

Kotak Mahindra General Insurance Company Ltd. (Formerly known as Kotak Mahindra General Insurance Ltd.)
Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai – 400051. Maharashtra, India.

KOTAK GROUP HEALTH CARE - POLICY WORDING

This is a contract of insurance between You and Us which is subject to the receipt of the premium in full and the terms, conditions and exclusions of this Policy. This Policy has been issued on the basis of the Disclosure to Information Norm, including the information provided by You, the Policyholder in respect of the Insured Persons in the Proposal Form. Please inform Us immediately of any change in the address, state of health or any other changes affecting You or any Insured Person.

PART I

Definitions

For the purposes of this Policy, the terms specified below shall have the meaning set forth wherever appearing/specified in this Policy or related Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means
Admission	means the Insured Person's admission to a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness
Alternative Treatments (AYUSH)	refers to the medical and/ or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems
Ambulance	means a road vehicle operated by a healthcare/ ambulance service provider and equipped for the transport and paramedical treatment of the person requiring medical attention
Any one Illness	means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken
Associated Medical Expenses	means Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioners (including surgeons, anesthetists and specialists) and costs of diagnostic tests
Basic Sum Insured	a. For Individual sum insured basis, the amount specified in the Policy Schedule or Certificate of Insurance against an Insured Person which is Our maximum, total and cumulative liability for any and all claims arising during a Policy Year in respect of that Insured Person. b. For Family Floater sum insured basis, the amount specified in the Policy Schedule or Certificate of Insurance which is Our maximum, total and cumulative liability for any and all claims arising during a Policy Year in respect of any one and/or all Insured Persons.
Cashless Facility	means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved
Claim	means a demand made by You for payment of any benefit under the Policy in respect of an Insured Person
Certificate of Insurance	means the certificate We issue to the Insured Person confirming the Insured Person's cover under the Policy
Condition Precedent	means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
Congenital Anomaly	means a condition which is present since birth, and which is abnormal with reference to form, structure or position a) Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body. b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body.
Co-Payment	means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
Day care centre	means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under – i. has qualified nursing staff under its employment; ii. has qualified medical practitioner/s in charge; iii. has fully equipped operation theatre of its own where surgical procedures are carried out; iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
Day Care Treatment	means medical treatment, and/or surgical procedure which is: i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required hospitalization of more than 24 hours Treatment normally taken on an out-patient basis is not included in the scope of this definition.
Deductible	means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
Dental treatment	means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
Disclosure to information norm	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
Domiciliary Hospitalisation	means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances: i. The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

	ii. The patient takes treatment at home on account of non-availability of room in a hospital.
Emergency	means a serious medical condition or symptom resulting from Injury or sickness which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an emergency anymore.
Emergency Care	means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health
Family Floater	means a Policy described as such in the Policy Schedule/Certificate of Insurance wherein You and Your family members named are insured under this Policy as at the policy period start date
Grace Period	means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
Genetic Disorder	means a genetic problem caused by one or more abnormalities in the genome, especially a condition that is present from birth, also it can be hereditary or acquired in nature
Hospital	<u>For non-AYUSH treatments:</u> means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act Or complies with all minimum criteria as under: - has qualified nursing staff under its employment round the clock; - has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places; - has qualified medical practitioner (s) in charge round the clock; - has a fully equipped operation theatre of its own where surgical procedures are carried out - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel <u>For AYUSH treatment:</u> - Teaching hospitals of AYUSH college recognised by Central Council of Indian Medicine (CCIM) - Central Council of Homeopathy (CCH) - AYUSH Hospitals having registration with a Government authority under appropriate Act in the State/UT complies with the following as minimum criteria: - Has at least 15 in-patient beds; - Has minimum 5 qualified and registered AYUSH doctors; - Has qualified paramedical staff under its employment round the clock; - Has dedicated AYUSH therapy sections; - Maintains daily records of patient and makes these accessible to the insurance company's authorized personnel.
Hospitalisation	means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
Illness	means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment - Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery. - Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests - it needs ongoing or long-term control or relief of symptoms - it requires your rehabilitation or for you to be specially trained to cope with it - it continues indefinitely - it recurs or is likely to recur
Injury	means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner
Inpatient care	means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event
Instalment Premium	Shall mean the defined proportion of the applicable annual premium with respect to the Insured Person(s) payable at regular frequency as defined in the Policy Schedule/Certificate of Insurance.
Insured Person(s)/You	means the person(s) named in the Policy Schedule/Certificate of Insurance, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium received Insured Person will include Self (Group member) and the following relationships of the Group member: Lawfully wedded spouse (more than one wife)/ Partner (including same sex partners) and Live-in Partner, son (biological/ adopted), daughter (biological/ adopted), mother (biological/ foster), father (biological/ foster), brother (biological/ step) sister (biological/ step), mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law. For the purpose of this Policy, Partner shall be taken as declared at the time of Start of the Policy Period and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover.
Intensive Care Unit	means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
ICU Charges	ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
Maternity expenses	Maternity expenses means;

	a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization); b) expenses towards lawful medical termination of pregnancy during the policy period
Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription
Medical Expenses	means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Medically Necessary treatment	means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which i. is required for the medical management of the illness or injury suffered by the insured; ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; iii. must have been prescribed by a Medical Practitioner; iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India
Medical Practitioner	means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family. "Immediate Family would comprise of Your spouse, dependent children, brother(s), sister(s) and dependent parent(s).
Network Provider	means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
New Born Baby	New born baby means baby born during the Policy Period and is aged upto 90 days.
Non-Network Provider	means any Hospital, day care centre or other provider that is not part of the network
Notification of Claim	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
OPD treatment	means the one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
Policy	means these Policy wordings, the Policy Schedule/ Certificate of Insurance and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.
Policy Period	means the period commencing from Policy start date and time as specified in Policy Schedule/ Certificate of Insurance and terminating at midnight on the Policy End Date as specified in Policy Schedule/ Certificate of Insurance
Policy Schedule	means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
Policy Year	means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve-month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule/ Certificate of Insurance.
Portability	means transfer by an Insured Person (including policy on individual sum insured/ floater sum insured basis) of the credit gained for pre-existing conditions and time bound exclusions if he/ she chooses to switch from the group health policy to a retail policy of the same insurer when he/ she ceases to be a member of the group.
Pre-existing Disease	means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
Pre-Hospitalisation Medical Expenses	means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that: i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
Post-Hospitalisation Medical Expenses	means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that: i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and ii. The inpatient hospitalization claim for such hospitalization is admissible by the Insurance Company.
Qualified Nurse	means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India
Reasonable & Customary Charges	means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
Renewal	means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods
Room Rent	means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses
Surgery or Surgical Procedure	means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a Medical Practitioner
Third Party Administrator (TPA)	means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration for providing health services as defined in those Regulations

Unproven / Experimental Treatment	means any treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven
You/Your/ Policyholder	Means the policyholder/ insured persons named in the Policy Schedule or Certificate of Insurance
We/ Our/Us/ Insurance Company	means the Kotak Mahindra General Insurance Company Limited

PART II

I. Base Covers

The Benefits available under this Policy are described below. Benefits will be payable subject to the terms, conditions and exclusions of this Policy and the availability of Basic Sum Insured and subject to sub-limits (if Optional Cover 40. Disease-wise sublimit opted for) and specified in respect of that Benefit and any limits applicable for the Insured Person as specified in the Policy Schedule/ Certificate of Insurance.

1. In-patient Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalisation during the Policy Period following an Illness or Injury for a minimum and continuous period of 24 hours that occurs during the Policy Period provided that:

- The Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
- The Medical Expenses incurred are Reasonable and Customary for one or more of the following:
 - Room Rent and other boarding charges;
 - ICU Charges;
 - Operation theatre expenses;
 - Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
 - Qualified Nurses' charges;
 - Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
 - Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized and conducted within the same Hospital where the Insured Person is admitted;
 - Anaesthesia, blood, oxygen and blood transfusion charges;
 - Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.
 - Inpatient physiotherapy charges

2. Pre-hospitalisation Medical Expenses

We will reimburse the Insured Person's Pre-hospitalisation Medical Expenses incurred during a period up to the number of days as specified in the Policy Schedule/Certificate of Insurance prior to hospitalisation/day care treatment for Illness or Injury which occurs during the Policy period provided that:

- We have accepted a Claim for In-patient Treatment or Day Care Treatment under this Policy
- The date of admission for the purpose of this Benefit shall be the date of the Insured Person's first admission to the Hospital in relation to the same Illness/Injury subject to Any One Illness as defined

3. Post-hospitalisation Medical Expenses

We will reimburse the Insured Person's Post-hospitalisation Medical Expenses incurred during a period up to the number of days as specified in the Policy Schedule/Certificate of Insurance following an Illness or Injury which occurs during the Policy Period provided that:

- We have accepted a Claim for In-patient Treatment or Day Care Treatment under this Policy
- The date of discharge for the purpose of this Benefit shall be the date of the Insured Person's last discharge from the Hospital in relation to the same Illness/Injury subject to Any One Illness as defined

4. Day Care Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- The Day Care Treatment is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
- The Medical Expenses incurred are Reasonable and Customary;
- We will only cover the Medical Expenses for those Day Care Treatments which are listed in Annexure II of this Policy. The complete list of Day Care Treatments covered is also available on Our website [www.kotakgeneralinsurance.com];
- We will not cover any OPD Treatment under this Benefit.

5. Domiciliary Hospitalisation

We will indemnify the Medical Expenses incurred on the Insured Person's Domiciliary Hospitalisation during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

- We will cover medical expenses of an Insured person for treatment of a disease, illness or injury taken at home which would otherwise have required hospitalisation or since the Insured person's condition did not allow a hospital transfer or a hospital bed was unavailable.
- The domiciliary hospitalisation is Medically Necessary and follows the written advice of a Medical Practitioner
- The Medical Expenses incurred are Reasonable and Customary Charges;
- The Insured Person's Domiciliary Hospitalisation extends for at least 3 consecutive days in which case We will pay Medical Expenses under this Extension from the first day of Domiciliary Hospitalisation;
- The payment under this benefit is within the Basic Sum Insured, subject to the limits specified, if any.
- We will not indemnify any Pre-Hospitalisation Medical Expenses or Post-Hospitalisation Medical Expenses under this Extension;
- We shall not indemnify any Medical Expenses incurred for the treatment of any of the following Illnesses/conditions:
 - Asthma;
 - Bronchitis;
 - Chronic Nephritis and Chronic Nephritic Syndrome;
 - Diarrhoea and all types of Dysenteries including Gastro-enteritis;
 - Diabetes Mellitus and Insipidus;
 - Epilepsy;
 - Hypertension;
 - Influenza, cough and cold;
 - All psychiatric or psychosomatic disorders;
 - Pyrexia of unknown origin for less than 10 days;
 - Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
 - Arthritis, Gout and Rheumatism.

6. Emergency Ambulance

We will indemnify the Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule/ Certificate of Insurance towards transportation of the Insured Person by a healthcare or Ambulance service provider to a Hospital for treatment of an Illness or Injury following an Emergency provided that:

- The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;
- We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available / adequate treatment facilities at the existing Hospital.
- The limit under Ambulance cover is applicable for each claim admitted under the policy.

The payment under this benefit is within the Basic Sum Insured, subject to the limits specified, if any.

7. Donor Expenses

We will indemnify the In-patient Hospitalisation Medical Expenses towards the donor for harvesting the organ up to the limits of the Sum Insured (subject to availability of Basic Sum Insured), provided that:

- The organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules;
- The organ donated is for the use of the Insured Person who has been asked to undergo an organ transplant on Medical Advice;
- We have accepted a Claim for In-patient Treatment under the Policy in respect of the Insured Person;
- In case of Individual sum insured basis, this payout will be available on Individual basis and In case of floater sum insured basis, the payout will be available on floater basis.

The payment under this benefit is within the Basic Sum Insured, subject to the limits specified, if any.

We will not cover expenses towards the donor in respect of:

- i. Any Pre-Hospitalisation Medical Expenses or Post-Hospitalisation Medical Expenses;
- ii. Costs directly or indirectly associated to the acquisition of the organ;
- iii. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

II. Optional Covers

1. Alternative Treatment

We will indemnify the Medical Expenses incurred on the Insured Person's Alternative Treatment upto the limits of the Sum Insured (subject to availability of Basic Sum Insured), provided that:

- (a) The Alternative Treatment is administered by a Medical Practitioner;
- (b) The Insured Person is admitted to Hospital (For AYUSH treatment) as an Inpatient for the Alternative Treatment to be administered.

The payment under this benefit is within the Basic Sum Insured, subject to the limits specified, if any.

Permanent Exclusion 5(z) of the Policy stands deleted to the extent of this Cover only.

2. Critical Illness Recuperation Benefit

We will pay a daily allowance for a specified number of days as mentioned in the Policy Schedule/Certificate of Insurance towards Recuperation Expenses, post discharge from the Hospital, If the Insured Person contracts any of the Critical Illnesses defined as per Annexure IV during the Policy period and undertakes treatment for the same in a Hospital during the Policy Period provided that:

- (a) We have accepted a Claim for In-patient Treatment under the Policy in respect of a Critical Illness defined as per Annexure IV ;
- (b) This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured/ Floater Sum Insured).

The payment under this benefit is over and above the Basic Sum Insured subject to the limits specified, if any.

We shall not be liable to make payment for more than the maximum number of days per policy year as specified in the Policy Schedule/Certificate of Insurance for this Cover.

3. Hospital Daily Cash Benefit

We will pay the Daily Cash Amount specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation during the Policy Period provided that:

- (a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
- (b) Deductible as specified in the Policy Schedule/ Certificate of Insurance is applicable to this Benefit
- (c) This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured/ Floater Sum Insured)

We shall not be liable to make payment for more than the maximum number of days per policy year specified in the Policy Schedule/Certificate of Insurance for this Cover.

The payment under this benefit is over and above the Basic Sum Insured subject to the limits specified, if any.

In case the Policy covers, ICU Daily Cash Benefit also, the deductible will be applied cumulatively on the entire duration of the stay in the hospital

4. ICU Daily Cash Benefit

We will pay the Daily Cash Amount specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation in an ICU during the Policy Period provided that:

- (a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
- (b) Deductible as specified in the Policy Schedule/ Certificate of Insurance is applicable to this Benefit
- (c) This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured/ Floater Sum Insured).

We shall not be liable to make payment for more than the maximum number of days per policy year specified in the Policy Schedule/ Certificate of Insurance for this Cover.

The payment under this benefit is over and above the Basic Sum Insured subject to the limits specified, if any.

In case the Policy covers, Hospital Daily Cash Benefit also, the deductible will be applied cumulatively on the entire duration of stay in the hospital

5. Home Nursing

We will pay for the expenses incurred for medical care services of a qualified nurse at the residence of the Insured Person following discharge from hospital after treatment for Illness/ Injury provided that:

- (a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
- (b) Such medical care services are confirmed as being necessary by the attending Medical Practitioner and the same relate directly to Illness/ Injury for which the Insured Person has undertaken treatment during the hospitalisation

The cover is applicable irrespective of the number of occurrences during the Policy period subject to the overall Basic Sum Insured and for a maximum of 30 days.

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any

6. Convalescence Benefit

We will pay the amount specified in the Policy Schedule/Certificate of Insurance for this Benefit if the Insured Person is Admitted in Hospital for a minimum period of 10 consecutive days provided that:

- (a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
- (b) We shall not be liable to make payment under this cover in respect of an Insured Person more than once during the Policy Year.
- (c) This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured / Floater Sum Insured).

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any.

In case the Policy covers, Critical Illness Recuperation Benefit also, the payout in case of Critical Illness related Hospitalisation will be paid only under Critical Illness Recuperation Benefit

7. Family Transportation Benefit

We will reimburse the actual expenses incurred in transporting one Immediate Family Member from the Insured Person's residence to the Hospital where the Insured Person is admitted, provided that

- (a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
- (b) Such Hospital is located at least 150kms away from the Insured Person's residence.

The payment under this benefit is over and above the Basic Sum Insured subject to limits specified, if any.

Note: In this Benefit, Immediate Family Member means the Insured Persons including Self and Group members as defined in the Policy Schedule/ Certificate of Insurance

8. Accompanying Person's Expenses

We will pay the Daily Allowance specified in the Policy Schedule/ Certificate of Insurance under this Benefit for each and every completed day of the Insured Person's Hospitalisation towards expenses incurred on one accompanying person at the Hospital/Nursing during Policy Period provided that:

- (a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalisation;
- (b) This benefit is applicable on an individual basis irrespective of type of policy (Individual Sum Insured / Floater Sum Insured).

We shall not be liable to make payment for more than the maximum number of days per policy year specified in the Policy Schedule/ Certificate of Insurance for this Extension.

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any.

9. Cost of Prescribed External Medical Aid

We will reimburse the reasonable costs incurred by the Insured Person during the Policy Period for procuring External Aids and Appliances as prescribed by the Medical Practitioner provided that:

- (a) We have accepted a claim under In-patient Treatment/ Day Care Treatment in respect of the same Hospitalisation;
- (b) For the purposes of this Cover, External Aids and Appliances means any medically necessary prosthetic or artificial devices or any medical equipment including but not limited to spectacles, contact lenses, hearing aids, abdominal belts (used post-hernia and related surgeries), belts for prolapsed inter-vertebral disc (PIVD), crutches, wheel-chair and trusses (used post-hernia and related surgeries), and

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any.

Permanent Exclusion 5(b) of the Policy Wordings stands deleted to the extent of this Cover only.

10. Travel expenses for Treatment

We will reimburse the travel expenses of the Insured Person when an Insured Person, during the Policy Period, is travelling 150kms or more from his/ her residential address to a nearby place as prescribed by treating Medical Practitioner for undergoing an In-patient treatment which is not possible in the Insured person's current place of residence provided that:

- (a) Transportation is under medical supervision in respect of the Insured Person and the Insured Person is medically cleared, by the treating Medical Practitioner, for travel via commercial carrier, and provided further that the transportation can be accomplished without compromising the Insured Person's medical condition.
- (b) If the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available / adequate treatment facilities at the existing Hospital.
- (c) No claims for reimbursement of Medical Expenses incurred for services arranged by Insured Person will be allowed unless agreed by Us or Our authorized representative.

The payment under this benefit is over and above the Basic Sum Insured subject to limits specified, if any.

11. Cover for Non-Medical Expenses

We will reimburse the expenses incurred towards generally excluded items such as non-medical items like toiletries, cosmetics, personal comfort or convenience items, certain elements of room charges, administrative or non-medical charges, and external durable devices provided that:

- (a) We have accepted a Claim for In-patient Treatment or Day Care Treatment in respect of the same Hospitalisation;

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any.

The list of items to be covered will be as per items mentioned in Annexure III

Permanent Exclusion 5(ee) of the Policy Wordings stands deleted to the extent of this Cover only

12. OPD Expenses

We will reimburse the reasonable and customary charges towards outpatient medical expenses in respect of Insured person:

- (a) Diagnostic procedures like laboratory tests, MRI's, CAT Scan, Pathology tests
- (b) Medical Practitioners consultations including Dental, Vision and ENT treatment
- (c) Pharmacy expenses
- (d) Non-surgical and Minor surgical procedures and treatments like stitching, dressing under local anesthesia, etc
- (e) Others treatments like physiotherapy, acupuncture, chiropractic, homeopathy, etc.
- (f) Administration of Lucentis Injection

For the purpose of this Cover,

- i. Outpatient **means** an Insured person who is not hospitalized but who visits a hospital, clinic or associated facility for diagnosis or treatment.

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any.

If You have opted for the OPD Dental Treatment and OPD Vision Treatment Cover separately, then the claim under the said covers will not be payable under the OPD Expenses Cover.

Permanent Exclusion 5(a), 5(q) and 5 (ff) of the Policy Wordings stands deleted to the extent of this Cover only.

13. OPD Dental Treatment

We will reimburse the medical expenses incurred towards dental treatment including any emergency treatment by a Dentist following an accident where the Insured Person suffers injuries or damage to his natural teeth and/or gums.

This benefit also provides cover for:

- (a) The fees for a dental practitioner and associated costs for carrying out routine dental procedures like clinical oral examinations, tooth scaling, normal fillings, minor procedures and non-surgical extractions
- (b) Root canal treatment and surgical extraction of tooth

This Benefit will exclude

- i. Any instructions for plaque control, oral hygiene and diet
- ii. Any treatment which is cosmetic in nature.

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any.

Permanent Exclusion 5(a), 5(c) and 5(ff) of the Policy Wordings stands deleted to the extent of this Cover only.

14. OPD Vision Treatment

We will reimburse the following Medical expenses incurred in respect of the Insured person related to Vision tests/ consultations/ treatments/ prescriptions including but not limited to:

- (a) One eye examination by an optometrist or ophthalmologist per Policy year
- (b) The provision of lenses/ eyeglass to correct vision
- (c) Medical treatment of the eye
- (d) Administration of lucentis injection

The Benefit will exclude:

- i. Sunglasses/ lenses which are not prescribed by an optometrist or ophthalmologist
- ii. Any treatment which is cosmetic in nature.

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any.

Permanent Exclusion 5(a) and 5(ff) of the Policy Wordings stands deleted to the extent of this Cover only.

15. Second E-Opinion Cover

We will facilitate the Insured person for availing a Second E-Opinion on his / her medical condition occurring during the Policy Period as per the frequency provided in the Policy Schedule/ Certificate of Insurance, provided that:

- (a) We shall only provide access to an E-opinion and this shall not be deemed to substitute the Insured Person's visit or consultation to an independent Medical Practitioner;
- (b) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.
- (c) The Insured person is free to choose whether or not to obtain the expert opinion and if obtained whether or not to act on it

16. Mortal Remains/ Funeral Expenses

We will reimburse the costs incurred up to the limit specified in the Policy Schedule/ Certificate of Insurance for expenses incurred for transportation of the mortal remains of the Insured Person from Hospital to his/her current place of residence in case of the unfortunate death of the Insured Person due to a disease/ illness/ injury/ accident during the Policy Period.

Further, we will also reimburse the costs incurred up to the limit specified in the Policy Schedule/Certificate of Insurance for expenses incurred for funeral expenses of the Insured Person in case of the unfortunate death of the Insured Person due to a disease/ illness/ injury/ critical illness accident during the Policy Period.

Provided that as a Condition Precedent, We are given a detailed account of the expenses incurred along with the supporting bills and documents, substantiating such expenses.

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any.

17. Maternity Benefit

We will indemnify the Medical Expenses incurred up to the Maternity Benefit Sum Insured specified in the Policy Schedule/ Certificate of Insurance for the delivery of the Insured Person's child (including caesarean section) during Hospitalisation or the Medically Necessary and lawful medical termination of pregnancy during the Policy Period provided that:

- (a) We will pay Medical Expenses in respect of the delivery of the Insured Person and/or any Surgical Procedures required to be carried out on the Insured Person as a direct result of the delivery
- (b) A 9 month waiting period shall apply
- (c) Medical Expenses incurred in connection with the medical termination of pregnancy within the first 12 weeks from conception are not covered unless certified to be necessary by the attending Medical Practitioner in order to maintain the life or relieve immediate pain or distress to the Insured Person
- (d) Pre- & Post-hospitalisation expenses are not covered under this benefit.
- (e) Ectopic pregnancy shall not be covered under this Extension, but any Claims will be considered under In-patient Treatment

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any.

Permanent Exclusion 5(m) of the Policy Wordings stands deleted to the extent of this Benefit only.

18. New Born Baby Cover

We will indemnify the Medical Expenses incurred on the Hospitalisation of the Insured Person's New Born Baby during the Policy Period within the Basic Sum Insured/ Maternity Sum Insured, subject to limits specified, if any (in case Maternity cover is opted for) mentioned in the Policy Schedule/ Certificate of Insurance provided that:

- (a) The mother is covered as an Insured Person under the Policy and is hospitalised as an In-patient for delivery
- (b) Medical Expenses incurred on the New Born Baby during and post birth up to 90 days from the date of delivery and is within the Basic Sum Insured or the Maternity Sum Insured, subject to limits specified, if any
- (c) Any pre and post hospitalisation expenses for the new born shall not be covered under this benefit.

We will cover the New Born Baby beyond 90 days on payment of requisite Premium for the New Born Baby into the Policy by way of an endorsement or at the next Renewal, whichever is earlier.

19. Pre and Post Natal Care

We will reimburse the Pre-natal and post-natal Medical expenses as mentioned below:

- (a) Pre- and post-natal Hospitalisation Expenses on any treatment availed from the date of conception till the date of discharge from the Hospital after delivery as an In-patient in a hospital and within the Maternity Sum Insured, subject to limits specified, if any.
- (a) Pre- and post-natal (OPD) Medical Expenses (including expenses incurred on antenatal check-ups, doctor's consultations for monitoring of the pregnancy and any complications arising therefrom) incurred on an out-patient basis upto the limits mentioned in the Policy Schedule/ Certificate of Insurance
- (b) The Pre and Post Natal Care Cover is available only if the Maternity Cover is opted for in the Policy

20. Psychiatric and Psychological Care

We will pay the Medical Expenses incurred, upto the limits as specified in the Policy Schedule/Certificate of Insurance for In-patient treatment of the Insured person in a recognized psychiatric unit of a Hospital including specialist consultations, medication, counselling and diagnostics provided that:

- (a) All treatments under this Benefit are pre authorized by Us and must be administered by a registered psychiatrist.
- (b) The Benefit will not pay for any OPD treatment

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any.

Permanent Exclusion 5(j) of the Policy Wordings stands deleted to the extent of this Benefit only.

21. Surgical Contraception (Sterilisation and Vasectomy)

We will pay the Reasonable and Customary charges for the Medical Expenses of the Insured person towards implanted/ injected contraceptives upon advice of a Medical practitioner, Medically Necessary expenses connected with surgical therapies including but not limited to Tubal ligation, vasectomies, etc. provided that:

- (a) The Benefit will not pay for any OPD treatment

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any

22. AIDS/ HIV Cover

We will pay the Reasonable and Customary charges incurred on Medical treatment of an Insured Person that arise from or are in any way related to HIV and/ or HIV related illness, including AIDS or AIDS related Complex (ARC) and/or any mutant derivative or variation thereof in respect of an Insured person provided that:

- (a) The Medical Expenses covered shall include In-patient Treatment as described in Section I.1

Testing for AIDS/ HIV will only be paid if medically required i.e. patient is showing symptoms as confirmed by the Medical Practitioner

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any.

Permanent Exclusion 5(p) of the Policy Wordings stands deleted to the extent of this Benefit only.

23. External Congenital Disease Cover

We will pay the Reasonable and Customary charges for the Medical Expenses of the Insured person in respect of External Congenital Diseases which are present at birth and which may or may not be inherited provided:

- (a) The Benefit will not pay for any OPD treatment

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any

Permanent Exclusion 5(n) of the Policy Wordings stands deleted to the extent of this Benefit only.

24. Hospitalisation Cover only for Accidents

We will pay the Medical Expenses incurred on the Insured Person's Hospitalisation during the Policy Period following an Accident/ Injury for a minimum and continuous period of 24 hours that occurs during the Policy Period provided that:

- (a) The Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;
 - (b) The Medical Expenses incurred are Reasonable and Customary;
- The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any and the Basic Sum Insured being fully utilised.

25. Hospitalisation Cover only for Critical Illness

We will pay the Medical Expenses incurred on the Insured Person's Hospitalisation during the Policy Period following a Critical Illness for a minimum and continuous period of 24 hours that occurs during the Policy Period provided that:

- (a) The Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner pertaining to the Critical Illness defined;
- (b) The Medical Expenses incurred are Reasonable and Customary;
- (c) The Critical Illness falls under the defined list of Critical Illnesses mentioned under "Critical Illness Annexure IV "

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any and the Basic Sum Insured being fully utilised.

26. Medical Advancement Surgery Cover

We will pay the Reasonable and Customary charges upto the limit specified in the Policy Schedule/Certificate of Insurance in respect of the Insured person's In-patient Hospitalisation or Day Care Treatment during the Policy Period for Medical Advancement surgery provided that:

- (a) It is a Medically Necessary Treatment and follows the written advice of a Medical Practitioner
- (b) Coverage under this Benefit includes Stem Cell Therapy (does not include the cost of harvesting and storage), Robotic Surgery,

Bariatric Surgery, Milk teeth banking (does not include the cost of harvesting and storage), Cyber knife/ Gamma Knife treatment, Peritoneal dialysis, Cochlear Implant Treatment (Including the Surgery but excluding the cost of implant), Laser Tonsillectomy, etc.

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any

Treatment/ surgery which is on an experimental basis or which is under clinical trials, unproven or investigational treatment will be excluded from this cover

27. Infertility treatment

We will pay the Reasonable and Customary charges upto the limits mentioned in the Policy Schedule/Certificate of Insurance for In-patient treatment or Day Care treatment of the Insured person in respect of any infertility treatment provided that:

- (a) The Benefit will not pay for any OPD treatment

The payment under this benefit is within the Basic Sum Insured or the Maternity Sum Insured, subject to limits specified, if any

Permanent Exclusion 5(m) of the Policy Wordings stands deleted to the extent of this Benefit only.

28. Sports Activity Cover

We will pay the Reasonable and Customary charges upto the limits mentioned in the Policy Schedule/Certificate of Insurance for In-patient treatment of an Insured Person due to an Accident/ Injury sustained while engaged in a professional 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.

The payment under this benefit is within the Basic Sum Insured, subject to limits specified, if any.

Permanent Exclusion 5(dd) of the Policy Wordings stands deleted to the extent of this Benefit only.

29. Vaccination Expenses

We will, on a reimbursement basis, cover the Reasonable and Customary Charges in relation to vaccination expenses of an Insured Person as prescribed by the Medical Practitioner up to the limits as specified in the Policy Schedule/Certificate of Insurance.

The payment under this benefit is over and above the Basic Sum Insured, subject to limits specified, if any.

Permanent Exclusion 5(g) of the Policy Wordings stands deleted to the extent of this Benefit only.

30. Wellness Program

By way of this Benefit the insured can avail any or all of the below mentioned services upto the limits/ frequency specified in the Policy Schedule/Certificate of Insurance through the Network Provider or Vendor tie-up:

- (a) Health Risk Assessment (HRA)
Health Risk Assessment questionnaire is used as a tool for evaluation of Health and quality of life. It helps you to understand your lifestyle and its impact on your health status. The HRA will be an online assessment provided by Us through Vendor tie-ups to the Insured Person.
- (b) Health Check-up and Report evaluation
We will arrange for a diagnostic/ preventative Health Check-Up at any of our Network Provider based on the list of tests mentioned in the Policy Schedule/ Certificate of Insurance and provide report evaluation/ counselling for the test reports
- (c) Online customer profile
Based on the HRA taken and the other Check-ups, if any, undertaken by the Insured Person, We will maintain an online customer profile through Vendor tie-ups which can be accessed by the customer to review his Health status.
- (d) Medical Centre Management
We will provide with or arrange for the maintenance of a Medical room equipped with a doctor at the designated work site chosen by You through the Network Provider.

- (e) Diet & Nutrition Plans
We will arrange for dieticians/ nutritionist through our Vendor tie-ups to provide for counselling to the Insured Person
- (f) Online Doctor Chat/ E-consultations
We will provide with or arrange for an online platform through our Network Provider for providing with Doctor Chat and e-consultations to the Insured Person
- (g) Doctor Directory
We will provide with or arrange for an online platform to the Insured Person through our Vendor tie-ups for providing access to Doctor Directory containing information on General Practitioners, specialists and super specialists
- (h) Doctor Appointment
We will provide with or arrange for an online platform to the Insured Person through Vendor tie-ups for fixing up Doctor Appointments for the Insured Persons
- (i) Health Camps - on campus
We will arrange for Health Camps for fitness assessments and overall health profiling at the designated work sites chosen by You through our Network Providers/ Vendor tie-ups
- (j) Expert Sessions - on campus
We will arrange for Expert Chat sessions/ workshops with doctors, dieticians, nutritionists, psychologists at the designated work sites chosen by You to the Insured Person through Network Providers/ Vendor tie-ups
- (k) Second E-Opinions:
We will provide second opinion in the electronic form to the Insured Person through our Vendor tie-up
- (l) Discounted offerings - on health and wellness services
We will facilitate the Insured Person for various offerings on health and wellness services like Diagnostic Centres, Pharmacy, Consultations, Gymnasiums, Yoga, etc.) through the Network Providers/ Vendor tie-ups
- (m) Disease Management Programs: Eg. Diabetes, Healthy Heart, Stress Management etc.
We will help the Insured Person track his health through our Vendor tie-ups who will guide in maintaining/ improving your health condition.
- (n) Lifestyle/Wellness Management Programs: Eg Maternity, Quit Smoking
We will help the Insured person track his overall lifestyle and fitness well -being through our Vendor tie-ups who will provide guidance in undergoing these programmes
- (o) Personalized Health Records
We will provide with or arrange for an online platform to the Insured Person through our Vendor tie-ups for maintaining the Health records for the Insured Persons
- (p) Health & Wellness Reminder Services
We will provide with or arrange for an online platform/ mobile application to the Insured Person for providing Health and Wellness Reminders like Vaccination alerts, Pill reminders, etc.
- (q) Health Concierge Desk/ Health Assistance Services (Opinions - Doctor on call/home, Ambulance services, Health tools)
You can contact Us to avail the following services:
1. Emergency assistance information such as nearest ambulance, blood bank, hospital, etc.
2. Referral for medical service provider, home nursing, etc.
- (r) Home Health
We will provide with or arrange through Vendor tie-ups, Home Health services like physiotherapy, nursing care, trained attendants, medical equipment, etc. for the Insured Person
- (s) Emergency Medical Evacuation/ Air Ambulance services
We will arrange through an Assistance provider for transportation of the Insured person beyond 150 kms from the place of residence/ injury/ accident or emergency situation

Terms and Conditions for Wellness Program:

- Any information provided by you shall be kept confidential
- For services which are provided through empanelled medical experts/ centres/ service providers, we are only acting as a facilitator, hence we would not be liable for any incremental cost of the services
- All medical services are being provided by empanelled medical experts/ centres/ service providers who are empanelled after full due diligence. Nonetheless, Insured Person may consult their personal doctor before availing the medical services. The decisions to utilise the services will be solely be at the Insured Person's discretion.
- We/Company/Us or its group entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges and expenses which an Insured Person/ You may claim to have suffered or sustained or incurred by way of or on account of Wellness services utilised.

31. Floater Cover

We will cover the members of the Policyholder as per Relationships defined for the Group members on a Family Floater Sum Insured basis. Where the Policy is obtained on floater basis covering the family members, the Sum Insured will be available to the Insured and all and any one of the Insured Persons for one or more claims during the Policy period.

32. Corporate Buffer

We will provide for a Corporate Buffer as per limits specified in the Policy Schedule/Certificate of Insurance during the Policy period provided that:

- Insured Persons can avail benefit from this buffer whenever they exhaust their respective Sum Insured limit as specified in the Policy Schedule/ Certificate of Insurance
- Coverage under this Benefit can be opted for listed conditions as chosen by You based on the group requirements and mentioned in the Policy Schedule/ Certificate of Insurance

33. Pre-existing Disease Waiting Period Waiver

Any claim arising out of, relating to or howsoever attributable to pre-existing diseases or any complication arising from the same will be covered from inception of the Policy or as per specifically opted waiting period as stated in the Policy Schedule/ Certificate of Insurance in which case the coverage will be applicable post the continuous coverage with Us

Exclusion No. 1 will not be applicable.

34. 30 days Waiting Period Waiver

This benefit provides for waiver of Exclusion No. 2 of the Policy and the coverage under the Policy will commence from day one of the Policy period without any waiting period.

35. First Year Waiting Period Waiver

This benefit provides for waiver of Exclusion No. 3 of the Policy and treatment in respect of diseases, illness, and injury as mentioned in Exclusion No. 3 of this Policy shall stand covered from day one of the Policy period without any waiting period.

36. 9 Months Maternity Waiting Period Waiver

This benefit provides for waiver of Exclusion No. 4 of the Policy in respect of Maternity Benefit claims, and coverage under the Policy for Maternity claims will commence from day one of the Policy period.

37. Room Rent Capping

We will pay for the room rent charges as per the limits set out in the Policy Schedule/ Certificate of Insurance for Normal and ICU room category and also based on the location of the hospital.

If the Insured Person incurs Room Rent that is higher than the eligible Room Rent as per the limits specified under this Benefit then We will be liable to pay only a rateable proportion of the Associated Medical Expenses incurred in the proportion of the difference between the eligible Room Rent and the Room Rent actually incurred, provided that Reasonable and Customary costs incurred on medicines/pharmacy, medical consumables and medical implants will be reimbursed based on the actual amounts incurred.

38. Deductible

We will indemnify the Medical Expenses incurred in Excess of the Deductible for the listed Benefits in respect of the Insured person as per limit specified in the Policy Schedule/ Certificate of Insurance. The

Deductible limit will apply to an Insured person for each Policy year on each payable claim in the Policy year as specified in the Policy Schedule/ Certificate of Insurance.

39. Co-payment

We will offer a co-payment option upto the limit as specified in the Policy Schedule/ Certificate of Insurance. If the Co-payment is in force, We will pay only the defined limit of the admissible claim amount and the balance will be borne by the Insured Person.

40. Disease-wise sublimit

We will apply sub-limits as specified in the Policy Schedule/ Certificate of Insurance to the treatment/ surgery as listed in the Annexure V. Our liability in such case will be only upto the sub-limit amount specified in the Policy Schedule/ Certificate of Insurance

41. Domiciliary Hospitalisation Exclusion Cover

We will exclude Domiciliary Hospitalisation from the Basic Covers and the below mentioned Exclusion will be applicable to You.

Exclusion: Any expenses arising out of Domiciliary Hospitalization will be excluded as per the attached cover; unless covered under extension 'Domiciliary hospitalization cover'

42. Donor Expenses Exclusion Cover

We will exclude Donor Expenses Cover from the Basic Covers and the below mentioned Exclusion will be applicable to You.

Exclusion: Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery will be excluded as per the attached cover unless covered under extension 'Donor Expenses'.

III. Exclusions

1. Pre-Existing Disease Waiting Period

Any Pre-Existing Disease will not be covered until 48 months of continuous coverage has elapsed for the Insured Person, since the inception of the first Policy with Us.

2. 30 Days Waiting Period

Any Illness contracted or Medical Expenses incurred in respect of an Illness will not be covered during the first 30 days from the Policy Period Start Date. This exclusion does not apply to any Medical Expenses incurred as a result of Injury or to Renewals of the Policy with Us or to any Insured Person whose Policy has been accepted under the Portability Benefit under this Policy.

3. First Year Waiting Period

Any Medical Expenses incurred on the treatment of any of the following illnesses/ conditions (whether medical or surgical and including Medical Expenses incurred on complications arising from such Illnesses/conditions) shall not be covered during the first year from inception of the first Policy with Us or date of the Insured Person being included under the Policy, whichever is later:

- Cataract;
- Benign Prostatic Hypertrophy;
- Myomectomy, Hysterectomy unless because of malignancy;
- All types of Hernia, Hydrocele;
- Fissures and/or Fistula in anus, haemorrhoids/piles;
- Arthritis, gout, rheumatism and spinal disorders;
- Joint replacements unless due to Accident;
- Sinusitis and related disorders;
- Stones in the urinary and biliary systems;
- Dilatation and curettage, Endometriosis;
- All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant;
- Dialysis required for chronic renal failure;
- Tonsillitis, adenoids and sinuses;
- Gastric and duodenal erosions and ulcers;
- Deviated nasal septum;
- Varicose Veins/ Varicose Ulcers.

In the event that any of the above Illnesses/conditions are Pre-existing Diseases at the Policy Period Start Date or are subsequently found to be Pre-Existing Diseases, then that Illness/condition shall be covered in accordance with the terms, conditions and exclusions of the Policy after the completion of the Pre-Existing Diseases waiting period stated above.

4. 9 Months Maternity Waiting Period

Any Medical Expenses incurred in respect of Maternity Benefit will not be covered during the first 9 months from the Policy Period Start Date. This exclusion does not apply to Renewals of the Policy with Us or to any Insured Person whose Policy has been accepted under the Portability Benefit under this Policy.

5. Permanent Exclusions

- (a) Costs of routine medical, eye or ear examinations preventive health check-ups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;
- (b) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively;
- (c) Expenses incurred on all dental treatment unless necessitated due to an Accident;
- (d) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;
- (e) Any acupuncture, magnetic and such other therapies;
- (f) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;
- (g) Vaccination or inoculation of any kind, unless it is post animal bite;
- (h) Sterility, venereal disease or any sexually transmitted disease;
- (i) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due to use, misuse or abuse of intoxicating drugs or alcohol;
- (j) Any expenses incurred on treatment of mental Illness, stress, psychiatric or psychological disorders;
- (k) Any aesthetic treatment, cosmetic surgery or plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any Illness;
- (l) Any treatment/surgery for change of sex or treatment/surgery /complications/Illness arising as a consequence thereof;
- (m) Any expenses incurred on treatment arising from or traceable to pregnancy (including lawful voluntary termination of pregnancy, childbirth, miscarriage(unless caused due to accident), abortion or complications of any of these, including caesarean section) and any fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy. However, this exclusion does not apply to ectopic pregnancy proved by diagnostic means and which is certified to be life threatening by the Medical Practitioner;
- (n) Treatment relating to Congenital external Anomalies;
- (o) Genetic disorder (not relating to internal congenital conditions) and stem cell implantation/surgery, harvesting, storage or any kind of treatment using stem cells.
- (p) All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, 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;
- (q) Charges incurred at Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization;
- (r) Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner;
- (s) Weight management services and treatment, vitamins and tonics related to weight reduction programs including treatment of obesity (including morbid obesity), any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition or rest cures;
- (t) Costs incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose;

- (u) Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury;
- (v) Any Claim directly or indirectly related to criminal acts;
- (w) Any treatment taken outside India;
- (x) Any treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council;
- (y) Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by the Insured Person with criminal intent;
- (z) Non- allopathic treatment; unless covered under 'Alternative treatment'
- (aa) Any consequential or indirect loss arising out of or related to Hospitalization;
- (bb) Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority;
- (cc) Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;
- (dd) Any Injury, disease, illness, Hospitalization of Insured Person from participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.
- (ee) All non-medical expenses listed in Annexure III of the Policy.
- (ff) Any OPD treatment will not be covered
- (gg) Admission primarily for diagnostic purposes not related to Illness for which Hospitalization has been done.
- (hh) Medical supplies including elastic stockings, diabetic test strips, and similar products.
- (ii) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.
- (jj) Treatment for Age Related Macular Degeneration (ARMD), Treatment such as External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy will not be covered unless it forms a part of in-patient treatment in case of hospitalisation or part of discharge advice upto the Post hospitalisation period as specified in the policy Schedule/ Certificate of Insurance.

IV. Claim administration

The fulfilment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule/ Certificate of Insurance) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the following in relation to claims, shall be Condition Precedent to admission of Our liability under this Policy:

- (a) On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed;
- (b) The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed. We shall not be obliged to make any payments that are brought about or contributed to as a consequence of intentional/ deliberate failure to follow such directions, advice or guidance;
- (c) If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the facts surrounding the

Claim. Such medical examination will be carried out only in case of reimbursement claims with prior consent of the Insured Person;

- (d) We/Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of such Claim;
- (e) If the Insured Person suffers a relapse within 45 days of the date of discharge from Hospital for a Claim that has been made, then such relapse shall be deemed to be part of the same Claim and all limits for Any One Illness under this Policy shall be applied as if they were part of a single claim.

1. CLAIMS PROCEDURE

On the occurrence or discovery of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to Our liability under the Policy the following procedure shall be complied with:

(a) For Cashless Facility

Cashless Facility is only available at a Network Provider. The complete list of Network Providers is available on Our website (The list is updated as and when there is any change in the Network Provider) or can be obtained from Our call centre. In order to avail of Cashless Facility, the following procedure shall be followed:

– Pre-authorization for Planned Hospitalization:

At least 48 hours prior to a planned Hospitalization, We or Our TPA shall be contacted to request pre authorization for availing the Cashless Facility for that planned Hospitalisation. Each such request must be accompanied by all the following details:

- i. The Health Card We have issued to the Insured Person;
- ii. The Policy Number;
- iii. Name of the Policyholder;
- iv. Name and address of Insured Person in respect of whom the request is being made;
- v. Nature of the Illness/Injury and the treatment/surgery required;
- vi. Name and address of the attending Medical Practitioner;
- vii. Hospital where treatment/surgery is proposed to be taken;
- viii. Proposed date of Admission.

If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the Claim under the Policy, then We /Our TPA will request additional information or documentation in respect of that request.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

Turn Around Time (TAT) for issue of Pre-Authorization within 6 hours from receipt of complete documents

In Case of Claim Contact Us at:

24x7 Toll Free number: 1800 266 4545 or may write an e- mail at care@kotak.com

In the event of claims, please send the relevant documents to:

Family Health Plan (TPA) Ltd,
Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad, 500 034.

– Pre-authorization for Emergency Care:

If the Insured Person has been admitted into Hospital for Emergency Care, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that Emergency Care within 24 hours of commencement of Hospitalisation. Each such request must be accompanied by all the following details:

- i. The Health Card We have issued to the Insured Person;
- ii. The Policy Number;
- iii. Name of the Policyholder;
- iv. Name and address of Insured Person in respect of whom the request is being made;
- v. Nature of the Illness/Injury and the treatment/surgery required;
- vi. Name and address of the attending Medical Practitioner;
- vii. Hospital where treatment/surgery is being taken;
- viii. Date of Admission.

If the foregoing information is not provided in full or is insufficient to ascertain the eligibility of the Claim under the Policy, then We/ Our TPA

will request additional information or documentation in respect of that request.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection. In circumstances where We/Our TPA refuse the request for pre-authorisation as there is insufficient Base Annual Sum Insured there is insufficient information to determine the admissibility of the request for pre-authorisation, a claim for reimbursement may be submitted to Us in accordance with the procedure set out below and We will consider the Claim in accordance with the policy terms, conditions and exclusions.

We reserve the right to modify, add or restrict any Network Provider for Cashless Facilities in Our sole discretion. Before availing Cashless Facilities, please check the applicable updated list of Network Providers on Our website or by calling Our call centre.

Turn Around Time (TAT) for settlement of Reimbursement is within 30 days from the receipt of the complete documents.

(b) For Reimbursement Claims

We shall be given written notice of the Claim for reimbursement along with the following details at least within 30 days of the Insured Person's discharge from Hospital:

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

If the Claim is not notified to Us within 30 days of the Insured Person's discharge from Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Kindly note that Company may de-list few of the hospitals and the Company shall not service any claims including re-imburement claims for the treatment undertaken at these hospitals other than in case of a medical Emergency. List of de-listed hospitals would be available on our website and is subject to updates from time to time.

2. CLAIM DOCUMENTS

We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's discharge from Hospital. For Claims under which the use of Cashless Facility has been approved, We will be provided with these documents by the Network Provider immediately following the Insured Person's discharge from Hospital:

- (a) Duly completed Claim form signed by You and the Medical Practitioner (only for reimbursement claims);
- (b) Original Pre – authorization request
- (c) Copy of Pre – authorization approval letter
- (d) Copy of the photo identity document of the Insured Person;
- (e) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
- (f) Original bills from chemists supported by proper prescription;
- (g) Original investigation test reports (including CT/MR/USG/ECG, as applicable) and payment receipts;
- (h) Indoor case papers (if available);
- (i) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
- (j) Hospital discharge summary;
- (k) FIR (if done) or MLC (if conducted) for Accident cases ;
- (l) Post mortem report (if applicable and conducted);
- (m) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

3. CLAIMS FOR PRE-HOSPITALISATION MEDICAL EXPENSES AND POST-HOSPITALISATION MEDICAL EXPENSES

- (a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital along with the following information and documentation:
 - i. Duly Completed Claim Form

- ii. Investigation Payment Receipt
- iii. Original Investigation Report
- iv. Original Pharmacy Bills
- v. Original Pharmacy Prescription
- vi. Copy of Discharge Summary
- vii. Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

- (b) All Claims for Post-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the completion of post hospitalisation period as mentioned in your plan. You need to send Medical Expenses being incurred along with the following information and documentation:
- i. Duly Completed Claim Form
 - ii. Investigation Payment Receipt
 - iii. Original Investigation Report
 - iv. Original Pharmacy Bills
 - v. Original Pharmacy Prescription
 - vi. Copy of Discharge Summary
 - vii. Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.
- (c) If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

4. CLAIM INVESTIGATION, SETTLEMENT & REPUDIATION

- (a) We may investigate claims at Our own discretion to determine the validity of a claim. This investigation will be conducted within 15 days of the date of assigning the claim for investigation and not later than 6 months from the date of receipt of claim intimation. All costs of investigation will be borne by Us and all investigations will be carried out by those individuals/entities that are authorised by Us in writing.
- (b) We shall settle or repudiate a Claim within 30 days of the receipt of the last necessary information and documentation. In case of suspected frauds, the last "necessary" documents will include the receipt of the investigation report from Our representatives.
- (c) Payment for reimbursement claims will be made to You. In the unfortunate event of Your death, We will pay the Nominee named in the Policy Schedule/ Certificate of Insurance.
- (d) In case of delay in payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

PART III - General Terms and Conditions

1. Eligibility

Minimum Entry Age	1 day
Maximum Entry Age	No Limit

Self, lawfully wedded spouse (more than one wife)/ Partner (including same sex partners), son (biological/ adopted), daughter (biological/ adopted), mother (biological/ foster), father (biological/ foster), brother (biological/ step) sister (biological/ step, mother in-law, father in-law, son in-law, daughter in-law, brother in-law, sister in-law.

For the purpose of this Policy, Partner shall be taken as declared at the time of Start of the Policy Period and no change in the same would be accepted during a Policy Period. However, an Insured Person may request for change at the time of Renewal of the cover.

2. Disclosure of Information

The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or devices being used by You/Insured Person or any one acting on Your/Insured Person's behalf to obtain any benefit under this Policy.

3. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be

done or complied with by You, shall be a condition precedent to any of Our liability to make any payment under this Policy.

4. Material Change

Material information to be disclosed to Us includes every matter that You are aware of or could reasonably be expected to know that relates to questions in the Proposal Form and which is relevant to Us in order to accept the risk and the terms of acceptance of the risk.

5. No constructive Notice

Any knowledge or information of any circumstances or condition in Your connection in possession of any of Our personnel and not specifically informed to Us by You shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

6. Terms and condition of the Policy

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

7. Multiple Policies

- a. If two or more policies are taken by an Insured during a period from one or more insurers, the contribution shall not be applicable where the cover/ benefit offered:
- o Is fixed in nature;
 - o Does not have any relation to the treatment costs;
- b. In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, each insurer shall make the claim payments independent of payments received under other similar policies.
- c. If two or more policies are taken by an insured during a period from one more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.
- o In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
 - o Policyholder having multiple policies shall also have the right to prefer claims from other policy/ policies for the amount disallowed under the earlier chosen policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other policy / policies so chosen.
- d. If the amount to be claimed exceeds the Sum Insured under a single policy after considering the deductible or co-pays, the policy holder shall have the right to choose insurers from whom he/she wants to claim balance amount.
- e. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

8. Cancellation/ termination/ Refund

- (a) For Policyholder's initiated cancellation, the Company would compute refund amount as pro-rata (for the unexpired duration) premium. This would further be deducted by 25% of computed refundable premium.

This is provided no claim has been made under the Policy.

- (b) No refund of premium is applicable when policy is cancelled by the Insurer on grounds of misrepresentation, fraud, nondisclosure or non-cooperation of the Insured

9. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

10. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with Indian law and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

11. Portability & Continuity Benefits

It is agreed and understood that, Upon the Insured Person ceasing to be an Employee/member of the Policyholder, such Insured Person shall have the option to migrate to an approved retail health insurance policy available with Us in accordance with the Portability guidelines issued by the IRDAI, provided that:

- (a) Portability benefit will be offered to the extent of sum of previous Sum Insured (if opted for), and Portability shall not apply to any other additional increased Sum Insured
- (b) All waiting periods under Sections 3 shall be applicable individually for each Insured Person and claims shall be assessed accordingly.
- (c) We should have received Your application for Portability with complete documentation at least 45 days before ceasing to be an Employee of the Policyholder
- (d) Portability benefit will be offered to the nearest Sum Insured, in case exact Sum Insured option is not available.
- (e) Portability benefit will be offered to any other suitable policy, in case exact option is not available.
- (f) We may subject Your proposal to Our medical underwriting, restrict the terms upon which We may offer cover, the decision as to which shall be as per our underwriting practices and underwriting policy of the Company.
- (g) There is no obligation on Us to insure all Insured Persons on the proposed terms, even if You have given Us all documentation.
- (h) We should have received the database and claim history from the previous insurance company for Your previous policy.

12. Role of Group Administrator/ Policyholder

- (a) The Policy holder should provide the complete list of members to Us at the time of policy issuance and renewal. Further intimation should be provided to Us on the entry and exit of the members at periodic intervals. Insurance will cease once the member leaves the group except when it is agreed in advance to continue the benefit even if the member leaves the group.
- (b) In case of employer-employee policies, the employer may issue confirmation of insurance protection to the individual employees with clear reference to the Group Insurance policy and the benefits secured thereby.
- (c) In case of such policies, claims of the individual employees may be processed through the employer
- (d) In case of non-employer-employee policies, We shall generally issue the Certificate of Insurance. However, We may provide the facility to the Group Administrator to issue the Certificate of Insurance to the members.
- (e) In case of such policies, the Group Administrator may facilitate the claims process for the members however the payment will be made only to the beneficiary which is the Insured Person

13. Free Look Period

The free look period shall be applicable at the inception of the policy and:

- (a) The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
- (b) If the insured has not made any claim during the free look period, the insured shall be entitled to
 - o A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
 - o Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - o Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

14. Grace Period & Renewal

- (a) A health insurance Policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided the Policy is not withdrawn.
- (b) The Policy will automatically terminate at the end of the Policy Period and must be renewed within the Grace Period of at least 30 days or as informed by Insurer from time to time. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.
- (c) If We have discontinued or withdrawn this product/plan You will have the option to renew under the nearest substitute Policy

being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI

- (d) You shall make a full disclosure to Us in writing of any material change in the health condition of any Insured Person at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
- (e) We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved by IRDAI and in accordance with the IRDAI rules and regulations as applicable from time to time. Renewal premium will not alter based on individual claims experience. We will intimate You of any such changes at least 90 days prior to date of such revision or modification.

15. Special Provision for Insured Person who are Senior citizen

The premium charged for health Insurance products offered to Senior citizens shall be fair, justified, transparent and duly disclosed upfront. The insured shall be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loadings shall be obtained before issuance of policy.

16. Communications & Notices

Any communication, notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to: In Your case, at Your last known address per Our records in respect of this Policy.

In Our case, at Our address specified in the Policy Schedule/ Certificate of Insurance.

No insurance agent, broker or any other person is authorised to receive any notice on Our behalf.

17. Customer Service

If at any time You require any clarification or assistance, You may contact Our offices at the address specified in the Policy Schedule/ Certificate of Insurance, during normal business hours or contact Our call centre.

18. Instalment Facility:

If You have opted for payment of premium on an instalment basis of monthly / quarterly / half yearly, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contained elsewhere in the Policy):

- (a) In case of any admissible claim in a Policy year:
 - o If the claim amount is equivalent or higher than the balance of the instalment premiums payable in that Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.
 - o If the claim amount is lesser than the balance premium payable, then no claim would be payable till the applicable premium is recovered.
- (a) Premiums on policies may be accepted in instalment provided that the instalments covering a particular period shall be received within 15 days from the date of commencement of the period.
- (b) In case the instalment premium is not received within the grace period, the Policy will get cancelled with applicable refund of premium, if any.

19. Electronic Transactions

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

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

Web shall be maintained and such consent will be subsequently validated/confirmed by the Insured.

20. Grievances

For resolution of any query or grievance, insured may contact the respective branch office of the Company or may call at 18002664545 or may write an e-mail at care@kotak.com

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e-mail at seniorcitizen@kotak.com

In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at grievanceofficer@kotak.com. In the event of unsatisfactory response from the Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. The details of the Insurance Ombudsman is available at website:

www.kotakgeneralinsurance.com

The updated details of Insurance Ombudsman offices are also available on the website of Governing Body Insurance Council:

www.gbic.co.in/ombudsman.html

The details of the Insurance Ombudsman is available at Annexure I

Annexure I Details of Insurance Ombudsman

Office Details	Jurisdiction of Office Union Territory, District
Ahmedabad: Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, Ahmedabad - 380001. Tel.: 079 - 25501201/ 02/ 05/ 06 Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Bengaluru: Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049. Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
Bhopal: Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.: 0755-2569201 / 2769202, Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh and Chattisgarh.
Bhubneshwar: Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 / 2596455, Fax: 0674 - 2596429, Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa.
Chandigarh: Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
Chennai: Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664, Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
New Delhi: Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi
Guwahati: Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Hyderabad: Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
Jaipur: Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363, Email: bimalokpal.jaipur@gbic.co.in	Rajasthan.
Ernakulam: Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulam - 682 015. Tel.: 0484-2358759 / 2359338, Fax:- 0484-2359336, Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
Kolkata: Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341, Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Lucknow: Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052. Email: bimalokpal.mumbai@gbic.co.in	
Noida: Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Distt: Gautam Buddh Nagar, Noida, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253. Email:- bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Patna: Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952. Email:- bimalokpal.patna@gbic.co.in	Bihar and Jharkhand.
Pune: Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320. Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure II
List of Day Care Surgeries

Sr. No	ENT	
1	Stapedotomy	23 Tympanoplasty (Type II)
2	Myringoplasty (Type I Tympanoplasty)	24 Reduction of fracture of Nasal Bone
3	Revision stapedectomy	25 Excision and destruction of lingual tonsils
4	Labyrinthectomy for severe Vertigo	26 Conchoplasty
5	Stapedectomy under GA	27 Thyroplasty Type II
6	Ossiculoplasty	28 Tracheostomy
7	Myringotomy with Grommet Insertion	29 Excision of Angioma Septum
8	Tympanoplasty (Type III)	30 Turbinoplasty
9	Stapedectomy under LA	31 Incision & Drainage of Retro Pharyngeal Abscess
10	Revision of the fenestration of the inner ear	32 Uvulo Palato Pharyngo Plasty
11	Tympanoplasty (Type IV)	33 Palatoplasty
12	Endolymphatic Sac Surgery for Meniere's Disease	34 Tonsillectomy without adenoidectomy
13	Turbinectomy	35 Adenoidectomy with Grommet insertion
14	Removal of Tympanic Drain under LA	36 Adenoidectomy without Grommet insertion
15	Endoscopic Stapedectomy	37 Vocal Cord lateralisation Procedure
16	Fenestration of the inner ear	38 Incision & Drainage of Para Pharyngeal Abscess
17	Incision and drainage of perichondritis	39 Transoral incision and drainage of a pharyngeal abscess
18	Septoplasty	40 Tonsillectomy with adenoidectomy
19	Vestibular Nerve section	41 Tracheoplasty
20	Thyroplasty Type I	42 Excision of Ranula under GA
21	Pseudocyst of the Pinna - Excision	43 Meatoplasty
22	Incision and drainage - Haematoma Auricle	
Ophthalmology		
44	Incision of tear glands	54 Removal of Foreign body from cornea
45	Other operation on the tear ducts	55 Incision of the cornea
46	Incision of diseased eyelids	56 Other operations on the cornea
47	Excision and destruction of the diseased tissue of the eyelid	57 Operation on the canthus and epicanthus
48	Removal of foreign body from the lens of the eye	58 Removal of foreign body from the orbit and the eye ball
49	Corrective surgery of the entropion and ectropion	59 Surgery for cataract
50	Operations for pterygium	60 Treatment of retinal lesion
51	Corrective surgery of blepharoptosis	61 Removal of foreign body from the posterior chamber of the eye
52	Removal of foreign body from conjunctiva	62 glaucoma surgery
53	Biopsy of tear gland	
Oncology		
63	IV Push Chemotherapy	91 Telecobalt Therapy
64	HBI-Hemibody Radiotherapy	92 Telecesium Therapy
65	Infusional Targeted therapy	93 External mould Brachytherapy
66	SRT-Stereotactic Arc Therapy	94 Interstitial Brachytherapy
67	SC administration of Growth Factors	95 Intracavity Brachytherapy
68	Continuous Infusional Chemotherapy	96 3D Brachytherapy
69	Infusional Chemotherapy	97 Implant Brachytherapy
70	CCRT-Concurrent Chemo + RT	98 Intravesical Brachytherapy
71	2D Radiotherapy	99 Adjuvant Radiotherapy
72	3D Conformal Radiotherapy	100 Afterloading Catheter Brachytherapy
73	IGRT- Image Guided Radiotherapy	101 Conditioning Radiotherapy for BMT
74	IMRT- Step & Shoot	102 Extracorporeal Irradiation to the Homologous Bone grafts
75	Infusional Bisphosphonates	103 Radical chemotherapy
76	IMRT- DMLC	104 Neoadjuvant radiotherapy
77	Rotational Arc Therapy	105 LDR Brachytherapy

78	Tele gamma therapy	106	Palliative Radiotherapy
79	FSRT-Fractionated SRT	107	Radical Radiotherapy
80	VMAT-Volumetric Modulated Arc Therapy	108	Palliative chemotherapy
81	SBRT-Stereotactic Body Radiotherapy	109	Template Brachytherapy
82	Helical Tomotherapy	110	Neoadjuvant chemotherapy
83	SRS-Stereotactic Radiosurgery	111	Adjuvant chemotherapy
84	X-Knife SRS	112	Induction chemotherapy
85	Gammaknife SRS	113	Consolidation chemotherapy
86	TBI- Total Body Radiotherapy	114	Maintenance chemotherapy
87	intraluminal Brachytherapy	115	HDR Brachytherapy
88	Electron Therapy	116	Mediastinal lymph node biopsy
89	TSET-Total Electron Skin Therapy	117	High Orchidectomy for testis tumours
90	Extracorporeal Irradiation of Blood Products		
Plastic Surgery			
118	Construction skin pedicle flap	125	Fibro myocutaneous flap
119	Gluteal pressure ulcer-Excision	126	Breast reconstruction surgery after mastectomy
120	Muscle-skin graft, leg	127	Sling operation for facial palsy
121	Removal of bone for graft	128	Split Skin Grafting under RA
122	Muscle-skin graft duct fistula	129	Wolfe skin graft
123	Removal cartilage graft	130	Plastic surgery to the floor of the mouth under GA
124	Myocutaneous flap		
Urology			
131	AV fistula - wrist	149	Ureter endoscopy and treatment
132	URSL with stenting	150	Vesico ureteric reflux correction
133	URSL with lithotripsy	151	Surgery for pelvi ureteric junction obstruction
134	Cystoscopic Litholapaxy	152	Anderson hynes operation
135	ESWL	153	Kidney endoscopy and biopsy
136	Haemodialysis	154	Paraphimosis surgery
137	Bladder Neck Incision	155	injury prepuce- circumcision
138	Cystoscopy & Biopsy	156	Frenular tear repair
139	Cystoscopy and removal of polyp	157	Meatotomy for meatal stenosis
140	Suprapubic cystostomy	158	surgery for fournier's gangrene scrotum
141	percutaneous nephrostomy	159	surgery filarial scrotum
142	Cystoscopy and "SLING" procedure	160	surgery for watering can perineum
143	TUNA- prostate	161	Repair of penile torsion
144	Excision of urethral diverticulum	162	Drainage of prostate abscess
145	Removal of urethral Stone	163	Orchiectomy
146	Excision of urethral prolapse	164	Cystoscopy and removal of FB
147	Mega-ureter reconstruction	165	Surgery for SUI
148	Kidney renoscopy and biopsy	166	URS + LL
Neurology			
167	Facial nerve physiotherapy	174	Stereotactic Radiosurgery
168	Nerve biopsy	175	Percutaneous Cordotomy
169	Muscle biopsy	176	Intrathecal Baclofen therapy
170	Epidural steroid injection	177	Entrapment neuropathy Release
171	Glycerol rhizotomy	178	Diagnostic cerebral angiography
172	Spinal cord stimulation	179	VP shunt
173	Motor cortex stimulation	180	Ventriculoatrial shunt
Thoracic surgery			
181	Thoracoscopy and Lung Biopsy	185	Thoracoscopy and pleural biopsy
182	Excision of cervical sympathetic Chain Thoracoscopic	186	EBUS + Biopsy
183	Laser Ablation of Barrett's oesophagus	187	Thoracoscopy ligation thoracic duct
184	Pleurodesis	188	Thoracoscopy assisted empyema drainage
Gastroenterology			
189	Pancreatic pseudocyst EUS & drainage	199	Colonoscopy stenting of stricture
190	RF ablation for barrett's Oesophagus	200	Percutaneous Endoscopic Gastrostomy
191	ERCP and papillotomy	201	EUS and pancreatic pseudo cyst drainage
192	Esophagoscope and sclerosant injection	202	ERCP and choledochoscopy
193	EUS + submucosal resection	203	Proctosigmoidoscopy volvulus detorsion
194	Construction of gastrostomy tube	204	ERCP and sphincterotomy
195	EUS + aspiration pancreatic cyst	205	Esophageal stent placement
196	Small bowel endoscopy (therapeutic)	206	ERCP + placement of biliary stents
197	Colonoscopy ,lesion removal	207	Sigmoidoscopy w / stent
198	ERCP	208	EUS + coeliac node biopsy
General Surgery			
209	infected keloid excision	251	Pancreatic Pseudocysts Endoscopic Drainage
210	Incision of a pilonidal sinus / abscess	252	ZADEK's Nail bed excision
211	Axillary lymphadenectomy	253	Subcutaneous mastectomy
212	Wound debridement and Cover	254	Rigid Oesophagoscopy for dilation of benign Strictures

213	Abscess-Decompression	255	Eversion of Sac a) Unilateral b) Bilateral
214	Cervical lymphadenectomy	256	Lord's plication
215	infected sebaceous cyst	257	Jaboulay's Procedure
216	Inguinal lymphadenectomy	258	Scrotoplasty
217	Incision and drainage of Abscess	259	Surgical treatment of varicocele
218	Suturing of lacerations	260	Epididymectomy
219	Scalp Suturing	261	Circumcision for Trauma
220	infected lipoma excision	262	Intersphincteric abscess incision and drainage
221	Maximal anal dilatation	263	Psoas Abscess Incision and Drainage
222	Piles A) Injection Sclerotherapy B) Piles banding	264	Thyroid abscess Incision and Drainage
223	liver Abscess- catheter drainage	265	TIPS procedure for portal hypertension
224	Fissure in Ano- fissurectomy	266	Esophageal Growth stent
225	Fibroadenoma breast excision	267	PAIR Procedure of Hydatid Cyst liver
226	Oesophageal varices Sclerotherapy	268	Tru cut liver biopsy
227	ERCP - pancreatic duct stone removal	269	Photodynamic therapy or esophageal tumour and Lung tumour
228	Perianal abscess I&D	270	Excision of Cervical RIB
229	Perianal hematoma Evacuation	271	laparoscopic reduction of intussusception
230	Fissure in ano sphincterotomy	272	Microdocheotomy breast
231	UGI scopy and Polypectomy oesophagus	273	Surgery for fracture Penis
232	Breast abscess I& D	274	Sentinel node biopsy
233	Feeding Gastrostomy	275	Parastomal hernia
234	Oesophagoscopy and biopsy of growth oesophagus	276	Revision colostomy
235	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers	277	Prolapsed colostomy- Correction
236	ERCP - Bile duct stone removal	278	Testicular biopsy
237	Ileostomy closure	279	laparoscopic cardiomyotomy(Hellers)
238	Colonoscopy	280	Sentinel node biopsy malignant melanoma
239	Polypectomy colon	281	laparoscopic pyloromyotomy(Ramstedt)
240	Splenic abscesses Laparoscopic Drainage	282	Keratoses removal under GA
241	UGI SCOPY and Polypectomy stomach	283	Excision Sigmoid Polyp
242	Rigid Oesophagoscopy for FB removal	284	Rectal-Myomectomy
243	Feeding Jejunostomy	285	Rectal prolapse (Delorme's procedure)
244	Colostomy	286	Orchidopexy for undescended testis
245	Ileostomy	287	Detorsion of torsion Testis
246	colostomy closure	288	lap. Abdominal exploration in cryptorchidism
247	Submandibular salivary duct stone removal	289	EUA + biopsy multiple fistula in ano
248	Pneumatic reduction of intussusception	290	Excision of fistula-in-ano
249	Varicose veins legs - Injection sclerotherapy	291	TURBT
250	Rigid Oesophagoscopy for Plummer vinson syndrome		
Orthopedics			
292	Arthroscopic Repair of ACL tear knee	323	Partial removal of metatarsal
293	Closed reduction of minor Fractures	324	Partial removal of metatarsal
294	Arthroscopic repair of PCL tear knee	325	Revision/Removal of Knee cap
295	Tendon shortening	326	Amputation follow-up surgery
296	Arthroscopic Meniscectomy - Knee	327	Exploration of ankle joint
297	Treatment of clavicle dislocation	328	Remove/graft leg bone lesion
298	Arthroscopic meniscus repair	329	Repair/graft achilles tendon
299	Haemarthrosis knee- lavage	330	Remove of tissue expander
300	Abscess knee joint drainage	331	Biopsy elbow joint lining
301	Carpal tunnel release	332	Removal of wrist prosthesis
302	Closed reduction of minor dislocation	333	Biopsy finger joint lining
303	Repair of knee cap tendon	334	Tendon lengthening
304	ORIF with K wire fixation- small bones	335	Treatment of shoulder dislocation
305	Release of midfoot joint	336	Lengthening of hand tendon
306	ORIF with plating- Small long bones	337	Removal of elbow bursa
307	Implant removal minor	338	Fixation of knee joint
308	K wire removal	339	Treatment of foot dislocation
309	POP application	340	Surgery of bunion
310	Closed reduction and external fixation	341	intra articular steroid injection
311	Arthrotomy Hip joint	342	Tendon transfer procedure
312	Syme's amputation	343	Removal of knee cap bursa
313	Arthroplasty	344	Treatment of fracture of ulna
314	Partial removal of rib	345	Treatment of scapula fracture
315	Treatment of sesamoid bone fracture	346	Removal of tumor of arm/ elbow under RA/GA
316	Shoulder arthroscopy / surgery	347	Repair of ruptured tendon
317	Elbow arthroscopy	348	Decompress forearm space
318	Amputation of metacarpal bone	349	Revision of neck muscle (Torticollis release)

319	Release of thumb contracture	350	Lengthening of thigh tendons
320	Incision of foot fascia	351	Treatment fracture of radius & ulna
321	calcaneum spur hydrocort injection	352	Repair of knee joint
322	Ganglion wrist hyalase injection		
Paediatric surgery			
353	Excision Juvenile polypos rectum	358	Sternomastoid Tenotomy
354	Vaginoplasty	359	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
355	Dilatation of accidental caustic stricture oesophagea	360	Excision of soft tissue rhabdomyosarcoma
356	Presacral Teratomas Excision	361	Excision of cervical teratoma
357	Removal of vesical stone	362	Cystic hygroma - Injection treatment
Gynaecology			
363	Hysteroscopic removal of myoma	379	uterine artery embolization
364	D&C	380	Bartholin Cyst excision
365	Hysteroscopic resection of septum	381	Laparoscopic cystectomy
366	thermal Cauterisation of Cervix	382	Hymenectomy(imperforate Hymen)
367	MIRENA insertion	383	Endometrial ablation
368	Hysteroscopic adhesiolysis	384	vaginal wall cyst excision
369	LEEP	385	Vulval cyst Excision
370	Cryocauterisation of Cervix	386	Laparoscopic paratubal cyst excision
371	Polypectomy Endometrium	387	Repair of vagina (vaginal atresia)
372	Hysteroscopic resection of fibroid	388	Hysteroscopy, removal of myoma
373	LLETZ	389	Ureterocoele repair - congenital internal
374	Conization	390	Vaginal mesh For POP
375	polypectomy cervix	391	Laparoscopic Myomectomy
376	Hysteroscopic resection of endometrial polyp	392	Repair recto- vagina fistula
377	Vulval wart excision	393	Pelvic floor repair(excluding Fistula repair)
378	Laparoscopic paraovarian cyst excision	394	Laparoscopic oophorectomy
Critical care			
395	Insert non- tunnel CV cath	398	Insertion catheter, intra anterior
396	Insert PICC cath (peripherally inserted central catheter)	399	Insertion of Portacath
397	Replace PICC cath (peripherally inserted central catheter		
Dental			
400	Splinting of avulsed teeth	403	Oral biopsy in case of abnormal tissue presentation
401	Suturing lacerated lip	404	FNAC
402	Suturing oral mucosa	405	Smear from oral cavity

Annexure III

List of 'Non-admissible Expenses' in Hospitalisation Policy		
Sr. No.	Items	Suggestions
I Toiletries/ Cosmetics/ Personal Comfort or Convenience Items/ Similar Expenses		
1	Hair Removing Cream	Not Payable
2	Baby Charges (unless specified/indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilites Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cosy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturiser Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and Should be Paid at least Specifically for Cases who have undergone surgery of Thoracic or Lumbar Spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack/Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposable Razor Charges (For Site Preparations)	Payable
24	Eau-De-Cologne / Room Fresheners	Not Payable
25	Eye Pad	Not Payable
26	Eye Shield	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (other than Patient's Diet Provided by Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable

31	Leggings	Essential in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable/ Payable by the Patient
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	Not Payable (However if CD is specifically sought by Insurer/TPA then Payable)
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gause Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast/ Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of Upper Arm Fractures may be considered
59	Weight Control Programs/ Supplies/ Services	Exclusion in Policy unless otherwise specified
60	Cost Of Spectacles/ Contact Lenses/ Hearing Aids Etc.,	Exclusion in Policy unless otherwise specified
61	Dental Treatment Expenses that do not require Hospitalisation	Exclusion in Policy unless otherwise specified
62	Hormone Replacement Therapy	Exclusion in Policy unless otherwise specified
63	Home Visit Charges	Exclusion in Policy unless otherwise specified
64	Infertility/ Subfertility/ Assisted Conception Procedure	Exclusion in Policy unless otherwise specified
65	Obesity (including Morbid Obesity) Treatment if Excluded in Policy	Exclusion in Policy unless otherwise specified
66	Psychiatric & Psychosomatic Disorders	Exclusion in Policy unless otherwise specified
67	Corrective Surgery for Refractive Error	Exclusion in Policy unless otherwise specified
68	Treatment of Sexually Transmitted Diseases	Exclusion in Policy unless otherwise specified
69	Donor Screening Charges	Exclusion in Policy unless otherwise specified
70	Admission/Registration Charges	Exclusion in Policy unless otherwise specified
71	Hospitalisation for Evaluation/ Diagnostic Purpose	Exclusion in Policy unless otherwise specified
72	Expenses for Investigation/ Treatment irrelevant to the Disease for which admitted or diagnosed	Exclusion in Policy not payable unless otherwise specified
73	Any Expenses when the Patient is diagnosed with Retro Virus + or suffering from /HIV/ Aids etc is detected/ directly or indirectly	Not Payable as per HIV/ AIDS Exclusion
74	Stem Cell Implantation/ Surgery & Storage	Not Payable except Bone Marrow Transplantation where covered by Policy
75	Ward and Theatre Booking Charges	Payable Under OT Charges, Not Payable Separately
76	Arthroscopy & Endoscopy Instruments	Rental Charged By The Hospital Payable. Purchase of Instruments Not Payable.
77	Microscope Cover	Payable Under OT Charges, Not Payable Separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable Under OT Charges, Not Payable Separately
79	Surgical Drill	Payable Under OT Charges, Not Payable Separately
80	Eye Kit	Payable Under OT Charges, Not Payable Separately
81	Eye Drape	Payable Under OT Charges, Not Payable Separately
82	X-Ray Film	Payable Under Radiology Charges, Not as Consumable
83	Sputum Cup	Payable Under Investigation Charges, Not as Consumable
84	Boyles Apparatus Charges	Part Of Ot Charges, Not Separately
85	Blood Grouping and Cross Matching of Donors Samples	Part Of Cost Of Blood, Not Payable
86	Antiseptic & Disinfectant Lotions	Not Payable-Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable - Part of Dressing Charges
88	Cotton	Not Payable-Part of Dressing Charges
89	Cotton Bandage	Not Payable-Part of Dressing Charges
90	Micropore/ Surgical Tape	Not Payable-payable by the Patient when Prescribed, otherwise included as Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ ICU Charges
93	Torniquet	Not Payable (service is charged by Hospitals, Consumables cannot be separately charged)
94	Orthobundle, Gynaec Bundle	Part of Dressing Charges
95	Urine Container	Not Payable
II Elements of Room Charge		

96	Luxury Tax	Policy Exclusion - Not Payable. If there is no Policy Exclusion, then Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits
97	HVAC	Part of Room Charge Not Payable Separately
98	House Keeping Charges	Part of Room Charge Not Payable Separately
99	Service Charges where Nursing Charge also charged	Part of Room Charge Not Payable Separately
100	Television & Air Conditioner Charges	Payable Under Room Charges Not if separately levied
101	Surcharges	Part of Room Charge Not Payable Separately
102	Attendant Charges	Not Payable - Part of Room Charges
103	IM/ IV Injection Charges	Part of Nursing Charges, Not Payable
104	Clean Sheet	Part of Laundry/housekeeping Not Payable Separately
105	Extra Diet of Patient(other than that which forms part of Bed Charge)	Not Payable. Patient Diet Provided by Hospital is Payable
106	Blanket/Warmer Blanket	Not Payable- Part of Room Charges
III Administrative or Non-medical Charges		
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges and Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related to Prescription on Discharge	To be Claimed by Patient under Post -Hospitalisation where admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable Upto 24 Hrs, Shifting Charges Not Payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
IV External Durable Devices		
131	Walking Aids Charges	Not Payable
132	Bipap Machine	Not Payable
133	Commode	Not Payable
134	CPAP/ CPAD Equipments	Not Payable
135	Infusion Pump - Cost	Not Payable
136	Oxygen Cylinder (for Usage outside the Hospital)	Not Payable
137	Pulseoxymeter Charges	Not Payable
138	Spacer	Not Payable
139	Spirometre	Not Payable
140	SPO2 Probe	Not Payable
141	Nebulizer Kit	Not Payable
142	Steam Inhaler	Not Payable
143	Armsling	Not Payable
144	Thermometer	Not Payable (paid By Patient)
145	Cervical Collar	Not Payable
146	Splint	Not Payable
147	Diabetic Foot Wear	Not Payable
148	Knee Braces (Long/ Short/ Hinged)	Not Payable
149	Knee Immobilizer/Shoulder Immobilizer	Not Payable
150	Lumbo Sacral Belt	Essential and should be paid at least specifically for cases who have undergone Surgery of Lumbar Spine
151	Nimbus Bed or Water or Air Bed Charges	Payable for any ICU Patient requiring more than 3 Days in ICU; All Patients with Paraplegia/Quadriplegia for any reason and at Reasonable Cost of approximately Rs 200/Day
152	Ambulance Collar	Not Payable
153	Ambulance Equipment	Not Payable
154	Microsheild	Not Payable
155	Abdominal Binder	Essential and should be Paid at least in Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc.
V Items Payable If Supported By A Prescription		
156	Betadine \ Hydrogen Peroxide\spirit\ Disinfectants Etc	May be Payable when prescribed for Patient, Not Payable for Hospital use in OT or Ward or for dressings ward or for dressings
157	Private Nurses Charges- Special Nursing Charges	Post Hospitalization Nursing Charges Not Payable
158	Nutrition Planning Charges - Dietician Charges- Diet Charges	Patient Diet provided by Hospital is Payable

159	Sugar Free Tablets	Payable -Sugar Free variants of admissible medicines are not Excluded
160	Cream Powder Lotion (Toiletries are Not Payable, only Prescribed Medical Pharmaceuticals Payable)	Payable when Prescribed
161	Digene Gel	Payable when Prescribed
162	ECG Electrodes	Upto 5 Electrodes are Required for every case visiting OT or ICU. For longer stay in ICU, may Require a Change and at least one set every second day must be Payable.
163	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
164	HIV Kit	Payable - Pre-Operative Screening
165	Listerine/ Antiseptic Mouthwash	Payable When Prescribed
166	Lozenges	Payable When Prescribed
167	Mouth Paint	Payable When Prescribed
168	Nebulisation Kit	If used during Hospitalization is Payable Reasonably
169	Novarapid	Payable When Prescribed
170	Volini Gel/ Analgesic Gel	Payable When Prescribed
171	Zytee Gel	Payable When Prescribed
172	Vaccination Charges	Routine Vaccination Not Payable / Post Bite Vaccination Payable
VI Part of Hospital's own Costs and not Payable		
173	AHD	Not Payable - Part of Hospital's Internal Cost
174	Alcohol Swabs	Not Payable - Part of Hospital's Internal Cost
175	Scrub Solution/ Sterillium	Not Payable - Part of Hospital's Internal Cost
VII OTHERS		
176	Vaccine Charges for Baby	Not Payable
177	Aesthetic Treatment / Surgery	Not Payable
178	TPA Charges	Not Payable
179	Visco Belt Charges	Not Payable
180	Any Kit with no details mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
181	Examination Gloves	Not Payable
182	Kidney Tray	Not Payable
183	Mask	Not Payable
184	Ounce Glass	Not Payable
185	Outstation Consultant's/ Surgeon's Fees	Not Payable, Except For Telemedicine Consultations Where Covered by Policy
186	Oxygen Mask	Not Payable
187	Paper Gloves	Not Payable
188	Pelvic Traction Belt	Should be Payable in case of PIVD requiring traction as this is generally not reused
189	Referral Doctor's Fees	Not Payable
190	Accu Check (Glucometry/ Strips)	Not Payable. Pre-Hospitalisation or Post-Hospitalisation / Reports and Charts Required/ Device Not Payable
191	Pan Can	Not Payable
192	Sofnet	Not Payable
193	Trolley Cover	Not Payable
194	Urometer, Urine Jug	Not Payable
195	Ambulance	Payable - Ambulance from home to Hospital or inter-hospital shifts is Payable/ RTA - As Specific Requirement for critical injury is Payable
196	Tegaderm / Vasofix Safety	Payable - Maximum of 3 in 48 Hrs and then 1 in 24 Hrs
197	Urine Bag	Payable where medically necessary till a reasonable cost - Maximum 1 Per 24 Hrs
198	Softovac	Not Payable
199	Stockings	Essential for case like CABG etc. Where it should be paid.

Annexure IV – Critical Illness

1) Cancer Of Specified Severity

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

II. The following are excluded –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

2) Open Chest CABG

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

II. The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

3) Myocardial Infarction (First Heart Attack Of Specified Severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

- i. Other acute Coronary Syndromes
- ii. Any type of angina pectoris
- iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

4) Kidney Failure Requiring Regular Dialysis

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5) Major Organ /Bone Marrow Transplant

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

6) Stroke Resulting In Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7) Permanent Paralysis Of Limbs

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8) Open Heart Replacement Or Repair Of Heart Valves

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

9) Coma Of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

10) Motor Neurone Disease With Permanent Symptoms

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

11) Multiple Sclerosis With Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

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

12) Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13) Aorta Graft Surgery

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

(i) The following conditions are excluded:

- a. Surgery performed using only minimally invasive or intra-arterial techniques.
- b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

(ii) The diagnosis to be evidenced by any two of the following:

- a. Computerized tomography (CT) scan
- b. Magnetic Resonance Imaging (MRI) scan
- c. Echocardiography (an ultrasound of the heart)
- d. Angiography (Injecting X ray dye)
- e. Abdominal ultrasound

14) Third Degree Burns

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

15) Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization.

There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

- II. The NYHA Classification of Cardiac Impairment are as follows:
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

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

iii. Hepatic encephalopathy.

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

17) Deafness

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

18) Loss Of Speech

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

II. All psychiatric related causes are excluded.

16) End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
- Permanent jaundice; and
 - Ascites; and

Annexure V Disease-wise sub-limits

Disease -wise Sub-limit		
Sr No	Diseases	Sub-limit options (In INR)
1	Appendicectomy (Open)	20,000 to 60,000
2	Appendicectomy (Laproscopy)	25,000 to 75,000
3	Cataract surgery	15,000 to 45,000
4	Other Eye related surgery (retinal detachment, vitrectomy, Glaucoma)	10,000 to 45,000
5	Hernia (Open) (including Mesh charges)	20,000 to 70,000
6	Hernia (Laprosopic) (including Mesh charges)	30,000 to 100,000
7	Hydrocele	15,000 to 75,000
8	Hysterectomy (Open)	25,000 to 75,000
9	Hysterectomy (LAP)	40,000 to 130,000
10	Piles (excluding staples/ tracker)	20,000 to 70,000
11	Kidney Stone Removal	20,000 to 70,000
12	TKR(Unilateral)	100,000 to 300,000
13	TKR(Bilateral)	150,000 to 450,000
14	Hip Replacement (Unilateral)	100,000 to 300,000
15	Hip Replacement (Bilateral)	150,000 to 450,000
16	Knee replacement (Each knee)	100,000 to 300,000
17	Other Vertebral Joints (one or more joints involved in single ailment)	30,000 to 120,000
18	Tonsillectomy/Adenoidectomy	15,000 to 45,000
19	Adenotonsillectomy	15,000 to 45,000
20	Fistulectomy/ Fissurectomy/ Sphinterectomy	20,000 to 70,000
21	TURP	30,000 to 120,000
22	FESS	20,000 to 70,000
23	Septoplasty	20,000 to 70,000
24	Mastoidectomy	15,000 to 45,000
25	Laparotomy	30,000 to 1,00,000
26	Angioplasty/ PTCA	100,000 to 300,000
27	Coronary Artery Diseases	100,000 to 300,000
28	Chemotherapy/ Treatment of Cancer (per session)	10,000 to 60,000
29	Cholecystectomy	25,000 to 85,000
30	Lap Cholecystectomy	30,000 to 120,000
31	Tympanoplasty	10,000 to 40,000
32	CABG	100,000 to 400,000
33	Valve Replacement	100,000 to 400,000
34	ACL Tear/ Medial Meniscus Tear	40,000 to 200,000
35	Endoscopic procedure (Diagnostic & Therapeutic)	5,000 to 25,000
36	Varicose Vein surgery including Laser	20,000 to 80,000
37	Perianal abscess	20,000 to 70,000
38	Pilonidal sinus	15,000 to 45,000