Kotak Mahindra General Insurance Company Ltd.
Registered Office: 27 BKC, C 27, G Block, Bandra Kurla Complex, Bandra East, Mumbai - 400051. Maharashtra, India.

23-24/v1

Kotak Group Health Care Policy Wording

Preamble

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.

Standard Definitions

Accident	means sudden, unforeseen and involuntary event caused by external, visible and violent means
AYUSH Hospital	is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following: a. Central or State Government AYUSH Hospital or b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion: i. Having at least 5 in-patient beds; ii. Having qualified AYUSH Medical Practitioner in charge round the clock; iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
AYUSH Day Care Centre	means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion: i. Having qualified registered AYUSH Medical Practitioner(s) in charge; ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out; iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
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
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
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 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
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.
Hospital	means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under 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: i. has qualified nursing staff under its employment round the clock; ii. has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places; iii. has qualified medical practitioner (s) in charge round the clock; iv. has a fully equipped operation theatre of its own where surgical procedures are carried out v. maintains daily records of patients 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 i. 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. ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics: a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests b. it needs ongoing or long-term control or relief of symptoms c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it d. it continues indefinitely e. 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
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).
Migration	means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer
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.
Portability	means the right accorded to an individual health insurance policyholder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer
Pre-existing Disease	means any condition, ailment, injury or disease a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
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
Unproven/Experimental Treatment	means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

Specific Definitions

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
Associated Medical Expenses	means Room Rent, nursing charges, operation theatre charges, fees of Medical Practitioners (including surgeons, anesthetists and specialists)
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.
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
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.
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
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.
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.
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
You/Your/Policyholder	Means the policyholder/ Insured Persons named in the Policy Schedule or Certificate of Insurance
We/ Our/Us	means 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:

(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 for one or more of the following:

i. Room Rent and other boarding charges;
ii. ICU Charges;
iii. Operation theatre expenses;
iv. Medical Practitioner's fees including fees of specialists and anaesthetists treating the Insured Person;
v. Qualified Nurses' charges;
vi. Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner;
vii. 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;
viii. Anaesthesia, blood, oxygen and blood transfusion charges;
ix. Surgical appliances and prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.
x. 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:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under this Policy

(b) 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:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under this Policy

(b) 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:

(a) The Day Care Treatment is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;

(b) The Medical Expenses incurred are Reasonable and Customary;

(c) 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.kotakgeneral.com];

(d) 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:

(a) 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.

(b) The domiciliary Hospitalisation is Medically Necessary and follows the written advice of a Medical Practitioner

(c) The Medical Expenses incurred are Reasonable and Customary Charges;

(d) 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;

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

(f) We will not indemnify any Pre-Hospitalisation Medical Expenses or Post-Hospitalisation Medical Expenses under this Extension;

(g) We shall not indemnify any Medical Expenses incurred for the treatment of any of the following Illnesses/conditions:

I. Asthma;
ii. Bronchitis;
iii. Chronic Nephritis and Chronic Nephritic Syndrome;
iv. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
v. Diabetes Mellitus and Insipidus;
vi. Epilepsy;
vii. Hypertension;
viii. Influenza, cough and cold;
ix. Psychiatric or Psychosomatic disorders as mentioned below;
a. 2021 ICD-10-CM Diagnosis Code F32: Major depressive disorder, single episode
b. 2021 ICD-10-CM Diagnosis Code F41: Other anxiety disorders
c. ICD-10-CM Diagnosis Code F34: Persistent mood [affective] disorders
d. ICD-10-CM Diagnosis Code F31: Bipolar disorder
e. ICD-10-CM Diagnosis Code F20: Schizophrenia
f. ICD-10-CM Diagnosis Code F50: Eating disorders
g. ICD-10-CM Diagnosis Code F84: Autistic disorder

h. ICD-10-CM Diagnosis Code F79: Unspecified intellectual disabilities
i. ICD-10-CM Diagnosis Code F90: Attention-deficit hyperactivity disorders
j. ICD-10-CM Diagnosis Code F42: Obsessive compulsive disorder ;

x. Pyrexia of unknown origin for less than 10 days;
xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
xii. Arthritis, Gout and Rheumatism.

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:

(a) The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;
(b) 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 center 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) 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 Expense towards the donor for harvesting the organ up to the limits of th Sum Insured (subject to availability of Basic Sum Insured), provide that:

(a) The organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) an other applicable laws and rules;
(b) The organ donated is for the use of the Insured Person wh has been asked to undergo an organ transplant on Medical Advise;
(c) We have accepted a Claim for In-patient Treatment under th Policy in respect of the Insured Person;
(d) In case of Individual sum insured basis, this payout will b available on Individual basis and In case of floater sum insure 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(cc) 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(q) 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(gg) 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 out-patient 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, chiropody, 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(p) and 5 (hh) 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(p), 5(r) and 5(hh) 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(p) and 5(hh) 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(o) 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.
(b) 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
(c) The Pre and Post Natal Care Cover is available only if the Maternity Cover is opted for in the Policy

20. 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

21. 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(x) of the Policy Wordings stands deleted to the extent of this Benefit only.

22. 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.

23. 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.

24. 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 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

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

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

25. 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(n) of the Policy Wordings stands deleted to the extent of this Benefit only.

26. 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(f) of the Policy Wordings stands deleted to the extent of this Benefit only.

27. 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(v) of the Policy Wordings stands deleted to the extent of this Benefit only.

28. 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 there 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.

29. 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.

30. 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:

(a) 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

(b) 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

31. 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.

32. 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.

33. Specified disease/ procedure 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.

34. 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.

35. 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, medical implants and diagnostic costs will be reimbursed based on the actual amounts incurred.

Proportionate deductions will not be applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category. Further, proportionate deductions will not be applied in respect of ICU Charges.

36. 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.

37. 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.

38. 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 is such case will be only upto the sub-limit amount specified in the Policy Schedule/ Certificate of Insurance

39. 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'

40. 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

Standard Exclusions

1. Pre-Existing Diseases (Code - Excl01)

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

2. 30 Days Waiting Period (Code - Excl03)

a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.

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

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

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

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f) List of specific diseases/procedures

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

Specific Exclusions

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

Standard Exclusions

a. Investigation & Evaluation (Code - Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

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

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

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

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

c. Obesity / Weight Control (Code - Excl06)

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

1) Surgery to be conducted is upon the advice of the Doctor

2) The surgery/Procedure conducted should be supported by clinical protocols

3) The member has to be 18 years of age or older and

4) Body Mass Index (BMI);

a) greater than or equal to 40 or

b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy

ii. Coronary heart disease

iii. Severe Sleep Apnea

iv. Uncontrolled Type2 Diabetes

d. Change-of- Gender treatments (Code - Excl07)

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

e. Cosmetic or plastic Surgery (Code - Excl08)

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

f. Hazardous or Adventure sports: (Code - Excl09)

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

g. Breach of law (Code - Excl10)

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

h. Excluded Providers: (Code - Excl11)

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

I. Code - Excl12

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof

j. Code - Excl13

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

k. Code - Excl14

Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.

l. Refractive Error (Code - Excl15)

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

m. Unproven Treatments (Code - Excl16)

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

n. Sterility and Infertility (Code - Excl17)

Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

iii. Gestational Surrogacy

iv. Reversal of sterilization

o. Maternity (Code - Excl18)

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy

ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

Specific Exclusions

p. 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;

q. 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;

r. Expenses incurred on all dental treatment unless necessitated due to an Accident;

s. Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;

t. Any acupressure, acupuncture, magnetic and such other therapies;

u. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;

v. Vaccination or inoculation of any kind, unless it is post animal bite;

w. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise);

x. Treatment relating to Congenital external Anomalies;

y. any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition

z. 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;

aa. Any treatment taken outside India;

bb. 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;

cc. Non- allopathic treatment; unless covered under 'Alternative treatment'

dd. Any consequential or indirect loss arising out of or related to Hospitalization;

ee. 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;

ff. 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;

gg. All non-medical expenses listed in Annexure III (List I) of the Policy.

hh. Any OPD treatment will not be covered

ii. Medical supplies including elastic stockings, diabetic test strips, and similar products.

jj. 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.

kk. 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.

ll. Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule under Important Conditions

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) 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;

© 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;

(d) 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.

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.

PART III - General Terms and Clauses

Standard General Terms and Clauses

1. Disclosure of Information

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

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

2. Condition Precedent to Admission of Liability

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

3. Complete Discharge

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

4. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

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

5. Fraud

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

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

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

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;

b) the active concealment of a fact by the insured person having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

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

6. Cancellation

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

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.

Not with standing anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

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

7. Migration

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

For Detailed Guidelines on Migration, kindly refer:

IRDAI/HLT/REG/CIR/003/01/2020

8. Free Look Period

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

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

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

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

9. Renewal of Policy

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

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of atleast 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. No loading shall apply on renewals based on individual claims experience.

10. Withdrawal of Policy

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

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

11. Premium Payment in Instalments:

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

i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.

ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.

iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

12. Possibility of Revision of Terms of the Policy Including the Premium Rates

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

13. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

14. Nomination

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

15. Redressal of Grievance

In case of any grievance the insured person may contact the company through Website: www.kotakgeneral.com

Toll free: 18002664545

E-mail: care@kotak.com

Fax: 022-28401823

Courier: Kotak General Insurance, 8th Floor, Zone IV, Building No.21, Infinity IT park, Off Western Express Highway, Goregaon, Mulund Link Road, Malad (E), Mumbai - 400097.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievanceofficer@kotak.com

For updated details of grievance officer, kindly refer the link: https://www.kotakgeneralinsurance.com/customer-support/grievance-redressal-process

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

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

The details of the Insurance Ombudsman is available at: https://www.kotakgeneralinsurance.com/customersupportgrievance redressal-process

The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen www.cioins.co.in/ombudsman.

The details of the Insurance Ombudsman is available at Annexure I

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

16. CLAIM SETTLEMENT (Provision for Penal Interest)

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.

ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

Specific Terms and Clauses

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. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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

8. 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.

9. 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.

10. 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.

11. 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.

12. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate in the case of any Insured Person's demise during the policy period/year:

Termination of cover takes place on account of death of the insured person and pro-rata refund of premium of deceased insured person is processed for the unexpired policy period, provided no claim has been made. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

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@cioins.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@cioins.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.)- 462003 Tel.:- 0755-2769201 / 2769202, Fax : 0755-2769203. Email: bimalokpal.bhopal@cioins.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@cioins.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@cioins.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@cioins.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@cioins.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@cioins.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@cioins.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@cioins.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@cioins.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@cioins.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@cioins.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
Mumbai: Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052. Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
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@cioins.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@cioins.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 – 41312555. Email: bimalokpal.pune@cioins.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
2	Myringoplasty (Type I Tympanoplasty)
3	Revision stapedectomy
4	Labyrinthectomy for severe Vertigo
5	Stapedectomy under GA
6	Ossiculoplasty
7	Myringotomy with Grommet Insertion
8	Tympanoplasty (Type III)
9	Stapedectomy under LA
10	Revision of the fenestration of the inner ear
11	Tympanoplasty (Type IV)
12	Endolymphatic Sac Surgery for Meniere's Disease
13	Turbinectomy
14	Removal of Tympanic Drain under LA
15	Endoscopic Stapedectomy
16	Fenestration of the inner ear
17	Incision and drainage of perichondritis
18	Septoplasty
19	Vestibular Nerve section
20	Thyroplasty Type I
21	Pseudocyst of the Pinna - Excision
22	Incision and drainage - Haematoma Auricle
23	Tympanoplasty (Type II)
24	Reduction of fracture of Nasal Bone
25	Excision and destruction of lingual tonsils
26	Conchoplasty
27	Thyroplasty Type Ii
28	Tracheostomy
29	Excision of Angioma Septum
30	Turbinoplasty
31	Incision & Drainage of Retro Pharyngeal Abscess
32	UvuloPalatoPharyngoPlasty
33	Palatoplasty
34	Tonsillectomy without adenoidectomy
35	Adenoidectomy with Grommet insertion
36	Adenoidectomy without Grommet insertion
37	Vocal Cord lateralisation Procedure

38	Incision & Drainage of Para Pharyngeal Abscess
39	Transoral incision and drainage of a pharyngeal abscess
40	Tonsillectomy with adenoidectomy
41	`Tracheoplasty
42	Excision of Ranula under GA
43	Meatoplasty
	OPHTHALMOLOGY
44	Incision of tear glands
45	Other operation on the tear ducts
46	Incision of diseased eyelids
47	Excision and destruction of the diseased tissue of the eyelid
48	Removal of foreign body from the lens of the eye
49	Corrective surgery of the entropion and ectropion
50	Operations for pterygium
51	Corrective surgery of blepharoptosis
52	Removal of foreign body from conjunctiva
53	Biopsy of tear gland
54	Removal of Foreign body from cornea
55	Incision of the cornea
56	Other operations on the cornea
57	Operation on the canthus and epicanthus
58	Removal of foreign body from the orbit and the eye ball
59	Surgery for cataract
60	Treatment of retinal lesion
61	Removal of foreign body from the posterior chamber of the eye
62	Glaucoma surgery
	ONCOLOGY
63	IV Push Chemotherapy
64	HBI-Hemibody Radiotherapy
65	Infusional Targeted therapy
66	SRT-Stereotactic Arc Therapy
67	SC administration of Growth Factors
68	Continuous Infusional Chemotherapy
69	Infusional Chemotherapy
70	CCRT-Concurrent Chemo + Rt
71	2D Radiotherapy
72	3D Conformal Radiotherapy
73	IGRT- Image Guided Radiotherapy
74	IMRT- Step & Shoot
75	Infusional Bisphosphonates
76	IMRT- DMLC
77	Rotational Arc Therapy
78	Tele gamma therapy
79	FSRT-Fractionated SRT
80	VMAT-Volumetric Modulated Arc Therapy
81	SBRT-Stereotactic Body Radiotherapy
82	Helical Tomotherapy
83	SRS-Stereotactic Radiosurgery
84	X-Knife SRS
85	Gammaknife SRS
86	TBI- Total Body Radiotherapy
87	intraluminal Brachytherapy
88	Electron Therapy
89	TSET-Total Electron Skin Therapy
90	Extracorporeal Irradiation of Blood Products
91	Telecobalt Therapy
92	Telecesium Therapy
93	External mould Brachytherapy
94	Interstitial Brachytherapy
95	Intracavity Brachytherapy
96	3D Brachytherapy
97	Implant Brachytherapy
98	Intravesical Brachytherapy
99	Adjuvant Radiotherapy
100	Afterloading Catheter Brachytherapy
101	Conditioning Radiothearpy for BMT
102	Extracorporeal Irradiation to the Homologous Bone grafts
103	Radical chemotherapy
104	Neoadjuvant radiotherapy
105	LDR Brachytherapy
106	Palliative Radiotherapy
107	Radical Radiotherapy
108	Palliative chemotherapy
109	Template Brachytherapy
110	Neoadjuvant chemotherapy
111	Adjuvant chemotherapy
112	Induction chemotherapy
113	Consolidation chemotherapy
114	Maintenance chemotherapy
115	HDR Brachytherapy
116	Mediastinal lymph node biopsy
117	High Orchidectomy for testis tumours
	PLASTIC SURGERY
118	Construction skin pedicle flap
119	Gluteal pressure ulcer-Excision
120	Muscle-skin graft, leg
121	Removal of bone for graft
122	Muscle-skin graft duct fistula
123	Removal cartilage graft
124	Myocutaneous flap
125	Fibro myocutaneous flap
126	Breast reconstruction surgery after mastectomy
127	Sling operation for facial palsy
128	Split Skin Grafting under RA
129	Wolfe skin graft
130	Plastic surgery to the floor of the mouth under GA

	UROLOGY
131	AV fistula - wrist
132	URSL with stenting
133	URSL with lithotripsy
134	Cystoscopic Litholapaxy
135	ESWL
136	Haemodialysis
137	Bladder Neck Incision
138	Cystoscopy & Biopsy
139	Cystoscopy and removal of polyp
140	Suprapubic cystostomy
141	percutaneous nephrostomy
142	Cystoscopy and "SLING" procedure
143	TUNA- prostate
144	Excision of urethral diverticulum
145	Removal of urethral Stone
146	Excision of urethral prolapse
147	Mega-ureter reconstruction
148	Kidney renoscopy and biopsy
149	Ureter endoscopy and treatment
150	Vesico ureteric reflux correction
151	Surgery for pelvi ureteric junction obstruction
152	Anderson hynes operation
153	Kidney endoscopy and biopsy
154	Paraphimosis surgery
155	Injury prepuce- circumcision
156	Frenular tear repair
157	Meatotomy for meatal stenosis
158	Surgery for fournier's gangrene scrotum
159	Surgery filarial scrotum
160	Surgery for watering can perineum
161	Repair of penile torsion
162	Drainage of prostate abscess
163	Orchiectomy
164	Cystoscopy and removal of Fb
165	Surgery for SUI
166	URS + LL
	NEUROLOGY
167	Facial nerve physiotherapy
168	Nerve biopsy
169	Muscle biopsy
170	Epidural steroid injection
171	Glycerol rhizotomy
172	Spinal cord stimulation
173	Motor cortex stimulation
174	Stereotactic Radiosurgery
175	Percutaneous Cordotomy
176	Intrathecal Baclofen therapy
177	Entrapment neuropathy Release
178	Diagnostic cerebral angiography
179	VP shunt
180	Ventriculoatrial shunt
	THORACIC SURGERY
181	Thoracoscopy and Lung Biopsy
182	Excision of cervical sympathetic Chain Thoracoscopic
183	Laser Ablation of Barrett's oesophagus
184	Pleurodesis
185	Thoracoscopy and pleural biopsy
186	EBUS + Biopsy
187	Thoracoscopy ligation thoracic duct
188	Thoracoscopy assisted empyaema drainage
	GASTROENTEROLOGY
189	Pancreatic pseudocyst EUS & drainage
190	RF ablation for barrett's Oesophagus
191	ERCP and papillotomy
192	Esophagoscope and sclerosant injection
193	EUS + submucosal resection
194	Construction of gastrostomy tube
195	EUS + aspiration pancreatic cyst
196	Small bowel endoscopy (therapeutic)
197	Colonoscopy ,lesion removal
198	ERCP
199	Colonscopy stenting of stricture
200	Percutaneous Endoscopic Gastrostomy
201	EUS and pancreatic pseudo cyst drainage
202	ERCP and choledochoscopy
203	Proctosigmoidoscopy volvulus detorsion
204	ERCP and sphincterotomy
205	Esophageal stent placement
206	ERCP + placement of biliary stents
207	Sigmoidoscopy w / stent
208	EUS + coeliac node biopsy
	GENERAL SURGERY
209	Infected keloid excision
210	Incision of a pilonidal sinus / abscess
211	Axillary lymphadenectomy
212	Wound debridement and Cover
213	Abscess-Decompression
214	Cervical lymphadenectomy
215	Infected sebaceous cyst
216	Inguinal lymphadenectomy
217	Incision and drainage of Abscess
218	Suturing of lacerations
219	Scalp Suturing
220	Infected lipoma excision
221	Maximal anal dilatation

222	Piles A) Injection Sclerotherapy B) Piles banding
223	liver Abscess- catheter drainage
224	Fissure in Ano- fissurectomy
225	Fibroadenoma breast excision
226	Oesophageal varices Sclerotherapy
227	ERCP - pancreatic duct stone removal
228	Perianal abscess I&D
229	Perianal hematoma Evacuation
230	Fissure in anosphincterotomy
231	UGI scopy and Polypectomy oesophagus
232	Breast abscess I& D
233	Feeding Gastrostomy
234	Oesophagoscopy and biopsy of growth oesophagus
235	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers
236	ERCP - Bile duct stone removal
237	Ileostomy closure
238	Colonoscopy
239	Polypectomy colon
240	Splenic abscesses Laparoscopic Drainage
241	UGI SCOPY and Polypectomy stomach
242	Rigid Oesophagoscopy for FB removal
243	Feeding Jejunostomy
244	Colostomy
245	Ileostomy
246	colostomy closure
247	Submandibular salivary duct stone removal
248	Pneumatic reduction of intussusception
249	Varicose veins legs - Injection sclerotherapy
250	Rigid Oesophagoscopy for Plummer vinson syndrome
251	Pancreatic Pseudocysts Endoscopic Drainage
252	ZADEK's Nail bed excision
253	Subcutaneous mastectomy
254	Rigid Oesophagoscopy for dilation of benign Strictures
255	Eversion of Sac a) Unilateral b) Bilateral
256	Lord's plication
257	Jaboulay's Procedure
258	Scrotoplasty
259	Surgical treatment of varicocele
260	Epididymectomy
261	Circumcision for Trauma
262	Intersphincteric abscess incision and drainage
263	Psoas Abscess Incision and Drainage
264	Thyroid abscess Incision and Drainage
265	TIPS procedure for portal hypertension
266	Esophageal Growth stent
267	PAIR Procedure of Hydatid Cyst liver
268	Tru cut liver biopsy
269	Photodynamic therapy or esophageal tumour and Lung tumour
270	Excision of Cervical RIB
271	laparoscopic reduction of intussusception
272	Microdochectomy breast
273	Surgery for fracture Penis
274	Sentinel node biopsy
275	Parastomal hernia
276	Revision colostomy
277	Prolapsed colostomy- Correction
278	Testicular biopsy
279	laparoscopic cardiomyotomy(Hellers)
280	Sentinel node biopsy malignant melanoma
281	laparoscopic pyloromyotomy(Ramstedt)
282	Keratosis removal under GA
283	Excision Sigmoid Polyp
284	Rectal-Myomectomy
285	Rectal prolapse (Delorme's procedure)
286	Orchidopexy for undescended testis
287	Detorsion of torsion Testis
288	lap.Abdominal exploration in cryptorchidism
289	EUA + biopsy multiple fistula in ano
290	Excision of fistula-in-ano
291	TURBT
	ORTHOPEDICS
292	Arthroscopic Repair of ACL tear knee
293	Closed reduction of minor Fractures
294	Arthroscopic repair of PCL tear knee
295	Tendon shortening
296	Arthroscopic Meniscectomy - Knee
297	Treatment of clavicle dislocation
298	Arthroscopic meniscus repair
299	Haemarthrosis knee- lavage
300	Abscess knee joint drainage
301	Carpal tunnel release
302	Closed reduction of minor dislocation
303	Repair of knee cap tendon
304	ORIF with K wire fixation- small bones
305	Release of midfoot joint
306	ORIF with plating- Small long bones
307	Implant removal minor
308	K wire removal
309	POP application
310	Closed reduction and external fixation
311	Arthrotomy Hip joint
312	Syme's amputation
313	Arthroplasty

314	Partial removal of rib
315	Treatment of sesamoid bone fracture
316	Shoulder arthroscopy / surgery
317	Elbow arthroscopy
318	Amputation of metacarpal bone
319	Release of thumb contracture
320	Incision of foot fascia
321	calcaneum spur hydrocort injection
322	Ganglion wrist hyalase injection
323	Partial removal of metatarsal
324	Partial removal of metatarsal
325	Revision/Removal of Knee cap
326	Amputation follow-up surgery
327	Exploration of ankle joint
328	Remove/graft leg bone lesion
329	Repair/graft achilles tendon
330	Remove of tissue expander
331	Biopsy elbow joint lining
332	Removal of wrist prosthesis
333	Biopsy finger joint lining
334	Tendon lengthening
335	Treatment of shoulder dislocation
336	Lengthening of hand tendon
337	Removal of elbow bursa
338	Fixation of knee joint
339	Treatment of foot dislocation
340	Surgery of bunion
341	Intra articular steroid injection
342	Tendon transfer procedure
343	Removal of knee cap bursa
344	Treatment of fracture of ulna
345	Treatment of scapula fracture
346	Removal of tumor of arm/ elbow under RA/GA
347	Repair of ruptured tendon
348	Decompress forearm space
349	Revision of neck muscle (Torticollis release)
350	Lengthening of thigh tendons
351	Treatment fracture of radius & ulna
352	Repair of knee joint
	PAEDIATRIC SURGERY
353	Excision Juvenile polyps rectum
354	Vaginoplasty
355	Dilatation of accidental caustic stricture oesophagea
356	PresacralTeratomas Excision
357	Removal of vesical stone
358	SternomastoidTenotomy
359	Infantile Hypertrophic Pyloric Stenosis pyloromyotomy
360	Excision of soft tissue rhabdomyosarcoma
361	Excision of cervical teratoma
362	Cystic hygroma - Injection treatment
	GYNAECOLOGY
363	Hysteroscopic removal of myoma
364	D&C
365	Hysteroscopic resection of septum
366	thermal Cauterisation of Cervix
367	MIRENA insertion
368	Hysteroscopicadhesiolysis
369	LEEP
370	Cryocauterisation of Cervix
371	Polypectomy Endometrium
372	Hysteroscopic resection of fibroid
373	LLETZ
374	Conization
375	Polypectomy cervix
376	Hysteroscopic resection of endometrial polyp
377	Vulval wart excision
378	Laparoscopic paraovarian cyst excision
379	Uterine artery embolization
380	Bartholin Cyst excision
381	Laparoscopic cystectomy
382	Hymenectomy(imperforate Hymen)
383	Endometrial ablation
384	Vaginal wall cyst excision
385	Vulval cyst Excision
386	Laparoscopic paratubal cyst excision
387	Repair of vagina (vaginal atresia)
388	Hysteroscopy, removal of myoma
389	Ureterocoele repair - congenital internal
390	Vaginal mesh For POP
391	Laparoscopic Myomectomy
392	Repair recto- vagina fistula
393	Pelvic floor repair(excluding Fistula repair)
394	Laparoscopic oophorectomy
	CRITICAL CARE
395	Insert non- tunnel CV cath
396	Insert PICC cath (peripherally inserted central catheter)
397	Replace PICC cath (peripherally inserted central catheter
398	Insertion catheter, intra anterior
399	Insertion of Portacath
	DENTAL
400	Splinting of avulsed teeth
401	Suturing lacerated lip
402	Suturing oral mucosa
403	Oral biopsy in case of abnormal tissue presentation
404	FNAC
405	Smear from oral cavity

Annexure III - List 1 List of non - medical expenses

Sr. No.	Items	Remarks
1	Baby Food	Not Payable
2	Baby Utilities Charges	Not Payable
3	Beauty Services	Not Payable
4	Belts/ Braces	Payable for cases who have undergone surgery of Thoracic or Lumbar Spine.
5	Buds	Not Payable
6	Cold Pack/Hot Pack	Not Payable
7	Carry Bags	Not Payable
8	Email / Internet Charges	Not Payable
9	Food Charges (other than Patient's Diet Provided by Hospital)	Not Payable
10	Leggings	Payable in case of Bariatric and Varicose Vein Surgery
11	Laundry Charges	Not Payable
12	Mineral Water	Not Payable
13	Sanitary Pad	Not Payable
14	Telephone Charges	Not Payable
15	Guest Services	Not Payable
16	Crepe Bandage	Not Payable
17	Diaper Of Any Type	Not Payable
18	Eyelet Collar	Not Payable
19	Slings	Not Payable
20	Blood Grouping and Cross Matching of Donors Samples	Not Payable
21	Service Charges Where Nursing Charge Also Charged	Post Hospitalization Nursing Charges Not Payable
22	Television Charges	Not Payable
23	Surcharges	Not Payable
24	Attendant Charges	Not Payable
25	Extra Diet Of Patient (Other Than That Which Forms Part of Bed Charge)	Not Payable
26	Birth Certificate	Not Payable
27	Certificate Charges	Not Payable
28	Courier Charges	Not Payable
29	Conveyance Charges	Not Payable
30	Medical Certificate	Not Payable
31	Medical Records	Not Payable
32	Photocopies Charges	Not Payable
33	Mortuary Charges	Payable Up to 24 Hrs, Shifting Charges Not Payable
34	Walking Aids Charges	Not Payable
35	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
36	Spacer	Not Payable
37	Spirometre	Not Payable
38	Nebulizer Kit	Not Payable
39	Steam Inhaler	Not Payable
40	Armsling	Not Payable
41	Thermometer	Not Payable
42	Cervical Collar	Not Payable
43	Splint	Not Payable

44	Diabetic Foot Wear	Not Payable
45	Knee Braces (Long/ Short/ Hinged)	Not Payable
46	Knee Immobilizer/Shoulder Immobilizer	Not Payable
47	Lumbo Sacral Belt	Payable for cases who have undergone Surgery of Lumbar Spine
48	Nimbus Bed Or Water Or Air Bed Charges	Not Payable
49	Ambulance Collar	Not Payable
50	Ambulance Equipment	Not Payable
51	Abdominal Binder	Payable in case of post-surgery patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for Intestinal Obstruction, Liver Transplant Etc
52	Private Nurses Charges- Special Nursing Charges	Not Payable
53	Sugar Free Tablets	Not Payable
54	Creams Powders Lotions (Toiletries Are Not Payable, Only Prescribed Medical Pharmaceuticals Payable)	Not Payable
55	ECG Electrodes	Not Payable
56	Gloves	Sterilized Gloves Payable / Unsterilized Gloves not payable
57	Nebulisation Kit	Not Payable
58	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
59	Kidney Tray	Not Payable
60	Mask	Not Payable
61	Ounce Glass	Not Payable
62	Oxygen Mask	Not Payable
63	Pelvic Traction Belt	Payable in case of PIVD requiring traction
64	Pan Can	Not Payable
65	Trolly Cover	Not Payable
66	Urometer, Urine Jug	Not Payable
67	Ambulance	Payable - Ambulance from home to Hospital or inter-hospital shifts is Payable/ RTA - As Specific Requirement for critical injury is Payable
68	Vasofix Safety	Not Payable

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

Sr. No.	Item		
1	Baby Charges (Unless Specified/Indicated)	13	Tooth Brush
2	Hand Wash	14	Bed Pan
3	Shoe Cover	15	Face Mask
4	Caps	16	Flexi Mask
5	Cradle Charges	17	Hand Holder
6	Comb	18	Sputum Cup
7	Eau-De-Cologne / Room Freshners	19	Disinfectant Lotions
8	Foot Cover	20	Luxury Tax
9	Gown	21	Hvac
10	Slippers	22	House Keeping Charges
11	Tissue Paper	23	Air Conditioner Charges
12	Tooth Paste	24	Im Iv Injection Charges

25	Clean Sheet	32	Entrance Pass / Visitors Pass Charges
26	Blanket/Warmer Blanket	33	Expenses Related To Prescription On Discharge
27	Admission Kit	34	File Opening Charges
28	Diabetic Chart Charges	35	Incidental Expenses / Misc. Charges (Not Explained)
29	Documentation Charges / Administrative Expenses	36	Patient Identification Band / Name Tag
30	Discharge Procedure Charges	37	Pulseoxymeter Charges
31	Daily Chart Charges		

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

Sr No.	Item		
1	Hair Removal Cream	13	Surgical Drill
2	Disposables Razors Charges (For Site Preparations)	14	Eye Kit
3	Eye Pad	15	Eye Drape
4	Eye Sheild	16	X-Ray Film
5	Camera Cover	17	Boyles Apparatus Charges
6	Dvd, Cd Charges	18	Cotton
7	Gause Soft	19	Cotton Bandage
8	Gauze	20	Surgical Tape
9	Ward And Theatre Booking Charges	21	Apron
10	Arthroscopy And Endoscopy Instruments	22	Torniquet
11	Microscope Cover	23	Orthobundle, Gynaec Bundle
12	Surgical Blades, Harmonicscalpel,Shaver		

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

Sr. No.	Item		
1	Admission/Registration Charges	10	Hiv Kit
2	Hospitalisation For Evaluation/ Diagnostic Purpose	11	Antiseptic Mouthwash
3	Urine Container	12	Lozenges
4	Blood Reservation Charges And Ante Natal Booking Charges	13	Mouth Paint
5	Bipap Machine	14	Vaccination Charges
6	Cpap/ Capd Equipments	15	Alcohol Swabes
7	Infusion Pump– Cost	16	Scrub Solution/ Sterillium
8	Hydrogen Peroxide\Spirit\ Disinfectants Etc	17	Glucometer& Strips
9	Nutrition Planning Charges - Dietician Charges- Diet Charges	18	Urine Bag

Annexure IV - List of Critical Illness

Standard Definitions

1) **Cancer Of Specified Severity**

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

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

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

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

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:
   i. Angioplasty and/or any other intra-arterial procedures

3) **Myocardial Infarction (First Heart Attack Of Specific Severity)**

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
   i A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   ii. New characteristic electrocardiogram changes
   iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

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

4) **Kidney Failure Requiring Regular Dialysis**

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**

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. Neurological damage due to SLE is excluded.

12) **Benign Brain Tumor**

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

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
   i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

13) **Third Degree Burns**

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.

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

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

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and

toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

15) **End Stage Liver Failure**

I. Permanent and irreversible failure of liver function that has resulted in all three ofthe following:
   i. Permanent jaundice; and
   ii. Ascites; and
   iii. Hepatic encephalopathy.

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

16) **Deafness**

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.

17) **Loss Of Speech**

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

Specific Definitions

18) **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. Echocardigraphy (an ultrasound of the heart)
   d. Angiography (Injecting X ray dye)
   e. Abdominal ultrasound

Annexure V- Disease-wise sub-limits

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 (Laproscopic) (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	Laparatomy	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 Menisicus 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

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