulars below:

- i. Policy Number / Health Card No
- ii. Name of the Insured / Insured Person availing treatment
- iii. Details of the disease/illness/injury
- iv. Name and address of the Hospital
- v. Any other relevant information

Intimation must be given at least 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency hospitalization.

All claim related documents needs to be submitted within 7 days from the date of completion of treatment or - as mentioned in the policy schedule.

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 Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within 30 working days of receipt of the last required documents.

b) Claim Procedure

- 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.

- i. 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-Authorization letter to the health care service provider.
- ii. For the purpose of considering Pre-Authorization and Cashless facility, the Insured Person/s 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-Authorization 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-Authorization.

- iii. 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.
 - iv. 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.
- 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 within 15 days of discharge from the hospital the following:
- 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
 - ix. Any additional documents or information, as relevant to the claim as may be deemed necessary by the Company or TPA to ascertain the admissibility of the claim.

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. 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.

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.

Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the Company, including any payment towards such Taxes shall in no case exceed the Basic Sum Insured opted.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.

c) INDICATIVE CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

➤ **In-patient Treatment /Day Care Procedures**

1. Duly filled and signed Claim Form.
2. Photocopy of ID card / Photocopy of current year policy.
3. Original Detailed Discharge Summary / Day care summary from the hospital.
4. Original consolidated hospital bill with bill no and break up of each Item, duly signed by the insured.
5. Original payment Receipt of the hospital bill with receipt number
6. First Consultation letter and subsequent Prescriptions.
7. Original bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test.
8. Copy of Indoor cases papers and other medical records as applicable for claim
9. Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
10. Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
11. Original medicine bills and receipts with corresoOPD
12. nding Prescriptions.
13. Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.
14. Hospital Registration Number and PAN details from the Hospital
15. Doctors registration Number and Qualification from the doctor
16. Photo ID and Address proof of policy holder and patient
17. Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
18. C-KYC form for claims above 1 lac

➤ **OPD Treatment**

1. Duly filled and signed Claim Form
2. Photocopy of ID card / Photocopy of current year policy
3. Consultation letter and subsequent Prescriptions.
4. Original bills, original payment receipts
5. In case of a Claim towards Physiotherapy, need to be supported by a prescription from the treating specialist consultant/specialist medical practitioner as a medically necessary treatment

➤ **Road Traffic Accident**

In addition to the In-patient Treatment documents:

1. Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate.
2. In Non Medico legal cases
3. Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained)
4. In Accidental Death cases
5. Copy of Post Mortem Report (if conducted) & Death Certificate

➤ **For Death Cases**

In addition to the In-patient Treatment documents:

1. Original Death Summary from the hospital.
2. Copy of the Death certificate from treating doctor or the hospital authority.
3. Copy of the Legal heir certificate, if the claim is for the death of the principle insured.

➤ **Pre and Post-hospitalization expenses**

1. Duly filled and signed Claim Form.
2. Photocopy of ID card / Photocopy of current year policy.
3. Original Medicine bills, original payment receipt with prescriptions.
4. Original Investigations bills, original payment receipt with prescriptions and report.
5. Original Consultation bills, original payment receipt with prescription.
6. Copy of the Discharge Summary of the main claim.

➤ **Ambulance Benefit**

1. Duly filled and signed Claim Form.
2. Photocopy of ID card / Photocopy of current year policy.
3. Original Bill with Original Payment Receipt.
4. Treating Doctor's consultation prescription indicating Emergency Hospitalization.

➤ **Reimbursement of Organ Donor Expenses**

In addition to the documents of general hospitalization

1. Organ Function test / blood test proving organ failure.
2. Treatment Certificate issued by the Transplant Surgeon of the hospital concerned.

➤ **Hospital Cash Allowance**

Same as In-patient Hospitalization treatment

➤ **Restoration/Reinstatement of the Sum Insured**

Same as In-patient Hospitalization treatment

➤ **Nursing Allowance**

In addition to the In-patient Treatment documents:

1. Duly signed prescription for Private Nursing requirement and its necessity from the treating Medical Practitioner
2. Original Bill with Original Payment Receipt of Nursing charges from the utilized Nursing Burrow/Private Nurse

➤ **Maternity benefit**

In addition to the In-patient Treatment documents:

1. ANC records of Patient
2. Obstetric history of patient

➤ **Critical Illness Benefit**

1. Duly filled and signed claim form
2. Photocopy of current year policy
3. Copy of Discharge summary if any
4. Medical certificate for the duration of illness
5. A medical certificate confirming the diagnosis of critical illness from a doctor not qualified less than MD / MS
6. Investigation reports / other related documents reflecting the critical illness diagnosis

7. First consultation letter and subsequent prescription
8. Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook

➤ **Personal Accident Benefit**

Death

1. Duly Completed Personal Accident Insurance Policy Claim Form signed by Nominee.
2. Copy of address proof (Ration card or electricity bill copy).
3. Attested copy of Death Certificate.
4. Burial Certificate (wherever applicable)
5. Attested copy of Statement of Witness, if any lodged with police authorities.
6. Attested copy of FIR / Panchanama / Inquest Panchanama.
7. Attested copy of Post Mortem Report (only if conducted).
8. Attested copy of Viscera report if any(Only if Post Mortem is conducted).
9. Claim form with NEFT details
10. Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
11. Original Policy copy

Permanent Partial /Total Disablement /Temporary Total Disability

1. Duly Completed Personal Accident Insurance Policy Claim Form signed by insured.
2. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability.
3. Attested copy of FIR.
4. All X-Ray / Investigation reports and films supporting to disablement.
5. Claim form with NEFT details
6. Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook
7. Original Policy copy.

➤ **Extended Policy Tenure**

1. Proof of travel outside the Country specifying a period more than 15 days consecutively.

We may call for additional documents/ information as relevant to the claim.

Applicable to all claims under the Policy:

- a. In the event of the 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.
- b. If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- c. If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.

- d. The Policy - excludes the Standard List of excluded items - attached in the Policy document.
- e. All claims will be settled in accordance with the relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.
- f. No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy

FREE LOOK CANCELLATION

The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.

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

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

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer'. Violations of Section 41 of the Insurance Act 1938, as amended, shall be - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

BENEFIT SCHEDULE

As annexed.

PREMIUM RATE CHART

As annexed.

PREMIUM CALCULATION STEPS

HEALTHPRIME CONNECT- Premium calculation 3 Variants

All Values in INR

	Sample 1			Sample 2			Sample 3		
No. of Members	1			1			1		
Plan Opted	Essential			Optimum			Optimum Plus		
Sum Insured	20 Lakhs			50 Lakhs			1cr		
Policy Tenure	1 year			1 year			1 year		
Policy Type	Individual			Individual			Individual		
Age of Member	40 years			40 years			40 years		
Payment Frequency	Single Premium			Single Premium			Single Premium		
Coverage Details	Premium			Premium			Premium		
Rate chart Premium	12,205			21,162			25,538		
Family Floater Discount	NA		-	NA		-	NA		-
Optional Covers	Y/N/NA		Premium	Y/N/NA		Premium	Y/N/NA		Premium
CI & PA Cover	NA			Yes	500000 with PA @100%	2,641	Yes	1000000 with PA @100%	5,282
Worldwide Cover	NA			Yes		1,830	Yes		2,084
OPD Cover	NA			Yes	OPD Cover Benefit =30,000	13,158	Yes	OPD Cover (Benefit = 30,000)	13,158
Cumulative Bonus Enhancer	NA			Yes	5%	1149.60	Yes	5%	1381.10
Base Premium (In Rs)			12,205			39,941			47,443
Discounts									
Family Discount	No	0%	-	NA	0%	-	NA	0%	-
Employee Discount	Yes	10%	(1,220.47)	No	0%	-	No	0%	-

Long Term Policy Discount	No	0%	-	No	0%	-	NA	0.0%	-
Total Discount (In Rs)			(1,220)			-			-
Loadings									
Sub Standard Risk Loading		0%	0.00		0%	0		0%	0
Total Premium Payable Without GST			10,984			39,941			47,443

LIST OF DAY CARE PROCEDURES/TREATMENTS

Day Care Procedures/Treatments include the following Day Care Surgeries & Day Care Treatments and can include other Day Care procedures or surgery or treatment undertaken by the Insured Person as an inpatient for less than 24 hours in a Hospital or standalone day care centre but not in the Outpatient department of a Hospital:

ENT

- 1 Stapedotomy
- 2 Myringoplasty(Type I Tympanoplasty)
- 3 Revision stapedectomy
- 4 Labyrinthectomy for severe Vertigo
- 5 Stapedectomy under GA
- 6 Ossiculoplasty
- 7 Myringotomy with Grommet Insertion
- 8 Tympanoplasty (Type III)
- 9 Stapedectomy under LA
- 10 Revision of the fenestration of the inner ear.
- 11 Tympanoplasty (Type IV)
- 12 Endolymphatic Sac Surgery for Meniere's Disease
- 13 Turbinectomy
- 14 Removal of Tympanic Drain under LA
- 15 Endoscopic Stapedectomy
- 16 Fenestration of the inner ear
- 17 Incision and drainage of perichondritis
- 18 Septoplasty
- 19 Vestibular Nerve section
- 20 Thyroplasty Type I
- 21 Pseudocyst of the Pinna - Excision
- 22 Incision and drainage - Haematoma Auricle
- 23 Tympanoplasty (Type II)
- 24 Keratosis removal under GA
- 25 Reduction of fracture of Nasal Bone
- 26 Excision and destruction of lingual tonsils
- 27 Conchoplasty
- 28 Thyroplasty Type II
- 29 Tracheostomy
- 30 Excision of Angioma Septum
- 31 Turbinoplasty
- 32 Incision & Drainage of Retro Pharyngeal Abscess
- 33 Uvulo Palato Pharyngo Plasty
- 34 Palatoplasty
- 35 Tonsillectomy without adenoidectomy
- 36 Adenoidectomy with Grommet insertion
- 37 Adenoidectomy without Grommet insertion

- 38 Vocal Cord lateralisation Procedure
- 39 Incision & Drainage of Para Pharyngeal Abscess
- 40 Transoral incision and drainage of a pharyngeal abscess
- 41 Tonsillectomy with adenoidectomy
- 42 Tracheoplasty

Ophthalmology

- 43 Incision of tear glands
- 44 Other operation on the tear ducts
- 45 Incision of diseased eyelids
- 46 Excision and destruction of the diseased tissue of the eyelid
- 47 Removal of foreign body from the lens of the eye.
- 48 Corrective surgery of the entropion and ectropion
- 49 Operations for pterygium
- 50 Corrective surgery of blepharoptosis
- 51 Removal of foreign body from conjunctiva
- 52 Biopsy of tear gland
- 53 Removal of Foreign body from cornea
- 54 Incision of the cornea
- 55 Other operations on the cornea
- 56 Operation on the canthus and epicanthus
- 57 Removal of foreign body from the orbit and the eye ball.
- 58 Surgery for cataract
- 59 Treatment of retinal lesion
- 60 Removal of foreign body from the posterior chamber of the eye

Oncology

- 61 IV Push Chemotherapy
- 62 HBI-Hemibody Radiotherapy
- 63 Infusional Targeted therapy
- 64 SRT-Stereotactic Arc Therapy
- 65 SC administration of Growth Factors
- 66 Continuous Infusional Chemotherapy

67 Infusional Chemotherapy
 68 CCRT-Concurrent Chemo + RT
 69 2D Radiotherapy
 70 3D Conformal Radiotherapy
 71 IGRT- Image Guided Radiotherapy
 72 IMRT- Step & Shoot
 73 Infusional Bisphosphonates
 74 IMRT- DMLC
 75 Rotational Arc Therapy
 76 Tele gamma therapy
 77 FSRT-Fractionated SRT
 78 VMAT-Volumetric Modulated Arc Therapy
 79 SBRT-Stereotactic Body Radiotherapy
 80 Helical Tomotherapy
 81 SRS-Stereotactic Radiosurgery
 82 X-Knife SRS
 83 Gammaknife SRS
 84 TBI- Total Body Radiotherapy
 85 intraluminal Brachytherapy
 86 Electron Therapy
 87 TSET-Total Electron Skin Therapy
 88 Extracorporeal Irradiation of Blood Products
 89 Telecobalt Therapy
 90 Telescesium Therapy
 91 External mould Brachytherapy
 92 Interstitial Brachytherapy
 93 Intracavity Brachytherapy
 94 3D Brachytherapy
 95 Implant Brachytherapy
 96 Intravesical Brachytherapy
 97 Adjuvant Radiotherapy
 98 Afterloading Catheter Brachytherapy
 99 Conditioning Radiotherapy for BMT
 100 Extracorporeal Irradiation to the Homologous Bone grafts
 101 Radical chemotherapy
 102 Neoadjuvant radiotherapy
 103 LDR Brachytherapy
 104 Palliative Radiotherapy
 105 Radical Radiotherapy
 106 Palliative chemotherapy
 107 Template Brachytherapy
 108 Neoadjuvant chemotherapy
 109 Adjuvant chemotherapy
 110 Induction chemotherapy
 111 Consolidation chemotherapy
 112 Maintenance chemotherapy
 113 HDR Brachytherapy

Plastic Surgery

114 Construction skin pedicle flap
 115 Gluteal pressure ulcer-Excision
 116 Muscle-skin graft, leg
 117 Removal of bone for graft
 118 Muscle-skin graft duct fistula
 119 Removal cartilage graft
 120 Myocutaneous flap
 121 Fibro myocutaneous flap
 122 Breast reconstruction surgery after mastectomy
 123 Sling operation for facial palsy
 124 Split Skin Grafting under RA
 125 Wolfe skin graft
 126 Plastic surgery to the floor of the mouth under GA

Urology

127 AV fistula - wrist
 128 URSL with stenting
 129 URSL with lithotripsy
 130 Cystoscopic Litholapaxy
 131 ESWL
 132 Haemodialysis
 133 Bladder Neck Incision
 134 Cystoscopy & Biopsy
 135 Cystoscopy and removal of polyp
 136 Suprapubic cystostomy
 137 percutaneous nephrostomy
 139 Cystoscopy and "SLING" procedure.
 140 TUNA- prostate
 141 Excision of urethral diverticulum
 142 Removal of urethral Stone
 143 Excision of urethral prolapse
 144 Mega-ureter reconstruction
 145 Kidney renoscopy and biopsy
 146 Ureter endoscopy and treatment
 147 Vesico ureteric reflux correction
 148 Surgery for pelvi ureteric junction obstruction
 149 Anderson hynes operation
 150 Kidney endoscopy and biopsy
 151 Paraphimosis surgery
 152 injury prepuce- circumcision
 153 Frenular tear repair
 154 Meatotomy for meatal stenosis
 155 surgery for fournier's gangrene scrotum

- 156 surgery filarial scrotum
- 157 surgery for watering can perineum
- 158 Repair of penile torsion
- 159 Drainage of prostate abscess
- 160 Orchiectomy
- 161 Cystoscopy and removal of FB

Neurology

- 162 Facial nerve physiotherapy
- 163 Nerve biopsy
- 164 Muscle biopsy
- 165 Epidural steroid injection
- 166 Glycerol rhizotomy
- 167 Spinal cord stimulation
- 168 Motor cortex stimulation
- 169 Stereotactic Radiosurgery
- 170 Percutaneous Cordotomy
- 171 Intrathecal Baclofen therapy
- 172 Entrapment neuropathy Release
- 173 Diagnostic cerebral angiography
- 174 VP shunt
- 175 Ventriculoatrial shunt

Thoracic surgery

- 176 Thoracoscopy and Lung Biopsy
- 177 Excision of cervical sympathetic Chain
Thoracoscopic
- 178 Laser Ablation of Barrett's oesophagus
- 179 Pleurodesis
- 180 Thoracoscopy and pleural biopsy
- 181 EBUS + Biopsy
- 182 Thoracoscopy ligation thoracic duct
- 183 Thoracoscopy assisted empyema drainage

Gastroenterology

- 184 Pancreatic pseudocyst EUS & drainage
- 185 RF ablation for barrett's Oesophagus
- 186 ERCP and papillotomy
- 187 Esophagoscope and sclerosant injection
- 188 EUS + submucosal resection
- 189 Construction of gastrostomy tube
- 190 EUS + aspiration pancreatic cyst
- 191 Small bowel endoscopy (therapeutic)
- 192 Colonoscopy ,lesion removal
- 193 ERCP
- 194 Colonoscopy stenting of stricture
- 195 Percutaneous Endoscopic Gastrostomy
- 196 EUS and pancreatic pseudo cyst drainage

- 197 ERCP and choledochoscopy
- 198 Proctosigmoidoscopy volvulus detorsion
- 199 ERCP and sphincterotomy
- 200 Esophageal stent placement
- 201 ERCP + placement of biliary stents
- 202 Sigmoidoscopy w / stent
- 203 EUS + coeliac node biopsy

General Surgery

- 204 infected keloid excision
- 205 Incision of a pilonidal sinus / abscess
- 206 Axillary lymphadenectomy
- 207 Wound debridement and Cover
- 208 Abscess-Decompression
- 209 Cervical lymphadenectomy
- 210 infected sebaceous cyst
- 211 Inguinal lymphadenectomy
- 212 Incision and drainage of Abscess
- 213 Suturing of lacerations
- 214 Scalp Suturing
- 215 infected lipoma excision
- 216 Maximal anal dilatation
- 217 Piles
 - A)Injection Sclerotherapy
 - B)Piles banding
- 218 liver Abscess- catheter drainage
- 219 Fissure in Ano- fissurectomy
- 220 Fibroadenoma breast excision
- 221 Oesophageal varices Sclerotherapy
- 222 ERCP - pancreatic duct stone removal
- 223 Perianal abscess I&D
- 225 Fissure in ano sphincterotomy
- 226 UGI scopy and Polypectomy oesophagus
- 227 Breast abscess I& D
- 228 Feeding Gastrostomy
- 229 Oesophagoscopy and biopsy of growth
oesophagus
- 230 UGI scopy and injection of adrenaline,
sclerosants
- bleeding ulcers
- 231 ERCP - Bile duct stone removal
- 232 Ileostomy closure
- 233 Colonoscopy
- 234 Polypectomy colon
- 235 Splenic abscesses Laparoscopic Drainage
- 236 UGI SCOPY and Polypectomy stomach
- 237 Rigid Oesophagoscopy for FB removal
- 238 Feeding Jejunostomy

239 Colostomy
 240 Ileostomy
 241 colostomy closure
 242 Submandibular salivary duct stone removal
 243 Pneumatic reduction of intussusception
 244 Varicose veins legs - Injection sclerotherapy
 245 Rigid Oesophagoscopy for Plummer vinson syndrome
 246 Pancreatic Pseudocysts Endoscopic Drainage
 247 ZADEK's Nail bed excision
 248 Subcutaneous mastectomy
 249 Excision of Ranula under GA
 250 Rigid Oesophagoscopy for dilation of benign Strictures
 251 Eversion of Sac
 a) Unilateral
 b) Bilateral
 252 Lord's plication
 253 Jaboulay's Procedure
 254 Scrotoplasty
 255 Surgical treatment of varicocele
 256 Epididymectomy
 257 Circumcision for Trauma
 258 Meatoplasty
 259 Intersphincteric abscess incision and drainage
 260 Psoas Abscess Incision and Drainage
 261 Thyroid abscess Incision and Drainage
 262 TIPS procedure for portal hypertension
 263 Esophageal Growth stent
 264 PAIR Procedure of Hydatid Cyst liver
 265 Tru cut liver biopsy
 266 Photodynamic therapy or esophageal tumour and Lung tumour
 267 Excision of Cervical RIB
 268 laparoscopic reduction of intussusception
 269 Microdochoectomy breast
 270 Surgery for fracture Penis
 271 Sentinel node biopsy
 272 Parastomal hernia
 273 Revision colostomy
 274 Prolapsed colostomy- Correction
 275 Testicular biopsy
 276 laparoscopic cardiomyotomy(Hellers)
 277 Sentinel node biopsy malignant melanoma
 278 laparoscopic pyloromyotomy(Ramstedt)

Orthopedics

279 Arthroscopic Repair of ACL tear knee
 280 Closed reduction of minor Fractures
 281 Arthroscopic repair of PCL tear knee
 282 Tendon shortening
 283 Arthroscopic Meniscectomy - Knee
 284 Treatment of clavicle dislocation
 285 Arthroscopic meniscus repair
 286 Haemarthrosis knee- lavage
 287 Abscess knee joint drainage
 288 Carpal tunnel release
 289 Closed reduction of minor dislocation
 290 Repair of knee cap tendon
 291 ORIF with K wire fixation- small bones
 292 Release of midfoot joint
 293 ORIF with plating- Small long bones
 294 Implant removal minor
 295 K wire removal
 296 POP application
 297 Closed reduction and external fixation
 298 Arthrotomy Hip joint
 299 Syme's amputation
 300 Arthroplasty
 301 Partial removal of rib
 302 Treatment of sesamoid bone fracture
 303 Shoulder arthroscopy / surgery
 304 Elbow arthroscopy
 305 Amputation of metacarpal bone
 306 Release of thumb contracture
 307 Incision of foot fascia
 308 calcaneum spur hydrocort injection
 309 Ganglion wrist hyalase injection
 310 Partial removal of metatarsal
 311 Repair / graft of foot tendon
 312 Revision/Removal of Knee cap
 313 Amputation follow-up surgery
 314 Exploration of ankle joint
 315 Remove/graft leg bone lesion
 316 Repair/graft achilles tendon
 317 Remove of tissue expander
 318 Biopsy elbow joint lining
 319 Removal of wrist prosthesis
 320 Biopsy finger joint lining
 321 Tendon lengthening
 322 Treatment of shoulder dislocation
 323 Lengthening of hand tendon
 324 Removal of elbow bursa
 325 Fixation of knee joint

326 Treatment of foot dislocation
 327 Surgery of bunion
 328 intra articular steroid injection
 329 Tendon transfer procedure
 330 Removal of knee cap bursa
 331 Treatment of fracture of ulna
 332 Treatment of scapula fracture
 333 Removal of tumor of arm/ elbow under RA/GA
 334 Repair of ruptured tendon
 335 Decompress forearm space
 336 Revision of neck muscle(Torticollis release)
 337 Lengthening of thigh tendons
 338 Treatment fracture of radius & ulna
 339 Repair of knee joint

Paediatric surgery

340 Excision Juvenile polyps rectum
 341 Vaginoplasty
 342 Dilatation of accidental caustic stricture oesophageal
 343 Presacral Teratomas Excision
 344 Removal of vesical stone
 345 Excision Sigmoid Polyp
 346 Sternomastoid Tenotomy
 347 Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
 348 Excision of soft tissue rhabdomyosarcoma
 349 Mediastinal lymph node biopsy
 350 High Orchidectomy for testis tumours
 351 Excision of cervical teratoma
 352 Rectal-Myomectomy
 353 Rectal prolapse (Delorme's procedure)
 354 Orchidopexy for undescended testis
 355 Detorsion of torsion Testis
 356 lap.Abdominal exploration in cryptorchidism
 357 EUA + biopsy multiple fistula in ano
 358 Cystic hygroma - Injection treatment
 359 Excision of fistula-in-ano

Gynaecology

360 Hysteroscopic removal of myoma
 361 D&C
 362 Hysteroscopic resection of septum
 363 thermal Cauterisation of Cervix
 364 MIRENA insertion
 365 Hysteroscopic adhesiolysis
 366 LEEP
 367 Cryocauterisation of Cervix

368 Polypectomy Endometrium
 369 Hysteroscopic resection of fibroid
 370 LLETZ
 371 Conization
 372 polypectomy cervix
 373 Hysteroscopic resection of endometrial polyp
 374 Vulval wart excision
 375 Laparoscopic paraovarian cyst excision
 376 uterine artery embolization
 377 Bartholin Cyst excision
 378 Laparoscopic cystectomy
 379 Hymenectomy(imperforate Hymen)
 380 Endometrial ablation
 381 vaginal wall cyst excision
 382 Vulval cyst Excision
 383 Laparoscopic paratubal cyst excision
 384 Repair of vagina (vaginal atresia)
 385 Hysteroscopy, removal of myoma
 386 TURBT
 387 Ureterocolic repair - congenital internal
 388 Vaginal mesh For POP
 389 Laparoscopic Myomectomy
 390 Surgery for SUI
 391 Repair recto- vagina fistula
 392 Pelvic floor repair (excluding Fistula repair)
 393 URS + LL
 394 Laparoscopic oophorectomy

Critical care

395 Insert non- tunnel CV cath
 396 Insert PICC cath (peripherally inserted central catheter)
 397 Replace PICC cath (peripherally inserted central catheter)
 398 Insertion catheter, intra anterior
 399 Insertion of Portacath

Dental

400 Splinting of avulsed teeth
 401 Suturing lacerated lip
 402 Suturing oral mucosa
 403 Oral biopsy in case of abnormal tissue presentation
 404 FNAC
 405 Smear from oral cavity

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition

STANDARD LIST OF EXCLUDED ITEMS

Annexure-A

List I – Items for which coverage is not available in the policy

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

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

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

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK

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

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

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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

