Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656
Website Link: www.libertyinsurance.in

HEALTH CONNECT SUPRA POLICY PROSPECTUS

INTRODUCTION

Liberty's **HEALTH CONNECT SUPRA POLICY** helps you to extend your existing health insurance policy coverage, incurred during hospitalization due to an accident and/ or illness.

This policy works alongside your current health insurance policy and enhances it to provide you a larger coverage at a much lower premium.

Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, Sum Insured, exclusions, conditions and Deductibles

ELIGIBILITY

- Minimum Entry Age : 18 Years for Adults and 91 days for children
- Maximum Entry Age : No Age Limit
- Renewability: Lifelong
- Policy Tenure: 1/2/3 Years
- Relationships covered: Self, Spouse, Children, Parents, and Parents-in-law can be covered under a single Policy.
- Premium frequency: At inception for the selected Policy tenure.
- Child/children below 18 years of age can be covered provided either of the parents is insured under the policy. The child/ children above 18 years of age can continue to be covered under the same policy if insured under Individual Sum Insured and continue under a separate Policy with all continuity benefits as per the Portability guidelines if insured under Family Floater.

KEY FEATURES

1. TOP UP YOUR EXISTING COVER in addition to your regular Health Insurance cover.
2. COMPREHENSIVE COVERS WITH SUM INSURED UPTO INR 1 CRORE
3. COVERS YOU WHEN YOU ARE OVERSEAS UNDER ' WORLDWIDE COVER'
4. Additional discount and uninterrupted cover. with MULTI TENURE POLICY of 2 or 3 YEARS
5. VARIOUS SUM INSURED AND DEDUCTIBLE OPTION as per your requirement.
6. TWO PLANS offering TOP UP & SUPER TOP UP benefits.
7. PROTECT YOURSELF with PREVENTIVE MEASURES under 'PREVENTIVE CARE'
8. OPTIONAL COVER(S): Reload, , World-wide cover.
9. Covers YOU and YOUR FAMILY MEMBERS under a single policy.

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10. AYUSH Coverage – Inpatient hospitalization up to basic Sum insured.
11. Available on INDIVIDUAL and FAMILY FLOATER BASIS
12. TAX SAVINGS UNDER SECTION 80D OF THE INCOME TAX ACT
13. ASSURED POLICY RENEWAL FOR LIFE without exit age
14. Cover your PRE-EXISTING DISEASE FROM FIRST RENEWAL of your 3 Year Policy
15. POLICY ISSUANCE WITHOUT PRE POLICY HEALTH CHECK-UP for proposals with nil previous/ present adverse medical history

FAMILY COVER

1. INDIVIDUAL COVER: The Policy offers covers on Individual basis covered with specific Sum Insured. You may customize it by covering your family members such as spouse, Children, Parents, and Parents-in-law with Individual Sum Insured according to the need under a Single Policy with a reduced premium by getting a Family Discount.

2. FAMILY FLOATER: Cover your immediate Family i.e. spouse and 3 kids under a Single Sum Insured floating on all members.

PLAN

- **Top Up –** A Top up plan that takes care of medical treatment costs over the specified deductible amount applied on per claim basis, incurred during hospitalization due to an accident and/ or illness
- **Super Top Up** –A Super Top up plan that allows you to enhance your Sum Insured as per your need at a lower cost and will take care of medical treatment costs over the specified deductible amount applied on aggregate per policy year, incurred during hospitalization due to an accident and/ or illness

SUM INSURED

SUM INSURED AND DEDUCTIBLE (APPLICABLE)					
PLAN	**TOP UP**		**SUPER TOP UP**		
OPTIONS	**SUM INSURED**	**DEDUCTIBLE PER CLAIM/HOSPITALIZATION/ANY ONE ILLNESS**	**OPTIONS**	**SUM INSURED**	**DEDUCTIBLE PER YEAR**
I	INR 50,000 1, 1.5, 2 LAKHS	INR 50,000	I	3, 5, 7, 10,15,20 LAKHS	2 ,3,4,5,7.5,10 LAKHS

II	3, 5,7 LAKHS	2 ,3, 4, 5 LAKHS	II	10 , 15, 20,30,50,100 LAKHS	10, 15,20,30, 40 LAKHS
III	10,15,20 LAKHS	5, 7.5, 10 LAKHS			

SCOPE OF COVER

The Policy pays for the benefits mentioned below and as stated in the Schedule of benefits, in excess of the Deductible opted by You.

1. **In-Patient Hospitalization -** Covers Medical Expenses for Hospitalization due to an Illness or Accident. We will pay for the Medical Expenses for room rent, boarding expenses, nursing, Intensive Care Unit, Medical Practitioner(s), anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs and consumables, diagnostic procedures, cost of prosthetic & other devices that are used intra operatively during a Surgical Procedure, if recommended by the attending Medical Practitioner, if recommended by the attending Medical Practitioner.

2. **Pre-Hospitalisation –** Covers medical expenses incurred for the number of days immediately before the hospitalization as specified under the Benefit Schedule towards consultations, tests & medications.

3. **Post-Hospitalisation –** Covers medical expenses incurred for the number of days immediately after the discharge from the Hospital as specified under the Benefit Schedule.

4. **Day care Procedures/Treatment –** Covers the Medical Expenses for 405 day care procedures as available in this document and Company's web-site which do not require 24 hours Hospitalisation due to technological advancement in medical science

5. **AYUSH Treatment#-** The Company will indemnify up to the amount specified in the Policy Schedule, for the Medical Expenses incurred in excess of deductible as stated in the Policy Schedule for the Inpatient treatment taken in India under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy in a government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.

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

Exclusions specific to AYUSH Treatment#

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

1. OPD / Day care treatment
2. Wellness and non-therapeutic treatment
3. Any Pre-Hospitalization and Post-Hospitalization Expenses
4. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.
5. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded.
6. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment

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

6. **Cumulative Bonus/Loyalty Perk-** The Policy provides for auto increase in Sum Insured by 10% on the Sum Insured for every claim free Policy year up to a maximum of 100% of the Sum Insured if the Policy is renewed without any break.

7. **Preventive Care-** Avail benefits such as First Medical opinion, Live Health Talk, Electronic Medical Record Management, Fortnightly newsletters without any extra cost.

8. **Coverage for Modern Treatments** - Coverage for Medical Expenses incurred for treatment of below listed Modern Surgeries up to 50% of Basic Sum insured

*** Listed Modern Treatments**	Stem cell therapy
	Oral chemotherapy
	Uterine Artery Embolization & HIFU
	IONM - (Intra Operative Neuro Monitoring)
	Deep Brain stimulation
	Immunotherapy- Monoclonal Antibody to be given as injection
	Robotic surgeries
	Stereotactic radio surgeries
	Bronchial Thermoplasty
	Intra vitreal injections
	Balloon Sinuplasty
	Vaporization of the prostrate (Green laser treatment or holmium laser treatment)

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OPTIONAL COVER(S)

The Insured has an option to select the optional cover(s) as applicable. The company will pay for the Medical Expenses, in excess of deductible stated in the Policy Schedule either on per claim basis or when the aggregate of covered medical expenses exceeds the deductible applicable on policy per year basis depending upon the plan opted.

1. **Reload of Sum Insured-** When the Sum Insured is exhausted due to claims made and paid during the Policy Year the Company agrees to automatically Reload the Sum Insured equivalent to the original Sum Insured specified in the Policy Schedule, for the particular Policy Year.

2. **World-wide Coverage-**The Policy covers you even when you are overseas. The Company will indemnify up to the amount specified in the Policy Schedule, as per the Sum Insured and plan chosen in excess of the Deductible, for emergency Medical Expenses incurred outside India for a maximum period of 180 consecutive days, in respect of the Insured Person during the Policy Year.

3. **Wellness & Assistance Program-** When you are more than 150 kilometers away from your residential address, within Indian Territory, you will be covered with following emergency services provided by us/our appointed Service provider.

   i. **Medical Consultation, Evaluation and Referral**- In case of any emergency situation, We/our Service Provider will evaluate, troubleshoot and make immediate recommendations including referrals to qualified doctors and/or hospitals. The company will only arrange for the medical consultant, the consultant fee will be borne by the policyholder.

   ii. **Medical Monitoring and Case Management-** A team of doctors, nurses, and other medically trained personnel would be in regular communication with the attending physician and hospital, monitors appropriate levels of care and relay necessary and legally permissible information to the members of the Family / employer.

   iii. **Emergency Medical Evacuation-** If the Insured / Insured member/s becomes ill or injured in an area where appropriate care is not available, the Company /via Service Provider at its expense will intervene and use available transportation, equipment and personnel necessary to evacuate the Individual safely to the nearest facility for medical care.

   iv. **Compassionate Visit:** When an Insured Peron/s is/are hospitalized for more than seven (7) consecutive days, The Company/ Service Provider will arrange for a family member or a personal friend to travel to visit the Insured Person/s, by providing an appropriate means of transportation.

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DISCOUNTS AND/OR LOADINGS

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

Discounts:

1. **Family Floater Discount -** The total premium for a floater policy will be calculated as follows: Sum of Individual premiums X (1 – discount from below table based on the age of oldest member.)

For each child: Flat discount of 15% is proposed. This is to allow for lower expected claim size.

For addition of 1 adult, the discount will be:

	Deductible + Sum Insured		
Age Bands/Sum Insured	**Up to 8 Lacs**	**>8 & <= 15Lacs**	**>15 Lacs**
91 days - 40 years	25%	20%	15%
41 years - 50 years	30%	25%	20%
51 years - 60 years	35%	30%	25%
61 years - 65 years	35%	35%	25%
Above 65 years	35%	35%	25%

The family floater is only available for immediate Family i.e. spouse and 3 kids under a Single Sum Insured floating on all members.
The maximum discount that can be availed under family floater is 40%.

2. **Family Discount -** Family discount of 10% if 2 or more family members are covered under same Policy on individual Sum Inured basis and is available to each member under the policy
3. **Long Term Policy Discount-** An additional discount of 7.5% is offered on premium if you choose a 2 year policy and 10% discount if selected 3 year policy tenure and pay the applicable premium in advance as single premium.
4. **Loyalty Discount**: 5% discount if you have an ongoing retail health insurance policy issued by us.
5. **Employee Discount**: 10% discount if you are an employee of the Company. The discount will be given to each member insured under the Policy.
6. **Direct Policy Purchase Discount-** 10% discount will be given if you are purchasing this Policy through Our Website / direct channels.

Loadings:

We **may** apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk

loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 200% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

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

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

RENEWAL BENEFITS

1. **Lifelong** Policy Renewal without any exit Age
2. **Grace Period -** Grace Period of 30 days for renewing the Policy is provided under this Policy
3. **Maximum Age -** No maximum cover ceasing Age under this Policy.
4. **Waiting Period -** The waiting periods mentioned in the Policy wording will get reduced by 1 year on every continuous renewal of your Health Connect Supra Policy
5. **Sum Insured Enhancement -** Sum insured can be enhanced only at the time of renewal subject to no claim have been lodged/ paid under the policy and approval by the Company
6. **Change in Plan/Deductible**: Change in Plan or deductible can be done at Renewal subject to acceptance by the Company.
7. **a.Loyalty Perk:** Auto increase in Sum Insured by 10% on Sum insured for every claim free year up to maximum of 100% if the Policy is renewed without any break.
   OR
   b. Discount in Renewal Premium: As per the choice/ express consent of the Insured Person at the time of every renewal Insured has choice to choose 2.25% Discount in renewal premium in the in lieu of auto increase in Basic Sum Insured (Loyalty Perk /Cumulative Bonus) for every claim free Policy year Basic Sum Insured Enhancement: Basic Sum Insured can be enhanced only at the time of renewal subject to no claim having been lodged/ paid under the earlier policy/ies and with the specific approval and acceptance by the Company. In all such case of increase in the Basic Sum Insured, waiting period will apply afresh in relation to the amount by which the Basic Sum Insured has been enhanced.

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

CONTINUITY BENEFITS

Portability: If You are insured continuously and without interruption under any other Indian Insurer's individual health insurance policy for the reimbursement of medical costs for inpatient treatment in a hospital and you want to shift to us on renewal, the Company will consider such requests on proper evaluation allowed in terms of the Portability Guidelines.

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

EXCLUSIONS

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

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

1. **Pre- Existing Diseases** - ***Code- Excl01***
   a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e.until the expiry 36 months of continuous coverage after the date of inception of the first policy with Us.
   b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to be extent of prior coverage.
   d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-exiting Disease is subject to the same being declared at the time of application and accepted by the Insurer.

2. **Specified disease/procedure waiting period** - ***Code- Excl02***
   a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below mentioned months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
   b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
   c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

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

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

f. List of specific diseases/procedures

Sr. No.	Two Year (24 months) Waiting Period	Three Year (36 months) Waiting Period
1.	Cataract	
2.	Benign Prostatic Hypertrophy	
3.	Hernia	Surgical treatment of Obesity
4.	Hydrocele	
5.	Fistula in anus	
6.	Piles	
7.	Sinusitis and related disorders	
8.	Fissure	
9.	Gastric and Duodenal ulcers	
10.	Gout and Rheumatism	
11.	Internal tumors, cysts, nodules, polyps, breast lumps (unless malignant)	
12.	Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus	
13.	Polycystic ovarian diseases	
14.	Skin tumors (unless malignant)	
15.	Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty	
16.	Dilatation and Curettage (D&C);	

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17.	Congenital Internal Diseases	
18.	Calculus diseases of Gall bladder and Urogenital system	
19.	Hypertension and Diabetes and related complications	
20.	Joint Replacement due to Degenerative condition	
21.	Surgery for prolapsed inter vertebral disc unless arising from accident	
22.	Age related Osteoarthritis and Osteoporosis	
23.	Spondylosis / Spondylitis	
24.	Surgery of varicose veins and varicose ulcers.	
25.	Treatment for correction of eye sight (laser surgery) due to refractive error	
*The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.		

3. **30-day Waiting Period** - ***Code- Excl03***

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

4. **Investigation & Evaluation** – ***Code-Excl04***
   a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are

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excluded.

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

5. **Rest Cure, rehabilitation and respite care- *Code- Excl05***

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

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

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

6. **Obesity/ Weight Control: *Code- Excl06***

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

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);

a) greater than or equal to 40 or
b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
   i. Obesity-related cardiomyopathy
   ii. Coronary heart disease
   iii. Severe Sleep Apnea
   iv. Uncontrolled type 2 diabetes

7. **Change-of-Gender treatments:** *Code- Excl07*

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

8. **Cosmetic or plastic Surgery:** *Code- Excl08*

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

9. **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.

10. **Breach of law: *Code- Excl 10***

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

11. **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.

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

13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. ***Code - Excl 13***

14. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. ***Code-Excl 14***

15. **Refractive error:** ***Code – Excl15***
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

16. **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.

17. **Sterility and Infertility: Code- Excl17**
    Expenses related to Birth Control, sterility and infertility. This includes:
    (i) Any type of contraception, sterilization
    (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    (iii) Gestational Surrogacy
    (iv) Reversal of sterilization

18. **Maternity:** ***Code Excl18***
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period

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

1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.

2. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.

3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

4. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment.

5. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants.

6. External Congenital Anomaly.

7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident

8. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.

9. Treatment received outside India except under Optional 'World-wide cover' if opted.

10. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.

11. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.

12. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.

13. Personal comfort and convenience items or services, TV(wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged

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separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service.

14. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.

15. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
    a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
    b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
    c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death
    In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.

16. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products

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

18. Costs of donor screening and organ.

MORATORIUM PERIOD

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

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CANCELLATION/ TERMINATION

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall
a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
c. In case of Installment policy, Policy will be cancelled with proportionate premium refund for unexpired policy period if there is no claim made during the policy period.

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

Cancellation Grid	Time period	Claim Status	One Year - Single payment /Instalment policy	2/3 Years Policy tenure -Single payment /Instalment policy
Free Look Period (Risk not commenced)	Upto30 days	Nil	Full refund less medical examination of insured person and the stamp duty charges	
Free Look Period (Risk commenced)	Upto30 days	Nil	Proportionate refund for unexpired policy period	
Pro rate (Risk commenced)	Beyond 30 days	Nil	Proportionate refund for unexpired policy period	

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

WITHDRAWAL OF PRODUCT

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In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

PRE-POLICY HEALTH CHECK UP

The Company may require Individuals **with adverse Health status as declared on the Proposal Form, to undergo appropriate Pre-Policy** health check-up at our network list of diagnostic centers as available on our website. The result of these tests will be valid for a period of 1 month from the date of tests **performed**.

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal.
If the proposal is accepted we shall refund 50% of the health check-up cost (on our pre agreed rates with the network provider).

CLAIMS PROCEDURE

A. CLAIM PROCESS AND MANAGEMENT

a) Notification of Claim:

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

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

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

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

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured Person/s. The Insured

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

The notification of claim is mandatory, even for claims falling within the deductible

In case of covered Hospitalization, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the intimation should be submitted along with details of intimation made to the other insurer/ reimbursement provider immediately on knowing that the Deductible is likely to be exceeded

b) Claim Procedure

1) **Cashless Facility:** (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership number and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form.

The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.

i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorisation letter to the health care service provider.
ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner
iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation.
iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital.
v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider.
vi. In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer(if covered under any other Health Insurance Policy).

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2) **Reimbursement:** Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/ injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization/ injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following:

i. Claim form duly completed in all respects
ii. Original Bills, Receipt and Discharge certificate / card from the Hospital.
iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions.
iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.
v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis.
vii. Medical Case History / Summary.
viii. Original bills & receipts for claiming Ambulance Charges

The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

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

c) Payment of Claim:

i. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realized and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it
ii. We will only make payment to You under this Policy. In the event of Your deathWe will make payment to the Nominee (as named in the Policy Schedule)/ legal heir as the case may be. No assignment of this Policy or the benefits there under shall be permitted.
iii. Payments under this Policy shall only be made in Indian Rupees.

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iv. Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded and limited to the Policy Sum Insured.

v. All admissible claims shall be assessed basis following order:

i. Top Up -

a) Basis of claim payment shall be Medical expenses incurred for each event/hospitalization incepting during each policy year payable under this Policy and which exceed the Deductible applicable per event/hospitalization basis mentioned in the Policy Schedule.

b) Each event (hospitalization), if more than one, during the Policy period shall be separately assessed subject to the specified Deductible mentioned in the Policy Schedule except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy as well as for Family Floater Policy

c) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

ii. Super Top Up

a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization (s) incepting during each policy year payable under this Policy and which exceeds the Deductible applicable per policy year basis as mentioned in the Policy Schedule

b) Any claim under this Policy shall be payable by Us only if the sum of the amount of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Deductible applicable on per year basis and all limits of reimbursement under other Health Insurance policy (if available) to the insured person/s have been exhausted.

c) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

INDICATIVE CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM

- ***In-patient Treatment for an Illness/ailment***

- ☐ Duly filled and signed Claim Form.
- ☐ Photocopy of ID card / Photocopy of current year Policy.
- ☐ Original Detailed Discharge Summary / Day care summary from the Hospital. Original consolidated Hospital bill with bill no and break up of each Item, duly signed by the Insured.
- ☐ Original payment receipt of the Hospital bill with receipt number

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- First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner / Surgeon demanding such test.
- Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts
- Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same
- Original medicine bills and receipts with corresponding Prescriptions.
- Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts.
- Hospital Registration Number and PAN details from the Hospital
- Doctors registration Number and Qualification from the doctor

➢ ***Road Traffic Accident***

In addition to the In-patient Treatment documents:

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

➢ ***For Death Cases***

In addition to the In-patient Treatment documents:

- Original Death Summary from the Hospital.
- Copy of the Death certificate from treating doctor or the Hospital authority.
- Copy of the Legal heir certificate (if nomination is not available)

➢ **Pre and *Post*-hospitalisation expenses**

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

➢ **Tele-medicine**

- A proper invoice or numbered bill of consultation with date
- A proof of payment either a Online, G-PAY or Pay-TM
- The consultation note or Prescription with Physicians registration number and details

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- ❑ All investigation report advised with bills and prescription

Note: We may call for additional documents/ information as relevant.

Applicable to all claims under the Policy:

- In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.
- If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses.
- The Policy - excludes the Standard List of excluded items as attached in this Policy document.
- All claims will be settled in accordance with the relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.
- No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy

FREE LOOK CANCELLATION

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

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

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

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

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

SCHEDULE OF BENEFITS

As Annexed

PREMIUM RATE CHART

Premium will depend on the Plan selected/ Sum Insured/ Age/Policy tenure/Family Option. The same is as per enclosed rate chart.

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Claim Illustrations:

All Values in INR

	Example 1		Example 2	
No. of Members	4 (2A + 2C)		4	
Plan Opted	Top Up Option II		Super Top Up Option I	
Deductible	200,000		200,000	
Sum Insured	300,000		300,000	
Policy Tenure	1st Jan 2016- 31st December 2016 (1 yr)		1st Jan 2016- 31st December 2017 (2 Years)	
Age of Oldest Member	30 years		35 years	
Coverage Details	**Covers Opted**		**Covers Opted**	
Hospitalization Cover	Yes		Yes	
Worldwide Coverage	No		Yes	
Reload of Sum Insured	Yes		No	

	Claim Amount	Claim Admissible	Claim Amount	Claim Admissible/ Total Claim Amount
Claim 1- May 2016	100,000	No (Claim is not exceeding the deductible of 2 lakhs)	100,000	No (Claim is not exceeding the deductible of 2 lakhs)
Claim 2- June 2016	300,000	Yes (Claim 2 exceeds policy deductible)	150,000	Yes (Claim 1+ Claim 2 exceeds deductible of 2 lakhs)
Claim Amount payable (i.e after deductible)	100,000	(after 2 Lakhs deductible)	50,000	(after deductible of 2 lakhs)
Balance Sum Insured	**200,000**		**250,000**	
Claim 3- November 2016	500,000		500,000	
Claim Amount payable (i.e after deductible)	300,000	(after 2 Lakhs deductible and utilizing 1 lac from Reload Sum Insured)	250,000	
Balance Sum Insured	-		-	
Balance Reload Sum Insured	200,000		Not Opted	

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LIST OF DAY CARE PROCEDURES

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

ENT

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

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37 Adenoidectomy without Grommet insertion
38 Vocal Cord lateralisation Procedure
39 Incision & Drainage of Para Pharyngeal Abscess
40 Transoral incision and drainage of a pharyngeal abscess
41 Tonsillectomy with adenoidectomy
42 Tracheoplasty

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

Oncology
61 IV Push Chemotherapy
62 HBI-Hemibody Radiotherapy
63 Infusional Targeted therapy
64 SRT-Stereotactic Arc Therapy
65 SC administration of Growth Factors
66 Continuous Infusional Chemotherapy
67 Infusional Chemotherapy
68 CCRT-Concurrent Chemo + RT
69 2D Radiotherapy
70 3D Conformal Radiotherapy
71 IGRT- Image Guided Radiotherapy
72 IMRT- Step & Shoot
73 Infusional Bisphosphonates
74 IMRT- DMLC
75 Rotational Arc Therapy

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76 Tele gamma therapy
77 FSRT-Fractionated SRT
78 VMAT-Volumetric Modulated Arc Therapy
79 SBRT-Stereotactic Body Radiotherapy
80 Helical Tomotherapy
81 SRS-Stereotactic Radiosurgery
82 X-Knife SRS
83 Gammaknife SRS
84 TBI- Total Body Radiotherapy
85 intraluminal Brachytherapy
86 Electron Therapy
87 TSET-Total Electron Skin Therapy
88 Extracorporeal Irradiation of Blood Products
89 Telecobalt Therapy
90 Telecesium Therapy
91 External mould Brachytherapy
92 Interstitial Brachytherapy
93 Intracavity Brachytherapy
94 3D Brachytherapy
95 Implant Brachytherapy
96 Intravesical Brachytherapy
97 Adjuvant Radiotherapy
98 Afterloading Catheter Brachytherapy
99 Conditioning Radiothearpy for BMT
100 Extracorporeal Irradiation to the Homologous Bone grafts
101 Radical chemotherapy
102 Neoadjuvant radiotherapy
103 LDR Brachytherapy
104 Palliative Radiotherapy
105 Radical Radiotherapy
106 Palliative chemotherapy
107 Template Brachytherapy
108 Neoadjuvant chemotherapy
109 Adjuvant chemotherapy
110 Induction chemotherapy
111 Consolidation chemotherapy
112 Maintenance chemotherapy
113 HDR Brachytherapy

Plastic Surgery
114 Construction skin pedicle flap
115 Gluteal pressure ulcer-Excision
116 Muscle-skin graft, leg
117 Removal of bone for graft

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118 Muscle-skin graft duct fistula
119 Removal cartilage graft
120 Myocutaneous flap
121 Fibro myocutaneous flap
122 Breast reconstruction surgery after mastectomy
123 Sling operation for facial palsy
124 Split Skin Grafting under RA
125 Wolfe skin graft
126 Plastic surgery to the floor of the mouth under GA

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

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161 Cystoscopy and removal of FB

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

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

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

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199 ERCP and sphincterotomy
200 Esophageal stent placement
201 ERCP + placement of biliary stents
202 Sigmoidoscopy w / stent
203 EUS + coeliac node biopsy

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

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

Orthopedics

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

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

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

Gynaecology
360 Hysteroscopic removal of myoma
361 D&C
362 Hysteroscopic resection of septum

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

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

Dental
400 Splinting of avulsed teeth
401 Suturing lacerated lip
402 Suturing oral mucosa

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403 Oral biopsy in case of abnormal tissue presentation
404 FNAC
405 Smear from oral cavity

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

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Annexure-A

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

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

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

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

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB

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7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

Sl No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT

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8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

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

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

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